APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA,
DeKalb County.

J. C. Snead 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. C. Snead DeKalb County Ga

2. How long and since when have you been a continuous resident citizen of this State? 70 yrs March 15-1840

3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865? Confederate States

4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) July 10th 1861 Lawrenceville Ga Company I- 16 Ga Regiment

5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge) from July 10th to May 1863

6. When and where was your Company and Regiment surrendered or discharged from the Service? April 9th 1865- Appomattox C H Va

7. Were you actually present with your Command when it was surrendered or discharged? No

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

a. Where was your Command when you left it? Taylors Creek I was captured

b. When did you leave the Command? April 6th 1865-

c. For what cause did you leave? Prisoner

d. By whose authority did you leave? captured

e. For how long was your leave granted? In what way?

f. Why did you not return to your Command after leave expired? Prisoner

g. In what way were you prevented? Prisoner

h. What effort did you make to return?

i. Were you captured during the war? I was

j. If so, when, and where? In what prison were you held and when were you released? Point Look out Maryland remained

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.) One mule Val $150.00 - 2 cows Val $37.00 - 5 Hogs $50.00 one Buggy & wagon $30.00 Household goods $50.00 Total $330.00

10. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov., 1908. To whom and for what price? none

11. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemized list). one mule $150.00 2 cows-50.00 5 Hogs $50.00 one Buggy & wagon $30.00 House Hold Goods $50 Total Val $330.00

12. What annual or monthly income or earnings of yourself and wife and the source derived have you? Nothing only what I make on farme of my Children

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? I know not

Sworn to and subscribed before me, this the 16 day of May 1910

J. C. Snead

Samuel R. Lewis Ordinary

Dead John C. Snead
Co K 16th Ga Regt
DeKalb County

Act for 1911

No.

Confederate Soldier's Application.

UNDER ACT 1910.

County DeKalb

Name J. C. Snead

Company I

Regiment 16 Ga

Approved

J. W. LINDSEY,
Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta.

Questions for Applicants to Answer.

STATE OF GEORGIA,
DeKalb County.

I, J. C. Snead 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. C. Snead DeKalb County Ga
2. How long and since when have you been a continuous resident citizen of this State? 70 years March 1840
3. Did you enlist in the Army of the Confederate States in the Organized Militia of this State from 1861 to 1865? Confederate States
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) July 10 1861 Kennesaw Ga Company I 16 Ga Regiment
5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge) surrendered July 9 1865
6. When and where was your Company and Regiment surrendered or discharged? April 9 1865 - Appomattox C.H. 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.
   a. Where was your Command when you left it? Taylors creek 5 miles
   b. When did you leave the Command? April 6 1865
   c. For what cause did you leave? Captured
   d. By whose authority did you leave? Captain
   e. For how long was your leave granted? In what way?
   f. Why did you not return to your Command after leave expired? Captured
   g. In what way were you prevented? Captured
   h. What effort did you make to return?
   i. Were you captured during the war? I was
   j. If so, when, and where? In what prison were you held and when were you released? Point Lookout Md - 2 days 1865 - Hilton Head S.C. 30 days - Hilton Head S.C. 30 days - Augusta Ga 30 days - Macon Ga 30 days - Andersonville Ga 30 days - Millen Ga 30 days - Savannah Ga 30 days
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) One Mule $150 - 2 cows $40 - 5 Hogs $25 - 20 Chickens $2 - 1 Stack Fodder $5 - 1 Stack Hay $10 - 1 Wagon $30 - 1 Buggy $50 - 1 Set Harness $10 - 1 Plow $5 - 1 Stove $10 - 1 Bed $5 - 1 Set Chairs $2 - 1 Table $2 - 1 Safe $5 - 1 Clock $2 - 1 Lot Household Goods $25
10. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov., 1908. To whom and for what price? None
11. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemized list) One Mule $150 - 2 cows $40 - 5 Hogs $25 - 20 Chickens $2 - 1 Stack Fodder $5 - 1 Stack Hay $10 - 1 Wagon $30 - 1 Buggy $50 - 1 Set Harness $10 - 1 Plow $5 - 1 Stove $10 - 1 Bed $5 - 1 Set Chairs $2 - 1 Table $2 - 1 Safe $5 - 1 Clock $2 - 1 Lot Household Goods $25
12. What annual or monthly income or earnings of yourself and wife and the source derived have you? Nothing only what I make on farm
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 if it refused? and for what cause it was not allowed? No never had

Sworn to and subscribed before me, this the 6 day of Feb 1911

J. C. Snead

J. C. Evans Ordinary
DeKalb County.

Snead, John C.
DeKalb County

Ok for 1911

No.

Confederate Soldier's Application.

UNDER ACT 1910.

County DeKalb

Name J. C. Snead

Company I

Regiment 16 Ga

Approved

J. W. LINDSEY,
Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta.

11/5/10

Gwinnett County.

W.E. Simmons of said State and County is hereby presented as a witness in support of the application of John C. Snead 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? W.E. Simmons Lawrenceville Ga

2. How long and since when have you known said John C Snead the applicant. Since July 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? Resides in DeKalb Co. Ga. Farmer

4. When, where and in what Company and Regiment did said Snead enlist during war from 1861 to 1865? (Give date and place) July, 1861 Co I 16th Ga, Lawrenceville Ga

5. How did you obtain your information of this Service? Was an officer in said Co

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) Until 1863 when he was Transferred to the 3rd Ga Bat S.S. Wofford's Brigade Longstreet Corps Army N. Va.

7. When and where was his Command surrendered or discharged (give date and place) My information is at Appomattox in April 1865

8. Were you personally present at the Surrender? in Fort Delaware

9. If not, where were you and how came you there? As a prisoner of war Captured in Valley of Va Aug 1864

10. Was the applicant personally present with his Command at surrender? Being in Ft Delaware I cannot say

11. If not where was he and how came him there? —

12. When did he leave his Command? Never To my knowledge 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 5th day of Nov 1910 — W.E. Simmons

G.G. Robinson Ordinary,

of Gwinnett County.

P.S. Snead enlisted as above stated as a member of Co I 16th Ga Regt. He with me in it until 1863 when the 3rd Ga Bat S.S. was organized and we all with me in it. He was a splendid soldier but personally I know nothing of his military career after my Capture Aug 16 1864.

STATE OF GEORGIA.

DeKalb County.

Personally before me comes J.E. Leverett & M. J. Mitchell who on oath says that they are freeholders residing in said County and we know J.C. Snead the applicant for pension and we know the property that is now in the use, possession and control of himself and wife and of its cash value to wit: (Make List by items and value.) one mule $150.00 2 cows Val $51.00 5 Hogs $50.00 one Buggy & wagon $30.00 House Hold Goods $50.00 Total $330.00

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.) Nothing

2. When and to whom was it sold or given to? Was not Sold

3. What was the price paid or stated to be paid? —

4. What relation is the party to applicant? None

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? Was not

Sworn to and subscribed before me this the 9 day of Nov 1910 — J.E. Leverett, M.J. Mitchell

James R. George Ordinary,

of DeKalb County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Gwinnett County.

I, G.G. Robinson 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 W.E. Simmons the witness swearing to the service and J.E. Leverett who are freeholders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Results of DeKalb Coy shows that J.C. Snead and wife value for tax is in 1908 $1085.00 for 1909 $1045.00 for 1910 $1285.00

Sworn under my hand and official seal of office this 8th day of Nov. 1910

G.G. Robinson Ordinary,

of Gwinnett 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.

James R. George Ordinary DeKalb Co Ga

Snead, J. C.
DeKALB Co.

For DeKalb County

1925

Application for Pension Due Deceased Pensioner

(UNDER ACT 1919)

(To pay expenses of last illness and funeral)

T. D. Morgan Ordinary

For J. C. Snead

Date of Death Jan 15th 1925

Amount $ 100. $100 00

Approved and ordered paid

APR 29 1925

N. G. HARRIS,
Commissioner of Pensions.

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.

C. J. TUCKER, Prop.

Lithonia, Ga., Jany 15 1925

M— J. C. Snead Estate
by J A Puckett

IN ACCOUNT WITH

A. J. ALMAND CO.

DEALERS IN

Groceries, Hardware, Farming Implements, Lumber, Lime, Doors, Sash, Undertakers' Goods, Caskets and Coffins and Standard Brands of Fertilizers

1925

Jany 15 To Casket Bonal Robe & Spread Sheet $84 50

81 37

Personally appeared before me D. J. Snider who on oath says that he is manager of A. J. Almand Co and has this day sold and delivered the above named Casket & Robe to Mr J. A. Puckett for J. C. Snead (deceased) and that said J. C. Snead was buried on Jany 16th 1925 at the Snead Cemetery in DeKalb County.

Signed D. J. Snider Mgr

Sworn & subscribed J. A. Almand & Co.
before me this 9th
day April 1925

J. R. Kemp
Ord. DeKalb Co. Ga.

Georgia, DeKalb County.

Personally appeared before me, the undersigned, J. C. Snead, and being by me duly sworn, deposes and says on oath, that the property returned by him for taxation is not his property, but is the property of his children inherited by them from their Grandmother.

Sworn to and subscribed before me, this 9th day of November, 1910.

J. C. Snead

James R George
Ordinary.

I enlisted in July 1861, in Company I. 16th Ga., at Lawrenceville, Ga., and served with Co., I, until May 1863, when I was transferred to the 3rd Ga. Battallion Sharpshooters Woffords Brigade, Lonstreet's Corps where I remained until captured three days before the surrender, on April 6th, 1865

Sworn to and Subscribed before me Nov 9th 1910
James R George
Ordinary

J. C. Snead

Lithonia Ga, Apr, 25th, 1925.

Estate of J.C. Snead To,

Dr, J.A. Bell Dr.

1925.

January,	8th, To Call,	(J.C. Snead)	$5.00
"	8th, " "	(" " ")	5.00
"	10th, " "	(" " ")	5.00
"	12th, " "	(" " ")	5.00
			$20.00

186

State of Georgia
County of DeKalb.

Personally appeared before the undersigned, an officer duly authorized by law to administer oath, Dr, J.A. Bell, who after being first duly sworn, on oath says that the above stated account represents the call he made to see Mr, J.C. Snead, during his last illness.

J.A. Bell M.D.

Sworn to and subscribed,
before me, This April, 25th, 1925.

E. Pritchett
N.P. & Ex off J.P. DeKalb County Ga.

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, DeKalb County.

Personally before me, the Ordinary of said County, comes T. A. Puckett of said County, who, after being sworn, on oath says that he knew J. C. Snead of said County, and that said Pensioner was on the Pension Roll of said County at the time of death, which occurred in DeKalb County, in this State, on the 15 day of January 1925, 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 $, per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me
this 27 day of April 1925
V. D. Morgan, Ordinary
DeKalb County
(Seal of Ordinary)

T. A. Puckett

CERTIFICATE OF ORDINARY

GEORGIA, DeKalb County.

I, V. D. Morgan, Ordinary of said County, do certify that I personally know T. A. Puckett, 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 J. C. Snead while in life and that this was the same person whose name appears on the Pension Roll of DeKalb County, and was paid a Pension of One Hundred Twenty five ($125.00) Dollars in said County for 1924, 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 27 day of April, 1925
(Seal or Ordinary)
V. D. Morgan, Ordinary
DeKalb, 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 did not leave 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 expenses of last illness and funeral, to make out their accounts in fully itemized form, giving *each item and the value of it, and each date.*

3rd. 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.)

"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."

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 Department 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 Department, 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.

9th. Return this application, and attached bills, with your final settlement, to the Pension Department.

10th. Ordinary should see that the back of this blank, when folded, is filled out.

NAME Snead, J. C. YEAR 1911 COUNTY DeKalb

WHEN AND WHERE BORN? Resident ofGeorgia March 15, 1840 (70 years)

ENLISTED WHEN AND WHERE? July 10, 1861 - Lawrenceville, Georgia.

RANK:

COMPANY AND REGIMENT? Company I, 16th Georgia Regt.
transferred to ------- 3rd Georgia Battn. Sharpshooters, Wofford's Brigade
(Longstreet's Corps

NAME OF CAPTAIN AND COLONEL? William E. Simmons - Officer in said Company.

WOUNDED?

CAPTURED, WHEN AND WHERE? Captured atTaylor's Creek, April 6, 1865, and sent to Point Lookout, Md.

RELEASED: May 1865 from Point Lookout, Md.

WHEN AND WHERE SURRENDERED? Command surrendered April 9, 1865 at Appomattox Court House, Va.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? In prison at Point Lookout, Maryland.

DIED, WHEN AND WHERE?

BURIED:

WITNESSES: William E. Simmons - Officer in same Company - No data.
CB

1 Sorrow, M. H.
Co. Ky. Inf. C.

No. 3164.

INDIGENT PENSION

1898.

Name M. H. Sorrow

County DeKalb

Approved 5/11 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
Appt

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

4/6.1898

POWER OF ATTORNEY.

STATE OF GEORGIA,
COUNTY. }

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

Witness my hand and seal this _____ day of _____ 1898.

Executed in presence of
_____ } _____ (L. S.)

STATE OF GEORGIA,

.....COUNTY.

I, ..., hereby authorize

..... of .....

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

..... at ..... by .....

Witness my hand and seal this ..... day of ..... 1898.

Executed in presence of

..... (L. S.)

INDIGENT PENSION

1898.

No. 3164.

Name M. H. Sarrow

County DeKalb

Approved 5/11 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

Cyfert

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

I Sarrow M. H.
Co. D 15th Ga Regt
Co. H 1st Ga Reserves

4/6.1898

STATE OF GEORGIA,

DeKalb County.

M. H. Sarrow 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:

Every Question MUST be Answered

1. What is your name and where do you reside? (give State, County and post office.) M. H. Sarrow DeKalb Co. Ga. Post Office Lithonia

2. How long and since when have you been a resident of this State? Full of My life

3. When and where were you born? Oglethorpe County 1821

4. When and where and in what company and regiment did you enlist or serve? In Elbert Co Co D 15th Georgia Regiment was transfered to Co H 1st Ga Reserves

5. How long did you remain in such company and regiment? Was in this Company four months was then transfered to Andersonville to Guard prisoners

6. For how long a period did you discharge regular military duty? Nearly four years

7. When, where and under what circumstances were you discharged from service? At the Surrender close of the war

8. What is your present occupation? Carpenter

9. How much can you earn (gross) per annum by your own exertions or labor? 20 to 30 cents per

10. What has been your occupation since 1865? Carpenter

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? For two years

13. What property, effects or income do you possess, and its gross value? $ 25 No Income

14. What property, effects or income did you possess in 1894, 1895, 1896 and 1897, and what disposition, if any, did you make of same? $ 35-00 worth give Some off to My Children

15. In what County did you reside during those years, and what property did you then return for taxation? In DeKalb County House hold goods

16. How were you supported during the years 1896 and 1897? By my friends and my work

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? Fifty Dollars Every Little

18. What was your employment during 1896 and 1897? What pay did you receive in each year? Worked on farm & Made baskets

19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? only myself & wife Age Sixty seven years

20. Are you receiving any pension? If so, what amount, and for what disability? No

Sworn to and subscribed before me this the 5 day of April, 1898. M. H. X Sarrow Applicant. Mark

W. M. Wagnon Ordinary of DeKalb County.

STATE OF GEORGIA,

Dekalb Fulton COUNTY.

B F Irving & Notary, of said State and County, having been presented as a witness in support of the application of W H Sarrow for pension under the Act approved December 15th, 1894, and after being duly sworn true answer to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? B F Irving & Notary Fulton County

2. Are you acquainted with W H Sarrow, the applicant; if so how long have you known him? yes 35 years I know

3. Where does he reside, and how long and since when has he been a resident of this State? In Dekalb County over 35 years

4. When, where and in what company and regiment did he enlist, and how do you know? yes I was in the company with him

5. Were you a member of the same company and regiment? yes

6. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? Over 12 Months Good Soldier & was discharged at the close of the war

7. What property, effects or income has the applicant? (Give your means of knowledge.) None

8. What property, effects or income did the applicant possess in 1896 and 1897, and what disposition, if any, did he make of same? None that I know of

9. Has he conveyed away any of his property in the last three years, if so, what was it, and to whom? None

10. What is the applicant's occupation and physical condition? Not able to do any work

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

12. How was he supported during the years 1896 and 1897? By his Children & Friends I am informed

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? Old and not able to do any kind of work

15. What interest have you in the recovery of a pension by this applicant?

Sworn to and subscribed before me, this the 5th day of April 1898.

F. H. Gilbert Witness.

W W Sweeney Ordinary.

I certify that F H Gilbert is a witness worthy of full faith and credit. W W Sweeney Ordinary Fulton Co

STATE OF GEORGIA,

DeKalb COUNTY.

Personally came before me J H Goss and Jas Green, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully W H Sarrow, applicant for pension under the Act of 1894, and after such personal examination say that his precise physical condition is as follows:

He is generally infirm from age Being 77 yrs old & a victim of Chronic Rheumatism

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 5 day of April 1898.

W W Mogsdell Ordinary.

J H Goss, M.D.

J H Green M.D.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

DeKalb COUNTY.

I W W Mogsdell, Ordinary in and for said County, hereby certify that the applicant W H Sarrow resides in said County, and has been a bona fide resident of this State since the ____ day of ____ 189__ 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 DeKalb County show that applicant returned for taxation in his name in 1896 None Dollars of property, and in 1897 None Dollars of property.

In my opinion the foregoing claim is ____ made in good faith.

Witness my hand and seal of office, this 5th day of April 1898.

W W Mogsdell Ordinary

of DeKalb 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,
DeKalb County.

I, M H Sorrow, hereby authorize
W M Rogsdale of DeKalb
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 1899.

Executed in presence of
J W Brasswell Reg
E M Cook

M H X Sorrow (L. S.)
his
mark

CODE SEC. 1254.
(For Those Already Enrolled.)
No. 113

INDIGENT
SOLDIER'S PENSION,
1899.

Name M H Sorrow
County DeKalb

WARRANT ISSUED
114 1899

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
W M Rogsdale

Geo. W. Harrison, State Printer, Atlanta.

No date

Sorrow M H 4.

Dismissed M. H.
Re Dekalb Co.

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb County.

I, M H Sorrow, hereby authorize
W M Rogsdale of DeKalb Co
to receive and receipt for the pension allowed, and request that he remit same to
_____ at _____
by _____

Witness my hand and seal, this 16th day of Jan 1900.

M H X Sorrow [L. S.]
his
mark

Executed in presence of
E S Stevens
B J Fuchs

CODE SEC. 1254.
(For Those Already Enrolled.)
NO. 596

INDIGENT
SOLDIER'S PENSION,
1900.

Name M H Sorrow
County DeKalb

WARRANT ISSUED
January 17 1900.

JOHN. W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Ragsdale

Geo. W. Harrison, State Printer, Atlanta.

No date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
DeKalb County.

Personally appears M H Sorrow of DeKalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 7 day of April 1821; that he is 78 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 4 years in Company A, of 15 th Regiment of Ga; that his physical condition is as follows: Old age and infirmity am unable to work

that his property consists of the following items none

of the value of 00 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 DeKalb county been allowed a pension for the year 1898.

Sworn to and subscribed before me, this, the 13 day of Jan 1899.

his
M H X Sorrow
mark

W M Ragsdale Ordinary.

State of Georgia,
DeKalb County.

I, W M Ragsdale Ordinary of said County, do certify that I am well acquainted with M H Sorrow the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the indiyidual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 13 day of Jan 1899.

Affix your seal here.

W M Ragsdale
Ordinary DeKalb County.

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

For Applicants Heretofore Allowed Pensions.

Co. D. 15th Ga Inf and 1st Regt. Ga Reserves

STATE OF GEORGIA,
DeKalb County.

Personally appears M H Sorrow of DeKalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 7 day of April 1821; 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 Ga) during the war between the States, and served for the term of 4 Years in Company A, of 15 th Regiment of Ga Vol; that his physical condition is as follows: Old age and Infirmity

that his property consists of the following items None

of the value of Six 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 DeKalb county been allowed a pension for the year 1899.

Sworn to and subscribed before me, this, the 16 day of Jan 1900.

his
M H X Sorrow
mark

W M Ragsdale Ordinary.

State of Georgia,
DeKalb County.

I, W M Ragsdale Ordinary of said County, do certify that I am well acquainted with M H Sorrow the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1900.

Affix your seal here.

W M Ragsdale
Ordinary DeKalb County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1900.

POWER OF ATTORNEY.

STATE OF GEORGIA,
County.

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

Witness my hand and seal, this day of 1901.

[L. S.]

Executed in presence of

CODE SECTION 1254.
(For Those Already Enrolled.)
No. 694

INDIGENT
SOLDIER'S PENSION.
1901.

Name M.M. Sorrow
County DeKalb

WARRANT ISSUED
Jan 21 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

Sorrow, M. M.
Co. A 15th Ga.
DeKalb

(FOR THOSE ALREADY ENROLLED.)
CODE SECTION 1254.
(To September 1903)
No. 862

INDIGENT
SOLDIER'S PENSION
1902.

Name Sorrow, M.M.
County DeKalb
Co. A Regiment 15th

WARRANT ISSUED
1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

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 1902.

[L. S.]

Executed in presence of

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, De Kalb County.

Personally appears M. H. Sorrow of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 7th day of April 1821; 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 Ga) during the war between the States, and served for the term of 4 Years in Company A, of 15 th Regiment of Inf; that his physical condition is as follows: Old age and infirmity

that his property consists of the following items None

of the value of 00 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 De Kalb county been allowed a pension for the year 1900

Sworn to and subscribed before me, this the 9th day of Jan 1901.

M. H. his X Sorrow mark

W. M. Rogsdale Ordinary.

STATE OF GEORGIA, De Kalb County.

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

Given under my official signature and seal, this 9th day of Jan 1901.

Affix your seal here

W. M. Rogsdale Ordinary De Kalb 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, De Kalb County.

Personally appears M. H. Sorrow of De Kalb County, State of Geoogia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 7 day of April 1821; that he is 81 years old and by occupation a Farmer that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of 4 Years in Company A, of 15 th Regiment of ; that his physical condition is as follows: old age and infirmity

that his property consists of the following items None

of the value of 00 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 De Kalb county been allowed a pension for the year 1901.

Sworn to and subscribed before me, this the 15 day of Jan 1902.

M. H. his X Sorrow mark

W. M. Rogsdale Ordinary.

STATE OF GEORGIA, De Kalb County.

I, W. M. Rogsdale Ordinary of said County, do certify that I am well acquainted with M. H. Sorrow the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1902.

Affix your seal here

W. M. Rogsdale Ordinary De Kalb County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1902.

POWER OF ATTORNEY.

STATE OF GEORGIA,

_____ COUNTY.

I, _____ hereby authorize _____

_____ of _____

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

_____ at _____

by _____

Witness my hand and seal, this _____ day of _____ 1904.

_____ [L. S.]

Executed in presence of

_____

Dawson, M. H.
DeKalb County

CODE SECTION 1254.

FOR THOSE ALREADY ENROLLED.

No. 55

INDIGENT

SOLDIER'S PENSION

1904.

Name M. H. Dawson

County DeKalb

Co. A Regiment 15"

WARRANT ISSUED

1/25 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
DeKalb **County.**

Personally appears M.N. Sorrow of DeKalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 7 day of April 1821; that he is 84 years old and by occupation a Farmer, that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of 4 years in Company A, of 10th Regiment of ; that his physical condition is as follows: old age and Infirmity

that his property consists of the following items: None

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

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

Sworn to and subscribed before me, this the 13 day of January 1904. M N Sorrow his X mark

James R George Ordinary.

STATE OF GEORGIA,
DeKalb **County.**

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

Given under my official signature and seal, this 13 day of January 1904.

Affix your Seal here.

James R George
Ordinary DeKalb County.

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

OFFICE OF
Ordinary Oglethorpe County.
J. J. BACON, ORDINARY.

Lexington, Ga., Nov. 12th, 1903

Georgia
Oglethorpe County } This is to certify that Mrs. M. H. Sorrow, a confederate veteran was in the Pension roll of this county in 1902 and has not been droped from the pension Roll, but desires to be transfered to the pension Roll of DeKalb County Ga.

Witness my hand and seal this Nov. 12th 1903 R M Bacon, Clerk
Court Ordinary

NAME Sorrow, M H YEAR 1898 COUNTY DeKalb

WHEN AND WHERE BORN? 1821 - Oglethorpe County, Georgia

ENLISTED WHEN AND WHERE? Elbert Co., Georgia

RANK.

COMPANY AND REGIMENT? Co D 15th Regt. Ga Infantry,
Co____ 1st Regt Ga Reserves

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED?

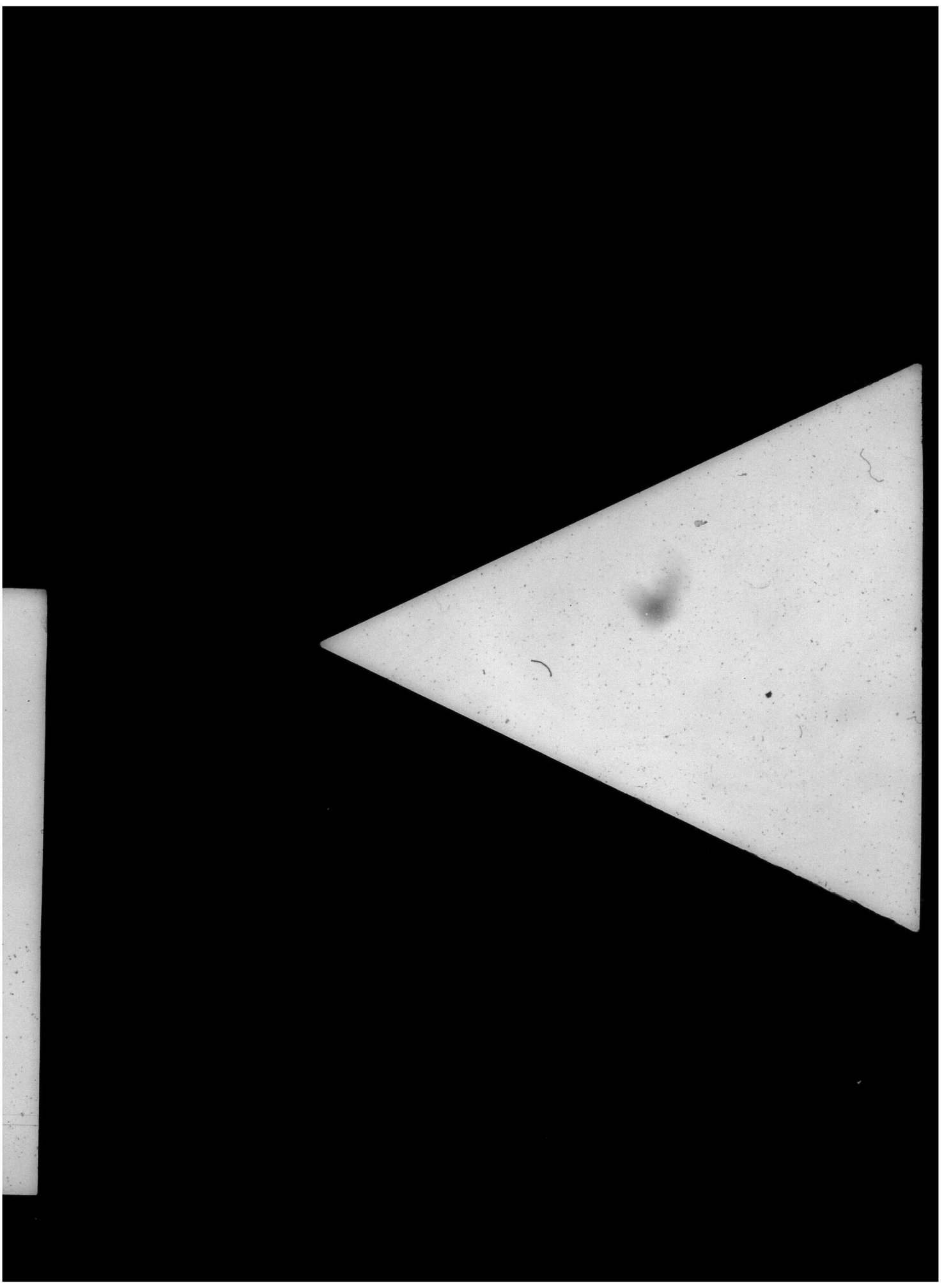
WHEN AND WHERE SURRENDERED? 1865

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. I H Gilbert - same command - No data
mh



POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb COUNTY.

I, Mrs Sarah Sorrow, hereby authorize
W M Sorrow of Lithonia Ga
to receive and receipt for the pension paid hereon, and request that he remit same to
Mrs Sarah Sorrow at Lithonia

In Witness Whereof, I have hereunto set my hand and seal, this 10
day of January 1905.

Sarah Mrs E Sorrow [L. S.]

Executed in presence of
James R Lyons
Ordinary

Journal Stamp
Dekalb County

To Those Heretofore Paid.

1905.

No. 167

INDIGENT

WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO Mrs Sarah Sorrow

OF Lithonia County,

Widow of M. F. Sorrow

Co. A 15 Ga Regiment.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED 1/23 1905.

AND HANDED TO Mr Sorrow

THE FRANKLIN PRINTING AND PUBLISHING CO., ATLANTA.
GEO. W. HARRISON, MANAGER, FOR STATE PRINTER.

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb COUNTY.

I, Mrs Sarah Sorrow, hereby authorize W M Sorrow of Lithonia Ga to receive and receipt for the pension paid hereon, and request that he remit same to Mrs Sarah Sorrow at Lithonia

In Witness Whereof, I have hereunto set my hand and seal, this 10 day of January 1905.

Sarah Mrs Sorrow [L. S.]

Executed in presence of
James R Lyons
Ordinary

Sorrow Sarah
DeKalb County

To Those Heretofore Paid.

1905.

No. 167

INDIGENT WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO Mrs Sarah Sorrow

OF DeKalb County,
Widow of M. H. Sorrow
Co. A. 15 Ga Regiment.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
1/23 1905.
AND HANDED TO
Mrs Sorrow

THE FRANKLIN PRINTING AND PUBLISHING CO., ATLANTA,
GEO. W. HARRISON, BRANCH'S, FOR STATE PRINTER.

STATE OF GEORGIA,
County of DeKalb } Personally comes Mrs. Sarah Sorrow

who, being sworn says on oath, that she is a bona fide resident of said County of DeKalb State of Georgia, and that she has RESIDED in said State continuously ever since ____. That she is the Widow of W. H. Sorrow who was a soldier in Company A of the 15 Regiment of Georgia 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__.

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 DeKalb 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 15 day of Jany 1905.
James R George Ordinary.

Sarah her ✕ mark Sorrow
Post-Office Lithonia Ga

State of Georgia,
DeKalb County. } I, James R George Ordinary of said County, certify that I am well acquainted with Mrs. Sarah Sorrow, 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 15 day of Jany 1905.

{ Official Seal. }

James R George
Ordinary of DeKalb County.

NOTE.—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1905.

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb COUNTY.

I, Sarah Sorrow, hereby authorize
J W Sorrow of Lithonia Ga
to receive and receipt for the pension paid hereon, and request that he remit same to
Sarah Sorrow at Lithonia Ga

In Witness Whereof, I have hereunto set my hand and seal, this 9th
day of January 1906.

Sarah her X Sorrow [L. S.]
Mark

Executed in presence of
James R George
Ordinary

Sorrow, Sarah E.
DeKalb Co

To Those Heretofore Paid.

1906.

No. 118

INDIGENT

WIDOW'S PENSION,

For year ending Dec. 31, 1906.

PAID TO
Mrs Sarah Sorrow
OF
DeKalb County,
Widow of W. H. Sorrow
Co. A 15th Ga Regiment.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
1/27 1906,
AND HANDED TO
WD Smith

THE FRANKLIN PRINTING AND PUBLISHING CO., ATLANTA, GA.

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKALB. COUNTY.

I, Sarah Sorrow, hereby authorize
J. W. Sorrow of Lithonia Ga
to receive and receipt for the pension paid hereon, and request that he remit same to
Sarah Sorrow at Lithonia Ga

In Witness Whereof, I have hereunto set my hand and seal, this 10
day of January 1907.

Mrs Sarah her X Sorrow [L. S.]
Mark

Executed in presence of
James R George
Ordinary

Sorrow, Sarah E.,
De Kalb County.

To Those Heretofore Paid.

1907.

No. 339

INDIGENT

WIDOW'S PENSION,

For year ending Dec. 31, 1907.

PAID TO
Mrs Sarah Sorrow
OF
DeKALB. County,
Widow of W. H. Sorrow
Co. A. 15th Ga Regiment.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
1/31 1907.
AND HANDED TO
C Hall

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, County of De Kalb } Personally comes Mrs. Sarah Sorrow

who, being sworn says on oath, that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since ____. That she is the Widow of M H Sorrow who was a soldier in Company A of the 15 Georgia 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 died on the ____ day of ____ 18__.

Brights disease & 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 De Kalb 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 9th day of Janu 1906. James R George Ordinary.

Sarah her X Sorrow Mark

Post Office ____

State of Georgia, De Kalb County. } I, James R George Ordinary of said County, certify that I am well acquainted with Mrs Sarah Sorrow, 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 9th day of ____ 18__.

Given under my official signature and seal, this the 9th day of January 1906.

{ Official Seal }

James R George Ordinary of De Kalb County.

NOTE.—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1906.

Form No. 2

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, County of DeKALB. } Personally comes Mrs. Sarah Sorrow

who, being sworn says on oath, that she is a bona fide resident of said County of DeKALB. State of Georgia, and that she has RESIDED in said State continuously ever since ____. That she is the Widow of M. H. Sorrow who was a soldier in Company A. of the 15th 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 died on the ____ day of ____ 18__.

Brights Disease & 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 DeKALB. 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 10 day of Janu 1907. James R Georgia, Ordinary.

Mrs. Sarah her X Sorrow Mark

Post Office ____

State of Georgia, DeKALB. County. } I, James R. Georgia Ordinary of said County, certify that I am well acquainted with Mrs. Sarah Sorrow, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the ____ day of ____ 18__.

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

{ Official Seal }

James R Georgia Ordinary of DeKALB. County.

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

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 _____ 1895.

Executed in presence of

_____

_____

INDIGENT PENSION
1895.

Name W M Dobbins

County Lee

Ground Dysentery & Chronic Diarrhea

Filed _____ 1895.

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

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 _____ 1895.

Executed in presence of

)

)

)

INDIGENT PENSION

1895.

Name W M Sorrow

County De Kalb

Ground Surgeon's Certificate

Filed Aug 2 1895

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

Gen. W. Harrison, State Printer, Atlanta.

STATE OF GEORGIA,

De Kalb County.

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

1. What is your name and where do you reside? (give State, County and post office)
W M Sorrow DeKalb Lithonia Ga
2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State?
DeKalb County all my life
3. When and where were you born? April 22 1834 Eglethorpe Co
4. Did you volunteer in the Confederate Army, or in the Georgia Militia? Confederate Army
5. When and where did you enlist? Aug 5th 1861.
6. In what company and regiment did you enlist? Co D Cobbs Legion
7. How long did you remain in that company and regiment? Three years & 8 mos
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 Transfered

9. For how long a period did you discharge regular military duty? Three years & 8 mos
10. When, where and under what circumstances were you discharged from service?
At the Surrender Appomattox Courthouse Va
11. What is your present occupation? Making Hammer Handles
12. How much can you earn per annum by your own exertions or labor? Twenty five Dollars
13. What has been your occupation since 1865? Carpenter
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? $75.00 I can contribute 25.00
15. What is your present physical condition and how long have you been in such condition?
Back pains in back and stomach and have been in this condition for four or five years
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"? Infirmity & 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?
More or less ever since the war worse for the last three or four years
18. What property, effects or income do you possess? Nothing
19. What property, effects or income did you possess in 1893 and in 1894 and what disposition, if any, did you make of same? Had nothing but house hold and kitchen furniture
20. In what County did you reside during those years and what property did you then return for taxation?
In DeKalb County. Nothing but household & kitchen furniture
21. How were you supported during the years 1893 and 1894? By my own labor and the help of my son
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? $75.00 per annum I contributed 25 & 30 per year
23. What was your employment during 1893 and 1894? What pay did you receive in each year?
Making Hammer Handles $25.00 & $30.00
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? Yes Wife living Eight Children Six boys & Two Girls oldest 39 years youngest 16 years Two of them Stone cutters others farmers.

8th day of April 1895. } W. M. Sorrow Applicant.

W M Rogsdale. Ordinary

of De Kalb County.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA, De Kalb County. }

H. C. Reagan, of said State and County, having been presented as a witness in support of the application of W M Sorrow 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? H C Reagan In De Kalb Co. Lithonia Ga
2. Are you acquainted with W M Sorrow, the applicant, if so how long have you known him? Since and during the war
3. Where does he reside, and how long has he been a resident of this State? De Kalb County I know he was in a Ga Company
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? I do was in same Regiment
5. When, where and in what company and regiment did he enlist? He enlisted in Company D. Cobbs Legion
6. Were you a member of the same company and regiment? Member Co. C. Same Regt.
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? Something over three years. Know he was in Active Service. He was discharged at the Surrender
8. What property, effects or income has the applicant? (Give your means of knowledge.) Has none, I live near neighbor to 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 other than he has now
10. What is the applicant's occupation and physical condition? He makes Shingles He is in a feeble condition and unable to work at hard labor
11. Is the applicant unable to support himself by labor of any sort, if so, why? He is in such feeble condition as to enable him to earn a support
12. How was he supported during the years 1893 and 1894? Don't know
13. What portion of his support for these two years was derived from his own labor or income? Do not know what is income's
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 always been a feeble weak condition and unable to do any continuous work
15. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this the 8th day of April 1895. } H C Reagin Applicant.

W M Rogsdale Ordinary.

STATE OF GEORGIA, De Kalb County. }

Personally came before me B. M Sprayberry and J. H. Goss, both known to me as reputable physicians of said county, who being severally sworn, say on oath that they have examined carefully W M Sorrow, applicant for pension under the Act of 1894, and after such personal examination, say that his precise physical condition is as follows:

General infirmity caused perhaps from Spinal trouble that may have resulted from age or injury

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 8th day of April 1895. } J. H. Goss M. D. B. M. Sprayberry M. D.

W M Rogsdale Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA, De Kalb County. }

I, W M Rogsdale, Ordinary in and for said County, hereby certify that the applicant W. M. Sorrow 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: H C Reagin J. H. Goss M.D. & B. M. Sprayberry, M.D. are of trustworthy character and that their statements are entitled to full faith and credit.

I further certify that before answering the foregoing questions, the applicant and each witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witnesses before same were signed.

I further certify that the tax digests of De Kalb County show that applicant returned for taxation in his name in 1893, $30 00 dollars of property, and in 1894, $30 00 dollars of property.

Witness my hand and seal of office, this 3th day of April 1895.

W M Rogsdale, Ordinary

of De Kalb 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,
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

(For Those Already Enrolled.)
ACT OF 15 DEC., 1894.

No. 624

INDIGENT
Soldier's Pension.
1897.

Name W.M. Sorrow
County DeKalb,

Jan 13 1897.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

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

(For Those Already Enrolled.)
ACT OF 15 DEC., 1894.

NO. 1520

INDIGENT
SOLDIER'S PENSION,
1898.

Name W.M. Sorrow
County DeKalb

WARRANT ISSUED
1/18 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb County.

Personally appears W M Sorrow of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 2d day of April 1834; that he is 62 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 D, of th Regiment of Cobbs Legion; that his physical condition is as follows: Affected with nervous prostration which disables approach from making support by his labor

that his property consists of the following items No property except Household goods

of the value of $25 00 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 De Kalb county been allowed a pension for the year 1896.

Sworn to and subscribed before me, this the 11th day of Jan 1897. W M Sorrow

W M Ragsdale Ordinary.

STATE OF GEORGIA,
De Kalb County.

I, W M Ragsdale, Ordinary of said County, do certify that I am well acquainted with W M Sorrow the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Jan 1897.

Affix your seal here.

W M Ragsdale
Ordinary De Kalb County.

NOTE—The blanks spaces must be filled.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb County.

Personally appears W M Sorrow of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 2d day of April 1834; that he is 63 years old and by occupation a farmer; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served for the term of 3 3/4 years in Company D, of Cobbs Legion Ga; that his physical condition is as follows: On account of nervous debility and age

that his property consists of the following items None

of the value of 0 0 Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1898. I have heretofore as a resident of De Kalb county been allowed a pension for the year 1897.

Sworn to and subscribed before me, this the 18 day of Jan 1898. W M Sorrow

W M Ragsdale Ordinary.

State of Georgia,
De Kalb County.

I, W M Ragsdale, Ordinary of said County, do certify that I am well acquainted with W M Sorrow the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1898.

Affix your seal here.

W M Ragsdale
Ordinary De Kalb County.

NOTE.—The blank spaces must be filled.

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 _____ 1899.

Executed in presence of

_____ (L. S.)

_____

CODE SEC. 1254.
(For Those Already Enrolled.)

No. 1008

INDIGENT
SOLDIER'S PENSION,
1899.

Name W M Strong
County De Kalb

WARRANT ISSUED
1/13 1899

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
Clerk

Geo. W. Harrison, State Printer, Atlanta.

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 _____ 1900.

_____ [L. S.]

Executed in presence of

_____

CODE SEC. 1254.
(For Those Already Enrolled.)

NO. 516

INDIGENT
SOLDIER'S PENSION,
1900.

Name W.M. Strong
County De Kalb

WARRANT ISSUED
Jan 17 1900.

JOHN. W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Clerk

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb County.

Personally appears W M Sorrow of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 2 day of April 1834; 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 Ga) during the war between the States, and served for the term of 3¼ Years in Company D, of Cobb Legion Regiment of Ga; that his physical condition is as follows: Affected with nervous debility and is unable to work for a living; that his property consists of the following items None

of the value of 00 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 DeKalb county been allowed a pension for the year 189 8

Sworn to and subscribed before me, this the 13 day of Jan 1899. W. M. Sorrow

W M Ragsdale Ordinary.

State of Georgia,
De Kalb County.

I, W M Ragsdale Ordinary of said County, do certify that I am well acquainted with W M Sorrow the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1899.

Affix your seal here.

W M Ragsdale
Ordinary De Kalb 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,
De Kalb County.

Personally appears W M Sorrow of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 2 d day of April 1834; 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 Ga) during the war between the States, and served for the term of 3¼ Years in Company D, of Cobb Legion Regiment of Ga; that his physical condition is as follows: Nervous Debility

that his property consists of the following items None

of the value of None 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 DeKalb county been allowed a pension for the year 189 9

Sworn to and subscribed before me, this the 16 day of Jan 1900. W. M. Sorrow

W M Ragsdale Ordinary.

State of Georgia,
De Kalb County.

I, W M Ragsdale Ordinary of said County, do certify that I am well acquainted with W M Sorrow the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1900.

Affix your seal here.

Thos. Peyton
Ordinary De Kalb County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1900.

POWER OF ATTORNEY.

STATE OF GEORGIA,
County.

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

Witness my hand and seal, this day of 1901.

[L. S.]

Executed in presence of

(For Those Already Enrolled.)

No. 692

INDIGENT
SOLDIER'S PENSION.
1901.

Name W. M. Sorrow
County DeKalb

WARRANT ISSUED
Dec. 1 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta

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 1902.

[L. S.]

Executed in presence of

Sorrow W. M.
DeKalb
(FOR THOSE ALREADY ENROLLED.)
CODE SECTION 1254.

No. 692

INDIGENT
SOLDIER'S PENSION
1902.

Name Sorrow, W.M.
County DeKalb
Co. D Regiment Cobb's

WARRANT ISSUED
Nov 7 1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb County.

Personally appears W. M. Sorrow of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 2 day of April 1834; 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 Ga) during the war between the States, and served for the term of 3¾ Years in Company D, of ~~Regiment~~ of Cobbs Legion; that his physical condition is as follows: Nervous Debility, contracted in the war

that his property consists of the following items None

of the value of 00 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 De Kalb county been allowed a pension for the year 1900.

Sworn to and subscribed before me, this the 9th day of Jan 1901. W. M. Sorrow

T. M. Ragsdale Ordinary.

STATE OF GEORGIA,
De Kalb County.

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

Given under my official signature and seal, this 9th day of Jan 1901.

Affix your seal here

T. M. Ragsdale
Ordinary De Kalb 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,
De Kalb County.

Personally appears W M Sorrow of De Kalb County, State of Geoogia, 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 2 day of April 1834; 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 Ga) during the war between the States, and served for the term of 3¾ Years in Company D, of Cobbs Legion Regiment of Ga Vol; that his physical condition is as follows: Suffering from Nervous Debility.

that his property consists of the following items None

of the value of 00 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 De Kalb county been allowed a pension for the year 1901.

Sworn to and subscribed before me, this the 15 day of Jan 1902. W. M. Sorrow

T. M. Ragsdale Ordinary.

STATE OF GEORGIA,
De Kalb County.

I, T. M. Ragsdale Ordinary of said County, do certify that I am well acquainted with W. M. Sorrow the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1902.

Affix your seal here

T. M. Ragsdale
Ordinary De Kalb County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1902.

POWER OF ATTORNEY.

STATE OF GEORGIA,

_____ County.

I, _____ hereby authorize _____

_____ of _____

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

_____ at _____

by _____

Witness my hand and seal, this _____ day of _____ 1903.

_____ [L. S.]

Executed in presence of

_____

CODE SECTION 154.
(FOR THOSE ALREADY ENROLLED.)

No. 571

INDIGENT
SOLDIER'S PENSION
1903.

Name Sorrow W M
County DeKalb
Co. D Regiment Cobbs

WARRANT ISSUED
1/23 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
[illegible]

Geo. Harrison, State Printer, Atlanta.

Sorrow W. M.
DeKalb County
CODE SECTION 154.
(FOR THOSE ALREADY ENROLLED.)
No. 574
INDIGENT
SOLDIER'S PENSION
1904.
Name W. M. Sorrow
County DeKalb
Co. [illegible] Regiment
Cobbs Georgia
WARRANT ISSUED
1/25 1904.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO
[illegible]
Geo. W. Harrison, State Printer, Atlanta.

Sorrow W. M.
DeKalb County
231

POWER OF ATTORNEY.

STATE OF GEORGIA,

_____ County.

I, _____ hereby authorize _____

_____ of _____

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

_____ at _____

by _____

Witness my hand and seal, this _____ day of _____ 1904.

_____ [L. S.]

Executed in presence of

_____

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
DeKalb County.

Personally appears A M Sorrow of DeKalb 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 2 day of Feb 1834; that he is 66 years old and by occupation a Mechanic, 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 3¼ Years in Company , of D th Regiment Cobbs Legion of Ga Vol ; that his physical condition is as follows: Old age and Nervous Debility unable to work for a support

that his property consists of the following items: None

of the value of 00 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 DeKalb county been allowed a pension for the year 1902

Sworn to and subscribed before me, this the 9 day of Jan 1903. W M Sorrow

W M Rogsdale Ordinary.

STATE OF GEORGIA,
DeKalb County.

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

Given under my official signature and seal, this 9 day of Jan 1903.

Affix your Seal here.

W M Rogsdale
Ordinary DeKalb 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,
DeKalb County.

Personally appears W M Sorrow of DeKalb 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 2 day of April 1834; 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 3¾ years in Company L , of Cobbs Legion of Ga Vol. ; that his physical condition is as follows: Nervous Debility

that his property consists of the following items: None

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

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

Sworn to and subscribed before me, this the 13 day of January 1904. W M Sorrow

James R George Ordinary.

STATE OF GEORGIA,
DeKalb County.

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

Given under my official signature and seal, this 13 day of January 1904.

Affix your Seal here.

James R George
Ordinary DeKalb County.

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

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.....1905.

.....[L. S.]

Executed in the presence of

.....

Bowron, W. M.
DeKalb County

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 521

INDIGENT
SOLDIER'S PENSION
1905.

Name Wm. Bowron
County DeKalb
Co. I Ga. Vol. Regt.
Regiment

WARRANT ISSUED
1903 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

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

no date

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

.....

Bowron, W. M.
DeKalb G.I.

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 525

INDIGENT
SOLDIER'S PENSION
1906.

Name W. M. Bowron
County DeKalb
Co. I 4th Georgia
Regiment

WARRANT ISSUED
1903 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

THE FRANKLIN PRINTING AND PUBLISHING CO., GEO. W. HARRISON, MGR.

STATE OF GEORGIA,
DeKalb County.

Personally appears W M Sorrell of DeKalb 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 70 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 ..... th Regiment of Cobbs Reagion, Ga Vols ; that his physical condition is as follows: Infirmity Poverty & age

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 1905. I have heretofore as a resident of ..... County been allowed a pension for the year 1904.

Sworn to and subscribed before me, this the 18 day of Jan 1905. W M Sorrell

James R George Ordinary.

STATE OF GEORGIA,
DeKalb County.

I, James R George Ordinary of said County, do certify that I am well acquainted with W M Sorrell the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1905.

James R George

Affix your seal here

Ordinary DeKalb County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1905.

State of Georgia,
DeKalb County.

Personally appears W M Sorrow of DeKalb 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 2 day of April 18 34; that he is 71 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 ..... th Regiment of Cobbs Legion Ga Vols; that his physical condition is as follows: Infirmity, poverty, age

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 DeKalb County, been allowed a pension for the year 1905.

Sworn to and subscribed before me, this the 6th day of January 1906. W. M. Sorrow

James R George Ordinary.

State of Georgia,
DeKalb County.

I, James R. George Ordinary of said County, do certify that I am well acquainted with W. M. Sorrow the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 January 1906.

James R George

Affix your seal here

Ordinary DeKalb County.

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

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 _____ 1907.

_____ [L. S.]

Executed in presence of

_____

_____

Code Section 1254.

(FOR THOSE ALREADY ENROLLED)

No. 738

INDIGENT SOLDIER'S PENSION 1907.

Name _____

County _____

Co. _____ Regiment _____

WARRANT ISSUED

_____ 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

State of Georgia,

DeKALB **County.**

Personally appears W M. Sorrow of DeKALB 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 L, of Cobb Legion of Ga Vols ____th Regiment; that his physical condition is as follows: Infirmity, poverty & age

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 DeKALB County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the ____ day of Jany 1907. W M Sorrow

James R George Ordinary.

State of Georgia,

DeKALB **County,**

I, James R. George Ordinary of said County, do certify that I am well acquainted with W. M Sorrow the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Jany 1907.

James R George

Affix your seal here

Ordinary DeKALB County.

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

NAME Sorrowm W.M. YEAR 1896 COUNTY DeKalb

WHEN AND WHERE BORN? April 2nd. 1834 Oglethorpe County, Georgia.

ENLISTED WHEN AND WHERE? August 5th. 1861.

RANK.

COMPANY AND REGIMENT? Co. D, Cobbs Legion.

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Pains in back and shoulders since the war, worse in the last three or four years.

CAPTURED, WHEN AND WHERE?

RELEASED.

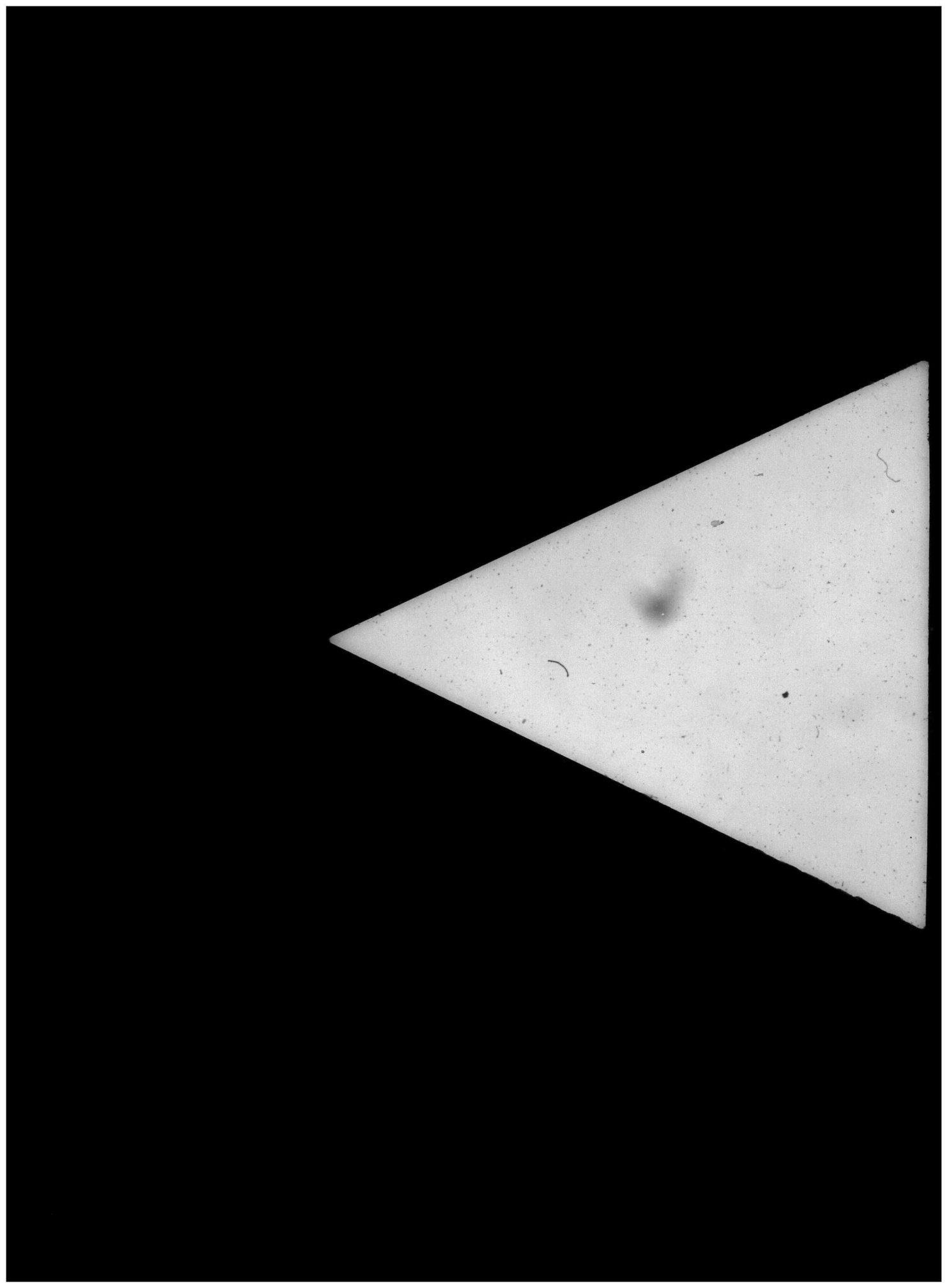
WHEN AND WHERE SURRENDERED? Appomattox Court House, at surrender.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. H.C. Reagins, Co. C, Cobbs Legion, No data, or Reagan.



Southern, Mrs Carrie (3).

Affidavits

James A. Flowers, private
September 16, 1861.

Died in Camp Feb. 11, 1863.
(Washington Record)

WIDOW'S APPLICATION

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

County DeKalb

Name Mrs. Carrie Southern

Widow of Asbury Flowers

Date of Marriage December 20, 18 59.

Company A. 38th Ga. Regt.

Regiment 38th Georgia

Approved John W. Crank
19 July 27

[illegible]
Commissioner of Pensions.

7-19-27 G

Ordinary's Certificate

STATE OF GEORGIA,

DeKalb COUNTY.

I, V. D. Morgan, Ordinary of said County, do certify that I know Mrs Carrie Southern 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

the witness who swears to the ~~service of husband~~ absence 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 are truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and official seal of office this 18 day of July 1927.

(SEAL OF ORDINARY) V. D. Morgan, Ordinary.

of DeKalb County

Instructions:

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1881, 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 copies 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.

James A. Flowers
September 16, 1861.

Died in Camp Feb. 11
(Washing

Southern Mrs Carrie (3)
Approved
Refused
Suspended

WIDOW'S APPLICATION

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

County DeKalb
Name Mrs. Carrie Southern
Widow of Asbury Flowers
Date of Marriage December 20, 18 59.
Company A. 38th Ga. Regt.
Regiment 38th Georgia
Approved John W. Clark
19 July 27

[illegible]
Commissioner of Pensions.

7-19-27 C

Ordinary's Certificate

STATE OF GEORGIA,
DeKalb COUNTY.

I, V. D. Morgan, Ordinary of said County, do certify that I know Mrs Carrie Southern 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 the witness who swears to the ~~service of husband~~ absence 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 are truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and official seal of office this 18 day of July 1927.

(SEAL OF ORDINARY) V. D. Morgan, Ordinary.
of DeKalb County

Instructions:

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1881, 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 copies 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.

APPLICATION FOR PENSION BY A WIDOW

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

QUESTIONS FOR APPLICANT TO ANSWER:

STATE OF GEORGIA,
DeKalb COUNTY,

Personally appears before me, Mrs. Carrie Southern 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 Post Office and County) Mrs. Carrie Southern, in DeKalb Co., Ga. all my life. Doraville, Ga.

2. How long and since when have you been, continuously, a bona fide resident citizen of the State of Georgia? Born and reared in DeKalb Co., Ga. and have lived in said County all my life.

3. When, where and to whom were you married? Asbury Flowers, 1859, first husband, in DeKalb Co., Ga.

a. Have you married since the death of first and soldier husband? Yes

4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service, and give name of Colonel and Captain.) Company A. 38th Georgia Regt.

5. When and where did the commands of your husband surrender or discharge from the Service? I think at Gettysburg, Pa., I do not remember the date

6. Was your husband personally present with his command when it was surrendered or discharged? No, he was dedd

7. If he was not present, state specifically and clearly where he was? Dead

8. When did he leave the Command? Died two years prior to surrender

a. For what cause did he leave? Death

b. By whose authority did he leave?

c. For how long was his leave of absence granted? In what way?

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

f. What effort did he make to return to his Command?

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

h. Was he captured by the enemy at any time? No

i. If so, when and where? In what prison was he held and when was he released?

j. When and where did your first husband die? I do not remember, he died inthe army

k. Were you residing together when he died? Yes

l. If not, how long had you resided apart? Had not been apart

m. Are you now a widow? I am

9. 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 roll

Sworn to and subscribed before me, this the 16th day of July, 1927.

V. D. Morgan, Ordinary
of DeKalb County.
(SEAL OF ORDINARY)

Mrs Carrie Flowers Southern
her mark
Applicant.

V. S. MORGAN
ORDINARY AND PROBATE JUDGE
DeKALB COUNTY
E. H. MASON, CLERK

DECATUR, GA. July 18 7 192

Honorable John W Clark,
Pension Commissioner,
Atlanta, Ga.

Dear Judge :

Enclosed please find application of Mrs. Carrie Southern, widow of Asbury Flowers, who has asked for pension on her first husband's service. Mrs. Arnold has a record of his service gotten from the Adjunt-general.

I enclose affidavit from two parties who have known Mrs. Southern for over forty years and they testify that Mr. Southern, her husband, left over twenty-five years ago and has never been heard from by her or anyone else since that time.

Mrs. Southern is very old and a deserving old lady.

I also enclose herewith, marriage record of Asbury Flowers before the war, which I trust will be all that is necessary in this case. I trust that she may be put on the list so as to begin drawing from the State.

Yours very truly,
V. S. Morgan
Ordinary

Encl.3
VSM*RP

State of Georgia)
DeKalb County) To any Judge of the Superior Court, Justice of the Inferior
) Court, Justice of the Peace, or Minister of the Gospel:

You are hereby authorized to join J. A. Flowers and Miss Caroline Rainey in the holy state of matrimony, according to the laws of this State, if they are such persons and are by law authorized to marry, and for so doing this shall be your License.

Given under my hand and official Seal this the 16th day of December 1859.

R. M. Brown, Ordinary.

I hereby certify that on the 20th day of December 1859, that J. A. Flowers and Miss Caroline Rainey were lawfully joined in the Holy State of Matrimony by me.

C. M. Jones, J. P.

Georgia, DeKalb County.

I, E. H. Mason, Clerk of the Court of Ordinary in and for said County, do hereby certify that I have compared the above and foregoing copy of the marriage license and certificate of marriage of J. A. Flowers and Miss Caroline Rainey with the original record thereof, now remaining in this office, and the same is a correct transcript therefrom, and of the whole of such original record, and that said Court is a Court of Record.

In Testimony Whereof, I have hereunto set my hand and affixed the Seal of said Court at Decatur, Georgia, this the 18th day of July, 1927.

E. H. Mason
Clerk Court Ordinary, DeKalb County, Georgia.

Georgia, DeKalb County.

In person appeared before the undersigned, ?

J M Donaldson and A J Burnham, who being first duly sworn according to law, deposes and says on oath: That they know Mrs. Carrie Southern and has known her for twenty five or thirty years. That she was married to P. B. Southern in the year 1866 or 1867, and that they resided together as man and wife for nearly three years; that said P. B. Southern left their home in DeKalb County some time in the year 1869 or 1870, and has never returned, and affiant has never heard either directly or indirectly from said P. B. Southern since he left.

That he has never returned to his wife, and she does not know where he is or anything about him, having never heard from him since he left their home in DeKalb County, Ga.

Sworn to and subscribed before me,
this 16 day of July, 1927.

N. P.

J M Donaldson
A J Burnham

Ordinary's Certificate

STATE OF GEORGIA,
DeKalb COUNTY.

I, James R Lyons Ordinary of said County, certify that I know the applicant J.W. Southern for pension is the person he represents himself to be and resides in said county. That I also know Thos D Terry 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 31 day of October 1919

James R Lyons Ordinary
of DeKalb County.

(SEAL)

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you give shall be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary of the county in which the applicant or witness resides and must be certified by such Ordinary.

Southern J. W.
DeKalb Co

No. 64 Fulton

Confederate Soldier's Application

Under Act 1910—As Amended by Act of 1919.

County DeKalb
Name J. W. Southern
Company K
Regiment 7 Ga Cav
Approved

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10-17-1919

DeKalb COUNTY.

I, James R George Ordinary of said County, certify that I know the applicant J.W. Southern for pension is the person he represents himself to be and resides in said county. That I also know Thos D Perry 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 13 day of October 1919

James R George Ordinary
of DeKalb County.

(SEAL)

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you give shall be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary of the county in which the applicant or witness resides and must be certified by such Ordinary.

No.

Confederate Soldier's Application

Under Act 1910—As Amended by Act of 1919.

County DeKalb

Name J.W. Southern

Company K

Regiment 2 Ga Cavalry

Approved

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

Sgt. Thos. D. Perry
DeKalb Co

Amended by Act 1919

Questions For Applicants to Answer

STATE OF GEORGIA
DeKalb COUNTY.

J. W. Southern 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) J.W. Southern Dunwoody, DeKalb Co., Ga.

2. How long and since when have you been a continuous resident citizen of this State? 71 years

3. Did you enlist in the Army of the Confederate States or in the organized militia of this State from 1861 to 1865? Army of Confederate States

4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) August 1864 Whitfield Co. Ga. 2nd Ga Regt Cavalry F.

5. How long did you remain in the actual military service with said Company and Regiment? (Give date of discharge) April 1865 at Kingston, Ga.

6. When and where was your Company and Regiment surrendered or discharged from the Service? April 1865 at Kingston, Ga.

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? Kingston, Georgia

b. When did you leave the command? April 1865

c. For what cause did you leave? Surrendered

d. By whose authority did you leave? Paroled at Surrender

e. For how long was your leave granted? In what way?

f. Why did you not return to your command after leave expired? Command had Surrendered

g. In what way were you prevented? None

h. What effort did you make to return? None

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 22nd day of August 1919

J. W. Southern

James R George Ordinary
of DeKalb County.

(SEAL)

Fulton COUNTY.

Thos D. Terry of said State and County is hereby presented as a witness in support of the application of Jas Southern for the pension provided by the Act of 1910, as amended by the Act of 1919 in said State, and, after being sworn true answers to make to the questions propounded, answers as follows:

1. What is your name and where do you reside? Thos D. Terry 93 Alta Ave, Atlanta Ga

2. How long and since when have you known Jas. Southern the applicant? 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? Near Dunwoody Ga. Lived there about 5 years to my personal knowledge

4. When, where and in what Company and Regiment did Jas Southern enlist during war from 1861 to 1865? (Give date and place.) in August 1864 Co H 1st Ga Cav

5. How did you obtain your information of this Service? Was present when he joined

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (Give date) until close of war

7. When and where was his command surrendered or discharged (give date and place) Kingston Ga

8. Were you personally present at the surrender? Yes

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

10. Was the applicant personally present with his command at surrender? Yes

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 Was with him all the time

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 10 day of Sept 1919 } Thomas D. Terry

Allen R. Wardlaw Ordinary of Fulton County. }

(SEAL)

NAME Southern, J. W. YEAR 1920 COUNTY ~~Fulton~~ DeKalb.

WHEN AND WHERE BORN? A resident of Georgia for 71 years.

ENLISTED WHEN AND WHERE? Aug. 1864, Whitfield County.

RANK.

COMPANY AND REGIMENT? Co. H. 2nd Ga. Regt. Cavalry.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED?

WHEN AND WHERE SURRENDERED? April 1865, Kingston, Ga.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. Thos, D. Terry - Present when applicant enlisted. - No data.

ih

Spinks, M.J. (Mrs.)
DeKALB Co.

For DeKalb County

1926

Application for Pension Due Deceased Pensioner

(UNDER ACT 1919)

(To pay expenses of last illness and funeral)

V. D. Morgan Ordinary

For Mrs. M. J. Spinks

Date of Death Dec 19, 1926

Amount $100.00 OK.

Approved and ordered paid

John W. Clark

JOHN W. CLARK,

22 Dec 26 Commissioner of Pensions

Received of V. D. Morgan Ord.
Check for $100.00 in full of all claims
Mrs. M. J. Spinks
1/1/27. G. A. Garrison

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.

(To Be Paid to the Ordinary for Expenses of Funeral and Last Illness)

(Under Act Approved August 15, 1904)

GEORGIA, DeKalb. County.

Personally before me, the Ordinary of said County, comes A. S. Turner of said County, who, after being sworn, on oath says that he knew Mrs. Malderine Josephine Spinks of said County, and that said Pensioner was on the Pension Roll of said County at the time of death, which occurred in DeKalb. County, in this State on the 19. day of December 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 $166.25, per sworn statements fully and completely ITEMIZED hereto attached.

NO

Sworn to and subscribed before me
V. S. Morgan, Ordinary
DeKalb County

(Seal of Ordinary)

A. S. Turner

CERTIFICATE OF ORDINARY

GEORGIA, DeKalb. County.

I, V. S. Morgan, Ordinary of said County, do certify that I personally know A. S. Turner, who is a resident citizen of said County, and that said person is of truthful and trustworthy character, entitled to full faith and credit; that I also knew Mrs. Malderine Josephine Spinks while in life and that this was the same person whose name appears on the Pension Roll of DeKalb County, and was paid a Pension of Two Hundred ($200.) 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 21 day of Dec., 1926

(Seal or Ordinary) V. S. Morgan, Ordinary
DeKalb. 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.

A. S. Turner

Funeral Director and Embalmer

Prompt Ambulance Service

525-27 N. McDONOUGH ST. PHONE DEARBORN 0098

NIGHT AND SUNDAY. PHONE DEA. 0099

Decatur, Georgia.

Funeral Expenses of Mrs Malderine Josephine Spinks .,

December 20, 1926.

To Casket	$135.00
Dress	17.50
Underclothes, hose	1.75
1 Funeral Notice	2.00
Hearse Service and Service Rendered	10.00
	$166.25

Georgia, DeKalb County,
Personally appeared beforeme, A.S.Turner, who being duly sworn says on oath, that the above account if just, true, due and remains unpaid.,

Sworn to and subscribed before me,
This 21st day of December 1926.,
Ruby Johnston
Notary Public, State at Large, Decatur, Ga.
My Commission Expires Nov. 4, 1929.

A. S. Turner

POWER OF ATTORNEY.

STATE OF GEORGIA,

.....COUNTY

I,..... hereby authorize

.....of.....

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

.....at.....by.....

Witness my hand and seal, this.....day of.....190...

.....(L. S.)

Executed in presence of

.....

Spivey, P. O.
Ne Kalb County.

No.
Applied for 1904

INDIGENT PENSION

1905

Name B. F. Spivey

County Dekalb

Co. C — 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.

Chas. P. Byrd, State Printer, Atlanta.

9-2207

B. S. Spivey, D. C.
DeKalb County
Registered 9/22/09

No.

INDIGENT PENSION

1909

Name B.S. Spivey
County DeKalb
Co. C —
Approved
Rest
Pd

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

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

Chas. P. Byrd, State Printer, Atlanta.

9-2207

.....COUNTY.

I, ... hereby authorize

..... of .....

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

..... at ..... by .....

Witness my hand and seal, this ..... day of ..... 190...

..... (L. S.)

Executed in presence of

.....

DeKalb COUNTY.

B. S. Spivey 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:

Every Question MUST Be Answered.

1. What is your name and where do you reside? (Give State, County and Postoffice.)
B S Spivey Clarkston Georgia DeKalb Co
2. How long and since when have you been a resident of this State?
Since Birth 85 Years
3. When and where were you born? Walton County March 24 - 1824
4. When and where and in what company and regiment did you enlist or serve?
July 25th 1863 DeKalb county Company B Conscript Compy
5. How long did you remain in such company and regiment? until the close of the War
6. When and where was your company and regiment surrendered and discharged?
Oxford Ga about the 20 of April 1865
7. Were you present with your company and regiment when it was surrendered? I was
8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? I was present War closed
9. How much can you earn (gross) per annum by your own exertions or labor? None
10. What has been your occupation since 1865? Farming
11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty"? Age & 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.
about 15 years
13. What property, real and personal, or income, do you possess, and its gross value? None
14. What property, real or personal, did you possess in 1903, 1904, 1905, 1906, 1907 and 1908, and what disposition, if any, by sale or gift, have you made of same? None
15. In what County did you reside during those years, and what property did you then return for taxation?
DeKalb County - None
16. How were you supported during the years 1903, 1904, 1905, 1906, 1907, 1908 and 1909?
by Boy Some
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 150.00 None
18. What was your employment during 1903, 1904, 1905, 1906, 1907, 1908 and 1909? What pay did you receive in each year? Unable to do any thing
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 of my own
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? No
22. How many applications have you ever made and under what class? None

Sworn to and subscribed before me this the 7 day of September 1909

B. S Spivey
Applicant.

Jasper B George
Ordinary,
of DeKalb County.

STATE OF GEORGIA,

DeKalb County.

Levi Chewning of said State and County, having been presented as a witness in support of the application of B. S. Spivey 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? Levi Chewning Lithonia DeKalb Co Ga

2. Are you acquainted with I am, the applicant; if so, how long have you known him? 70 years

3. Where does he reside and how long and since when has he been a resident of this State? Clarkeston DeKalb Co Ga

4. When, where and in what company and regiment did he enlist, and how do you know? July 25-1863 Company C. Conscript Camp

5. Were you a member of the same company and regiment? I war

6. How long did he perform regular military duty? July 25-1863 to April 27/865

7. When and where was his command surrendered? Macon Ga

8. Were you present when it surrendered? I war

9. Was applicant present? He war

10. If he was not present, where was he? Present

When did he leave his command? Close of war For what cause? War closed

By what authority he left War War over How do you know all of this? I war Present and know it of my own knowledge

11. What property, effects or income has the applicant? (Give your means of knowledge.) Nothing

12. What property, effects or income did the applicant possess in 1903, 1904, 1905, 1906, 1907, 1908 and 1909? none

and what disposition, if any, did he make of same? Had none to dispose of

13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom? Has not had none to convey

14. What is the applicant's occupation and physical condition? has no occupation Physical condition very feable

15. Is the applicant unable to support himself by labor of any kind; if so, why? He is on account of his Physical condition

16. How was he supported during the years 1903, 1904, 1905, 1906, 1907, 1908 and 1909? By his son John Spivey

17. What portion of this support for these four years was derived from his own labor or income? Nothing

18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254 Code His Physical condition is so feable that he is not able to make a living at any

19. Who composes family? What property have they? Children's ages and their earning capacity? He has no family Lives with his Son John Spivey

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

Sworn to and subscribed before me, this the 7 day of September 1909

Levi Chewning Witness

James R George Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

DeKalb County.

Personally came before me C. S. Brannon & P. L. Cullinsworth and ..., both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully B. S. Spivey, applicant for pension under Section 1254, Code, and after such personal examination say that his **precise physical condition** is as follows:

is suffering from a Kidney and Bladder trouble to such an Extent to Render him physical unable to do any kind of Labor to support himself and that we have no interest in said pension being allowed.

C. S. Brannon MD

P. L. Cullinsworth MD

Sworn to and subscribed before me, this the 7 day of September 1909

James R George Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

DeKalb County.

I, James R George, Ordinary, in and for said County, hereby certify that the applicant B. S. Spivey resides in said County, and has been a bona fide resident of this State since the 24 day of March 1824 and that the witnesses, viz.: Levi Chewning 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 DeKalb County shows that applicant returned for taxation in his name in 1901 ... Dollars of property, and in 1903 ... Dollars of property; in 1904 ... Dollars of property; in 1905 ... Dollars of property; in 1906 ... Dollars of property; in 1907 ... Dollars of property; in 1908 ... Dollars of property; in 1909 ... Dollars of property.

Nothing

In my opinion the foregoing claim is ... made in good faith.

Witness my hand and seal of office, this 7 day of Sept 1909

James R George Ordinary.

of DeKalb 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.

DISAPPROVED

NAME B. S. Spivey, YEAR 1909 COUNTY DeKalb

WHEN AND WHERE BORN? March 24th 1824, Walton County, Georgia.

ENLISTED WHEN AND WHERE? July 25th 1863, DeKalb County, Georgia.

RANK.

COMPANY AND REGIMENT? Co. C, Conscript Camp.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? Command surrendered; April/1865, 20th Macon, Georgia.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED,

WITNESSES. Levi Chewning - Same Command. No data.

ORDINARY'S CERTIFICATE

STATE OF GEORGIA,

_____ COUNTY.

I, _____ Ordinary of said County, do certify that I know Mrs. _____ 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 _____ day of _____ 19____

That I also know _____ 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 _____ 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. 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.

"OLD" CLASS 1923

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 Lee

Name Mrs. Elizabeth Spruill

Widow of W. M. Spruill

Company C

Regiment 3 Ga. Cav.

Approved John W. Elwell

Commissioner of Pensions

11-14-22

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

1922

DeKalb COUNTY.

Personally before me comes Mrs Elizabeth Spruill of said County, who, after being duly sworn, says that she is the widow of W M Spruill to whom, in the County of DeKalb State of Ga she was married on the 20 day of Sept 1866, and that she remained his wife, and resided with him to the date of his death in Feby 1st 1922 and that she has not since his death remarried. At the time of his death he was a resident of DeKalb County, in said State of Georgia, and he was on the Pension Roll of the State and paid a pension of $180.00 in DeKalb County for 1922 per annum, on account of being a soldier in Company F Regiment 36 Ga (Volunteers or State Militia)

That she is now a bona fide resident citizen of said County of DeKalb and she has so continuously resided since 20 day of Sept 1866 19--

Sworn to and subscribed before me, this the 5 day of May 1922

James R. George Ordinary

of DeKalb County.

(SEAL)

her
Elizabeth X Spruill
Mark

Affidavit of Witnesses to Prove Marriage and to Whom. Date of Death of Husband

STATE OF GEORGIA,

DeKalb COUNTY.

Personally before me comes J. N. Lovell 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. Elizabeth Spruill, who made the foregoing affidavit, is the lawful widow of W M Spruill who died in DeKalb County in said State of Ga on 1st day of Feby 1922 and that she has not since remarried. That she became the wife of W M Spruill on the 20 day of Sept 1866, and that she and he had resided together as man and wife continuously since 20 day of Sept 1866, and that the he was the same man who was on the pension roll of said State Ga from DeKalb County when he died.

I know they was Married from General reputation and from My own knowledge for 53 years

Sworn to and subscribed before me, this the 5 day of May 1922

James R. George Ordinary

of DeKalb County.

(SEAL)

J. N. Lovell

Cannot obtain Marriage Licens

(To Be Paid to the Ordinary for Expenses of Funeral and Last Illness)
(Under Act Approved August 15, 1904)

GEORGIA, DeKalb County.

Personally before me, the Ordinary of said County, comes C. C. Foster Undertaker for Lawrence Store of said County, who, after being sworn, on oath says that he knew Mrs Elizabeth Spruill of said County, and that said Pensioner was on the Pension Roll of said County at the time of death, which occurred in DeKalb County, in this State, on the 30 day of Apl, 1933, and that pensioner left no widow surviving, and no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of $90.00, per sworn statements fully and completely ITEMIZED hereto attached. $2.50 Doctor bill to D R Ponie Atwood Ga.

Sworn to and subscribed before me,

V. S. Morgan Ordinary

DeKalb County

(Seal of Ordinary)

Lawrence Store
by C. C. Foster Undertaker

CERTIFICATE OF ORDINARY

GEORGIA, DeKalb County.

I, V. S. Morgan, Ordinary of said County, do certify that I personally know C. C. Foster, who is a resident citizen of said County, and that said person is of truthful and trustworthy character, entitled to full faith and credit; that I also knew Mrs. Elizabeth Spruill while in life and that this was the same person whose name appears on the Pension Roll of DeKalb County, and was paid a Pension of Sixty and no/100 ($60.) Dollars in said County for 1933, 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 11 day of May, 1933

(Seal of Ordinary)

V. S. Morgan, Ordinary

DeKalb County

INSTRUCTIONS

1st. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.

2nd. Each account must be sworn to before the Ordinary, and in the following form:

"The above and foregoing account is rendered for services ~~in the last illness~~ (or funeral expenses, as the case may be) of ....., who died without owning sufficient property to pay this bill.

3rd. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed as indicated.

4th. The completed voucher—this blank and the bills—must be sent to the Pension Department for approval and no money must be paid out until it is returned to you as your authority to make the payment.

5th. Return this application, and attached bills, properly receipted, to the Pension Department.

6th. Ordinary should see that the back of this blank, when folded, is filled out.

Apr 30
60
0

FILED
JAN 10 1939
VETERANS SERVICE
A. L. HENSON

Application for Pension Due Deceased Pensioner
(UNDER ACT 1904)
(To pay expenses of last illness and funeral)

V. S. Morgan ..... Ordinary

For Mrs. Elizabeth Spruill

Date of Death Apr. 30 1933

Amount $ ~~100.00~~ 60.00

Approved and ~~ordered~~ paid

R. deT. LAWRENCE,
Commissioner of Pensions.

FILED
MAY 15 1933
VETERANS SERVICE OFFICE

PAID TO ORDINARY ON THIS CLAIM:

DATE 1933	FUND FROM WHICH PAID	$	
11-4	C & C	60	00
1-12-34	Refunded	60	00
	TOTAL.		

Roswell Ga. Mrs. Spruill Morgan ordinary
Charge $60.00 on the within bill.

IN ACCOUNT WITH
ROSWELL STORE

All accounts due and payable, 30 days.

Apr 30	Casket & box	75	00
	Hearse & service	15	00
		90	00

The above and foregoing account is rendered for funeral expenses of Mrs Elizabeth Spruill, who died without owning sufficient property to pay this bill.

C C D. T.

Evalyne Bishop
N O Bishop at Large

A Certificate

STATE OF GEORGIA, County of DeKalb

IN RE: Expenses last illness and funeral Mrs. Elizabeth Spruill

This is to certify that from an examination of the records in my office, and from personal knowledge, or inquiry, it is ascertained that this pensioner:

1. Died inside of the State of Georgia;
2. Left no estate of any kind or value, sufficient to pay these expenses.

This the 7 day of August ,1933.

(SEAL) V. S. Morgan , Ordinary

(Ordinary will please complete and return immediately to A. L. Henson, Director, Veterans Service Office, State Capitol, Atlanta, Ga.)

RESIDENCE PHONE 37 - STATEMENT - OFFICE PHONE 32

Roswell, Ga., Apr 23 - 1933

Mrs Elizabeth Spruill
Dickwood Ga

IN ACCOUNT WITH
DR. R. J. POWER

		Dr.	Cr.
Apr 23	To Professional Services Rendered.	$2 50	

[redacted] 8.27
R J Power MD

Sworn and subscribed before me this 9th day of May 1933.

Evalyne Bishop
N O State at Large.

Sprewell, W. M.
Dekalb Co.

1918

No. 012 1918

Confederate Soldier's Application.

UNDER ACT 1910.

County DeKalb

Name W M Sprewell

Company F

Regiment 36 Ga

Approved

J. W. LINDSEY,
Commissioner of Pensions.

CHAS. P. BYRD, State Printer, Atlanta.

10-23-1917
1/16-1918

Pension Office, Oct. 25, 1917.

Let applicant amend and state: When did wife become owner of the land and from whom purchased, and the price paid therefor. Was the title or any part or any part of the purchase price derived directly or indirectly from the husband. State these facts clearly and prove to be true. The record only shows applicant captured and exchanged from Vicksburg July 4, 1863. State clearly and prove to be true: Did he return to the service after capture at Vicksburg?

J. W. Lindsey,
Commissioner of Pensions.

ate price derived directly or indirectly from the husband. State these facts clearly and prove to be true. The record pnly shows applicant captured and exchanged from Vicksburg July 4, 1863. State clearly and prove to be true: Did he return to the service after capture at Vicksburg?

J. W. Lindsey,
Commissioner of Pensions.

No. 1910

Confederate Soldier's Application.

UNDER ACT 1910.

County ..... DeKalb

Name ..... W. M. Sproull

Company ..... F

Regiment ..... 36 Ga

Approved ..... J. W. LINDSEY, Commissioner of Pensions.

CHAS. P. BYRD, State Printer, Atlanta.

Questions for Applicants to Answer.

STATE OF GEORGIA,

DeKalb County.

W M Sproull 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) Wm Marion Sproull, Dunwoody, Dunwoody DeKalb Co

2. How long and since when have you been a continuous resident citizen of this State? 73 years, Since 1844

3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865? Volunteered in Army of CS

4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) 1862, Doraville DeKalb Co 36 Ga, Infantry, Private Cavly

5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge) 2 years, April 1865

6. When and where was your Company and Regiment surrendered or discharged from the Service? April, 1865 near High Point 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.

a. Where was your Command when you left it? Near High Point N.C.

b. When did you leave the Command? Did leave Command

c. For what cause did you leave?

d. By whose authority did you leave?

e. For how long was your leave granted? In what way?

f. Why did you not return to your Command after leave expired? Did not leave

g. In what way were you prevented?

h. What effort did you make to return?

i. Were you captured during the war? Yes

j. If so, when, and where? In what prison were you held and when were you released? 1863 about 1863 Vicksburg, Not held as prisoner

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.)

Myself 7½ Acres Land @ 70.00 $ 420.00
Wife 191 " " $ 2500.00

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).

Myself 7½ Acres Land @ 70.00 $ 420.00
Wife 191 " " $ 2500.00

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? Never Applied

Sworn to and subscribed before me, this the 20 day of July 1917

his
W M × Sproull
mark

James R Lyons Ordinary
of DeKalb County.

STATE OF GEORGIA.
DeKalb County.

Personally before me comes J.M. Cheek & B.B. Cheek who on oath says that they are freeholders residing in said County and we know W.M. Sprouill the applicant for pension and we know the property that is now in the use, possession and control of himself and wife and of its cash value to wit: (Make List by items and value.) He W.M. Sprouill owns 21 acres Land Value $420 His wife owns 191 acres 2500

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.) Nothing
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? no
5. What disposition was made of the proceeds of the sale? no 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 7th day of August 1917.

James R George Ordinary
of DeKalb County.

J.M. Cheek B.B. Cheek

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
DeKalb County.

I, James R George Ordinary of said County, certify that I know the applicant W.M. Sprouill for Pension is the person he represents himself to be and resides in said County. That I also know M.E. Dougherty the witness swearing to the service and J.M. Cheek and B.B. Cheek 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 1908 shows that and wife value for tax is in 1908 $3300.00 for 1909 $250.00 for 1910 $350.00 for 1911 $350. for 1912 $350. for 1913 $350. for 1914 $420 for 1915 $420 for 1916 $420 for 1917 $420

Sworn under my hand and official seal of office this 23d day of Aug 1917.

James R George Ordinary
of DeKalb 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.

STATE OF GEORGIA,
DeKalb County.

M E Dougherty of said State and County is hereby presented as a witness in support of the application of W.M. Sprouill 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? Moses Ezekiel Dougherty Cross Keys Dist
2. How long and since when have you known the applicant? about 65 years 1867
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? Dunwoody, Since the Surrender have seen him at Hunters
4. When, where and in what Company and Regiment did he enlist during war from 1861 to 1865? (Give date and place) 1862, Decatur Co Ft 36 Ga
5. How did you obtain your information of this Service? by sight & a 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) from 1862 to 1865
7. When and where was his Command surrendered or discharged? (give date and place) 1865 Near High Point N C
8. Were you personally present at the Surrender? no
9. If not, where were you and how came you there? Above Chattahoochie River near Atlanta, Captured
10. Was the applicant personally present with his Command at surrender? Dont Know
11. If not where was he and how came him there? Dont Know I was Captured & my understanding was so of his Command
12. When did he leave his Command? did not leave Where was his Command when he left it? — for what cause did he leave? —
— By whose authority did he leave — and how long was he granted leave? — How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically) I was present at the time I was captured
13. In what way was he prevented from returning to his Command? did not leave How do you know? from Comrades I was
14. What effort did he make to return to his Command and how do you know? — Did not leave command
15. Was applicant captured as a prisoner Yes If so, when and where? Vicksburg In what prison was he held? Vicksburg and when released —

Sworn to and subscribed before me, this the 23 day of August 1917.

James R George Ordinary
of DeKalb County.

M E Dougherty

STATE OF GEORGIA, DeKalb County

I, James R George, Ordinary of said County, do certify that I personally know Elizabeth T Sprouill, the applicant, and that she is the lawful widow of W. M. Sprouill, and was on the Judgment Pension Roll of said DeKalb County, and was paid a Pension from DeKalb County for 1922 and at the time of his death on the 1 day of July 1922 there was due to him and unpaid his Pension of one Hundred 00/100 Dollars from the State of Georgia, and I know Know in Chief, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 5 of May, 1922.

(SEAL.)

James R George Ordinary

DeKalb County.

Sprouill W M
DeKalb Co.

1922

Application for Pension Due Deceased Soldier

(UNDER ACT 1891)

(To be paid his Widow or Dependent Children)

BY

Mrs. Elizabeth T Sprouill

Widow of W M Sprouill

of DeKalb County

Old [illegible]

Date of Death July 1 1922

Approved and ordered paid 100

5/8 1922.

D N Liddy

J. W. LINDSEY

Commissioner of Pensions.

Ordinary: Fill out above in full and send this blank to Pension Office for approval before you pay out the money, and then return it with your pay-rolls for permanent filing in the Pension Office.

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 on Pension Roll and paid from County for 19.

Witness my hand this day of, 192.

Attested before me:

UNDER ACT APPROVED OCTOBER 9, 1891.

STATE OF GEORGIA, DeKalb County

Personally before me comes Mrs. Elizabeth Sprnill of said County, who after being duly sworn, on oath says that she is the widow of W.M. Sprnill who was duly enrolled as a ..... Pensioner from the County of DeKalb and was paid a Pension of One Hundred ($100.00) Dollars from DeKalb County for 1922, and that the said W.M. Sprnill died in DeKalb County on the 1st day of Feby, 1922 and at the time of his death a Pension of $100.00 was due him from DeKalb County and unpaid for 1922. Applicant further swears that she married the said W.M. Sprnill on the 20 day of Sept, 1866 in Dutton County and State of Georgia, 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 5 day of May, 1922.

James R George, Ordinary.
DeKalb County.
(SEAL.)

Elizabeth her + mark Sprnill (L. S.)

AFFIDAVIT OF WITNESS

STATE OF GEORGIA, DeKalb County

Personally before me comes J N Chuck, who on oath says that he knew W.M. Sprnill while in life and that he knows Mrs. Mrs Elizabeth, the above applicant; that he knows that the said W M Sprnill and Mrs. Elizabeth Sprnill were in due form of law married in the County of ~~Dutton~~ Dutton County in the State of Ga on the 20 day of ~~Sept~~, 1866, and that they were residing together as husband and wife at the time of his death on the first day of Feby, 1922 and I know that she is his dependent widow. ~~from personal knowledge~~ and from my own

Sworn to and subscribed before me this 5 day of May, 1922.

James R George, Ordinary.
DeKalb County.
(SEAL.)

J N Chuck

Husband's Pen. 53 Dutton

INSTRUCTIONS:

1st. This form can be used by guardian, or minor children, where there is no widow.
2nd. The Ordinary must, in all cases, send certificate of marriage attached hereto, if marriage is not proven by witness.
3rd. Avoid the use of the enormously large form of marriage certificate in common vogue throughout this State, suitable only for framing. Such a certificate is entirely too bulky for use in any sort of pension paper.
4th. This form is for widows of disabled soldiers who died after October 26th, and for widows and dependent children of Service soldiers who died after November 1st.
5th. The Ordinary should examine the blank carefully and see that it is fully and correctly completed, and the seals affixed, and that the back, when folded, is filled out.
6th. Pay out no money on this application until it is approved in the Pension Office, and returned to you as your authority to make the payment.
7th. Return this application with your final settlement to the Pension Office.
8th. The widow signs pay-roll for the pension of her husband, signing her name opposite his name thereon.
9th. The pension for only one year can be covered by one voucher. Each year's pension is a separate and distinct transaction and must be so treated. If widow of a "new" pensioner, who was due 1920 and 1921 pensions, she must make two yellow applications—one for each year. Attach a separate marriage license to each yellow blank.

Georgia, DeKalb County.

Personally appeared before me, the undersigned, W. M. Spruill, who being duly swern, says on oath: That he was a member of Company "F", 36th Georgia Regiment, and with his regiment was captured at Vicksburg, Mississippi, in July 1863, and after being paroled went to his home. That said command was re-organized at Walton Springs, in Fulton County, Georgia, and that I was present and joined in said re-organization, and staid with my command until the final surrender, in 1865.

Sworn to and subscribed before me, this the 4th day of January, 1918.

W. M. Spruill

James R George
Ordinary.

Georgia, DeKalb County.

Personally appeared before me, the undersigned, J. U. Cheek, who being duly sworn, says on oath: That Mrs. Elizabeth Spruill, wife of W. M. Spruill inherited the land from her father, and Affiant says that he, as an officer, witnessed deeds from said Mrs. Elizabeth Spruill to her children dividing the land among them. Affiant has been a near neighbor of the Spruill's for forty-seven years, and is intimately acquainted with them.

Sworn to and subscribed before me, this the 4th day of January, 1918.

J. U. Cheek

James R George
Ordinary.

Georgia, DeKalb County.

Personally appeared before me, the undersigned, M. E. Dougherty, who being duly sworn, says on oath: That he was a member of Compant "F", 36th Georgia Regiment, and that W. M. Spruill was a member of the same Company and Regiment. We were all captured July 4th, 1863, at Vicksburg, Mississippi, and after being paroled, we went home, and afterwards re-organized at Walton Springs, in Fulton County, Georgia, and W. M. Spruill was with us when we re-organized, and staid with the command as long as I staid with it. was in Several battles afterwards

Sworn to and subscribed before me, this the 4th day of January, 1918.

E. M. Dougherty

James R George
Ordinary.

NAME Spruill, W. M. YEAR 1918 COUNTY Dekalb

WHEN AND WHERE BORN? A resident of Georgia since birth.

ENLISTED WHEN AND WHERE? 1862, Doraville, Ga.

RANK:

COMPANY AND REGIMENT? Co. F. 36th Ga. Regt.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE? Entire command Captured July ,1863 at Vicksburg, Miss.

RELEASED: Paroled shortly after capture, went home and later reoganized.

WHEN AND WHERE SURRENDERED? April 1865, High Point, N.C.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED:

WITNESSES: M. E. Dougherty - Same command - No data.

ih

Standard, W. J.
DeKalb County

CODE SECTION 1254.

(FOR THOSE ALREADY ENROLLED.)

Henry Co. 1903

No. 530

INDIGENT
SOLDIER'S PENSION
1904.

Name W. J. Standard

County DeKalb

Co. A. 30 Regiment Ga

WARRANT ISSUED

1/25 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Wife

Geo. W. Harrison, State Printer, Atlanta.

no data

POWER OF ATTORNEY.

STATE OF GEORGIA, _____ COUNTY. }

I, _____ hereby authorize _____

_____ of _____

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

_____ at _____

by _____

Witness my hand and seal, this _____ day of _____ 1904.

_____ [L. S.]

Executed in presence of

_____

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Dekalb County.

Personally appears W. J. Standard of Dekalb 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 May 1844; 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 4 year in Company A, of 30th Regiment of Georgia Vols; that his physical condition is as follows: Rheumatism & Disease

that his property consists of the following items: Nill

of the value of Nill 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 Dekalb County been allowed a pension for the year 1903

Sworn to and subscribed before me, this the 12 day of January 1904. W J Standard

James R George Ordinary.

STATE OF GEORGIA,
Dekalb County.

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

Given under my official signature and seal, this 12 day of January 1904.

Affix your Seal here.

James R George
Ordinary Dekalb County.

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

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.....1905.

.....[L. S.]

Executed in the presence of

.....

Standard, Dekalb County

CODE SECTION 1234.
(FOR THOSE ALREADY ENROLLED.)

No. 228

INDIGENT
SOLDIER'S PENSION
1905.

Name Cyrus Standard

County DeKalb

Co. A Regiment 30 Ga

WARRANT ISSUED

1/23 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

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

no date

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

.....

Standard, Dekalb Co.,

CODE SECTION 1234.
(FOR THOSE ALREADY ENROLLED.)

No. 228

INDIGENT
SOLDIER'S PENSION
1906.

Name Cyrus Standard

County DeKalb

Co. A Regiment 30 Ga

WARRANT ISSUED

1/2 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

THE FRANKLIN PRINTING AND PUBLISHING CO. GEO. W. HARRISON, MGR.

STATE OF GEORGIA,
Dekalb County.

Personally appears W. J. Standard of Dekalb 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 61 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: .....

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 1905. I have heretofore as a resident of ..... County been allowed a pension for the year 1904.

Sworn to and subscribed before me, this the 9th day of January 1905. W J Standard

James R George Ordinary.

STATE OF GEORGIA,
Dekalb County.

I, James R. George Ordinary of said County, do certify that I am well acquainted with W J Standard the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 January 1905.

James R George

Affix your seal here

Ordinary Dekalb County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1905.

State of Georgia,
DeKalb **County.**

Personally appears W J Standard of DeKalb **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** May **18**41**; that he is** 61 **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** 4 yrs **in Company** A, **of** 30th **Regiment of** Georgia Vol. ; **that his physical condition is as follows:** Infirmity, poverty & age

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 DeKalb **County, been allowed a pension for the year 1905.**

Sworn to and subscribed before me, this the 6 **day of** January **1906.** W J Standard

James R George **Ordinary.**

State of Georgia,
DeKalb **County.**

I, James R George **Ordinary of said County, do certify that I am well acquainted with** W J Standard **the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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** January **1906.**

James R George

Affix your seal here

Ordinary DeKalb **County.**

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKALB COUNTY.

I, _____, hereby authorize

_____ of _____

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

_____ at _____

by _____

WITNESS my hand and seal, this _____ day of _____ 1907.

_____ [L. S.]

Executed in presence of

_____

Standard, W. F.
Dekalb Co.

CODE SECTION 1204.
(FOR THOSE ALREADY ENROLLED)

No. 230

INDIGENT
SOLDIER'S PENSION
1907.

Name W. F. Standard
County DeKALB
Co. A Regiment 34th Ga

WARRANT ISSUED
1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

DeKALB **County.**

Personally appears W J Standard of DeKALB County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 1 day of Nov 1844; that he is 62 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 A, of 30 th Regiment Ga of ____; that his physical condition is as follows: Infirmity, poverty & Deafness

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 DeKALB County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the 12 day of Jany 1907.

James R George Ordinary. W J Standard

State of Georgia,

DeKALB **County.**

I, James R George Ordinary of said County, do certify that I am well acquainted with W J Standard the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Jany 1907.

James R George

Affix your seal here

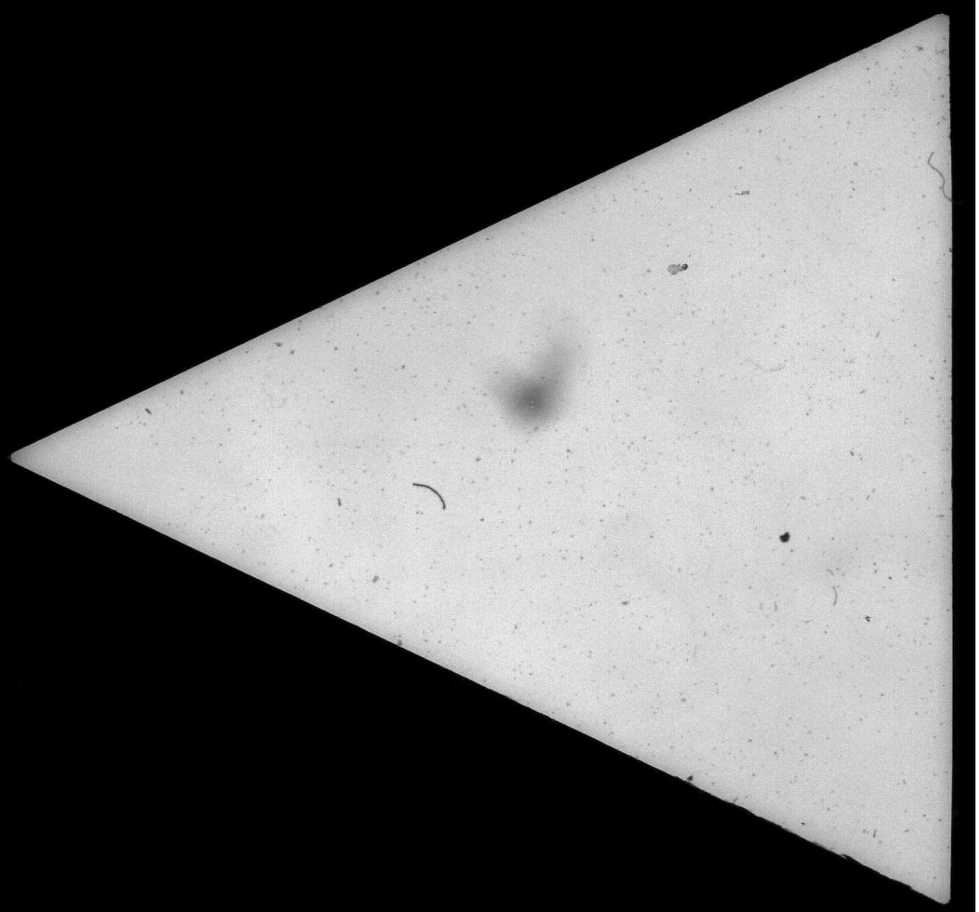
Ordinary DeKALB County.

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

Ordinary's office Henry Co
McDonough Ga Oct 7th 1903.

This is to Certify that W. J. Standard has been drawing an indigent Pension as a resident of Henry County the last two years & has not at any time been stricken from the Pension rolls.—
Given under my hand & seal of Office.

G. G. Mellon
Ordinary Henry Co. Ga.



POWER OF ATTORNEY.

Form No. 5.

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 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 ..... 189....

..... [L. S.]

Executed in the presence of us :

.....

.....

DIRECTIONS.

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

.....

Stanley, Maria
Pike County

1891.

No. 2230

Widows' Pension

PAID TO

Mrs. Maria Stanley

OF

Pike County.

$100.00.

Warrant Issued

1891

AND HANDED TO

.....

Geo. W. Harrison, State Printer Atlanta.

Form No. 5.

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 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 _____ 189 .

_____ [L. S.]

Executed in the presence of us :

_____

_____

DIRECTIONS.

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

_____

Attorney, Mariah Stanley
DeKalb County

Nov 1891.

No. 2230

Widows' Pension

PAID TO—

Mrs. Mariah Stanley

—OF—

DeKalb COUNTY.

$100.00.

Warrant Issued

_____ 1891

AND HANDED TO

_____

Geo. W. Harrison, State Printer, Atlanta.

Affidavit to be Made by the Widow.

Form No. 1.

STATE OF GEORGIA,
County of DeKalb } In person came before me, the undersigned Ordinary in and for the County of DeKalb

Mrs. Mariah Stanley, who being sworn according to law, says under oath that she is the widow of Jesse Stanley, who was a soldier in the service of the Confederate States, and served as a member of Company I, of the 22d Regiment of Georgia Volunteers; that he enlisted in said service on or about the _____ day of March 1862, and was in the Confederate Army up to June 1864. That while in the Army, he was on the 21 day of June 1864, (See Note No. 1) He was Killed in Battle at Petersburg Virginia.

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 5th day of Oct 1854, and that she has resided in Georgia continuously since the 15th day of Nov 1837; 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 11th day of April 1891. Mariah her X Stanley mark

Thos. Ragsdale
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.

Form No. 2.

Affidavit for Three Witnesses.

STATE OF GEORGIA,
County of Henry

In person came before me, the undersigned Ordinary in and for said County, witnesses G. M. Clayton, Eli Stanley and J. W. White (each known to said Attesting Officer as truthful, reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge, Mrs. Maria Stanley, of the County of DeKalb, State of Georgia, is the widow of Jesse Stanley, who was a soldier in Company K of the 22nd Regiment of Ga Volunteers. That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or about the 6th day of March 1862 That while in said service, or by reason of said service in the Army, he lost his life as follows: While in the intrenchments around Petersburg in the State of Va wounded on or about the 21st of June 1864 was wounded by a Gunshot from a Sharp Shooter and died at the field Hospital on the same day of said wound. Deponents were all members of the same Company, and know these facts to be true

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

Sworn to and subscribed before me, this, the 22nd day of April 1891.
Wm Nisbelson
Henry Ordinary.

G. M. Clayton
Eli Stanley
J. W. White

Form No. 3.

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

STATE OF GEORGIA,
County of DeKalb

I, W. M. Rogsdale, Ordinary in and for said County of DeKalb State of Georgia, hereby certify that I am acquainted with Mrs. Mariah Stanley, 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 4" day of May 1891.

SEAL

W. M. Rogsdale
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.

STATE OF GEORGIA, County of De Kalb

I, W. M. Ragsdale, Ordinary in and for said County of De Kalb State of Georgia, hereby certify that I am acquainted with Mrs. Mariah Stanley 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 Jesse Stanley 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 22d day of Jan 1894.

(SEAL)

W. M. Ragsdale, Ordinary.

Form No. 3.

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 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 ..... 1894.

[L. S.]

Executed in the presence of us:

DIRECTIONS.

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

Stanley, Mariah
De Kalb County
FOR THOSE HERETOFORE PAID.

1894.

No. 1076.

WIDOWS' PENSION,

for year ending February 15th, 1894.

—PAID TO—

Mrs. Mariah Stanley

—OF—

De Kalb County.

WARRANT ISSUED 2/16, 1894,

AND HANDED TO

Geo. W. HARRISON, State Printer, Atlanta.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of De Kalb

Personally comes Mrs. Mariah Stanley

who being sworn, says on oath, that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has *resided* in said State continuously ever since Mar 1827. That she is the Widow of Jesse Stanley who was a Soldier in Company K of the 22d 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 July 1864 That he lost his life on the June day of 22d 1864 (*State here full particulars of the husband's death, when, where and from what cause.*) (Was killed by sharp shooter near Winchester, Va. while on duty the day above stated.)

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1827; 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 22d day of Jan 1894.
M M Rogsdale Ordinary.

her
Mariah × Stanley
mark

Post-office Stay Henry Co Ga.

STATE OF GEORGIA, County of De Kalb

I, W. M. Logsdon Ordinary in and for said County of De Kalb State of Georgia, hereby certify that I am acquainted with Mrs. Mariah Stanley 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 Jesse Stanley 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 1st day of Feb 1893.

(SEAL) W. M. Logsdon Ordinary.

Form No. 3.

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 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 ..... 189 ....

..... [L. S.]

Executed in the presence of us:

.....

.....

DIRECTIONS.

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

.....

Stanley, Mariah
De Kalb County,
FOR THOSE HERETOFORE PAID.

1893.

No. 1034

Widows' Pension,

for year ending February 15th, 1893.

—PAID TO—

Mrs. Mariah Stanley

—OF—

De Kalb COUNTY.

Warrant Issued

1893

AND HANDED TO

Applicant

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

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

Form No 2.

STATE OF GEORGIA, County of DeKalb

I, W. M. Logsdon Ordinary in and for said County of DeKalb State of Georgia, hereby certify that I am acquainted with Mrs. Mariah ~~Louisa~~ Stanley 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 Jesse Stanley 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 22d day of Jan 1895.

(SEAL) W. M. Logsdon Ordinary.

Form No. 3

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 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 ..... 1895.

..... [L. S.]

Executed in the presence of us:

.....

.....

DIRECTIONS.

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

.....

Mariah PAID TO Mr. Stanley

—OF—

De Kalb County.

widow of Jesse Stanley

WARRANT ISSUED

2 Feb 1895.

AND HANDED TO

Applicant

Geo. W. Harrison, State Printer.

FOR THOSE HERETOFORE PAID.

1895.

No. 988

WIDOW'S PENSION,

for year ending Febuary 15th, 1895.

Stanley, Mariah
DeKalb Co.

STATE OF GEORGIA,
County of De Kalb

Personally comes Mrs. Mariah Stanley

who being sworn, says on oath, that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has *resided* in said State continuously ever since Nov 1837 That she is the Widow of Jesse Stanley who was a Soldier in Company K of the 22nd 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 July 1864 That he lost his life on the day of 18 (*State here full particulars of the husband's death, when, where and from what cause.*) (Was killed during a skirmish near Richmond Va. in July 1864.)

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 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 1st day of Oct 1893. Mariah X Stanley, her mark
J.M. Kopedale Ordinary. Post-office Berry, Henry Co Ga.

Form 1.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of De Kalb

Personally Comes Mrs. Laura Stanley

who being sworn, says on oath, that she is a bona fide resident of said county of De Kalb State of Georgia, and that she has *resided* in said State continuously ever since Nov 1837. That she is the Widow of Jesse Stanley who was a Soldier in Company K of the 22d Regiment of Georgia Volunteers, that he enlisted in said Regiment on or about the month of March 1861 and served in the Army up to July 1864. That he lost his life on the 18 day of July 1864. (*State here full particulars of the husband's death, when, where and from what cause.*) (Was killed while in service by a Sharp-Shooter near Petersburg, Va.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 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, 1894, and now apply for the allowance provided by law for the year ending February 15th, 1895.

Sworn to and subscribed before me, this 22d day of Jan 1895. Mariah X Stanley, her mark
J.M. Kopedale Ordinary. Post-office

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

STATE OF GEORGIA, County of DeKalb

I, W. M. Ragsdale, Ordinary in and for said County of DeKalb State of Georgia, hereby certify that I am acquainted with Mrs. Mariah Stanley 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 Jesse Stanley 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 25th day of Jan 1896.

{SEAL} W. M. Ragsdale, Ordinary.

Form No. 3.

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 1896.

[L.S.]

Executed in the presence of

Stanley, Mariah
DeKalb County
FOR THOSE HERETOFORE PAID.

1896.

No. 2157

WIDOW'S PENSION,

for year ending February 15th, 1896.

PAID TO
Mrs. Mariah Stanley
OF
DeKalb County.
widow of Jesse Stanley

WARRANT ISSUED
2 1896.

AND HANDED TO
E T

Geo. W. Harrison, State Printer.

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

STATE OF GEORGIA, County of DeKalb

I, W. M. Ragsdale Ordinary in and for said County of DeKalb State of Georgia, hereby certify that I am acquainted with Mrs. M Stanley 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 Jesse Stanley deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1896.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this the 22d day of Jan 1897.

{SEAL} W. M. Ragsdale, Ordinary.

Form No. 3.

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 1897.

[L. S.]

Executed in the presence of

Stanley, Mariah
DeKalb County
FOR THOSE HERETOFORE PAID.

1897.

No. 3394

WIDOW'S PENSION,

for year ending February 15th, 1897.

PAID TO
Mrs. M Stanley
OF
DeKalb County.
widow of Jesse Stanley

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED
29 1897,

AND HANDED TO
Ayer

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of De Kalb } Personally Comes Mrs. Mariah Stanley,

who being sworn, says on oath, that she is a bona fide resident of said county of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since ever her life 18 That she is the Widow of Jesse Stanley who was a Soldier in Company K of the 22d Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of Marah 1862 and served in the Army up to July 1864, That he lost his life on the day of July 1864 (State here full particulars of the husband's death, when, where and from what cause.) (

Was shot while in the ditches, near Petersburg, Va by a sharp shooter some time in July 1864.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1854, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of De Kalb 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 27th day of Jan 1896. W M Rogsdale, Ordinary. } her Mariah X Stanley, mark Post-office Hay, Ga.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of De Kalb } Personally Comes Mrs. M Stanley

who being sworn, says on oath, that she is a bona fide resident of said county of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since Nov 1837 That she is the Widow of Jesse Stanley who was a Soldier in Company K of the 22d Regiment of Ga Volunteers, that enlisted in said regiment on or about the month of March 1862 and served in the Army up to July 1864 That he lost his life on the day of July 1864 (State here full particulars of the husband's death, when, where and from what cause.)

He was shot by a sharp shooter while in service near Petersburg, Va. some time in July 1864.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1854, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of De Kalb 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 22d day of Jan 1897. W M Rogsdale, Ordinary. } her M X Stanley mark Post-office

Stanley Monroe
Pike County

For Those Heretofore Paid.

1898.

No. 3614

WIDOW'S PENSION,

For year ending February 15th, 1898.

PAID TO

Mrs. Minnie Stanley

OF

Milner County,

Widow of Monroe Stanley

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED

7/11 1898.

AND HANDED TO

Mrs

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

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 _____ 1898.

[L. S.]

Executed in the presence of

_____

_____

Stanley Monroe
Pike County

For Those Heretofore Paid.

1899.

No. 3744

WIDOW'S PENSION,

For year ending February 15th, 1899.

PAID TO

Mrs. Minnie Stanley

OF

Milner County,

Widow of Monroe Stanley

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED

7/20 1899.

AND HANDED TO

Mrs

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

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 _____ 1899.

[L. S.]

Executed in the presence of

_____

_____

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of DeKalb } Personally Comes Mrs. Mariah Stanley

who, being sworn, says on oath, that she is a bona fide resident of said county of DeKalb State of Georgia, and that she has RESIDED in said State continuously ever since Nov 18th 1837 That she is the Widow of Jesse Stanley who was a Soldier in Company K of the 27th Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of March 1861 and served in the Army up to July 1864 That he lost his life on the day of July 1864 (State here full particulars of the husband's death, when, where and from what cause.)

Killed by sharp shooter at Petersburg Va sometime in July 64.

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 a pension as a resident of DeKalb 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 24 day of Jan 1898. W M Ragsdale Ordinary. } Mariah X Stanley mark Post-Office

State of Georgia, DeKalb County. } I W M Ragsdale Ordinary of said County, certify that I am well acquainted with Mrs. Mariah Stanley 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 24 day of Jan 1898.

W M Ragsdale

Official Seal.

Ordinary of DeKalb County.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of DeKalb } Personally Comes Mrs. Mariah Stanley

who, being sworn, says on oath, that she is a bona fide resident of said county of DeKalb State of Georgia, and that she has RESIDED in said State continuously ever since Nov 8th 1837 That she is the Widow of Jesse Stanley who was a Soldier in Company K of the 27th Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of March 1861 and served in the Army up to July 1864 That he lost his life on the day of July 1864 (State here full particulars of the husband's death, when, where and from what cause.)

Killed by sharp shooter at Petersburg Va

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1854.

I have been allowed a pension as a resident of DeKalb 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 16 day of Jan 1899. W M Ragsdale Ordinary. } Mariah X Stanley mark Post-Office

State of Georgia, DeKalb County. } I W M Ragsdale Ordinary of said County, certify that I am well acquainted with Mrs. Mariah Stanley 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 8 day of Nov 1837

Given under my official signature and seal this the 16 day of Jan 1899.

W M Ragsdale

Official Seal.

Ordinary of DeKalb 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
_____ at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____
day of _____ 1900.

_____ [L. S.]

Executed in presence of

_____

Harris, Marion
De Kalb County

To Those Heretofore Paid.

1900.

No. 1972

WIDOW'S PENSION,

For year ending February 15th, 1900.

PAID TO
Mrs. Mariah Stanley
OF
De Kalb County,
Widow of Jesse Stanley

JNO. W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
Dec 14 1900,
AND HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

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 _____ 1901.

_____ [L. S.]

Executed in presence of

_____

Stanley, Mariah
De Kalb Co.

To Those Heretofore Paid.

1901.

No. 893

WIDOW'S PENSION,

For year ending February 15th, 1901.

PAID TO
Mrs. Mariah Stanley
OF
De Kalb County.
Widow of Jesse Stanley

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
Jan 21 1901,
AND HANDED TO

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

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of De Kalb } Personally Comes Mrs. Mariah Stanley

who, being sworn, says on oath, that she is a bona fide resident of said county of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since Nov 18th 1837. That she is the Widow of Jesse Stanley who was a soldier in Company K of the 27th Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of Mar 186 1 and served in the Army up to July 186 4 That he lost his life on the day of July 1864 (*State here particulars of the husband's death, when, where and from what cause*)
killed at Petersburg by Sharp Shooter.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1837.

I have been allowed a pension as a resident of De Kalb County for the year ending February 15th, 189 9, and now apply for the pension provided by law for the year ending February 15th, 1900.

Sworn to and subscribed before me, this 18 day of Jan 1900. W.M. Ragsdale Ordinary.

her
Mariah x Stanley
mark
Post Office Conley

State of Georgia,
De Kalb County. } I W.M. Ragsdale Ordinary of said County, certify that I am well acquainted with Mrs. Mariah Stanley, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 18 day of Nov 1837.

Given under my official signature and seal, this the 18 day of Jan 1900.

Official Seal.

W.M. Ragsdale
Ordinary of De Kalb County.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of De Kalb } Personally Comes Mrs. Mariah Stanley

who, being sworn, says on oath, that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since Nov 18th 1837. That she is the Widow of Jesse Stanley who was a soldier in Company K of the 27th Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of March 186 1 and served in the Army up to July 186 4 That he lost his life on the day of July 1864 (*State here particulars of the husband's death, when, where and from what cause*)
Was killed at Petersburg while in service

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1837.

I have been allowed a pension as a resident of De Kalb 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 11 day of Jan 1901. W.M. Ragsdale Ordinary.

her
Mariah x Stanley
mark
Post Office Conley

State of Georgia,
De Kalb County. } I W.M. Ragsdale Ordinary of said County, certify that I am well acquainted with Mrs. Mariah Stanley, 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 18th day of Nov 1837.

Given under my official signature and seal, this the 11th day of Jan 1901.

Official Seal.

W.M. Ragsdale
Ordinary of _____ County.

Atlanta Pleasant
Clarke County

To Those Heretofore Paid.

1902.

No. 437

WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO

Mrs Stanley Mariah

OF

The Hill County.

Widow of Isaac Stanley

Co. K Regiment 21.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

12 c 1902

AND HANDED TO

Mrs

GEO. W. HARRISON, STATE PRINTER, ATLANTA, GA.

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 _____ 1902.

_____ [L. S.]

Executed in presence of

_____

_____

Marietta Cherokee County

To Those Heretofore Paid.

1903.

No. 249

WIDOW'S PENSION,

For year ending Dec. 31, 1903.

PAID TO

Mrs. Mariah Stanley

OF

Pickett County,

Widow of Isaac Stanley

Co. K Regiment 21st

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1/23 1903.

AND HANDED TO

Mrs

GEO. W. HARRISON, STATE PRINTER, ATLANTA, GA.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Pickett County.

I, Mrs Mariah Stanley

Joseph Simpkins of Pickett 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 7

day of Jan 1903.

Mrs Mariah Stanley [L. S.]

Executed in presence of

Alice Simpkins

W. M. Rogers

Ordinary.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of De Kalb } Personally comes Mrs. Mariah Stanley

who, being sworn, says on oath, that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has resided in said State continuously ever since Nov 18th 1837. That she is the Widow of Jesse Stanley who was a soldier in Company K of the 27th Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of Mar 186 1, and served in the Army up to July 1864. That he lost his life on the day of July 1864 (State here particulars of the husband's death, when, where and from what cause) Killed by Sharpshooter at Petersburg Va while in service

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1837

I have been paid a pension as a resident of De Kalb County for the year ending December 31, 1901, and now apply for the pension provided by law for the year ending December 31, 1902.

Sworn to and subscribed before me, this 15 day of Jan 1902. W M Rogsdale, Ordinary. Her Mariah X Stanley mark, Post-Office

State of Georgia, De Kalb County. I, W M Rogsdale Ordinary of said County, certify that I am well acquainted with Mrs. Mariah Stanley, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 18 day of Nov 1837

Given under my official signature and seal, this the 15 day of Jan 1902.

{Official Seal.}

W M Rogsdale
Ordinary of De Kalb County.

NOTE.—All blank spaces must be filled.
Voucher and affidavit must bear date after January 1st, 1902.

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of De Kalb } Personally comes Mrs. Mariah Stanley

who, being sworn says on oath, that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has resided in said State continuously ever since Nov 8th 37. That she is the Widow of Jesse Stanley who was a soldier in Company K of the 27th Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of March 186 1, and served in the Army up to July 1864. That he lost his life on the day of July 1864 (State here particulars of the husband's death, when, where and from what cause.) Killed by Sharpshooter at Petersburg

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1837

I have been paid a pension as a resident of De Kalb 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 9 day of Jan 1903. W M Rogsdale, Ordinary. Her Mrs Mariah X Stanley mark, Post-Office Lithonia Ga.

State of De Kalb County. I, W M Rogsdale Ordinary of said County, certify that I am well acquainted with Mrs. Mariah Stanley, 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 8 day of Nov 1837

Given under my official signature and seal, this the 9 day of Jan 1903.

{Official Seal.}

W M Rogsdale
Ordinary of De Kalb County.

NOTE.—All blank Spaces must be filled.
Voucher and Affidavit must bear date after January 1st, 1903.

STATE OF GEORGIA,

Dekalb COUNTY.

I, Mariah Stanley, hereby authorize Eva Simpkins of Fulton County to receive and receipt for the pension paid hereon, and request that he remit same to Mariah Stanley at Atlanta

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 19 day of January 1904.

Mariah Stanley [L. S.]

Executed in presence of

James R. George
Ordinary

TO THOSE HERETOFORE PAID.

1904.

No. 191

WIDOW'S PENSION

FOR

YEAR ENDING DECEMBER 31, 1904.

PAID TO

Mrs. Mariah Stanley

of

Dekalb County,

Widow of Josiah Stanley

Co. H Regiment 27th

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

135 1904,

AND HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

Stanley, Mariah
Dekalb County

STATE OF GEORGIA,

Dekalb COUNTY.

I, Mariah Stanley, hereby authorize Mattie Bonard of Dekalb to receive and receipt for the pension paid hereon, and request that he remit same to Mariah Stanley at Dekalb (Co)

In Witness Whereof, I have hereunto set my hand and seal, this 10 day of January 1905.

Mariah Stanley [L. S.]

Executed in presence of

James R. George
Ordinary

Stanley, Mariah
Dekalb County

To Those Heretofore Paid.

1905.

No. 214

WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO Mrs. Mariah Stanley

OF Decatur County,

Widow of Josiah Stanley

Co. H Regiment 22nd

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

123 1905.

AND HANDED TO

THE FRANKLIN PRINTING AND PUBLISHING CO., ATLANTA.
GEO. W. HARRISON, MANAGER, FOR STATE PRINTER.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of DeKalb } Personally comes Mrs. Mariah Stanley

who, being sworn says on oath, that she is a bona fide resident of said County of DeKalb State of Georgia, and that she has RESIDED in said State continuously ever since Nov 18. 1837. That she is the Widow of Jesse Stanley who was a soldier in Company H of the 27 Regiment of Volunteers, that he enlisted in said regiment on or about the month of Mar 1861, and served in the Army up to July 1864. That he lost his life on the day of July 1864 (*State here particulars of the husband's death, when, where and from what cause.*) Killed Petersburg Sharp shooter

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 54

I have been paid a pension as a resident of DeKalb 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 19 day of Jany 1904. James R George Ordinary. } her Mariah x mark Stanley Post Office Lithonia Ga

State of Georgia, DeKalb County. } I, James R George Ordinary of said County, certify that I am well acquainted with Mrs. Mariah Stanley, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 18 day of Nov 18 31

Given under my official signature and seal, this the 19 day of Jany 1904.

{ Official Seal }

James R George
Ordinary of DeKalb 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 DeKalb } Personally comes Mrs. Mariah Stanley

who, being sworn says on oath, that she is a bona fide resident of said County of DeKalb State of Georgia, and that she has RESIDED in said State continuously ever since. That she is the Widow of Jesse Stanley who was a soldier in Company H of the 22 Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of Mch 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 Petersburg June 25. 1864

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18

I have been paid a pension as a resident of DeKalb 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 10 day of Jany 1905. James R George Ordinary. } Mariah Stanley Post-Office Flowered Hill Ga

State of Georgia, DeKalb County. } I, James R. George 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 10 day of Jany 1905.

{ Official Seal. }

James R George
Ordinary of DeKalb County.

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

STATE OF GEORGIA,

Dekalb COUNTY.

I, Maria Stanley, hereby authorize

F. C. Simpkins of Decatur Ga

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

Maria Stanley at Decatur Ga

In Witness Whereof, I have hereunto set my hand and seal, this 12

day of January 1906.

her
Maria X Stanley [L. S.]
mark

Executed in presence of

Jasper R Guyton

Ordinary

To Those Heretofore Paid.

1906.

No. 144

WIDOW'S PENSION

For year ending Dec. 31, 1906.

PAID TO

Mrs Mariah Stanley

OF

De Kalb County,

Widow of Jesse Stanley

Co. D Regiment 22 Ga

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

4-2, 1906,

AND HANDED TO

R Pettigrew

THE FRANKLIN PRINTING AND PUBLISHING CO., GEO. W. HARRISON, MGR.

Stanley, Mariah
De Kalb Co. Ga.

POWER OF ATTORNEY.

STATE OF GEORGIA,

DeKALB. COUNTY.

I, _____ hereby authorize

_____

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

_____ at _____

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

day of _____ 1907.

_____ [L. S.]

Executed in presence of

_____

To Those Heretofore Paid.

1907.

No. 403

WIDOW'S PENSION

For Year ending Dec. 31, 1907.

PAID TO

Mrs. Mariah Stanley

OF

DeKALB County,

Widow of Jesse Stanley

Co. K Regiment 22 nd Ga

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

4-24 1907,

AND HANDED TO

Geo W Harrison, State Printer, Atlanta.

Stanley, Mariah,
De Kalb County

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of De Kalb } Personally comes Mrs. Mariah Stanley

who, being sworn, says on oath that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since Nov 15, 1837. That she is the Widow of Jesse Stanley who was a soldier in Company K of the 22 Georgia Regiment of Volunteers, that he enlisted in said regiment on or about the month of March 186 2, and served in the Army up to July 186 4. That he lost his life on the 25th day of June 186 4 (State here particulars of the husband's death, when, where and from what cause.)

Killed at Petersburg

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 De Kalb 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 7 day of Jany 1906. James R George Ordinary. } Mrs. Mariah Stanley Mark Post Office ____

State of Georgia, De Kalb County. } I, James R George Ordinary of said County, certify that I am well acquainted with Mrs. Mariah Stanley, 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 17 day of Jany 1906.

Official Seal

James R George
Ordinary of De Kalb County.

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

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of DeKALB. } Personally comes Mrs. Mariah Stanley

who, being sworn says on oath, that she is a bona fide resident of said County of DeKALB. State of Georgia, and that she has RESIDED in said State continuously ever since March 18th 1836. That she is the Widow of Jesse Stanley who was a soldier in Company K of the 22nd Ga Regiment of Volounteers, that he enlisted in said regiment on or about the month of March 186 2, 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.)

Killed Petersburg, June 25th 1864

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18____

I have been paid a pension as a resident of DeKALB. County, for the year ending December 31, 1906, and now apply for the pension provided by law for the year ending December 31, 1907.

Sworn to and subscribed before me this 14 day of Jany 1907. James R George Ordinary. } Mariah Stanley Mark Post Office Ellenwood Ga

State of Georgia, DeKALB. County. } I, James R George Ordinary of said County, certify that I am well acquainted with Mrs. Mariah Stanley, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 18 day of Nov 1837

Given under my official signature and seal, this the 14 day of Jany 1907.

Official Seal

James R George
Ordinary of DeKALB. County.

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

dl Stanley, Marial Mrs.)
DeKalb Co.
1923
~~1922~~

Application for Pension Due Deceased Pensioner

(UNDER ACT 1904)

(To pay expenses of last illness or funeral)

James N. George, Ordinary

For Mariah Stanley

of DeKalb County

Old or~~dinary~~ Class ?

Died June 6th 192~~2~~3

Amount $ ~~100.00~~ $100.00

Approved and ordered paid.

_____ 1922.

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.

(Under the Act of August 15, 1904)

To Be Paid to the Ordinary for Funeral Expenses and Expenses of Last Illness.

GEORGIA, DeKalb County.

Personally before me, the Ordinary of said County, comes _____

Alice _____ of said County, who, after being sworn, on oath says that she knew Maria Stanley of said County, and that said pensioner was on the old Pension Roll of DeKalb County at the time of death, which occurred in DeKalb County, in this State, on the 6 day of June 1923, and that a Pension of one Hundred ($100.00) Dollars was due pensioner and unpaid at the time of pensioner's death. That she 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 statement fully and completely itemized, hereto attached.

Sworn to and subscribed before me
this 28 day of July 1923
James R George Ordinary.
DeKalb County.

Alice Manly

AFFIDAVIT OF ORDINARY

GEORGIA, DeKalb County.

I, James R George Ordinary of said County, do certify that I personally know Alice Manly, 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 Mariah Stanley while in life and that this was the same person whose name appears on the old Pension Roll of DeKalb County, and was paid a Pension of one Hundred ($100.00) Dollars in said County for 1922 and I now believe said pensioner to be dead.

Given under my hand and official seal, this 28 day of July, 1923.

(SEAL)

James R George Ordinary.
DeKalb 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.)
"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."
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. Pensioner's children, or children-in-law, must not charge the State for doing only what the law and common humanity demand 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 filled out.
11th. 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.

PHONE DECATUR 0088 — NIGHT AND SUNDAY CALLS DECATUR 0089

A. S. TURNER

FUNERAL DIRECTORS AND EMBALMERS

DECATUR, GEORGIA

July 21, 1923.

Mr J.W.Simpkins,
Ingleside, Georgia.

June 7, 1923.

To Casket	$110.00
" Embalming	25.00
" Hearse Service	15.00
Funeral Services for Mrs Maria Stanley,	$150.00

Georgia, DeKalb County,

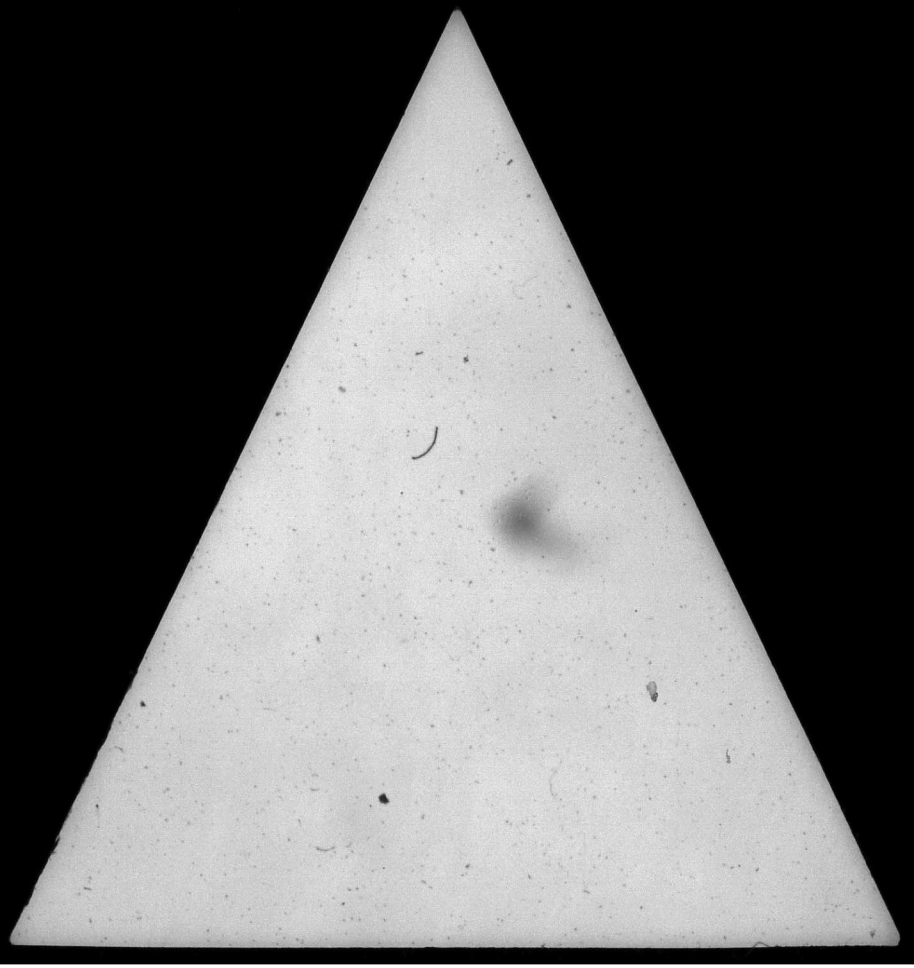
Personally appeared before me, A.S.Turner, who being duly sworn, says on oath: "That the above Funeral Account of Mrs Maria Stanley, is just, true, due and remains unpaid."

Sworn to and subscribed before me, thid the 21th day of July, 1923.

Ruby Johnston
Notary Public, State at Large, Decatur, Ga
Commission Expires Nov. 10, 1925

A S Turner

Duplicate Roll of Male Patients Male Side—One set to be filed in the Pension Office with the pension papers of each year.



STATE OF GEORGIA,
DeKalb County.

I, W. M. Ragsdale, Ordinary of said county, do certify that I am well acquainted with R. A. Stancell 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 1890.

W. M. Ragsdale.
Ordinary DeKalb. County.

Stancell, R. A.

1890.
DeKalb Co,

No. 2177
APPLICATION FOR ALLOWANCE.
PER ACT APPROVED OCTOBER 24, 1890.
—FOR—
Loss of Fore Finger
Applicant, R. A. Stancell
County, DeKalb
Amount, 10.00
Date of warrant Oct 23 1890
Entered on record
Oct 23 1890
Clerk
SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO

STATE OF GEORGIA,
De Kalb County.

I, W. M. Ragsdale, Ordinary of said county, do certify that I am well acquainted with R. A. Stancell 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 1890.

W. M. Ragsdale.
Ordinary De Kalb. County.

1890.
Stancell, R. A.
De Kalb Co.

No. 7117
APPLICATION FOR ALLOWANCE.
FOR TEXAS INDIAN SCHEDULE OF 1890.
For
Loss of Fingers
Applicant, R. A. Stancell
County, DeKalb
Amount, 10.00
Date of warrant, Feb 25/
Entered on record
Feb 25 1890
SECRETARY EXECUTIVE DEPARTMENT.
WARRANT HANDED TO
R. A. Stancell

STATE OF GEORGIA,
De Kalb County.

I, W. M. Ragsdale, Ordinary of said County, do certify that I am well acquainted with R. A. Stancell 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 20 day of Feb 1891.

W. M. Ragsdale
Ordinary De Kalb County.

Stancell, R. A.
De Kalb Co.
1891.

No. 17553
Application for Allowance
FOR TEXAS INDIAN SCHEDULE OF 1891.
For
Loss of Two Fingers
Applicant, R. A. Stancell
County, DeKalb
Amount, 10
Date of Warrant, Feb 24
Entered on record
Feb 24 1891
SECRETARY EXECUTIVE DEPARTMENT.
WARRANT HANDED TO
R. A. Stancell

STATE OF GEORGIA,

De Kalb County.

PERSONALLY appears R. A. Stansell of De Kalb county, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has been such continually since the 1st day of March 1838; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company [illegible], of Battalion Regiment Sharp Shooters Volunteers 's Brigade; that whilst engaged in such military service, at the battle of Wilderness in the State of Va, on the 6th day of May 1864, he was wounded as follows: Shot in hand with a minie ball in the left hand causing a loss of the two middle fingers of said hand.

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

R A Stansell

Sworn to and subscribed before me, this the 15th day of Feb 1890

W W Rogdale, 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

Dekalb County.

KNOW ALL MEN BY THESE PRESENTS, That I, R A Stansell of Dekalb county, in said State, do hereby appoint G W Johnson of Dekalb 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 22nd day of Feb 1890.

R A Stansell [L. S.]

Executed in the presence of us:

J W Brazwell

J. W. Whitley

DIRECTION.

Send money to me as follows, by

to P. O.

County, Georgia.

STATE OF GEORGIA,

De Kalb County.

PERSONALLY appears R A Stansell of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 1st day of March 1848; 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 3rd ~~Regiment~~ of Ga Battalion Volunteers 's Brigade; that whilst engaged in such military service at the battle of Wilderness in the State of Va, on the 6th day of May 1864, he was wounded as follows: Shot in left hand causing loss of two middle fingers

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 Ten dollars, for

Sworn to and subscribed before me, this the 20th day of Feb 1891.

R A Stansell

W W Rogdale 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.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

Know all Men by these Presents, That I, R A Stansell of De Kalb County, State of Georgia, do hereby appoint A J Baird of Dekalb 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 23rd day of February 1891.

R A Stansell [L. S.]

Executed in the presence of us:

John Connolly

P E Crossley

DIRECTION.

Send money to me as follows, by

to P. O.

County, Georgia.

DeKalb

Maimed Soldiers.

Voucher No. 2777

Amount $ 10.

Paid to R. A. Stansell

For Loss of Two Fingers

April 23 1890.

Included in warrant No.

issued to Treasurer.

18

WARRANT CLERK.

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

G. M. Johnson

Audited 18

COMPTROLLER-GENERAL.

Audited 1891.

COMPTROLLER GENERAL.

Stansel, R. A.

DeKalb

1891.

Maimed Soldiers.

Voucher No. 1753

Amount $ 10

Paid to R A Stansel

For Loss of two fingers

Feby 4 1891.

Included in warrant No.

issued to Treasurer,

1891.

WARRANT CLERK.

Geo. W. Harrison, State Printer, Atlanta.

A. G. Jones

No. 2177

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT. } Atlanta, Ga., Apl 23, 1890

Mr. R A Stansell of the County of DeKalb 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 Finger

He is entitled to receive the sum of Ten 00/ Dollars for such disability, the same being the allowance due for the year ending October 24, 18

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,

W H Hanson
CLERK EXECUTIVE DEPARTMENT.

$ 10

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Ten 00/ Dollars,

per above voucher, this 23 of Apl 1890

G W Johnson

G W Johnson

1891.

No. 1753

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT. } Atlanta, Ga. July 1st 1891.

Mr. R A Stansell of the County of DeKalb 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 two fingers

He is entitled to receive the sum of Ten 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. J. Northen
GOVERNOR.

By the Governor,

W H Hanson
SEC'Y EXECUTIVE DEPARTMENT.

$ 10

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

Ten 00/100 Dollars,

per above voucher, this 1st of July 1891.

R A Stansell

A Y Bonner

NAME, Stansell, R. A. YEAR 1890 COUNTY DeKalb.

WHEN AND WHERE BORN? Resident of Ga., since March 1, 1838.

ENLISTED WHEN AND WHERE?

RANK. Private.

COMPANY AND REGIMENT? Co. A, Battn. Sharpshooters.

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Wilderness, Va., May 6, 1864. Loss of two fingers. (Left Hand)

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. None.

NAME, Stansell, R A YEAR 1891 COUNTY DeKalb

WHEN AND WHERE BORN? Resident of Ga. since March 1, 1843

ENLISTED WHEN AND WHERE?

RANK. Private

COMPANY AND REGIMENT? Co A 3rd Ga Battn

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Wilderness, Va - May 5, 1864 - Shot in left hand, causing loss of two middle fingers.

CAPTURED, WHEN AND WHERE?

RELEASED.

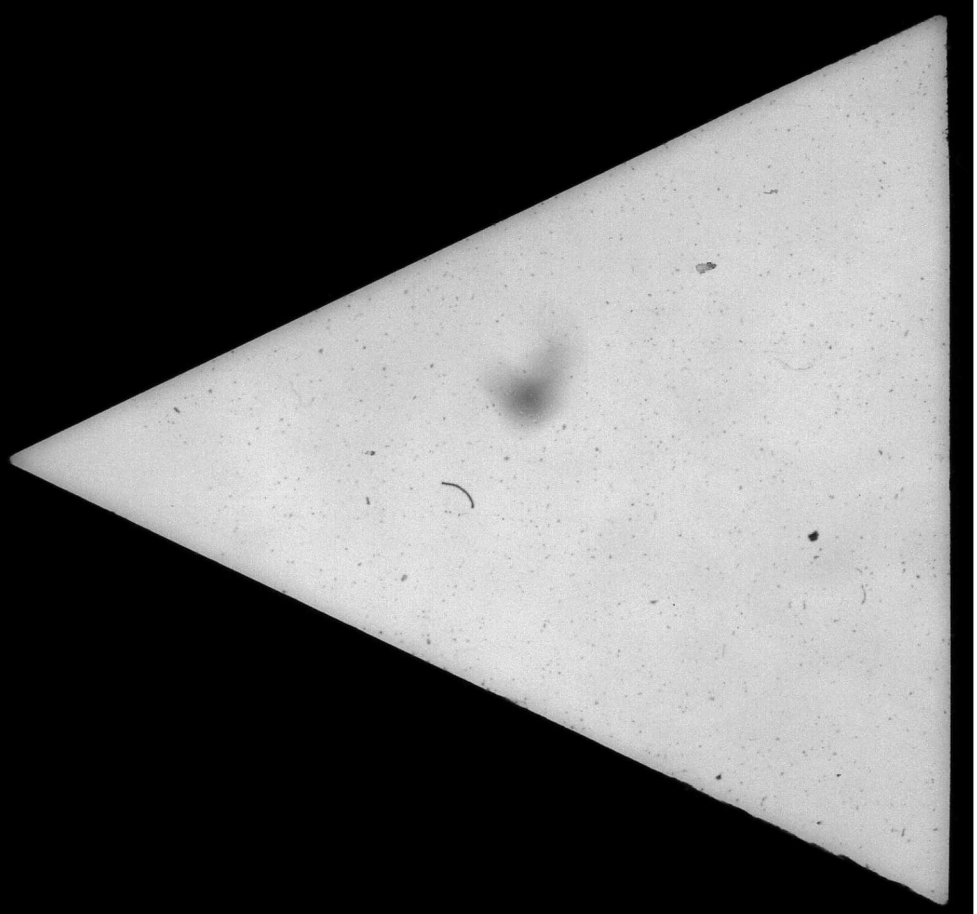
WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. None



Staples, Henry P. DeKalb Co.
Co. I 42nd Ga. Inf.
4730 Pens

Code Section 1280.

No.

INVALID

SOLDIER'S PENSION,

190

Name Henry P. Stapler

County DeKalb

Co. I 42nd Regt.

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.

9/8 05 9/22/04

Pension office 10/1/04

Applicant's injury as stated was not sufficient to keep him out of the service, and he says he served until the end of the war. His age would now necessarily incommacitate him for foing anything, had he never been in the service. Drs. must state extent of injury, and in what way it has at this late day impaired his earning capacity, independent of old age and other causes.

J.W. Lindsey
Com. Of Pensions

Pvt Co. I 42nd Ga. Inf.
9/30/04
Can not read
& prove as the
Cds say Co. I 42nd Ga. Inf.
9/30/04

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA,
County.

I, _____ hereby authorize _____

of _____ to receive and receipt for the pension allowed and

request that he remit same to _____ by _____

at _____

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

day of _____ 190 _____ [L. S.]

Executed in the presence of

_____

POWER OF ATTORNEY.

STATE OF GEORGIA,

_____ County.

I, _____ hereby authorize _____

of _____ to receive and receipt for the pension 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

_____

_____

Pension ordered 10/1/04

Applicant's injury as stated was not sufficient to keep him out of the service, and he says he served until the end of the war. His age would now necessarily incapacitate him for doing anything, had he never been in the service. Dpts. must state extent of injury, and in what way it has at this late day impaired his earning capacity, independent of old age and other causes.

J. W. Lindsey
Com. Of Pensions

Pension ordered 2/20-'05
Correct heads
Pension order
Cert. issued
Mar. ...

Code Section 1250.

No. _____

INVALID

SOLDIER'S PENSION,

190 .

Name Henry P. Stapler

County DeKalb

Co. C 21st Regt.

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.

Gen. W. Harrison, State Printer, Atlanta.

Stapler, Henry P.
DeKalb Co.

2nd

FOR USE OF APPLICANTS WHO HAVE NOT HERETOFORE DRAWN.

The Instructions as Set Out in the Notes Must be Observed.

STATE OF GEORGIA,

DeKalb County.

PERSONALLY appears Henry P. Stapler of said

County, State of Georgia, who being duly sworn, says on oath that he was born on the 28th day of March 1831, that he is a *bona fide* citizen and resident of Georgia, and has been continuously since the 28 day of March 1831, that he enlisted in the military service of the Confederate States (or the State of Georgia) on the 12th day of March 1862, during the war between the States, and served in Company C of 21 th Regiment of Georgia Volunteers Early Gordon Brigade, and was honorably discharged on the 18th day of April 1865; that whilst engaged in such military service, and in line of duty in the State of Virginia, on the 17th day of September 1862 he was disabled or wounded as follows: By an Explosion of a Shell under his feet at Sharpsburge Virginia his Spinal Column was so Injured that he is now in a condition from said Explosion of Shell that it nigh unto kills him so he is not able to earn his support from any kind of Labor and his Condition is your worst as age grows on him no one to contribit to his support but his aged wife who is Sixty Nine years old. He suffers all the while Pains in his Back and Head Caused from said Shell Exploding under his feet

Where was command surrendered? at Appomattox Court House

Was applicant present? I was If not, where was he? He was present How come there? was present

And by whose authority? State fully: was present

Deponent desires to participate in the benefits of Section 1250 of the Code, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year thereunder, ending October 26th, 190 .

Sworn to and subscribed before me, this the 2nd day of September 1904

James R. George
Ordinary.

Henry P. his X mark Stapler

Post Office Crosskeys

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.

STATE OF GEORGIA,

Fulton County.

PERSONALLY appears before me, the undersigned Ordinary in and for said County J. N. West

John R. Kent and

personally known to me to be trustworthy citizens, each of whom, being duly sworn according to law, severally say under oath, that they are personally and well acquainted with A. P. Stapleton whose application is herewith presented for a pension, that he has resided in this State continuously since the 28th day of ~~September~~ March 1831, that he served in Company C of the 21st Regiment of Georgia 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.*)

Injured by Explosion of a Shell and still injured, not able to do anything, no one to look to for a support was wounded at Sharpsburg Virginia 17th September 1862. Have a wife who is 69 years of age not able to earn a support.

Where was applicant's command surrendered? At Appomatox Court House

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

If not, where was he? Present.

Where were you all? At Appomatox Court House Sharpsburg Berg Va.

How do you know the facts you state to be true? I was 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 10th 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 2nd day of September 1904

John R Wilkinson
Ordinary.

John R Kent his mark
J N West

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.

STATE OF GEORGIA,

Fulton County.

PERSONALLY comes before me J. R. Wilkinson Ordinary of said County, J. A. Cofer M.D. and C. R. King M.D., both known to me as reputable physicians of said County, who, being severally sworn, say on oath, that they have carefully examined A. P. Stapleton and after such personal examination, say that the present condition of applicant is as follows: General Nervous prostration

Caused by Exposure, while in the Army, and old Age. And are also Lame with in Senses by the Explosion of a Shell, throwing him 10 or 12 feet in the air, producing a permanent Shock

and that such condition is permanent. Said condition arises from the following facts: by the Explosion of a Shell, while in Service, causing concussion to the Spine, and inducing partial Paralysis at times, almost helpless. Caused at the same time

We have treated applicant professionally for ~~his entire life~~ four years, and his condition, as above stated, does Not arise from hereditary or congenital causes, or from vicious or intemperate habits.

Sworn to and subscribed before me, this 19 day of Sept 1904

John R Wilkinson
Ordinary.

J. A. Cofer M.D. (S)
C. R. King M.D. (S)

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. Form 4

Fulton County.

I, John R Wilkinson, Ordinary of said County, ~~do certify that I am well acquainted with applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and 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 day of 18~~ do certify that the witnesses, to-wit: J. N. West and J. R Kent and 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 2nd day of September 1904

John R Wilkinson
Ordinary Fulton County.

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

STATE OF GEORGIA,
_____ COUNTY.

I, _____ hereby authorize

_____ of _____

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

_____ at _____ by _____

Witness my hand and seal, this _____ day of _____ 190__

_____ [L. S.]

Executed in presence of

_____

Staples, Henry P.
Dekalb Co.

No. 7 Dec 1907

INDIGENT PENSION.

1906

Name Henry P Staples
County DeKalb
Co. C = 21 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.

Franklin Printing and Publishing Co., Geo. W. Harrison, Mgr., Atlanta, Georgia.

9/21/06

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,
Dekalb County.

Every Question MUST Be Answered.

Henry P Staples of said State and County, desiring to avail himself of the Pension Act (Section 1254, Code), hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (Give, State, County and Postoffice.)
Henry P Staples Dekalb Co Ga Cross Keys Ga
2. How long and since when have you been a resident of this State?
76 years March 28th 1831
3. When and where were you born? March 28th 1831 Dekalb county
4. When and where and in what company and regiment did you enlist or serve?
March 12th 1862 Company C 21 Georgia Regiment
5. How long did you remain in such company and regiment?
3 years or until the war closed
6. When and where was your company and regiment surrendered and discharged?
April 9th 1865 Appomattox C H Va
7. Were you present with your company and regiment when it was surrendered? No
8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? I was Captured the night before the surrender remained in prison to July 18
9. How much can you earn (gross) per annum by your own exertions or labor? $ 25.00
10. What has been your occupation since 1865? Farming
11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty"? Age 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? My Physical Condition is very poor and feeble My sight is good I am a Poor Infirm Man not able to support Myself
13. What property, real and personal, or income, do you possess, and its gross value?
Nothing
14. What property, real or personal, did you possess in 1901, 1902, 1903, 1904 and 1905, and what disposition, if any, by sale or gift have you made of same? about 15 acres of Land I had to sell said Land to live on
15. In what County did you reside during those years, and what property did you then return for taxation?
Dekalb Co 15 acres of Land
16. How were you supported during the years 1901, 1902, 1903, 1904 and 1905? by what little I could do & 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? about $125.00 about $250.00
18. What was your employment during 1901, 1902, 1903, 1904 and 1905? What pay did you receive in each year?
trying to farm nothing
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? I have a wife 74 years old not able to work at all
20. Are you receiving any pension? If so, what amount and for what disability? I am not
21. Have you ever made an application for pension before? I have
22. How many applications have you ever made and under what class? 2 Invalid

Sworn to and subscribed before me this the 4th day of Sept 1906

Henry P his 7th mark Staples
Applicant.

James R Lyons
Ordinary
of Dekalb County.

DeKalb COUNTY.

W. R. Kent of said State and County, having been presented as a witness in support of the application of H. P. Staples 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. R. Kent
245 Whitehall St - Atlanta

2. Are you acquainted with H. P. Kent H. P. Staples, the applicant: if so how long have you known him? - yes - for forty nine years

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

4. When, where and in what company and regiment did he enlist, and how do you know?
21st Ga Regt - Co C: March 12th 1862 - in Atlanta

5. Were you a member of the same company and regiment? - I was

6. How long did he perform regular military duty? - from 1862, till Surrender

7. When and where was his command surrendered? Appomattox - Court House - 10 Apr 1865

8. Were you present when it surrendered? - was not

9. Was applicant present? - he was - Gen'l Kruger

10. If he was not present, where was he? - was taken prisoner - the night before the Surrender - at this point When did he leave his command? at this time For what cause? - was taken prisoner - Sec 10 16 - By what authority he left? - by order in 4-10 How do you know all of this? from Army Comrades - who were in same Command.

11. What property, effects or income has the applicant? (Give your means of knowledge.)
None - personal reputation

12 What property, effects or income did the applicant possess in 1901, 1902, 1903, 1904 and 1905, and what disposition, if any, did he make of same? - None except in 1902 & 1903 - sold it so as to maintain life -

13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom?
- none -

14. What is the applicant's occupation and physical condition? - farmer - but now very feeble - from age and blindness

15. Is the applicant unable to support himself by labor of any sort; if so, why? - He is from - age - & general - debility

16. How was he supported during the years 1901, 1902, 1903, 1904 and 1905? - by friends & relatives -

17. What portion of his support for these four years was derived from his own labor or income?
Not over twenty five Dollars

18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code He now suffers from age & blindness & General debility

19. Who composes family? What property have they? Children's ages and their earning capacity?
only myself & Wife -

20. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this the 15 day of Sept 1906
John R Candler Ordinary.

W. R. Kent Witness.

I certify that W.R. Kent is a citizen & freeholder of this county & this statement is worthy of full belief. John R Candler Ordinary

STATE OF GEORGIA,
_____ COUNTY.

Personally came before me J. H. Goss and W. J. Houston, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully Henry P Staples, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

Extreme debility and general weakness from old age. Serious kidney and heart trouble causing a pulse of 120 per min. - even when at his best. We deem him utterly unable to make a living at any trade or business for himself and that we have no interest in said pension being allowed.

J. H. Goss, M.D.
W. J. Houston M.D.

Sworn to and subscribed before me, this the 15 day of Sept 1906
James R George Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
DeKalb COUNTY.

I, James R George Ordinary, in and for said County, hereby certify that the applicant Henry P Staples resides in said County, and has been a bona fide resident of this State since the Date of his life 189__ 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 digest of DeKalb County shows that applicant returned for taxation in his name in 1901 the 12 acres of Value of $2000 in Town property Dollars of property, and in 1902 Dollars of property; in 1903 Dollars of property; in 1904 Dollars of property; in 1905 Dollars of property.

In my opinion the foregoing claim is _____ made in good faith.

Witness my hand and seal of office, this 15th day of Sept 1906
James R George Ordinary.
of DeKalb 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.

full heir of John R. Wilkinson Ordinary

Staples, Henry P.
DeKalb Co.

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED)

No. 735

INDIGENT
SOLDIER'S PENSION
1907.

Name Henry P. Staples

County DeKALB

Co. 6 Regiment 21st Ga

WARRANT ISSUED

1/21 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Agt.

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

No data

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 _____ 1907.

Executed in presence of [L. S.]

_____

_____

APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

DeKALB **County.**

Personally appears Henry P Staples of DeKALB 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 28 day of March 1831; that he is 75 years old and by occupation a _____, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of _____ in Company C, of 21st Th Regiment Ga of _____; that his physical condition is as follows: Age & Poverty

that his property consists of the following items: _____

of the value of [illegible] 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 15 day of Jany 1907.

James R George Ordinary.

Henry P Staples
Mark

State of Georgia,

_____ **County.**

I, James R George Ordinary of said County, do certify that I am well acquainted with Henry P Staples the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Jany 1907.

James R George
Ordinary _____ County.

Affix your seal here

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

Georgia
DeKalb County } This is to certify that we are well acquainted with Henry P. Staples and know that he did own a small piece of land and had to sell same to pay his debts and to live on, he is not able to work to make a living. We are his neighbors and know this of our own knowledge

Sworn to and Subscribed before me Sept 15th 1906
James R George
Ordinary

D. H. Williams his X Mark
Author
H. P. Staples
Mark

Our second personal examination we find H. P. Staples eye sight is very poor his hearing is very dull suffers with constant Spinal Neuralgia and rheumatism all the time in almost all this body which fully incapacitates him for doing any kind of labor or work

C. R. King M.D.
Chas. W. Cater M.D.

Subscribed & sworn to before me this 10th day of Feby. 1905

H. Stauffacher
Notary Public
Fulton Co Ga.

Sworn to and subscribed before me this Feby 22 - 1905

John R Wilkinson
Ordinary
Fulton County Ga

DISAPPROVED

NAME Staples, Henry P. YEAR 1905 COUNTY DeKalb

WHEN AND WHERE BORN? March 28, 1831, Georgia

ENLISTED WHEN AND WHERE? March 12, 1862, Georgia

RANK.

COMPANY AND REGIMENT? Co. C, 21st Regt. Georgia

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Sept. 17, 1862, Sharpsburg, Virginia, by an explosion of a shell under his feet. His spinal column was injured and renders him so he is not able to earn his support. Has suffered

CAPTURED, WHEN AND WHERE? (with pains in the back and head caused (from the explosion.

RELEASED.

WHEN AND WHERE SURRENDERED? April 10, 1865, Appomattox Court House, Virginia.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED,

WITNESSES. W. R. Kent, J. N. West - were in the army with applicant- No data

ss

NAME **Staples, Henry P.** YEAR **1907** COUNTY **DeKalb**

WHEN AND WHERE BORN? **March 28,1831. DeKalb County, Georgia.**

ENLISTED WHEN AND WHERE? **March 12,1862, Atlanta,Ga. (Witness states)**

RANK.

COMPANY AND REGIMENT? **Co.C. 21st.Ga. Regt.**

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE? **The night before the surrender, taken to Prison.**

RELEASED. **From Prison, July 1865. (Applicant does not state where.)**

WHEN AND WHERE SURRENDERED? **Command surrendered April 9,1865, Appomattox Court House, Virginia.**

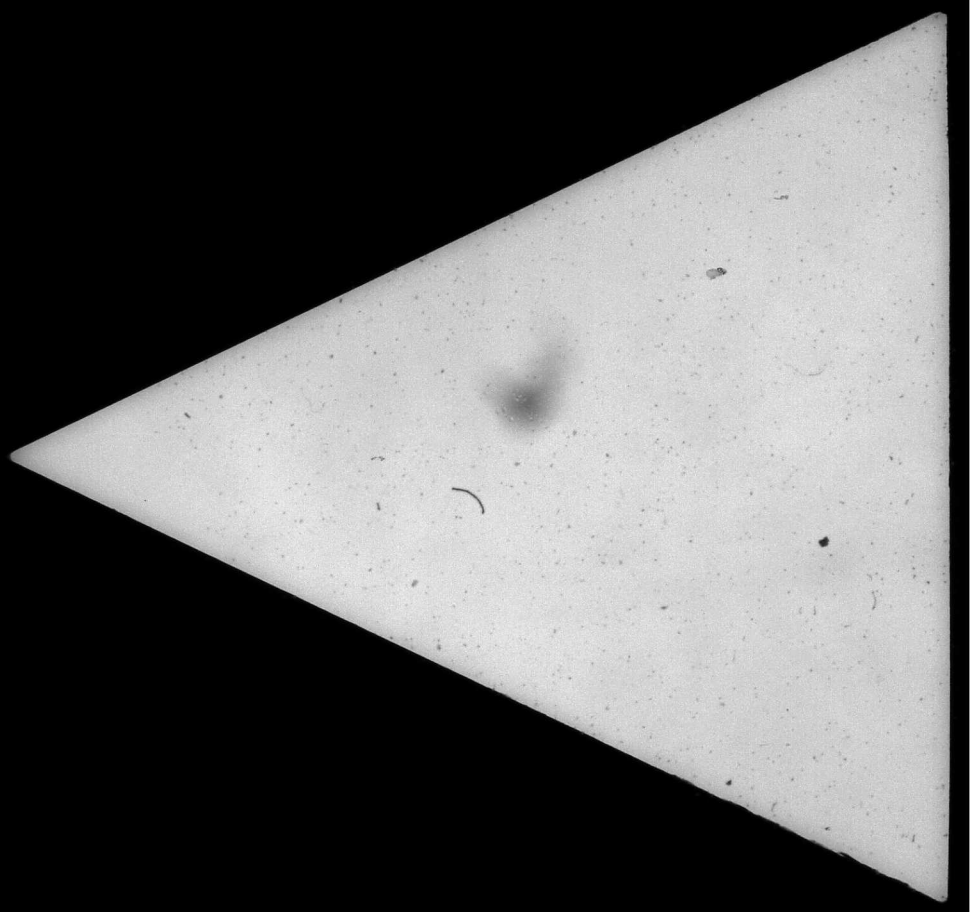
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? **Remained in Prison- until July 1865.**

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. **W.R. Kent,- Same Command-** **No data.**

mh.



Russell Starnes, Pvt. Co. E, 3d. Battn. Ga. Inf.; C. S. A., enlisted June 25, 1861, for 3 years or war.
Muster roll of Co. for Nov. & Dec., 1862, last on file, shows him present.
Muster Roll of Co. I, 37th. Ga. Inf., C. S. A. (to which transferred by consolidation) for Apr. 1, 1864, last on file, shows him present.
Union prisoner of war records show that he was paroled at Greensboro, N. C., May 1, 1865. The name J. Russell Starnes is not borne on rolls of organizations named above.
(Washington Record)

Starnes, Mary Elizabeth
Approved 8-7-28
DeKalb County

WIDOW'S APPLICATION

To Be Put on Roll in Her Own Right When Husband Was on the Pension Roll of Georgia.

County DeKalb
Name Mary Elizabeth Starnes
Widow of Jasper Russell Starnes
Company E 3rd Ga. Battn. Inf. C.S.A. (Cavalry)
Regiment 37th Ga. Inf. C.S.A.
Date of Husband's Death July 6, 1917
Date of Marriage Nov. 20 18 80.
Approved John W. Clark

JOHN W. CLARK,
Commissioner of Pensions.

11-26-28

ORDINARY'S CERTIFICATE

STATE OF GEORGIA,
DeKalb. COUNTY.

I, V. A. Morgan Ordinary of said County, do certify that I know Mrs. Mary Elizabeth Starnes 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 Mrs Nora Cochran, 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 2 day of Dec, 1928.

(SEAL OF ORDINARY)

V. A. Morgan Ordinary,
DeKalb County

Instructions:

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary of the county of residence.
4. Only widows who are married prior to first January, 1881, are entitled.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

STARNES, Elizabeth (Mrs.)
DeKALB Co.

For 1 DeKalb County

Application for Expenses of Last Illness and Funeral

(UNDER ACT OF 1919)

V. S. Morgan, Ordinary

For: Mrs. Elizabeth Starnes
(Name of Pensioner)

Date of Death: Sept. 7, 1937

Amount: $

TO THE ORDINARY: Fill out above, in full, and send this voucher to Veterans Service Office, for approval. Do not pay out the money until the approved voucher is in your hands giving you authority to do so. After this voucher has been sent back to you, with check, get a receipt from each person having a bill, and return this voucher and the receipts to the Veterans Service Office for permanent record.

Approved, and ordered paid,

, 1937

A. L. HENSON,
Director, Veterans Service Office.

Russell Starnes, Pvt. 3d. Battn. Ga. Inf.; enlisted June 25, 186 years or war.
Muster roll of Co. f Dec., 1862, last on f him present.
Muster Roll of Co. I, Inf., C. S. A.(to wh ferred by consolidati Apr. 1, 1864, last on shows him present.
Union prisoner of wa show that he was paro Greensboro, N. C., Ma The name J. Russell S not borne on rolls of tions named above.
(Washington

Approved Sept 15, 1928

WIDOW'S APPLICATION

To Be Put on Roll in Her Own Right When Husband Was on the Pension Roll of Georgia.

County De Kalb

Name Mary Elizabeth Starnes

Widow of Joseph Russell Starnes

Company (1st Lt. Co. I, 37th Ga. Inf. (Cavalry))

Regiment

Date of Husband's Death July 1, 1880.

Date of Marriage Nov. 20 1880.

Approved John W. Clark

JOHN W. CLARK,
Commissioner of Pensions.

11-26-28

ORDINARY'S CERTIFICATE

STATE OF GEORGIA,
DeKalb COUNTY.

I, V. S. Morgan Ordinary of said County, do certify that I know Mrs Mary Elizabeth Starnes 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 Mrs Nora Chapman, 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 2 day of Dec, 1928

(SEAL OF ORDINARY)

V. S. Morgan Ordinary,
DeKalb County

Instructions:

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary of the county of residence.
4. Only widows who are married prior to first January, 1881, are entitled.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

Payment of Expenses of Last Illness and Funeral

(Under Act of 1919)

(To be disbursed by the Ordinary)

GEORGIA, DEKALB County:

Before me, the Ordinary of said County, comes H.M.Patterson & Son by Raymond B. Wilson, Mgr., of said County, who, after being duly sworn, on oath says that he knew Mrs. Elizabeth Starnes late of said County, a Confederate pensioner, and that said person is the identical person named and described in the attached certified copy of burial certificate; and that said pensioner LEFT NO WIDOW and NO ESTATE of ANY KIND OR VALUE sufficient to pay the expenses of last illness and funeral, which amounted to the sum of $ 252.25, as shown by sworn statements FULLY and COMPLETELY ITEMIZED, hereto attached.

Sworn to and subscribed before me,
this the 21 day of Sept., 193 7.
T. D. Morgan, Ordinary.

H.M.PATTERSON & SON
By Raymond B. Wilson Mgr

CERTIFICATE OF THE ORDINARY

GEORGIA, DeKalb County.

I certify that H.M.Patterson & Son by Raymond B.Wilson,Mgr. who subscibed to the foregoing affidavit is known to me to be a person whose statement is entitled to full faith and credit. I further certify that I knew Mrs. Elizabeth Starnes the deceased pensioner referred to in the foregoing affidavit and that said deceased was at the time of death regularly enrolled as a pensioner on the records of file in my office. I further certify that said deceased pensioner is the identical person named and described in the attached certified copy of burial certificate, was not survived by a widow and left no estate of any kind sufficient to pay the expenses of last iflness and burial for which claim is made.

Given under my hand and seal of office, this the 21 day of September, 193 7.

(Seal of Ordinary) T. D. Morgan, Ordinary.

INSTRUCTIONS:

1st. Certified copy of Burial Certificate must accompany this application.

2nd. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.

3rd. Each account must be sworn to before the Ordinary, and in the following form:

"The above and foregoing account is rendered for services in the last illness (or funeral expenses, as the case may be) of [illegible], who died without owning sufficient property to pay this bill."

4th. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed and signed as indicated.

5th. The completed voucher—this blank and the bills—must be sent to the Veterans Service Office for approval and no money must be paid out until it is returned to you as your authority to make the payment.

6th. Return this application, and attached bills, properly receipted, to the Veterans Service Office.

7th. Ordinary should see that the back of this blank, when folded, is filled out.

8th. This voucher, if approved, will be sent back to you with the funds with which to pay the approved bills. When you have paid the bills and obtained a receipt for each payment, return the voucher, with bills and receipts, to be permanently filed in the Veterans Service Office.

9th. The State does not authorize the payment of these expenses in the event a soldier pensioner is survived by a widow, nor if the pensioner left any estate of any kind or value sufficient to pay them, nor if the pensioner had been outside of the State of Georgia for more than twelve (12) months immediately preceding date of death.

APPLICATION FOR PENSION BY A WIDOW

Whose Deceased Husband Was on the Pension Roll of Georgia.

STATE OF GEORGIA,

DeKalb COUNTY.

Personally before me comes Mrs. Mary Elizabeth Starnes of said County, who, after having been duly sworn, says that she is the widow of Jasper Russell Starnes to whom, in the County of Gordon State of Georgia she was married on the 27th day of November 1880, and that she remained his wife, and resided with him to the date of his death in July 20th 1909 and that she has not since his death remarried; at the time of his death he was a resident of Gordon County, in said State of Georgia, and he was on the Pension Roll of the State and paid a pension of $60.00 in Gordon County for 19 08., on account of being a soldier in Company C 3rd Regt. Regiment Georgia Battalion (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 birth day of 192.

Sworn to and subscribed before me, this the
24th day of November, 1928
E.H.Mason, Clerk, Ordinary
of DeKalb County.
(SEAL OF THE ORDINARY.)

Mrs Mary Elizabeth Starnes
(Applicant)
X

Affidavit of Witness to Prove Marriage and Date of Death of Husband.

STATE OF GEORGIA,

DeKalb COUNTY.

Personally before me comes Mrs. Nora Chatmon 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 Mary Elizabeth Starnes, who made the foregoing affidavit, is the lawful widow of Jasper Russell Starnes who died in Gordon County in said State of Georgia on the 20th day of July, 1909, and that she has not since remarried; that she became the wife of Jasper Russell Starnes on the 27th day of November, 1880; that she and he had resided together as husband and wife, continuously, since up to the day of his death, July 20, 1909 day of 19, and that he was the same man who was on the pension roll of said State Georgia from Gordon County when he died.

Sworn to and subscribed before me, this the
24th day of November, 1928
E.H.Mason Clerk, Ordinary
of DeKalb County.
(SEAL OF ORDINARY)

Mrs Nora Chatmon

9th. The State does not authorize the payment of these expenses in the event a soldier pensioner is survived by a widow, nor if the pensioner left any estate of any kind or value sufficient to pay them, nor if the pensioner had been outside of the State of Georgia for more than twelve (12) months immediately preceding date of death.

of DeKalb County. Mrs Nora Chatman

(SEAL OF ORDINARY)

Established 1882

H. M. PATTERSON & SON

Spring Hill at Tenth

ATLANTA, GA.

Sold to Mrs. Nora Chatman — Sept. 7, 1927-

For Funeral expenses of Mrs. J. R. Starnes

To Our Complete Service Including Casket — $127.50

SPECIAL ITEMS FURNISHED FOR YOUR CONVENIENCE

Dress	14.50
Shoes and Hose	2.50
Long Distance Message	.75
Hearse Atlanta, 13¢ Miles, Extra Charge	3.00
	$148.25

Received Payment in Full

H. M. Patterson & Son

By Raymond B. Nelson, Mgr

Subscribed and sworn to before me this 28th day of

Notary Public, Fulton County, Ga. My Commission Expires Jan. 3, 1931

Evelyn Kingsbery

ATLANTA, GA.

STATE OF TENNESSEE

Polk County.

Personally before me comes L. C. Chatman, who being duly sworn, says that of deponents own knowledge J. R. Starnes and Mary Elizabeth Starnes were married to Jasper Russell Starnes November 27th 1860 and that they lived together as man and wife untill the time of his death July 1909 and to my personal knowledge J.R.Starnes was drawing A Pension From The State of Georgia At time of his death .From Gordon Co.

Sworn to And subscribed before me this the 27th, day of November, 1928.

aRay

County Court Clerk, Polk County, Tennessee.

Of County.

Seal of

his
L. C. X Chatman
mark

Witness to mark
aRay. Clerk

V. S. MORGAN
ORDINARY AND PROBATE JUDGE
DEKALB COUNTY
E. H. MASON, CLERK

DECATUR, GA., December 3, 1928

Judge John W. Clark,
Pension Commissioner,
Atlanta, Ga.

Dear Judge Clark:-

Enclosed please find funeral expenses for Mrs. Carrie Morrow, pensioner who died November 17, without owing any property whatever. Also application for widow, Mrs. Mary E. Stearns, to be put on roll in her own right. Also the funeral expenses of Mrs. Clara Austin, dec'd.

I spent Sunday afternoon out looking up this party and found them out several miles from Stone Mountain at a son's house. The information that I received from there was about the same as was given me this morning in two affidavits furnished by one of the sons, which I am enclosing herewith. I cannot get any information as to the wound as they say he never talked about it much.

Thanking you, I am

Yours very truly,

V. S. Morgan
Ordinary.

Encl.3
VSM-RM

ATLANTA, GA.

ersonaly before me Comes Dio W. Gillespie who after being [illegible] sworn. says of his own personal knowledge. The maker of the foregoing Affidavit. Mrs Mary Elizabeth Starnes. as the wife of Mr. Joseph Russell Starnes that they lived toggther as man and wife. until his death in [illegible] in Gwinnett County. And That the person making This Application for Pension is The Same Known Mrs. M. E. Starnes of Gwinnett County.
Now A Residance of Dekalb Co Ga. and the Maker of The foregoing Affidavit.
Sworn To And Subscribed before me This 1st Day of. December. in the year Nineteen Hundred and Twenty Eight.

Mrs. M. E. Starnes — Dio W. Gillespie

Notary Public

State of Ga at Large

Signed Dec. 1 - 1928

Established 1892

H. M. PATTERSON & SON

Spring Hill at Jones

ATLANTA, GA.

Sold to Mrs. Nora Chatmon
For Funeral Expenses of Mrs. J. E. Starnes

Sept. 7, 1937

To Our Complete Service Including Casket	$227.50
SPECIAL DISBURSEMENTS FOR YOUR CONVENIENCE	
Dress	
Underwear and Hose	14.50
Long Distance Message	2.00
Hearse Mileage, 138 Miles, Extra Charge	.75
	8.00
	$252.25

The above and foregoing account is rendered for funeral expenses of Mrs Elizabeth Starnes who died without owning sufficient property to pay this bill.

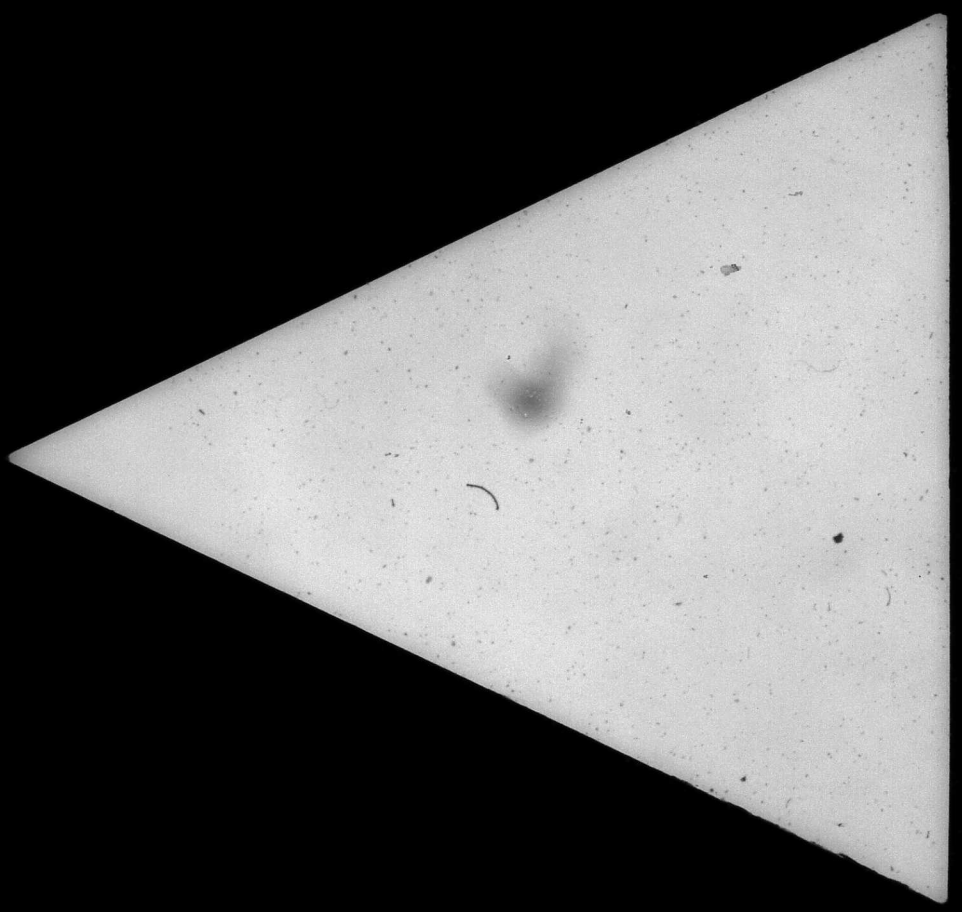
H.M.Patterson & Son
By Raymond B Nelson Mgr

State of Georgia)
County of Fulton)

Subscribed and sworn to before me this 20th day of September 1937

Notary Public at Large, Atlanta, Ga.
My Commission Expires Jan. 3, 1941.

Evelyn Mueller



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 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 _____

day of _____ 1894.

_____ [L. S.]

Executed in the presence of us }

_____ }

DIRECTIONS.

Send money to me as follows, by

_____

to _____ P. O.

County, Georgia.

De Kalb Co.
Stevens, B. H.
(For Those Already Enrolled.)

No. 2613

Soldier's Pension.

1894.

Name Stephens, B.H.
County De Kalb,
Disability Partial Wounded
Amount, $ 37 00

1894.

W. H. HARRISON,
Secretary Executive Department.

WARRANT HAS BEEN DELIVERED TO

Gen. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,
County.

KNOW ALL MEN BY THESE PRESENTS, That I, _____ of _____ County, State of Georgia, do hereby appoint _____ of _____ my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of an injury received as aforesaid in the military service of the Confederate States (or of this State) as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrrant 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 _____ P. O. _____ County, Georgia.

(For Those Already Enrolled.)

No. 8[illegible]

SOLDIER'S PENSION.

1895.

Name W. H. Stevens

County De Kalb

Disability Partial Removal

Amount, $ 50 00

3/4

1895.

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO

Applt.

Geo. W. Harrison, State Printer, Atlanta.

Stevens, W. H.
De Kalb Co.

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.

De Kalb Co.
Stevens, W. H.

(For Those Already Enrolled.)

No. 2613

Soldier's Pension.

1894.

Name Stephens, Wm.

County De Kalb.

Disability Partial Removal

Amount, $ 50 00

1/2

1894.

W. H. HARRISON,
Secretary Executive Department.

WARRANT HANDED TO

Applt.

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
De Kalb County. }

Personally appears B.H. Stephens of DeKalb

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 4" day of Jan 1842; 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 F, of 35th Regiment of Ga Volunteers, Pettigrew 's Brigade; that whilst engaged in such military service at the battle of Seven Pines in the State of on the 31" day of May 1862, he was wounded as follows: Shot through the left side - rupturing the Stomache causing tumors in the side, which continually pain and discharges - applicant is thereby unfitted for work or 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 Fifty dollars, for the year 1894.

Sworn to and subscribed before me, this the 5th day of March 1895.
B.H. Stevens
W.M. Rogsdale, Ordinary.

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, }
De Kalb County. }

I, W.M. Rogsdale Ordinary of said County, do certify that I am well acquainted with B.H. Stevens the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1895.

Affix your seal here

W.M. Rogsdale
Ordinary De Kalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
De Kalb County. }

PERSONALLY appears B.H. Stephens of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 4" day of Jan 1842; 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 F, of 35th Regiment of Ga Volunteers Pettigrew 's Brigade; that whilst engaged in such military service at the battle of Seven Pines in the State of Va, on the 31" day of May 1862, he was wounded as follows: By the explosion of a shell in the left side causing rupture of the Stomache and rendering the applicant permanently disabled.

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 Fifty dollars, for the year 1893.

Sworn to and subscribed before me, this the 10th day of March 1894.
B.H. Stevens
W.M. Rogsdale Ordinary

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, }
De Kalb County. }

I, W.M. Rogsdale Ordinary of said County, do certify that I am well acquainted with B.H. Stevens the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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.

Affix your seal here

W.M. Rogsdale
Ordinary De Kalb 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 ..... 1897.

..... [L. S.]

Executed in presence of

.....

.....

(For Those Already Enrolled.) ACT OF 24 OCT. 1887.

No. 2867

INVALID

SOLDIER'S PENSION.

1897.

Name D H Stevens

County DeKalb

Disability Body Wound

Amount, $ 50 00

3/2 1897.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

Ayhet

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

DeKalb Co
Stevens, D. H.
Co. G, 52nd Ga. Inf.

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

.....

.....

Stevens, D. H.
DeKalb Co.
(For Those Already Enrolled.) ACT OF 2 OCT. 1887.

No. 4332

SOLDIER'S PENSION.

1896.

Name D. H. Stevens

County DeKalb

Disability Body Wound

Amount, $ 50 00

2/24 1896

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO

Ayhet

Geo. W. Harrison, State Printer, Atlanta.

No date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
DeKalb **County.**

Personally appears B H Stevens of DeKalb 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 4 day of Jan 1842; 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 F, of 35 th Regiment of Ga Volunteers, Pettigrew 's Brigade; that whilst engaged in such military service in the State of Va, on the 31 day of May 1862, he was wounded, injured or diseased of follows: Was wounded by the explosion of a shell at the battle of Seven Pines battle tearing the Sim R Stonewall Joint four inches and causing constant Tremors to form which disables applicant from 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, 1897. I have heretofore under said law as a resident of DeKalb county been allowed an invalid pension of Fifty Dollars, for the year 1896.

Sworn to and subscribed before me, this the 9th day of Feb 1897. B H Stevens POST OFFICE

W M Ragsdale Ordinary.

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,
DeKalb **County.**

I, W M Ragsdale Ordinary of said County, do certify that I am well acquainted with B H Stevens the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Feb 1897.

Affix your seal here.

W M Ragsdale
Ordinary DeKalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
DeKalb **County.**

Personally appears B H Stevens of DeKalb 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 4th day of Jan 1842; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company F, of 35 th Regiment of Ga Volunteers, Thomas 's Brigade; that whilst engaged in such military service in the State of Va, on the 31 day of May 1862, he was wounded, injured or diseased as follows: Was wounded by the explosion of a shell at the battle of Seven Pines cutting the left side and permanently injurying, applicant from performing 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 DeKalb county been allowed a pension of Fifty Dollars dollars, for the year 1895.

Sworn to and subscribed before me, this the 24th day of Feb 1896. B H Stevens

W M Ragsdale Ordinary.

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,
DeKalb **County.**

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

Given under my official signature and seal, this 24th day of Feb 1896.

Affix your seal here.

W M Ragsdale
Ordinary DeKalb County.

NAME, Stephens, B. H. YEAR 1894 COUNTY DeKalb.

WHEN AND WHERE BORN? Resident of Ga. since Jan. 4, 1842.

ENLISTED WHEN AND WHERE?

RANK. Private.

COMPANY AND REGIMENT? Co. F, 35th Regt. Ga. Vols. Pettigrew's Brig.

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Seven Pines, Va. May 31, 1862. By explosion of a shell near left side caused rupture of the stomach, rendering applicant permanently disable.

CAPTURED, WHEN AND WHERE?

RELEASED.

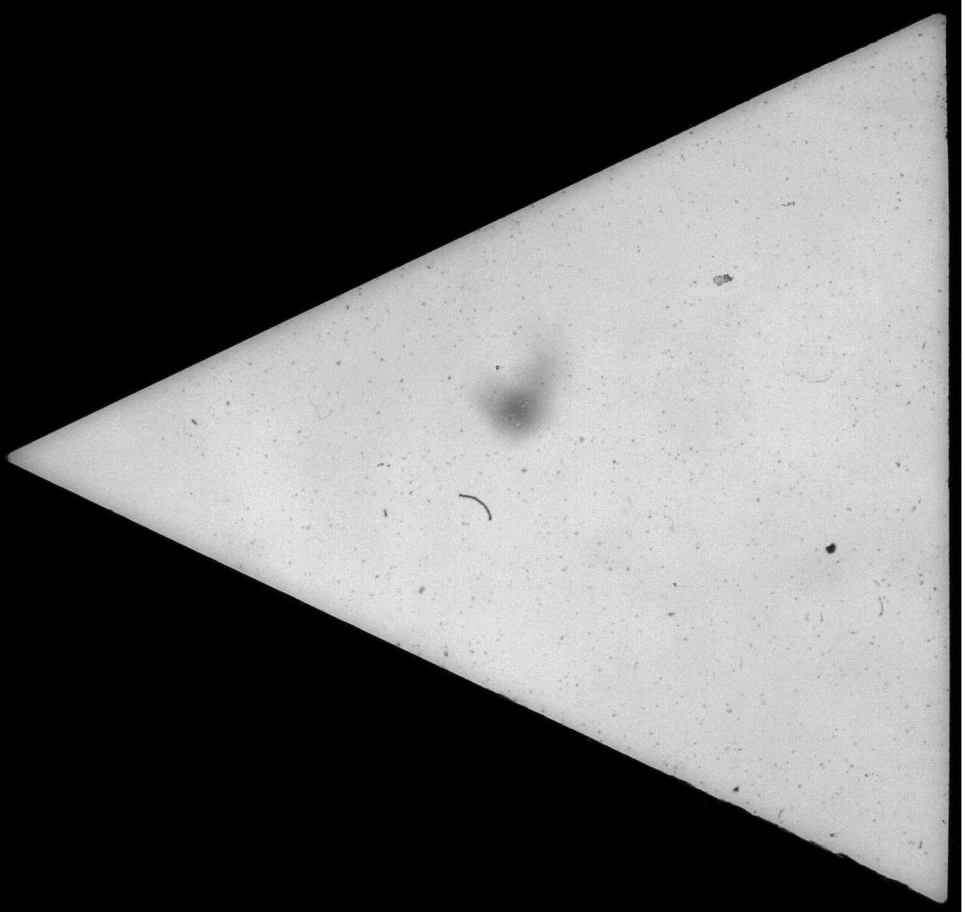
WHEN AND WHERE PAROLED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES.



ORDINARY'S CERTIFICATE

STATE OF GEORGIA,
DeKalb COUNTY.

I, James R. George Ordinary of said County, do certify that I know Mrs Cussie Stephens 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 day of 1917

That I also know Warren Dean witness as to marriage, and I also know [illegible]; 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 6 day of April 1917

(SEAL.)

James R. George 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 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.

Atlanta Ga Dec 1923
DeKalb Co
"NEW" CLASS 1923

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 DeKalb

Name Mrs Cussie Stephens

Widow of W. T. Stephens

Company K

Regiment 2nd Ga Cav

Approved John W. Blank
Commissioner of Pensions
11-14-22

J. W. LINDSEY.
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

11-8-1922

Stephens, Cassie (Mrs.)
DeKALb Co.

For DeKalb County

1929

Application for Pension Due Deceased Pensioner

(UNDER ACT 1919)
(To pay expenses of last illness and funeral)

V. A. Morgan Ordinary

For Mrs. Cassie Stephens

Date of Death June 15 1929

Amount $100.00

Approved and ordered paid

Oct. 15, 1929

JOHN W. CLARK,
Commissioner of Pensions.

Received of V. A. Morgan Ord. One Hundred Dollars for funeral expense. Mrs Cassie Stephens
3/11/30 J. H. St John

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.

STATE OF GEORGIA,
DeKalb COUNTY.

I, James R. George Ordinary of said County, do certify that I know Mrs Cassie Stephens 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 day of 1871

That I also know Marriage License witness as to marriage, and I also know State of ; 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 6 day of June 1929

(SEAL.) James R. George 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 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.

Stephens, Cassie
DeKalb
1923

NEW CLASS

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 DeKalb

Name Mrs Cassie Stephens

Widow of W. T. Stephens

Company F

Regiment 5th Ga. Cav.

Approved Asher W. Clark
Commissioner of Pensions
11-14-22

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

My 8— 1922

(To Be Paid to the Ordinary for Expenses of Funeral and Last Illness)
(Under Act Approved August 15, 1904)

GEORGIA, DeKalb County.

Personally before me, the Ordinary of said County, comes Mr. J. H. St John of said County, who, after being sworn, on oath says that he knew Mrs. Cassie Stephens of said County, and that said Pensioner was on the Pension Roll of said County at the time of death, which occurred in Lithonia, DeKalb County, in this State, on the 25th day of June 1929, and that pensioner left no widow surviving, and no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of $~~100.00~~ 150.00, per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me,
V. S. Morgan Ordinary
DeKalb County
(Seal of Ordinary)

J H St John

CERTIFICATE OF ORDINARY

GEORGIA, DeKalb County.

I, V. S. Morgan, Ordinary of said County, do certify that I personally know J. N. St John, who is a resident citizen of said County, and that said person is of truthful and trustworthy character, entitled to full faith and credit; that I also knew Mrs. Cassie Stephens while in life and that this was the same person whose name appears on the Pension Roll of DeKalb County, and was paid a Pension of ~~Two~~ Hundred (~~2.00~~ 150.00) Dollars in said County for 1929, and I now believe said pensioner to be dead; and that the instructions at the foot of this voucher have been carefully observed in making up this voucher and the bills which are attached hereto.

Given under my hand and official seal, this 3rd day of July, 1929
(Seal of Ordinary)
V. S. Morgan, Ordinary
DeKalb County

INSTRUCTIONS:

1st. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.

2nd. Each account must be sworn to before the Ordinary, and in the following form. (Do not use the terms: "just, true, due, unpaid," etc.)

"The above and foregoing account is rendered ~~for services in the last illness (or~~ for funeral expenses, as the case may be) of Mrs Cassie Stephens, who died without owning sufficient property to pay this bill.

3rd. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed as indicated.

4th. The completed voucher—this blank and the bills—must be sent to the Pension Department for approval and no money must be paid out until it is returned to you as your authority to make the payment.

5th. Return this application, and attached bills, with your final settlement, to the Pension Department.

6th. Ordinary should see that the back of this blank, when folded, is filled out.

STATE OF GEORGIA, DeKalb COUNTY.

Personally before me comes Mrs. Cassa Stephens of said County, who, after being duly sworn, says that she is the widow of W T Stephens Sr, to whom, in the County of DeKalb State of Georgia she was married on the 24 day of October 1871 and that she remained his wife, and resided with him to the date of his death in April 29 1908 and that she has not since his death remarried. At the time of his death he was a resident of DeKalb County, in said State of Georgia, and he was on the Indigent Pension Roll of the State and paid a pension of $60.00 in DeKalb County for 1908 per annum, on account of being a soldier in Company A Regiment 2nd Ga Cavalry (Volunteers or State Militia)

That she is now a bona fide resident citizen of said County of DeKalb and she has so continuously resided since day of 19

Sworn to and subscribed before me, this the 6 day of April 1922
James R George Ordinary
of DeKalb County.
(SEAL)

Cassa Stephens

Affidavit of Witnesses to Prove Marriage and to Whom. Date of Death of Husband

STATE OF GEORGIA, DeKalb COUNTY.

Personally before me comes M. D. Googer 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. Cassa Stephens who made the foregoing affidavit, is the lawful widow of W. T. Stephens who died in DeKalb County in said State of Ga on 29 day of April 1908 and that she has not since remarried. That she became the wife of W. T. Stephens on the 24 day of October 1871 and that she and he had resided together as man and wife continuously since 24 day of Oct 1871 and that the W. T. Stephens was the same man who was on the pension roll of said State from DeKalb County when he died.

Sworn to and subscribed before me, this the 6 day of April 1922
James R George Ordinary
of DeKalb County.
(SEAL)

M D Googer

J. H. ST. JOHN — WM. A. ST. JOHN

LITHONIA, GA., June 27 1929

M. Funeral Expenses of
Mrs Cassie Stephens
IN ACCOUNT WITH

J. H. St. John [redacted]

Funeral Directors and Licensed Embalmers

DAY PHONE 104-J — NIGHT PHONE 104-W

1929			
June 26	To Embalming		15 00
"	" Casket & Burial Box		200 00
"	" Service		15 00
			$230.00

The Above and foregoing account is rendered for Funeral Expenses of Mrs Cassie Stephens who died without sufficient Property to pay this bill.

Signed. J. H. St. John

Sworned and Subscribed to before me this 3 day of July 1929

J. H. Davis
Notary Public Taliaferro County

Georgia, Taliaferro County.

To any Minister of the Gospel, Judge, Justice of the Peace or any person authorized to celebrate: These are to authorize and permit you to join in the Honourable State of Matrimony William T. Stevens of the one part, and Miss Cassey Geeger of the other part; according to the Rites of your Church; provided there be no lawful cause to obstruct the same; and this shall be your authority for so doing.

Given under my hand as Ordinary for the County aforesaid, this 24th, day of October, 1871.

Charles A. Beazley, Ordinary.

I hereby certify that William T. Stevens and Miss Cassie Geeger were joined in the Holy Bans of Matrimony by me on the 24th, day of October, 1871.

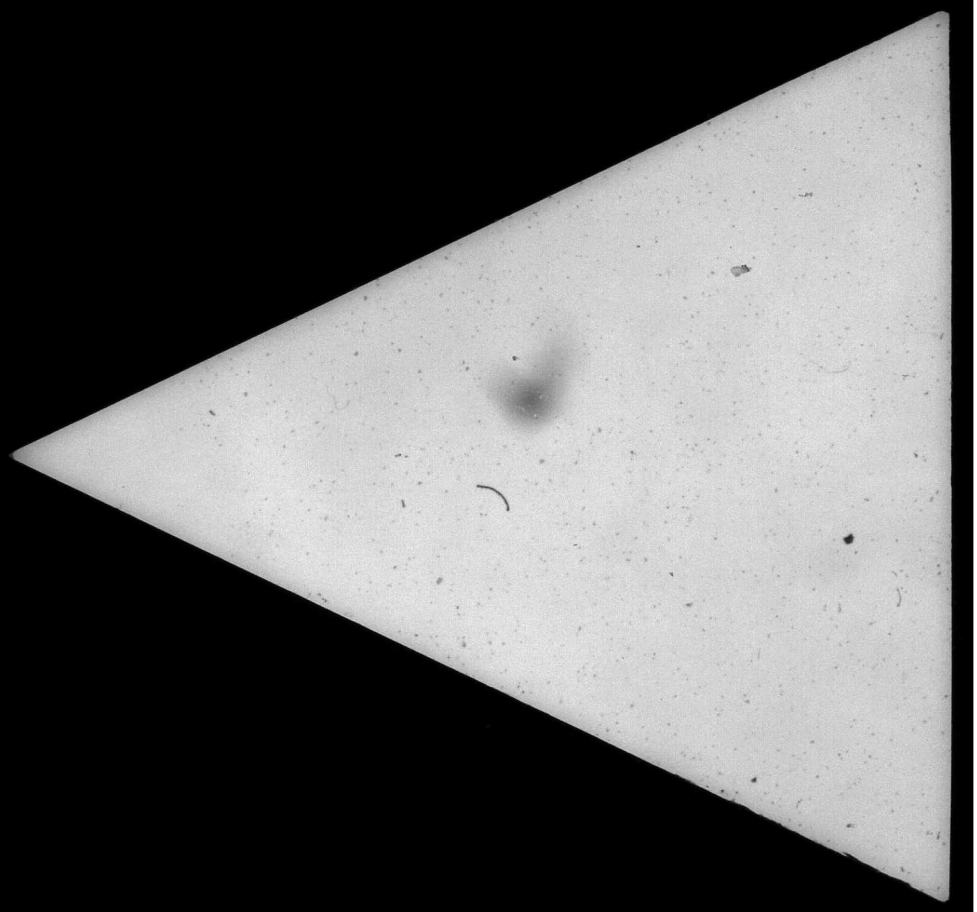
L. R. L. Jennings, M. G.

Georgia, Taliaferro County.

I, M. Z. Andrews, Ordinary of said County, hereby Certify that the foregoing is a true and Correct Copy of the marriage license of William T. Stevens and Miss Cassie Geeger as appears of record in my office.

Witness my hand and seal of office, this 13th, day of March, 1922.

M. Z. Andrews, Ordinary of Taliaferro County, Georgia.



Ordinary's Certificate

STATE OF GEORGIA, }
DeKalb COUNTY. }

I, James R Lyons Ordinary of said County, certify that I know the applicant C W Stephens for pension, is the person he represents himself to be and resides in said county. That I also know See Ordinarys certificate 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 11 day of Sept 1919

James R Lyons Ordinary }
of DeKalb County. }

(SEAL)

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you give shall be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary of the county in which the applicant or witness resides and must be certified by such Ordinary.

Stephens, C W.
Co. K 11 Ga Inf
Ord. Cert.
No. 7 Jan 1920

Confederate Soldier's Application

Under Act 1910—As Amended by Act of 1919.

County DeKalb
Name C W Stephens
Company C
Regiment 11 Ga
Approved

ROSTER

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

Stephens, C W.
Co. K 11 Ga Inf
Ord. Cert.
No. 7 Jan 1920

Stephens, relief W.
Pvt. Co. K 11th Ga. Inf.
Enl. 1861, surrendered
Paroled 1865

DeKalb COUNTY.

I, James R George Ordinary of said County, certify that I know the applicant C W Stephens for pension is the person he represents himself to be and resides in said county. That I also know Jno Ordinoyes ~~certified~~ 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 11 day of Sept 1919

James R George Ordinary
of DeKalb County.

(SEAL)

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you give shall be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary of the county in which the applicant or witness resides and must be certified by such Ordinary.

No. 11 Ga Inf 172

Confederate Soldier's Application

Under Act 1910—As Amended by Act of 1919.

County DeKalb

Name C W Stephens

Company G

Regiment 19 Ga

Approved

ROSTER

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

C W Stephens Co H 19 Ga Inf
Pvt
Enl 6-11-1861
Surr 4-26-1865
Paroled Greensboro N C

Amended by Act 1919

Questions For Applicants to Answer

STATE OF GEORGIA,
DeKalb COUNTY.

C W Stephens 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) C W Stephens DeKalb county Decatur Ga
2. How long and since when have you been a continuous resident citizen of this State? 79 years all my life
3. Did you enlist in the Army of the Confederate States or in the organized militia of this State from 1861 to 1865? Confederate States
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) June 11th 1861 in Campbell County Company C 19 Ga Regt
5. How long did you remain in the actual military service with said Company and Regiment? (Give date of discharge) from June 11th 1861 to April 26th 1865
6. When and where was your Company and Regiment surrendered or discharged from the Service? April 26 1865 at Greensboro N C
7. Were you actually present with your command when it was surrendered or discharged? I was
8. If you were not actually present, state specifically and clearly where you were Present
   a. Where was your command when you left it? did Not leave
   b. When did you leave the command? 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? did not leave
   g. In what way were you prevented? — — — —
   h. What effort did you make to return? —
   i Were you captured during the war? Was Not
   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? I am Not
10. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? I have not

C. W. Stephens

Sworn to and subscribed before me, this the 20 day of August 1919

James R George Ordinary
of DeKalb County.

(SEAL)

STATE OF GEORGIA,
Campbell COUNTY.

A J Smith of said State and County is hereby presented as a witness in support of the application of C W Stephens for the pension provided by the Act of 1910, as amended by the Act of 1919 in said State, and, after being sworn true answers to make to the questions propounded, answers as follows:

1. What is your name and where do you reside? A J Smith - in Union City, Campbell county, Ga

2. How long and since when have you known C W Stephens the applicant? 60 years, or since 1858

3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State, and how do you know? in DeKalb county Ga - lived in Georgia since 1858 to my knowledge. By personal knowledge

4. When, where and in what Company and Regiment did C W Stephens enlist during war from 1861 to 1865? (Give date and place.) June 11, 1861. in Campbell Co Ga in Co "C" - 19th Ga. Reg't - Volunteers

5. How did you obtain your information of this Service? I was enrolled in Co in the Confed. service at same time as was Applicant C W Stephens.

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (Give date) about 46 months, to from June 11, 1861 to April 26, 1865

7. When and where was his command surrendered or discharged (give date and place) was Greensboro, N. C., April 26, 1865

8. Were you personally present at the surrender? Yes Sir

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

10. Was the applicant personally present with his command at surrender? Yes Sir

11. If not where was he and how came him there? Present

12. When did he leave his command? was left sick when our Co Hospitals Where was his command when he left it? in Virginia For what cause did he leave? Sick Wars By whose authority did he leave? Reg't Surgeon and how long was he granted leave? unlimited How do you know all that you have stated to be true? If of your own knowledge, tell clearly and specifically I served in same Co. as did Applicant from June 11, 1861 to April 26, 1865

13. In what way was he prevented from returning to his command? He did return as soon as discharged from hospital at Staunton, Va How do you know? I was present

14. What effort did he make to return to his command and how do you know? He did return as soon as able, as above stated

15. Was applicant captured as a prisoner? No Sir If so, when and where? Reports No answer In what prison was he held? Reports No answer and when released " " "

Sworn to and subscribed before me, this the 26th day of August 1919

M S McLaren Ordinary of Campbell County. (SEAL)

Lieut A B Smith

Ga. Campbell County,
I certify that the above witness, A. J. Smith, is entirely credible. Witness my hand & seal of Office this Aug. 26, 1919
M. S. McLaren, Ordinary,
Campbell Co. Ga.

NAME Stephens, C. W. YEAR 1920 COUNTY Dekalb

WHEN AND WHERE BORN? A resident of Georgia since 1840.

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

RANK.

COMPANY AND REGIMENT? Co. C. 19th Ga. Regt.

NAME OF CAPTAIN AND COLONEL? A. B. Smith, Lieutenant

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED?

WHEN AND WHERE SURRENDERED? April 1865, Greensboro, N.C.

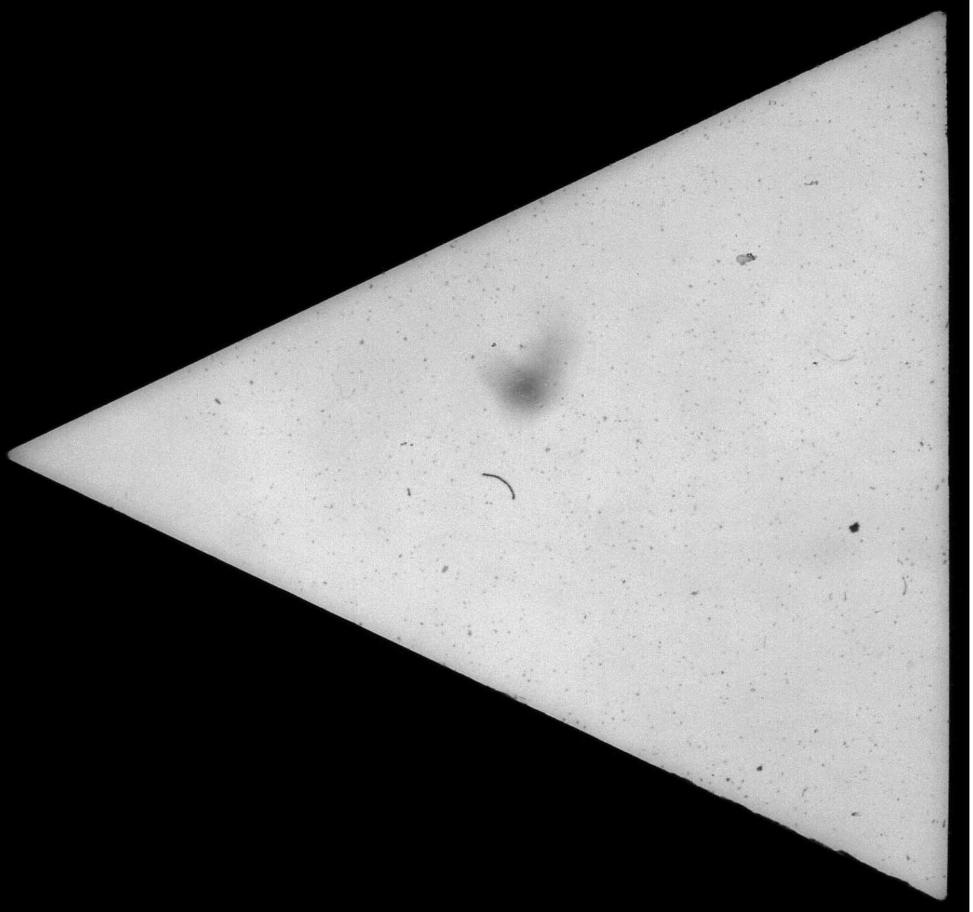
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED?

WITNESSES. A. B. Smith, Lieut. Enlisted at same time of applicant - No data.

1h



Stephens W.T.
DeKalb Co.
Apr 1907

No.

INDIGENT PENSION.

1907.

Name W T Stephens

County DeKalb

Co. H 2nd Colvery *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.

11/5/04
9/28/06

Pension office 8/10/05

This applicant was not subject to military duty, not fifteen years old. therefore he must be specific as to date of enlistment, and of his discharge. State all the facts as to date Commissioner will reach conclusions to the length of service.

J.W.Lindsey
Com. Of Pens.

POWER OF ATTORNEY.

STATE OF GEORGIA,
COUNTY.

I, of hereby authorize

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

at by

Witness my hand and seal, this day of 190

[L. S.]

Executed in presence of

STATE OF GEORGIA,

.....COUNTY.

I, ...hereby authorize

.....of .....

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

.....at .....by .....

Witness my hand and seal, this .....day of.....190.....

.....[L. S.]

Executed in presence of

.....

Pension office 8/10/05

This applicant was not subject to military duty, not fifteen years old, therefore he must be specific as to date of enlistment, and of his discharge. State all the facts as to date. Commissioner will reach conclusions to the length of service.

J. W. Lindsey
Com. Of Pens.

INDIGENT PENSION.

1904.

No. .....

Name W. T. Stephens

County DeKalb

Co. F 2nd Calvary 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.

11/15/04
9/25/06

Stephens W. T.
DeKalb Co.

STATE OF GEORGIA,

DeKalb COUNTY.

W. T. Stephens 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. T. Stephens

2. How long and since when have you been a resident of this State?
56 years 21st Feby 1849

3. When and where were you born? Feby 21st 1849 Crowfordville

4. When and where and in what company and regiment did you enlist or serve?
October 1864 Athens Ga Company A 2nd Ga Cavalry

5. How long did you remain in such company and regiment? Six Months

6. When and where was your company and regiment surrendered and discharged?
April 1865 Macon Ga

7. Were you present with your company and regiment when it was surrendered? I was

8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? I was present war was over

9. How much can you earn (gross) per annum by your own exertions or labor? nothing

10. What has been your occupation since 1865? Mecanic

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? I have been a Condition Physically for one year that I cannot Earn a support I am not able to work have been Paralized for one year

13. What property, real and personal, or income, do you possess, and its gross value? nothing

14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, by sale or gift, have you made of same? nothing
Made no disposition

15. In what County did you reside during those years, and what property did you then return for taxation?
DeKalb Co nothing but household Goods

16. How were you supported during the years 1899, 1900, 1901 and 1902? by My own Labor

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 $120.00 I Supported Myself

18. What was your employment during 1899, 1900, 1901 and 1902? What pay did you receive in each year?
Mecanic $1.50 per day

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? wife and two Children they have no homestead Children 12 & 14 years old

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? Never know

22. How many applications have you ever made and under what class? none

Every Question MUST Be Answered.

Sworn to and subscribed before me this the 19 day of Sept 1904.

W. T. Stephens
Applicant.

James R. George Ordinary,
of DeKalb County.

Gwinn County.

W A Fluker of said State and County, having been presented as a witness in support of the application of W T Stephens 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? Wm A Fluker Union Point Gwinn County Ga
2. Are you acquainted with W T Stephens, the applicant; if so, how long have you known him? Yes forty one years
3. Where does he reside, and how long and since when has he been a resident of this State? De Kalb County Ga he has lived in Ga ever since I known him
4. When, where and in what company and regiment did he enlist, and how do you know? In october 1864 athens Ga Co A 20th Regt of Cavalry Ga Rangers
5. Were you a member of the same company and regiment? Yes
6. How long did he perform regular military duty? Six months
7. When and where was his command surrendered? Macon Ga april 1865
8. Were you present when it surrendered? Yes
9. Was applicant present? Yes
10. If he was not present, where was he? present
When did he leave his command? present For what cause? + × ×
By what authority he left? × × × How do you know all of this? I was present and so was W T Stephens
11. What property, effects or income has the applicant? (Give your means of knowledge.)
12. What property, effects or income did the applicant possess in 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, did he make of same?
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom?
14. What is the applicant's occupation and physical condition?
15. Is the applicant unable to support himself by labor of any sort; if so, why?
16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902?
17. What portion of his support for these four years was derived from his own labor or income?
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code?
19. Who composes family? What property have they? Children's age and their earning capacity?
20. What interest have you in the recovery of a pension by this applicant?

Sworn to and subscribed before me, this the 3rd day of October 1904. William A Fluker Witness.

Jas T McWhorter Ordinary of Gwinn Co Ga

Ga Gwinn County } I give to record the within application and affidavits in favor of W. T. Stephens of the 20th Regt Ga Cavalry Co A and I certify that the witness Wm A. Fluker is a citizen of Gwinn County and is a credible person and that I have no interest in the result of said application. Given under my hand and official seal this 3rd day of October 1904. Jas T McWhorter Ordinary

STATE OF GEORGIA,
DeKalb COUNTY.

Personally came before me Jos A Farmer and W. M. Tribble, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully W. T. Stephens, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

That he is permanently Paralized and is unable to earn a support for himself or any part of a support at any kind of Labor,

and that we have no interest in said pension being allowed.

Jos A Farmer M. D.
W. M. Tribble M.D.

Sworn to and subscribed before me, this the 19 day of Sept 1904.
James R George Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
DeKalb COUNTY.

I, James R George Ordinary, in and for said County, hereby certify that the applicant W T Stephens resides in said County, and has been a bona fide resident of this State since the 21st day of Feby 1865, 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 digest of DeKalb County shows that applicant returned for taxation in his name in 1899 Nothing Dollars of property, and in 1900 Dollars of property; in 1901 Dollars of property; in 1902 Dollars of property.

In my opinion the foregoing claim is made in good faith.

Witness my hand and seal of office, this 19 day of Sept 1904.
James R George Ordinary,
of DeKalb 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.

STATE OF GEORGIA,

Dekalb County.

M. D. Googer of said State and County, having been presented as a witness in support of the application of W. T. Stephens 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? M. D. Googer W. T. Stephens Decatur Ga
2. Are you acquainted with W. T. Stephens, the applicant; if so, how long have you known him? 25 years yes
3. Where does he reside, and how long and since when has he been a resident of this State? Lithonia Dekalb Co Ga 8 to yrs since 1894
4. When, where and in what company and regiment did he enlist, and how do you know?
5. Were you a member of the same company and regiment?
6. How long did he perform regular military duty?
7. When and where was his command surrendered?
8. Were you present when it surrendered?
9. Was applicant present?
10. If he was not present, where was he?

When did he leave his command? For what cause?

By what authority he left? How do you know all of this?

11. What property, effects or income has the applicant? (Give your means of knowledge.) Nothing I know it of my own knowledge
12. What property, effects or income did the applicant possess in 1898, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, did he make of same? Nothing had nothing to dispose of
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom? He had nothing to convey
14. What is the applicant's occupation and physical condition? He has no occupation he was a mechanic before he was Paralized
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 kind
16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902? By his own Labor
17. What portion of his support for these four years was derived from his own labor or income? All of his support by himself
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? His Physical condition is very feable he is Paralyzed has been for some Months
19. Who composes family? What property have they? Children's age and their earning capacity? Wife & two Daughters nothing
20. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this the 3 day of Oct 1904

James R. George Ordinary.

M. D. Googer Witness.

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKALB County.

I, W. T. Stephens, hereby authorize R. S. Duncan of Lithonia Ga DeKalb Co to receive and receipt for the pension allowed and request that he remit same to W. T. Stephens at Lithonia Ga

by _____

WITNESS my hand and seal, this 10 day of January 1907.

W. T. Stephens [L. S.]

Executed in presence of

James P. George

Ordinary

Stephens, W. T.
DeKalb Co.

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED)

No. 2[illegible]

INDIGENT
SOLDIER'S PENSION
1907.

Name W. T. Stephens

County DeKalb

Co. [illegible] Regiment 2nd Ga

WARRANT ISSUED
1/31 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
W. T. Stephens

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

No. 2[illegible]

State of Georgia,

DeKALB **County.**

Personally appears W. J. Stephens of DeKALB 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 A, of 2nd Ga Cav Regiment of .....; that his physical condition is as follows: Infirmity & 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 DeKalb County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the 10 day of Jany 1907. W. J. Stephens

James R George Ordinary.

State of Georgia,

DeKalb **County.**

I, James R George Ordinary of said County, do certify that I am well acquainted with W. J. Stephens the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Jany 1907.

James R George

Ordinary DeKalb County.

Affix your seal here

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

NAME **Stephens, W.T.** YEAR **1907** COUNTY **DeKalb**

WHEN AND WHERE BORN? **Feb.21,1849, Crawfordsville, Ga.**

ENLISTED WHEN AND WHERE? **October 1864, Athens, Georgia.**

RANK.

COMPANY AND REGIMENT? **Co.A. 2nd. Ga. Cavalry.**

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? **April 1865, Macon, Georgia.**

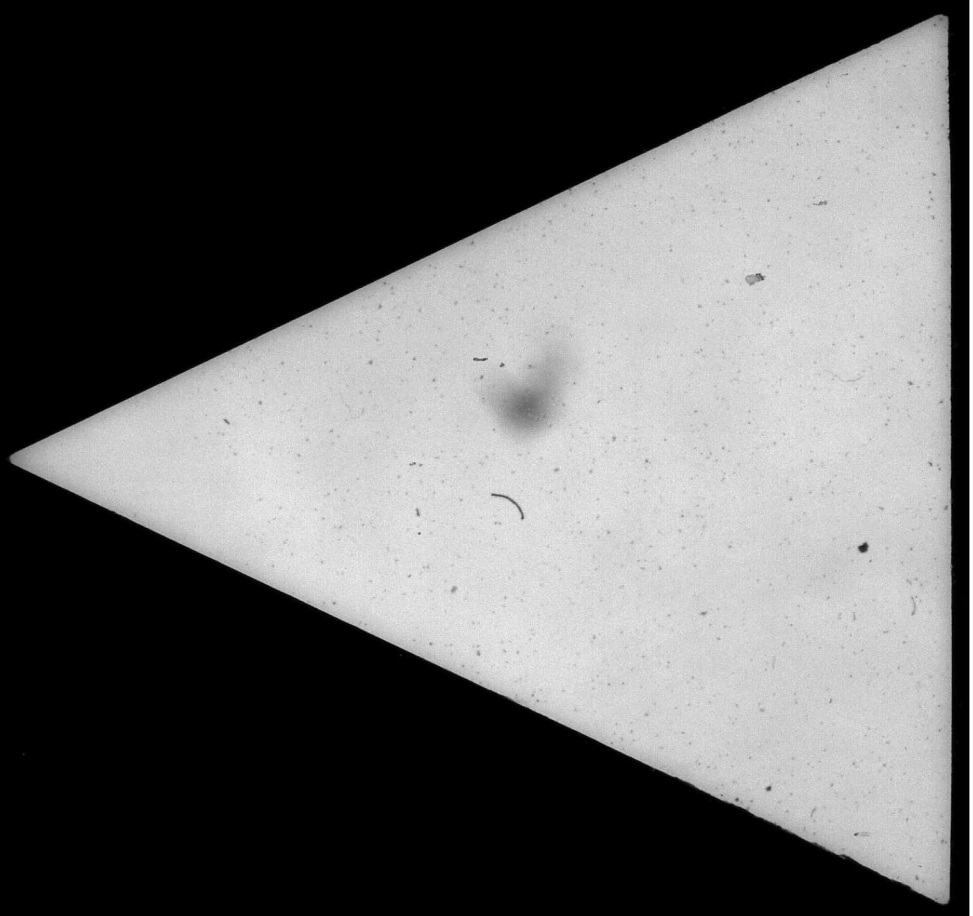
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. **William O. Fluker,- Same Command- No data.**

mh.



Stewart George W.
De Kalb County

OK for 1911

No.

Confederate Soldier's Application.

UNDER ACT 1910.

County DeKalb

Name G W S Stewart

Company H

Regt 2 Ga State Troops

Approved

J. W. LINDSEY,
Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta.

10/30/13

Questions for Applicants to Answer.

STATE OF GEORGIA,
DeKalb County.

George W. Stewart 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).
George W. Stewart, Ellenwood, Clayton County, G[illegible]

2. How long and since when have you been a continuous resident citizen of this State?
64 years

3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865? Organized Militia of this State.

4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service). March 1863. Decatur, Ga. Co. H. 2nd Georg[illegible]

5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge). 2 years. Discharged at Albany,

6. When and where was your Company and Regiment surrendered or discharged from the Service?
Last of April, 1865, at Albany, Ga.

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

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

a. Where was your Command when you left it? Albany,

b. When did you leave the Command? At surrender

c. For what cause did you leave? My command had su[illegible]

d. By whose authority did you leave? Discharged

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.)
$400.00 worth od live stock, and about $300.0[illegible]

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).
Live stock $200.00 Cash $300.00

12. What annual or monthly income or earnings of yourself and wife and the source derived have you? What I can make on rented farm, about $50[illegible]

13. Are you drawing a pension of any amount from this State or the United States?

14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? No

Sworn to and subscribed before me, this the 20 day of October 1910
James R George Ordinary,
of DeKalb County.

G W Stewart

Ordinary's Office, Clayton County, Ga. Oct 20th 1911
No.

Confederate Soldier's Application.

UNDER ACT 1910.

County DeKalb
Name Wm Stewart

Company B Reg 2 Ga Volunteers

Approved

J. W. LINDSEY,
Commissioner of Pensions.

CHAS. P. BYRD, State Printer, Atlanta.

STATE OF GEORGIA.

..... County.

.....of said State and County is hereby presented as a witness in support of the application of G. W. Stewart 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? T. M. Waldrop, Decatur, DeKalb County, Georgia.

2. How long and since when have you known G. W. Stewart the applicant?

3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State and how do you know? In DeKalb County, Ga.

4. When, where and in what Company and Regiment did G. W. Stewart enlist during war from 1861 to 1865? (Give date and place) March 1863, Co. H, 2nd Ga. Reg't.

5. How did you obtain your information of this Service? I enlisted with him. We were in the same Co. & Regt. and returned together.

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) 2 years

7. When and where was he discharged or his Command surrendered or discharged (give date and place) 9th day of April, 1865

8. Were you personally present at the Surrender? I was

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? He was

11. If not where was he and how came him there? He was present

12. When did he leave his Command? Did not leave Where was his Command when he left it? for what cause did he leave? By whose authority did he leave and how long was he granted leave? How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically)

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 20 day of Oct 1910

T. M. Waldrop

James R George Ordinary,

of DeKalb County.

STATE OF GEORGIA.

DeKalb County.

Personally before me comes B M Strahan and T M Waldrop who on oath says that they are freeholders residing in said County and we know G. W. Stewart 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.) $200.00

$300.00 in Cash

1. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov 1908? (State it fully by items.) none

2. When and to whom was it sold or given to? was not sold

3. What was the price paid or stated to be paid?

4. What relation is the party to applicant? None

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 20 day of Oct 1910

T. M. Waldrop

B M Strahan

James R George Ordinary,

of DeKalb County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

DeKalb County.

I, James R George Ordinary of said County, certify that I know the applicant G W Stewart for Pension is the person he represents himself to be and resides in said County. That I also know T M Waldrop the witness swearing to the service and T. M. Waldrop B M Strahan who are freeholders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Results of shows that and wife value for tax is in 1908 $600.00 for 1909 $600 for 1910 $870.00

Sworn under my hand and official seal of office this 20 day of Oct 1910

James R George Ordinary

of DeKalb 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.

NAME Stewart, George W. YEAR 1911 COUNTY DeKalb.

WHEN AND WHERE BORN? Resident of Georgia 64 years.

ENLISTED WHEN AND WHERE? March 1863, Decatur, Georgia.

RANK

COMPANY AND REGIMENT? Company K, 2nd Georgia State Troops.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

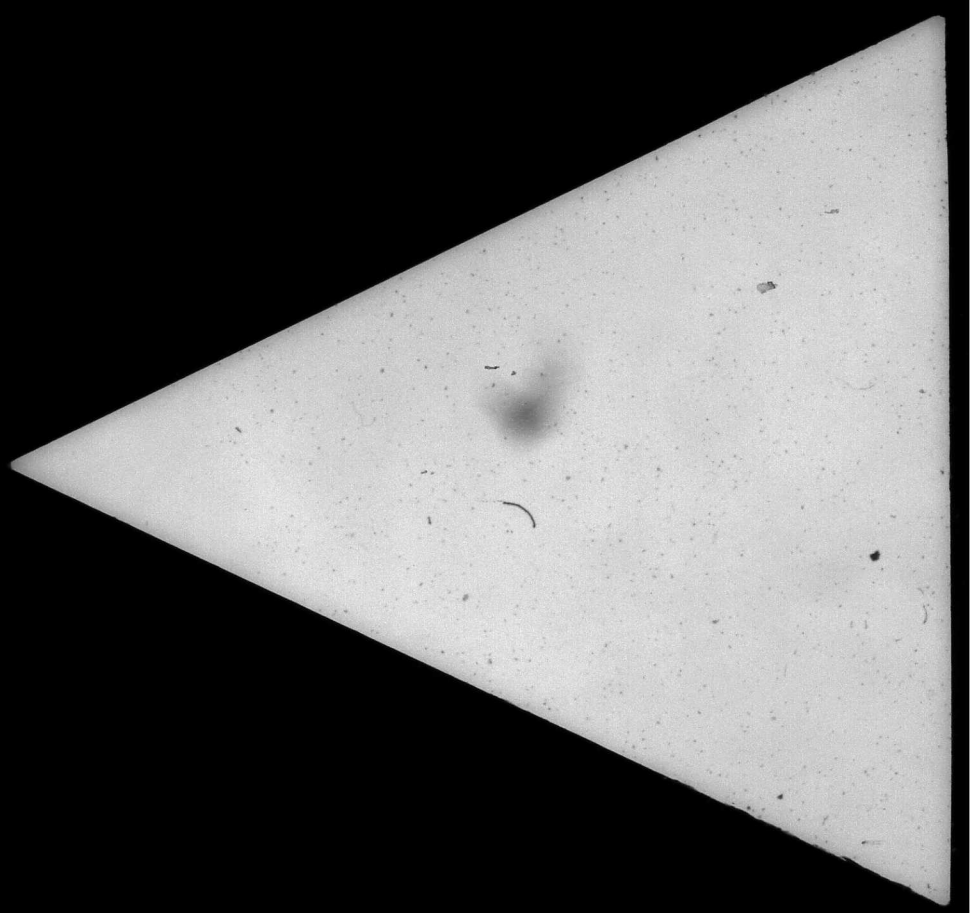
WHEN AND WHERE SURRENDERED? Last of April 1865, Albany, Georgia.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED,

WITNESSES. T. M. Waldrop- Same command- No data.
CB



Stewart, Martha D.
De Kalb County

Disapproved 4/7/1905

WIDOW'S INDIGENT PENSION. 1904.

Name Martha D. Stewart

County Dekalb

Widow of Samuel Stewart

Approved ..... 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

..... 1904.

Geo. W. Harrison, State Printer, Atlanta.

9/20/05

5

Pensions office
11/7-1905
The record of Stewart
Joshua who left
17-1862 - Husband
did not serve
6 months allowed
quitting duty - before
being killed - this Com
does not make any
exceptions - There must
be a six months
service - Was not
done in this Case

J W Lindsey
Comm of Pens

Pauper widow

POWER OF ATTORNEY.

STATE OF GEORGIA, }
County. }

I, _____, hereby authorize _____

of _____ County, to receive and receipt for the pension allowed and that he remit the same to me at _____ by his check or registered mail.

Witness my hand this _____ day of _____ 190__

Executed in presence of

_____ Ordinary, L. S.

_____ County.

{SEAL.}

County.

I, _____ hereby authorize _____

of _____ County, to receive and receipt for the pension allowed and that he remit the same to me at _____ by his check or registered mail.

Witness my hand this _____ day of _____ 190__

Executed in presence of

_____ Ordinary, _____ L. S.

_____ County.

SEAL.

Pensions Office
Nov 7 - 1904
Certificate of Service
for Widow of Soldier
entitled to apply
under Act of Assembly
approved August 17 - 1903
Application allowed
Pension Certificate ordered issued
to commence from date
Application received
Examined and recommended
for Certificate - Number
Certificate issued
Name of Soldier
Co. 40 Regt. N. C. Troops
Remarks

WIDOW'S
INDIGENT PENSION.
1904.

Name of Widow: Martha D. Stewart
County: Dekalb
Widow of: Samuel D. Stewart

Approved _____ 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

_____ 1904.

Geo. W. Harrison, State Printer, Atlanta.

Dekalb Co Ga
Nov 7 1904
Martha D Stewart
Dekalb Co Ga
Nov 7 1904

STATE OF GEORGIA,

DeKalb County.

Martha D Stewart 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 truly 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)
Martha D Stewart Dekalb Co

2. How long and since when have you been a resident of this State?
All my 76 years 1898

3. When and where were you born?
April 1828

4. When and where was your husband born—state his full name, and when were you and he married? (Attach copy marriage license in every case.)
Samuel D Stewart born 1828 Married Record

5. When and where and in what Company and Regiment did your husband enlist or serve during the war between the States?
May 1862 Company D 40 N C Regiment

6. How long did your husband serve in said Company and Regiment?
Entire War

7. When and where did your husband's Company and Regiment surrender and was discharged?
1865 Appomattox C H Va

8. Was your husband present at the time and place when his Company and Regiment surrendered?
He was not present at the time

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 Killed
Battle of Chickamauga

10. When and where did your husband die?
Killed at Chickamauga Battle

11. Which of the following grounds do you base your application for Pension, viz.: First—Age and Poverty; Second—Infirmity and Poverty, or Third—Blindness and Poverty?
Age & Infirmity

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?
My Physical Condition has been for 10 years So That I could not do any Work at all Blind in one eye

13. What has been your occupation since your husband's death?
Nothing but My House Work & Duties

14. How much can you earn gross, by your own exertion or labor?
Nothing

15. What property, real or personal, or income do you have or possess, and its gross value?
Nothing no Income

16. What property, real or personal, did you possess at death of husband or he left you, and of the years 1899, 1900, 1901, 1902, 1903, 1904, and what disposition, if any, by sale or gift, have you made of the same?
Nothing

17. In what counties did you reside in 1899, 1900, 1901, 1902, 1903 and 1904, and what property did you return for taxation?
Dekalb County

18. How have you been supported since death of husband, and especially for 1899, 1900, 1901, 1902, 1903 and 1904?
By My Daughters

19. How much did your support cost for each of those years, and how much did you contribute by your own labor or income?
$100.00 Nothing

20. What was your employment during 1899, 1900, 1901, 1902 and 1903—how much did you receive for each year?
Had no Employment Not able to Work Living Not pay

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 application for pension before?
Not in Georgia

23. How many applications have you made for a pension, and under what class?
I have never Made Application

Sworn to and subscribed before me, this the
26 day of Sept 1904
James R Lyons Ordinary,
of Dekalb County.

Martha D Stewart
Mark

Moore County.

I W H H Lawhorn of said State and County, having been presented as a witness in support of the application of Mrs. Martha Stewart 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? W H H Lawhorn Lawhorn NC

2. Are you acquainted with the applicant, Mrs. Martha Stewart yes If so, how long have you known her? all my life

3. Where does she reside, and how long and since when has she been a resident of this State? Pelham Georgia about 18 years

4. When and where was she born? Moore Co NC

5. Were you ever acquainted with her husband? yes

6. Where did she reside in 1861? Moore Co NC

7. When and to whom was he married? about 1852 To Martha Lawhorn

8. When and where was he born? Moore Co NC

9. How long have you known him? from 1850 To time of his Death 1862

10. When and where did Samuel D Stewart enlist in the war between the States, and in what Company and Regiment did he enlist, and how do you know this? 1 May 1862 Co E 40th NC Reg because I was Capt of the Co

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

12. How long did he perform regular military duty? May to Sept 1862

13. When and where was his Company and Regiment surrendered and discharged from service? at Appomattox Va

14. Were you with the Command when it surrendered? yes

15. Was Samuel D Stewart the husband of applicant present? No Dead

16. If not present, where was he?

17. When and where did he leave his command? at Shepherdsburg Md Sept 18 1862 For what cause? Mortal Wounds in Battle By whose authority he left? Legal Authority How do you know all this? (State fully and clearly.) I was present and in command of the Company

18. When and where did S D Stewart die? on the Battle Field near Shepherdsburg Md

19. Where did he reside at his death and how long had he been a resident of Georgia at his death? Near was a resident of Ga

20. Do you of your own knowledge know that applicant is the lawful widow of Samuel D Stewart 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? None She lives with her Daughter for Support

23. What property, effects or income did applicant possess in 1899, 1900, 1901, 1902 and 1903, and what disposition did she make of it? None

24. Has applicant conveyed any property in last two years or given any away, if so, what was it, and to whom? NO

25. What is applicant's physical condition and her chances and ability to earn a support? Not Good

27. How was she supported for 1899, 1900, 1901, 1902 and 1903? by her Daughter Kitty Family

28. How much did applicant contribute to her support for last two years? None

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

30. What interest have you in the recovery of this pension by the applicant? None

Sworn to and subscribed before me this 6 day of July 1905 A D Dued Ordinary, Moore NC County.

W H H Lawhorn exp-co 42nd

Witnesses.

AFFIDAVITS OF PHYSICIANS.

STATE OF GEORGIA, County.

Personally before me comes Jos M Tribble MD and Addison Bellamy MD, both known to me to be reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully Mrs. Martha Stewart, applicant for a Pension under act of 1900, and after such personal examination say that her physical condition is this Totally blind in one Eye & not able to see much with the other She also is very feeble & a sufferer from Neuralgia Making her Totally unable to do any Kind of work that would make a support and we have no interest in said pension if allowed.

Sworn to and subscribed before me this day of 190 Ordinary, County.

Jos M Tribble MD
Addison Bellamy MD

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA, Dekalb County.

I, James R Lewis 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 the year 18, and that the witnesses, Mr. Martha D Stewart 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, in 1901 dollars worth of property, in 1902 dollars worth of property, and in 1903 dollars worth of property.

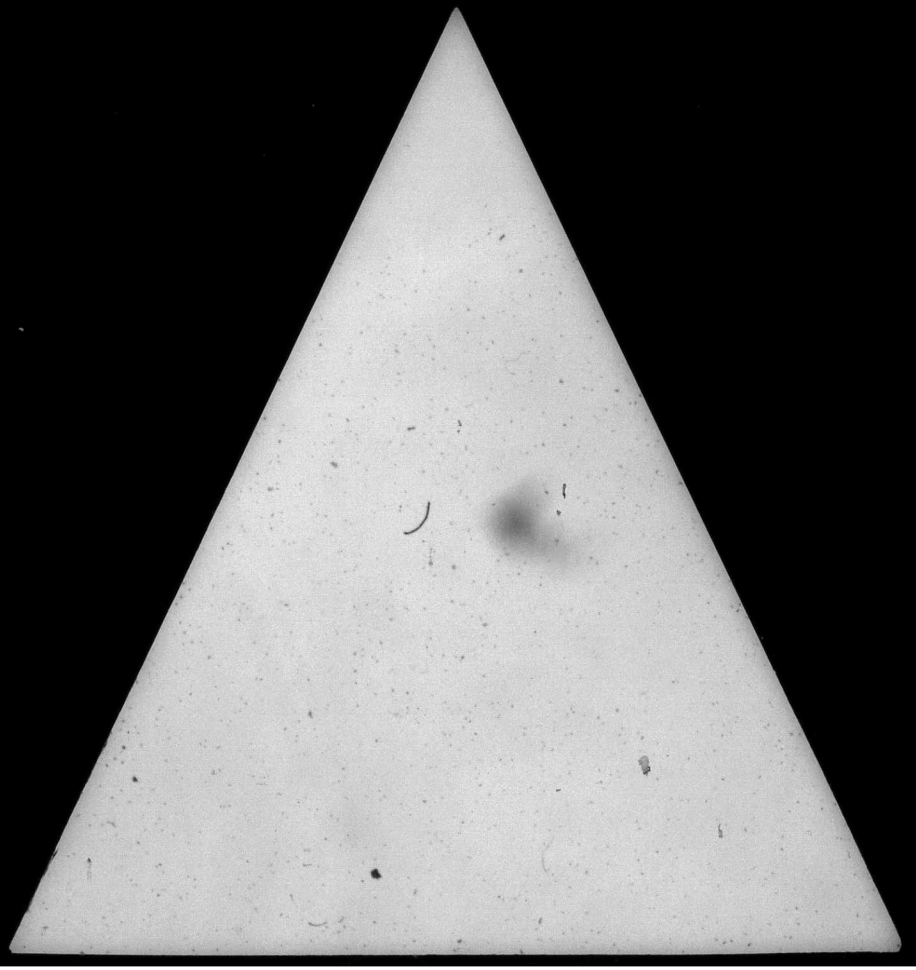
Witness my hand and official seal this 26 day of July 1905

{SEAL.}

James R Lewis Ordinary, County.

NOTES.—1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth; So help you God."
2. Additional affidavits may be attached, if blank spaces are insufficient.
3. All affidavits must be made before Ordinary.
4. Only widows who were the wives of the dead husbands while they were soldiers need apply—and are now widows. Those married since the 9th April, 1865, not entitled.
5. ..... Witnesses and two Physicians are necessary to make out claims.
6. Attach certified copy marriage license in every case, or show why it cannot be obtained.

4. Only widows who were the wives of the dead husbands while they were soldiers need apply—and are now widows. Those married since the 9th April, 1865, not entitled.
5. ..... Witnesses and two Physicians are necessary to make out claims.
6. Attach certified copy marriage license in every case, or show why it cannot be obtained.



Form 5.

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ County.

Know all Men by These Presents, That I, _____

_____ of _____

County, in said State, do hereby appoint

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

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

day of _____ 1895.

_____ [L. s.]

Executed in presence of us:

_____

_____

DIRECTIONS.

If allowed, send amount by _____ to me

at _____, and oblige.

Steinart W. M.
Reichelt Co.
No. 339

SOLDIER'S PENSION
1895.

Name, _____

County, _____

Disability, _____

Amount, $ _____

_____ 1895.

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT ISSUED TO

_____

Geo. W. Harrison, State Printer, Atlanta.

Form 5.

POWER OF ATTORNEY.

STATE OF GEORGIA, }
_____ County. }

Know all Men by These Presents, That I, _____

_____ of _____

County, in said State, do hereby appoint _____

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

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

day of _____ 1895.

_____ [L. S.]

Executed in presence of us:)
_____)
_____)

DIRECTIONS.

If allowed, send amount by _____ to me

at _____, and oblige.

_____

Stewart W. M.
DeKalb Co.
No. 3397

SOLDIER'S PENSION
1895.

Name W. M. Stewart
County DeKalb
Disability Loss of finger
Amount, $ 12
1895.

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO
Applc-

Geo. W. Harrison, State Printer, Atlanta.

Form 1.

For Use of Applicants Who Have Not Heretofore Drawn.

STATE OF GEORGIA, }
DeKalb County. }

PERSONALLY appears W. M. Stewart of DeKalb 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 1st day of Oct 1842; 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 Cobbs Legion Ga Volunteers Brigade; that whilst engaged in such military service, at the battle of Knoxville in the State of Tenn, on the 29th day of Nov 1863, he was disabled as follows: Shot with a minnie ball in the right hand causing the loss of the forefinger of said hand

Deponent desires to participate in the benefits of the Act approved October 24th, 1887, and the Acts amendatory thereof, and makes application for the allowance to which he is entitled for the year thereunder, ending October 26th, 1895.

Sworn to and subscribed before me, this the 9th day of April 1895. W. M. Stewart
W. M. Logsdale.
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.

STATE OF GEORGIA,

_____ County.

PERSONALLY appears before me, the undersigned, Ordinary in and for said County, _____

_____ and _____ each of whom, being duly sworn according to law, severally say, under oath, that they are personally well acquainted with _____ 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.*) _____

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

Sworn to and subscribed before me, this _____

day of _____ 1895. _____

_____ _____

ORDINARY.

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

2. Witnesses are asked to make their statements full and explicit.

PHYSICIAN'S AFFIDAVIT.

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 personal examination, say that the applicant has been injured as follows:

We have treated applicant professionally for _____ years.

Sworn to and subscribed before me, this _____

day of _____ 1895. _____

_____

Ordinary.

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

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, Form 4.

De Kalb County.

I, W. M. Rogsdale, Ordinary of said County, do certify that I am well acquainted with W. M. Stewart 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 9th day of April 1895.

W. M. Rogsdale,

Ordinary De Kalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA. }
_____ County. }

KNOW ALL MEN BY THESE PRESENTS, That I,

of

County, in said State, do hereby appoint

of

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

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

of 1894.

[L. S.]

Executed in the presence of us:

DIRECTION.

If allowed, send amount by

me at

to

, and oblige,

No.

Soldier's Pension
1894.

Name

County

Disability

Amount $

1894.

W. H. HARRISON,
Secretary Executive Department.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

Form 1.

For Use of Applicants Who Have Not Heretofore Drawn.

STATE OF GEORGIA,
De Kalb County. }

PERSONALLY appears W M. Stewart of De Kalb 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 12th day of Oct 1862; 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 Cobbs Legion th Regiment of _____ Volunteers Brigade; that whilst engaged in such military service, at the battle of Knoxville in the State of Tenn, on the 29th day of Nov 1863, he was disabled as follows: Shot with a minnie ball in the right hand causing loss of the fore finger of said hand.

Deponent desires to participate in the benefits of the Act approved October 24th, 1887, and the Acts amendatory thereof, and makes application for the allowance to which he is entitled for the year thereunder, ending October 26th, 1894.

Sworn to and subscribed before me this the 16th day of April 1894. } W. M. Stewart

W. M. Ropsdale.

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.

AFFIDAVIT FOR WITNESSES.

STATE OF GEORGIA,
County of De Kalb }

PERSONALLY appears before me, the undersigned, Ordinary in and for said County,
J. L. Robertson
I. H. Stewart
and each of whom, being duly sworn according to law, severally say, under oath, that they are personally well acquainted with W. M. Stewart 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: (* See Note) was shot with a minnie ball in the right hand causing the loss of the fore finger on said hand.
Said wound was received at the battle of Knoxville Tenn. in Nov 1863.

We personally know above stated facts. We were with him in the army and have known him ever since. Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 1863. We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me this 21st day of April 1894.
W. M. Ragsdale
Ordinary.

J. H. Stewart
J. L. Robertson
J. L. Argo

NOTE.—The Ordinary will see that the full text of the Affidavit is understood by the *witnesses*, and that they are legally qualified to the same.
2. Witnesses are asked to make their statements full and explicit.
* NOTE.—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.

Physician's Affidavit.

STATE OF GEORGIA,
De Kalb County. }

PERSONALLY comes before me W. M. Ragsdale Ordinary of said County, W. P. Bond, M.D. and , both known to me as reputable physicians of said County, who being severally sworn, say on oath that they have carefully examined W. M. Stewart and after such personal examination say that the applicant has been injured as follows:
Gun shot wound in right hand causing loss of the fore finger on said hand.

We have treated applicant professionally for years.

Sworn to and subscribed before me this 21st day of April 1894.
W. M. Ragsdale
Ordinary.

Wm P Bond M.D.
D. K. Chupp. M.D

NOTE.—The physicians will state fully the extent of the wound, and then give facts to show the extent of the disability resulting therefrom, *and state fully the extent of the disability.*
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, Form 4.
De Kalb County. }

I W. M. Ragsdale Ordinary of said County, do certify that I am well acquainted with W. M. Stewart the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in the 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 21st day of April 1894.
W. M. Ragsdale
Ordinary De Kalb 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

(_____)

(_____)

ACT OF 3 OCT., 1887.

(For Those Already Enrolled.)

No. 457

SOLDIER'S PENSION.

1896.

Name _____

County _____

Disability _____

Amount, $ _____ 1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

_____

Geo. W. Harrison, State Printer, Atlanta.

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

(_____)

(_____)

ACT OF 3 OCT., 1887.

(For Those Already Enrolled.)

No. 2786

INVALID SOLDIER'S PENSION.

1897.

Name _____

County _____

Disability _____

Amount, $ _____

_____ 1897.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

_____

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb County.

Personally appears W M. Stewart of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of Oct 1842; 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 C, of Cobbs Legion of Ga Volunteers, 's Brigade; that whilst engaged in such military service in the State of Tenn, on the 29 day of Nov 1863, he was wounded, injured or diseased as follows: Gun shot wound causing total loss of first finger on the right hand.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1896. I have heretofore as a resident of De Kalb county been allowed a pension of Ten dollars, for the year 1895.

Sworn to and subscribed before me, this, the 12th day of Feb 1896. W. M. Stewart POST OFFICE

W. M. Rogsdale, Ordinary.

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,
De Kalb County.

I, W M. Rogsdale, Ordinary of said County, do certify that I am well acquainted with W M Stewart the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Feb 1896.

Affix your seal here.

W M Rogsdale
Ordinary De Kalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb County.

Personally appears W M Stewart of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of Oct 1842; 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 Cobbs Legion of Volunteers, 's Brigade; that whilst engaged in such military service in the State of Tenn, on the 29 day of Nov 1863, he was wounded, injured or diseased of follows: Was shot with minnie ball taking away the fore finger of the right hand

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th 1897. I have heretofore under said law as a resident of De Kalb county been allowed an invalid pension of Ten Dollars, for the year 1896.

Sworn to and subscribed before me, this, the 13th day of Feb 1897. W M. Stewart POST OFFICE

W M Rogsdale, Ordinary.

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,
De Kalb County.

I, W M. Rogsdale, Ordinary of said County, do certify that I am well acquainted with W M Stewart the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Feb 1897.

Affix your seal here.

W M Rogsdale
Ordinary De Kalb 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 _____ 1899.

Executed in presence of

_____ [L. S.]

_____

ACT OF 3 OCT., 1894.

(For Those Already Enrolled.)

No. 2001

INVALID SOLDIER'S PENSION.

1898.

Name W.M. Stewart
County Dekalb
Disability Loss Finger
Amount, $ 12.00

2/15 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

Stewart, W. M.
Atlanta Ga.

CODE SECTION 1236.

(For Those Already Enrolled.)

No. 2712

INVALID SOLDIER'S PENSION.

1899.

Name W.M. Stewart
County Dekalb
Disability Finger
Amount, $ 3.

2.00 1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA

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.

Executed in presence of

_____ [L. S.]

_____

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
DeKalb County.

Personally appears W M Stewart of DeKalb 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 Oct 1842; 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 C, of Cobbs (6th) Regiment Volunteers, 's Brigade; that whilst engaged in such military service in the State of Tenn, on the 29 day of Nov 1863, he was wounded, injured or diseased as follows:

Was shot at the battle of Knoxville in the right hand causing loss of forefinger

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 DeKalb county been allowed an invalid pension of Five Dollars, for the year 1897.

Sworn to and subscribed before me, this the 15 day of Feb 1898. W M Stewart POST-OFFICE

W M Ragsdale Ordinary

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,
DeKalb County.

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

Given under my official signature and seal, this 15 day of Feb 1898.

Affix your seal here

W M Ragsdale
Ordinary DeKalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
DeKalb County.

Personally appears W M Stewart of DeKalb 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 Oct 1842; 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 C, of Cobbs (6th) Regiment of Ga Volunteers, 's Brigade; that whilst engaged in such military service in the State of Tenn, on the 29 day of Nov 1863, he was wounded, injured or diseased as follows:

Was shot in right hand at battle of Knoxville Tenn, lost one finger

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 DeKalb County been allowed an invalid pension of Five Dollars, for the year 1898.

Sworn to and subscribed before me, this the 31 day of Jan 1899. W M Stewart POST OFFICE Scaffinger, Ga.

W M Ragsdale Ordinary

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,
DeKalb County.

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

Given under my official signature and seal, this 31 day of Jan 1899.

Affix your seal here

W M Ragsdale
Ordinary DeKalb 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

_____

CODE SECTION 1250.
(For Those Already Enrolled.)

No. 73

INVALID
SOLDIER'S PENSION.
1900.

Name W.M. Stewart
County DeKalb
Disability Finger
Amount, $ 5
Warrant issued Mch 2 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

Stewart W.M. Co 2
No Land Claim

Stewart W.M. Co 2
No date

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

_____

Stewart W.M. Co 2

CODE SECTION 1250.
(For Those Already Enrolled.)

No. 365

DISABLED
SOLDIER'S PENSION.
1901.

Name W.M. Stewart
County DeKalb
Disability Finger
Amount, $ 5.
Jany 31 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb County.

Personally appears W. M. Stewart of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State and County, and has resided therein continuously ever since the 1 day of Oct 1842; 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 C, of Cobb's Legion Regiment of Ga Volunteers, ____'s Brigade; that whilst engaged in such military service in the State of Tenn, on the 29th day of Nov 1863, he was wounded, injured or diseased as follows:
Shot in the right hand at battle of Knoxville loosing forefinger

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 De Kalb County been allowed an invalid pension of Five Dollars, for the year 1899.

Sworn to and subscribed before me, this the 19 day of June 1900.

W M Stewart
POST OFFICE Snapfinger,

W. M. Ragsdale, Ordinary,

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,
De Kalb County.

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

Given under my official signature and seal, this 19 day of June 1900.

Affix your seal here.

W. M. Ragsdale,
Ordinary De Kalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb County.

Personally appears W. M. Stewart of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 1 day of Oct 1842; 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 C, of Cobb's Legion Regiment of Legion Volunteers, ____'s Brigade; that whilst engaged in such military service in the State of Tenn, on the 29 day of Nov 1863, he was wounded, injured or diseased as follows:
Shot in right hand causing loss of forefinger

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 De Kalb County been allowed an invalid pension of Five Dollars, for the year 1900.

Sworn to and subscribed before me, this the 12th day of Jan 1901.

Postoffice Snapfinger
W. M. Ragsdale, Ordinary

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,
De Kalb County.

I, W. M. Ragsdale W. M. Stewart Ordinary of said County, do certify that I am well acqainted with W. M. Stewart the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Jan 1901.

Affix your seal here

W. M. Ragsdale
Ordinary De Kalb 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 _____ 1902.

_____ [L. S.]

Executed in presence of

_____

Stewart, W. M.
De Kalb Co

(FOR THOSE ALREADY ENROLLED.) CODE SECTION 156.

No. 486

DISABLED

SOLDIER'S PENSION 1902.

Name Stewart W. M.

County DeKalb Co. Regiment

Disability Finger

Amount, $ 50 00 1902.

JOHN W. LINDSEY, *Commissioner of Pensions.*

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,

_____ County.

I, _____ hereby authorize _____

of _____

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

_____ by _____

at _____

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

day of _____ 1903.

_____ [L. S.]

Executed in presence of

_____

Stewart, W. M.
De Kalb Co

(FOR THOSE ALREADY ENROLLED.) CODE SECTION 156.

No. 341

DISABLED

SOLDIER'S PENSION 1903.

Name Stewart W. M.

County De Kalb Co. ~~Regiment~~ Finger

Disability Finger

Amount, $ 50 1903.

JOHN W. LINDSEY, *Commissioner of Pensions.*

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
De Kalb **County.**

Personally appears W M Stewart of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 1 day of Oct 1842; 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 C, of Cobbs Legion of Ga Volunteers, 's Brigade; that whilst engaged in such military service in the State of Tenn, on the 29 day of Nov 1863, he was wounded, injured or diseased as follows:
Shot in right hand battle of Knoxville
loss of forefinger

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 De Kalb County, been allowed an invalid pension of Five Dollars, for the year 1901.

Sworn to and subscribed before me, this the 15 day of Jan 1902. W. M. Stewart Post-office

W M Rogsdale, Ordinary,

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,
De Kalb **County.**

I, W M Rogsdale Ordinary of said County, do certify that I am well acquainted with W M Stewart the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1902.

Affix your seal here

W M Rogsdale
Ordinary De Kalb 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,
De Kalb **County.**

Personally appears W. M. Stewart of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 1 day of Oct 1842; 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 Cobbs Legion of Do Volunteers, 's Brigade; that whilst engaged in such military service in the State of Tenn, on the 29 day of Nov 1863, he was wounded, injured or diseased as follows:
Was shot in right hand at battle of Knoxville causing loss of one finger.

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 De Kalb County, been allowed an invalid pension of Five Dollars, for the year 1902.

Sworn to and subscribed before me, this the 10 day of Jan 1903. W M Stewart Post-office

W M Rogsdale, Ordinary

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,
De Kalb **County.**

I, W M Rogsdale Ordinary of said County, do certify that I am well acquainted with W M Stewart the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 10" day of Jan 1903.

Affix your seal here

W M Rogsdale
Ordinary De Kalb County.

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

Stewart W.M.
Talbot County

CODE SECTION 1560.

(FOR THOSE ALREADY ENROLLED.)

No. 393,723—

DISABLED SOLDIER'S PENSION 1904.

Name C. M. Stewart
County Talbot
Co. C Regiment 4th Ga. Cavalry
Disability Shot in thigh
Amount, $ 6.00

1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Battison, State Printer, Atlanta.

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 _____ 1904.

Executed in presence of

_____ [L. S.]

no date

Stewart W.M.
Talbot County

CODE SECTION 1560.

(FOR THOSE ALREADY ENROLLED.)

No. 251

DISABLED SOLDIER'S PENSION 1905.

Name William Stewart
County Talbot
Co. C Regiment
Disability
Amount, $ 6.00

January 1/2 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

The Franklin Printing and Publishing Co., Atlanta
Geo. W. Harrison, Manager, for State Printer

POWER OF ATTORNEY.

STATE OF GEORGIA, }
_____ COUNTY. }

I, _____ hereby authorize

_____ of _____

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

_____ by _____

at _____

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

day of _____ 1905.

Executed in the presence of

_____ [L. S.]

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
DeKalb County.

Personally appears C.M. Stewart of DeKalb 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 1 day of Oct 1842; 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 Pvt in Company 6, of Cobb's Legion Regiment of Ga Volunteers 's Brigade; that whilst engaged in such military service in the State of Knoxville, on the 29 day of Nov 1863, he was wounded, injured or diseased as follows: Shot in right hand, last fore finger.

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 DeKalb County, been allowed an invalid pension of Five Dollars, for the year 1903.

Sworn to and subscribed before me, this the 9 day of January 1904. C M Stewart
James R George Ordinary 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,
DeKalb County.

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

Given under my official signature and seal, this 9 day of January 1904.

Affix your Seal here.

James R George
Ordinary DeKalb County.

NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January 1, 1904.

STATE OF GEORGIA,
DeKalb COUNTY.

Personally appears W.M. Stewart of DeKalb 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 Cobb's Legion Vol. in Company 6, of th 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: Last finger Knoxville Tenn. Nov 29, 1863

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 DeKalb County, been allowed an invalid pension of Five Dollars, for the year 1904.

Sworn to and subscribed before me, this the 9th day of January 1905. W. M. Stewart
James R George Ordinary Post-office Decatur Ga

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,
DeKalb COUNTY.

I, James R George Ordinary of said County, do certify that I am well acquainted with W M Stewart the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 January 1905.

Affix your Seal here.

James R George
Ordinary DeKalb County.

NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January 1, 1905.

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

_____

(CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)

No. 2444

DISABLED
SOLDIER'S PENSION
1906.

Name W. M. Stewart

County DeKalb

Co. C 52d Regiment

Disability Rheumatism

Amount, $ 3.12 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

THE FRANKLIN PRINTING AND PUBLISHING CO., GEO. W. HARRISON, MGR.

Stewart, W. M.
Co. C 52d Ga.

Stewart, W. M.
DeKalb Co.

POWER OF ATTORNEY.

STATE OF GEORGIA,

DeKALB. 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

_____

(CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)

No. 2884

DISABLED
SOLDIER'S PENSION
1907.

Name W. M. Stewart

County DeKalb

Co. C Regiment 52d Ga Cav

Disability Rheumatism

Amount, $ 5.00

1/24 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

De Kalb County.

Personally appears W M Stewart of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 1 day of Oct 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 C, of Cobb Legeon th Regiment of Georgia Volunteers 's Brigade; that whilst engaged in such military service in the State of Tennessee, on the 29 day of Nov 1863, he was wounded, injured or diseased as follows: Shot in right hand and lost four fingers

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 De Kalb County, been allowed an invalid pension of Five Dollars, for the year 1905.

Sworn to and subscribed before me, this the 8 day of January 1906.

James R George Ordinary

W M Stewart

Post-Office Decatur Ga

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,

De Kalb County.

I, James R George Ordinary of said County, do certify that I am well acquainted with W M Stewart the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1906.

James R George

Ordinary De Kalb County.

Affix your seal here

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

State of Georgia,

DeKALB County.

Personally appears W. M. Stewart of DeKALB. 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 Soldier in Company C, of Cobbs Legion th Regiment of Ga Volunteers 's Brigade; that whilst engaged in such military service in the State of , on the 24th day of November 1863, he was wounded, injured or diseased as follows: Lost finger. Knoxville, Tenn.

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 DeKALB. County, been allowed an invalid pension of Five Dollars, for the year 1906.

Sworn to and subscribed before me, this the 18 day of January 1907.

James R George

W. M. Stewart

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,

DeKALB County.

I, James R George Ordinary of said County, do certify that I am well acquainted with W. M. Stewart the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 June 1907.

James R George

Ordinary DEKALB County.

Affix your seal here

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

Questions for Applicants to Answer.

STATE OF GEORGIA,

DeKalb County

W. M. Stewart 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)
W M Stewart DeKalb County - Decatur Ga

2. How long and since when have you been a continuous resident citizen of this State?
70 years all my life

3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865?
Confederate

4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service)
March 1862 - Atlanta Company C - Cobbs Legion

5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge)
March 1862 to April 1865

6. When and where was your Company and Regiment surrendered or discharged from the Service?
April 9th 1865 - Appomattox Va

7. Were you actually present with your Command when it was surrendered or discharged? I was not

8. If you were not actually present, state specifically and clearly where you were.
In Prison at Newport News Va

a. Where was your Command when you left it? Sailors Creek

b. When did you leave the Command? April 6th 1865

c. For what cause did you leave? a Prisoner

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? A Prisoner

g. In what way were you prevented? In Prison

h. What effort did you make to return?

i. Were you captured during the war? I was

j. If so, when, and where? In what prison were you held and when were you released?
April 6th 1865 - Sailors Creek Near Newport News

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.)
I have no Property

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?
Nothing

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).
Nothing

12. What annual or monthly income or earnings of yourself and wife and the source derived have you?
Very Small income from My daily Labor

13. Are you drawing a pension of any amount from this State or the United States?
Yes $15.00

14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed?
I have not

Sworn to and subscribed before me, this the 28 day of Oct 1913

James R George Ordinary

of DeKalb County.

W. M. Stewart

Remained in prison until June 1865 —

On Invalid Roll
Stewart W M
Co C Cobbs Legion

Dec 4th 1913

No.

Confederate Soldier's Application.

UNDER ACT 1910.

County DeKalb

Name W M Stewart

Company C

Regiment Cobb's Legion

Approved

J. W. LINDSEY,
Commissioner of Pensions.

CHAS. P. BYRD, State Printer, Atlanta.

10/28/1913

ENTERED ROSTER OFFICE

DeKalb County.

G L Robertson of said State and County is hereby presented as a witness in support of the application of W M Stewart 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? G L Robertson DeKalb County.
2. How long and since when have you known W M Stewart the applicant? 65 years all my life.
3. Where does he now reside, and since when has he been a bona fide continuing resident in this State and how do you know? In DeKalb County Ga Since his birth
4. When, where and in what Company and Regiment did W M Stewart enlist during war from 1861 to 1865? (Give date and place) March 1862 Atlanta Ga company L 11th Cobbs Legion
5. How did you obtain your information of this Service? I was a member of same company & Legion
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) March 1862 To April 1865
7. When and where was his Command surrendered or discharged (give date and place) April 9th 1865 Appomatox Va
8. Were you personally present at the Surrender? I was present
9. If not, where were you and how came you there?
10. Was the applicant personally present with his Command at surrender? he was not
11. If not where was he and how came him there? in Prison captured
12. When did he leave his Command? April 6th 1865 Where was his Command when he left it? Sailors Creek for what cause did he leave? was taken a Prisn By whose authority did he leave captured a Prison 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) was present Know it of my own Knowledge
13. In what way was he prevented from returning to his Command? in Prison How do you know? was present when he was captured
14. What effort did he make to return to his Command and how do you know? Made no Effort in Prison
15. Was applicant captured as a prisoner Yes If so, when and where? April 6/1865 In what prison was he held? Newport News and when released he got Home about July first

Sworn to and subscribed before me, this the 28th day of Oct 1912

G L Robertson

James A George Ordinary,

of DeKalb County.

STATE OF GEORGIA.

County.

Personally before me comes who on oath says that they are freeholders residing in said County and we know the applicant for pension and we know the property that is now in the use, possession and control of himself and wife and of its cash value to wit: (Make List by items and value.)

1. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov 1908? (State it fully by items.)
2. When and to whom was it sold or given to?
3. What was the price paid or stated to be paid?
4. What relation is the party to applicant?
5. What disposition was made of the proceeds of the sale?
6. Was the disposition of this property made in good faith and full values? or was it made to obtain a pension?

Sworn to and subscribed before me, this the

day of 191

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 who are freeholders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Returns of shows that and wife value for tax is in 1908 $ for 1909 $ for 1910 $

Sworn under my hand and official seal of office this day of 191

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 freeholders unnecessary.

NAME Stewart, W. M. YEAR 1913. COUNTY DeKalb.

WHEN AND WHERE BORN? Born in 1842, in Ga. A resident of Ga. all his life (70 yrs.)

ENLISTED WHEN AND WHERE? March 1862, Atlanta, Ga.

RANK:

COMPANY AND REGIMENT? Co. C, Cobb's Legion [redacted].

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE? April 6, 1865, Sailors Creek,

RELEASED: Imprisoned at Newport News, Va. and was released in June 1865.

WHEN AND WHERE SURRENDERED? Command surrendered Apr. 9, 1865, Appomattox, Va.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? Newport News, Va. prison.

DIED, WHEN AND WHERE?

BURIED:

WITNESSES; G. L. Robertson--Same Command--No data.

mt.

NAME Stewart, W M YEAR 1895 COUNTY DeKalb

WHEN AND WHERE BORN? Resident of Ga since Oct 1, 1842

ENLISTED WHEN AND WHERE?

RANK. Private

COMPANY AND REGIMENT? Co C Cobb's Legion Ga Vols

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Knoxville, Tenn - Nov. 29, 1863 - shot in the right hand, causing the loss of the forefinger.

CAPTURED, WHEN AND WHERE?

RELEASED.

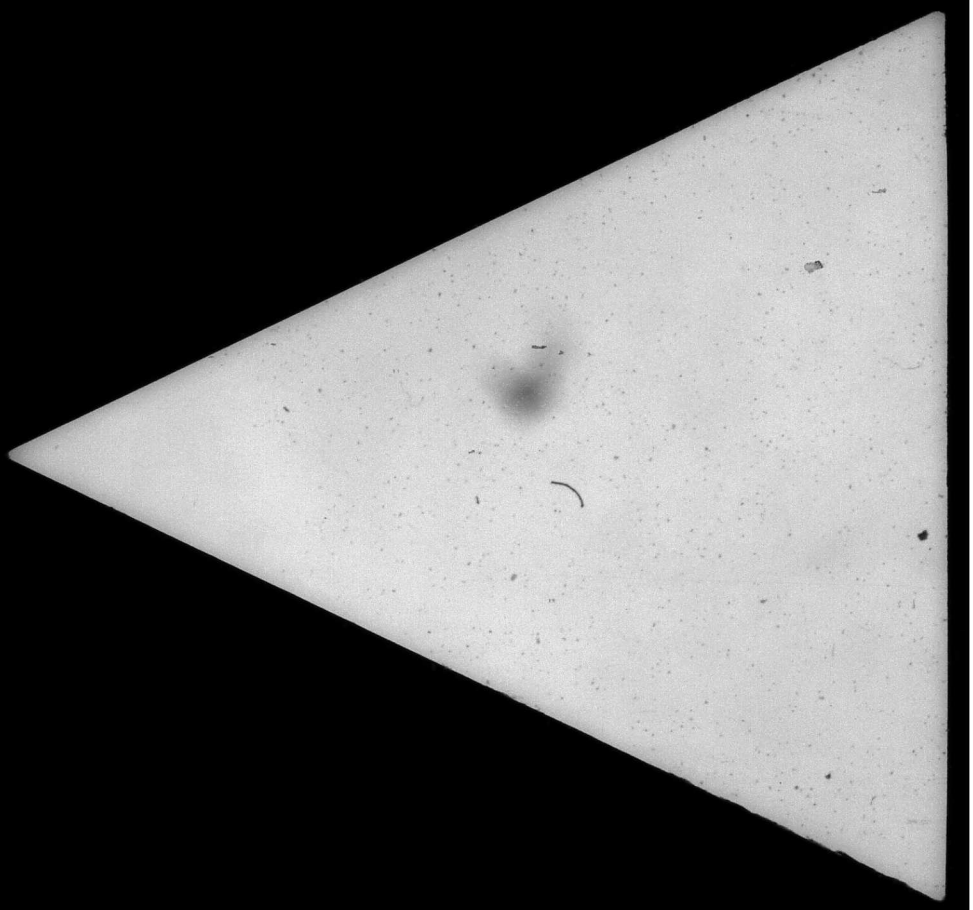
WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. U H Stewart, G L Robertson, J L Argo No data



Form No. 2.

POWER OF ATTORNEY.

STATE OF GEORGIA, }
COUNTY. }

Know all Men by these Presents, That I, [illegible] of [illegible] County, in said State, do hereby appoint [illegible] of [illegible] 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 [illegible] day of [illegible] 1893.

Executed in the presence of us: [illegible] [L. S.]

[illegible]

DIRECTIONS.

If allowed, send amount by [illegible] to me at [illegible], and oblige

[illegible]

Dekalb County
Book M No 403

Widows' Pension,

for year ending February 15th, 1893.

—PAID TO—

Mrs Lucinda Pitts

—OF—

DeKalb COUNTY.

Warrant Issued

[illegible] 1893

AND HANDED TO

J. R. Mc

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

Stell, Susan H.
Dec'd

Form No. 5.

POWER OF ATTORNEY.

STATE OF GEORGIA,
De Kalb COUNTY.

Know all Men by these Presents, That I, Mrs. Susan K. Still of De Kalb County, in said State, do hereby appoint L. L. Still of De Kalb my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 15th day of April 1893. her Susan K. X Still mark [L. S.]

Executed in the presence of us:
M. J. Freight
L. D. Respess

DIRECTIONS.

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

Affidavit to be Made by the Widow.

Form No. 1.

STATE OF GEORGIA,
COUNTY OF De Kalb

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

Mrs. Susan K. Still, who being sworn according to law, says under oath that she is the widow of Benjamin Still, who was a soldier in the service of the Confederate States, and served as a member of Company C, of the 9th Regiment of Georgia Volunteers; that he enlisted in said service on or about the ..... day of March 1862, and was in the Confederate Army up to April 1865. That while in the Army, he was on the ..... day of ..... 186..., (See Note No. 1) That he contracted consumption some said and exposure while in the service. From which disease he died on the 13th of April 1869. He was assigned [illegible] and has since been unable before he entered the service. He was never well after the war. His wife under constant treatment from the time of his return till his death. He died at his home in Walton Co. Ga.

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 Dec 1834, and that she has resided in Georgia continuously since the 18th day of June 1853; 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, 1893, and herewith tenders the proof of her right to receive the allowance granted by said Act.

Sworn to and subscribed before me, this, the 13th day of Jan, 189 Susan K. X Still her mark

[illegible]

Form No. 5.

POWER OF ATTORNEY.

STATE OF GEORGIA,
De Kalb COUNTY.

Know all Men by these Presents, That I, Mrs Susan H Steel of De Kalb County, in said State, do hereby appoint L L Steel of De Kalb my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 15th day of Jan 1893. Susan H Steel [L. S.]

Executed in the presence of us:
M. J. Knight
W. W. Kopsales
Ordinary

DIRECTIONS.

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

Dec 28th 1892
Dr. Steel
Dear Sir
Mrs Steel's claim
Has been rejected
Because her husband
Died of Chronic Diarrhoea
Contracted in the service
Of the Confederate States
Army. Please send
Affidavit of two witnesses
Before Ordinary
Yours Truly
W. W. Kopsales
Ordinary

Dixie, Dawson H.
De Kalb County
Check No. 40067.
1893.
No. 41693

Widows' Pension,

for year ending February 15th, 1893.

—PAID TO—
Mrs Susan H Steel
—OF—
De Kalb COUNTY.

Warrant Issued
23
1893
AND HANDED TO
L L Steel

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

Affidavit to be Made by the Widow.

Form No. 1.

STATE OF GEORGIA,
COUNTY OF De Kalb

In person came before me, the undersigned Ordinary in and for the County of De Kalb Mrs. Susan H Steel, who being sworn according to law, says under oath that she is the widow of Benjamin Steel, who was a soldier in the service of the Confederate States, and served as a member of Company C, of the 9th Regiment of Georgia Volunteers; that he enlisted in said service on or about the ..... day of March 1862, and was in the Confederate Army up to April 1865. That while in the Army, he was on the ..... day of ....., 186..., (See Note No. 1) Contracted Consumption from exposure & hardships in the service, from which disease he died on the 12th of April 1869. He was a sound man when he entered the service. He was never well after the close of the war but was under constant treatment hoping the time of his return till his death. He died at his home in Dekalb Co. Ga.

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 Dec, 1854, and that she has resided in Georgia continuously since the 18th day of June, 1853; 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, 1893, and herewith tenders the proof of her right to receive the allowance granted by said Act.

Sworn to and subscribed before me, this, the 13th day of Jan, 189 .
M. W. Copsdale, Ordinary.

her
Susan H X Steel
mark

POST-OFFICE Lithonia, 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.

Form No. 2.

Affidavit for Three Witnesses.

State of Georgia,
County of De Kalb

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

H. O. Hatcher, S. M. Stile, R. W. Chaffin of Walton Co Ga

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. Susan H. Still, of the County of De Kalb State of Georgia, is the widow of Benjamin Still, who was a soldier in Company C of the 5th Regiment of Georgia Volunteers. That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or about the — day of March 1862. That while in said service, or by reason of said service in the Army, he lost his life as follows:

He was sent from the command to the Grade Hospital, afterwards home on sick furlough. He rejoined his command but was never well or able for active service anymore he had a consid-able bit of consumption and died at his home in Walton Co. Ga.

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

Served with him in the same Company knew him to be a sound man before he entered the service, and knew of his condition after his return to his death

We further swear that Mrs. Susan H Still was the wife of said soldier during the service, and that she has not intermarried since his death, and that she resides in De Kalb County of the State of Georgia.

Sworn to and subscribed before me, this, the 15th day of Jan 1893.

M. M. Ledgerwood
Ordinary

H. O. Hatcher relative
S. M. Still
R. W. Chaffin

Sworn to and subscribed before me Jany 20th 1893 as to R W Chaffins signature
R A Cook Ordinary
Walton Co

NOTE. 1. Witnesses must not testify about things they may believe, but confine their statements to such facts as they personally know.

2. If the husband died after the war of wounds or disease, state fully and particularly how you, as witnesses, know the service as a soldier was the immediate cause of his death.

Form No. 3.

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

State of Georgia,
County of De Kalb

I, M. M. Ledgerwood, Ordinary in and for said County of De Kalb State of Georgia, hereby certify that I am acquainted with Mrs. Susan H. Still 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 15th day of Jan 1893.

SEAL

M. M. Ledgerwood
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* of their County and testify. The attestation of a Justice of the Peace or Notary will not answer, in any case.

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

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

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

By order of the Governor.

W. H. HARRISON,
Sec. Ex. Department.

STATE OF GEORGIA, County of DeKalb

I W.M. Rogsdale, Ordinary in and for said County of DeKalb State of Georgia, hereby certify that I am acquainted with Mrs. Susan H. Still 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 Benjamin Still 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 22d day of January 1894.

SEAL

W.M. Rogsdale, Ordinary.

POWER OF ATTORNEY.

Form No. 3.

STATE OF GEORGIA, DeKalb County.

KNOW ALL MEN BY THESE PRESENTS, That I, Mrs Susan H Still of DeKalb County in said State, do hereby appoint J.R. Still, of DeKalb 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 22 day of Jan 1894.

Mrs Susan H Still [L. S.]
her mark

Executed in the presence of us:

D G Rop
W.M. Rogsdale
Ordinary.

DIRECTIONS.

Send amount by to me at , and oblige

Still, Susan H.
DeKalb County
FOR THOSE HERETOFORE PAID.

1894.

No. 10777

WIDOWS' PENSION,

for year ending February 15th, 1894.

—PAID TO—
Mrs. Susan H. Still
—OF—
DeKalb County.

WARRANT ISSUED
22 1894,
AND HANDED TO
J.R. Still

GEO. W. HARRISON, State Printer, Atlanta.

Widows heretofore Allowed Pensions.

STATE OF GEORGIA,
County of De Kalb

Personally comes Mrs. Susan H. Still

who being sworn, says on oath, that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has *resided* in said State continuously ever since Feb 24" 1836 That she is the Widow of Benjamin Still who was a Soldier in Company C of the 9th Regiment of Georgia Volunteers, that he enlisted in said Regiment on or about the month of Mar 1862 and served in the Army up to April 1865 That he lost his life on the April day of 12" 1869 (*State here full particulars of the husband's death, when, where and from what cause.*) (He contracted consumption while in service from which disease he died on the 12th of April 1869 at his home in Walton Co Ga.)

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1853; 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 22d day of Jan 1894.
W M Rogsdale Ordinary.

her
Mrs Susan H. Still
mark
Post-office Lithonia Ga

STATE OF GEORGIA, County of De Kalb

I, W M Rogsdale Ordinary in and for said County of De Kalb State of Georgia, hereby certify that I am acquainted with Mrs. Susan H. Stills 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 Benjamin Stills 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 24 day of Jan 1895.

{SEAL} W M Rogsdale Ordinary.

Form No. 3

POWER OF ATTORNEY.

STATE OF GEORGIA, De Kalb County.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 24th day of Jan. 1895. Susan H Stills mark [L. S.]

Executed in the presence of us:

W. D. Hutcheson

W. M. Rogsdale Ordinary.

DIRECTIONS.

Send amount by to me at, , and oblige

STATE OF GEORGIA, County of De Kalb

I, W. M. Rogsdale Ordinary in and for said County of De Kalb State of Georgia, hereby certify that I am acquainted with Mrs. Susan Still 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 Benjamin Still 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 30th day of Jan 1896.

{SEAL} W. M. Rogsdale Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, De Kalb County.

I, Susan H Still hereby authorize J. R. Still of De Kalb Co to receive and receipt for the pension paid hereon and request that he remit same to — — — at —

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 24th day of Jan 1896.

Susan H X Still [L.S.]
her mark

Executed in the presence of

W. D. Hutcheson

W. M. Rogsdale, Ordinary.

WIDOW'S PENSION,

for year ending February 15th, 1895.

1894.

No. 9879

FOR THOSE HERETOFORE PAID.

Still, Susan H.

PAID TO Mrs. Susan H. Stills

DeKalb — OF — County.

widow of Benjamin Stills

WARRANT ISSUED Jan 28 1895.

AND HANDED TO

Geo. W. Harrison, State Printer.

WIDOW'S PENSION,

for year ending February 15th, 1896.

1896.

No. 2113

FOR THOSE HERETOFORE PAID.

Still, Susan H.

PAID TO Mrs. Susan Still

DeKalb — OF — County.

widow of Benjamin Still

WARRANT ISSUED 2/ 1896.

AND HANDED TO

Geo. W. Harrison, State Printer.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of De Kalb

Personally Comes Mrs. Susan H. Stiles

who being sworn, says on oath, that she is a bona fide resident of said county of De Kalb State of Georgia, and that she has *resided* in said State continuously ever since Feb 1836 That she is the Widow of Benjamin Stiles who was a Soldier in Company C of the 9th Regiment of Ga Volunteers, that he enlisted in said Regiment on or about the month of March 1862 and served in the Army up to April 1865 That he lost his life on the 12th day of April 1862 (*State here full particulars of the husband's death, when, where and from what cause.*) (He contracted consumption while in service in the war and died of the disease on date above given

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 1853, 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 24 day of Jan 1895. W M Ragsdale Ordinary.

her
Susan H. X Stiles.
mark

Post-office Victoria Ga

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of De Kalb

Personally Comes Mrs. Susan H Still

who being sworn, says on oath, that she is a bona fide resident of said county of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since all her life 18 That she is the Widow of Benjamin Still who was a Soldier in Company C of the 9th Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of March 1862 and served in the Army up to April 1865 That he lost his life on the 12 th day of April 1869 (*State here full particulars of the husband's death, when, where and from what cause.*) (Contracted consumption while in service and died of the disease at his home in Wetumka on the date above given.

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 1853, 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 De Kalb 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 24th day of Jan 1896. W M Ragsdale Ordinary.

her
Susan H. X Still
mark

Post-office Victoria Ga

STATE OF GEORGIA, County of De Kalb

I, W. M. Ragsdale, Ordinary in and for said County of De Kalb State of Georgia, hereby certify that I am acquainted with Mrs. S. A. Stell 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 Benjamin S. Stell deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1896.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this the 14th day of Jan 1897.

{SEAL.} W. M. Ragsdale Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, De Kalb County.

I, S. A. Stell hereby authorize J. R. Stell 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 1897.

her
S. A. X Stell [L. S.]
mark

Executed in the presence of

J. Mitchell
W. M. Ragsdale
Ordinary.

Stell, Susan A.
De Kalb County

For Those Heretofore Paid

1896.

No. 28852

WIDOW'S PENSION,

For year ending February 15th, 1897.

PAID TO Mrs. Susan A. Stell

OF De Kalb County,

Widow of Benj. S. Stell

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED

2/3 1897.

AND HANDED TO J. R. Stell

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

POWER OF ATTORNEY.

State of Georgia, De Kalb County.

I, Susan A. Stell hereby authorize J. R. Stell of De Kalb 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 12th day of Jan 1898.

her
Susan A. X Stell [L. S.]
mark

Executed in the presence of

T. C. Georgy
W. M. Ragsdale
Ordinary.

Stell, Susan A.
De Kalb County

For Those Heretofore Paid

1898.

No. 28852

WIDOW'S PENSION,

For year ending February 15th, 1898.

PAID TO Mrs. Susan A. Stell

OF De Kalb County,

Widow of Benj. S. Stell

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED

2/3 1898.

AND HANDED TO J. R. Stell

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of DeKalb

Personally Comes Mrs. Sus. Still

who being sworn, says on oath, that she is a bona fide resident of said county of DeKalb State of Georgia, and that she has RESIDED in said State continuously ever since Feb 24 1836 That she is the Widow of Benjamin Still who was a Soldier in Company C of the 4th Regiment of Ga Volunteers, that enlisted in said regiment on or about the month of March 1862 and served in the Army up to April 1865 That he lost his life on the 12th day of April 1867 (State here full particulars of the husband's death, when, where and from what cause.)

Contracted Consumption while in Service from which he never recovered but died on the date above of the 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 1853, 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 DeKalb 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 12th day of Jan 1897.
Wm Logsdon, Ordinary.

Susan X her Still mark
Post-office Lithonia Ga.

For Widows Heretofore Allowed Pensions.

Form No. 1.

STATE OF GEORGIA,
County of DeKalb

Personally Comes Mrs. Susan A. Still

who, being sworn, says on oath, that she is a bona fide resident of said county of DeKalb State of Georgia, and that she has RESIDED in said State continuously ever since Feb 24 1836 That she is the Widow of Benjamin Still who was a Soldier in Company C of the 4th Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of March 1862 and served in the Army up to April 1865 That he lost his life on the 12th day of April 1867 (State here full particulars of the husband's death, when, where and from what cause.)

Had consumption contracted while in service from which he died at his home in DeKalb Co.

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

I have been allowed a pension as a resident of DeKalb 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 12th day of Jan 1898.
Wm Logsdon, Ordinary.

Susan A her X Still mark
Post-Office Lithonia

State of Georgia,
DeKalb County.

I Wm Logsdon Ordinary of said County, certify that I am well acquainted with Mrs. Susan A. Still 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 13 day of Jan 1898.

Wm Logsdon
Ordinary of DeKalb County.

Official Seal.

POWER OF ATTORNEY.

State of Georgia,
DeKalb County.

I, S. H. Steel hereby authorize J. R. Steel
of DeKalb
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 Jan 1899.

S. H. X Steel [L. S.]
his mark

Executed in presence of
H C Reagin J P
Wm Ragsdale
Ordinary.

Steele, S. H. Mrs.
DeKalb County, Ga.

For Those Heretofore Paid.

1899.

NO. 2280

WIDOW'S PENSION,

For year ending February 15th, 1899.
PAID TO
Mrs. S. H. Steel
of
DeKalb County
Widow of Benj. Steel

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED
1/30 1899.
AND HANDED TO
J. R. Steel

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb County.

I, S. H. Steel hereby authorize J. R. Steel
of DeKalb
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 1900.

S. H. his X Steel [L. S.]
mark

Executed in presence of
W T Gore
Wm Ragsdale,
Ordinary.

Steele, S. H. Mrs.
DeKalb County, Ga.

To Those Heretofore Paid.

1900.

NO. 421

WIDOW'S PENSION,

For year ending February 15th, 1900.
PAID TO
Mrs. S. H. Steel
of
DeKalb County,
Widow of Benj. Steel

JNO. W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
Feb 10 1900,
AND HANDED TO
J R Steel

GEO. W. HARRISON, State Printer, Atlanta.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of DeKalb } Personally Comes Mrs. S H Still

DeKalb who, being sworn, says on oath, that she is a bona fide resident of said county of DeKalb State of Georgia, and that she has RESIDED in said State continuously ever since Feb 24 1836 That she is the Widow of Benjamin Still who was a soldier in Company C of the 9th Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of Mar 1862 and served in the Army up to April 1865 That he lost his life on the 19th day of April 1865 (State here full particulars of the husband's death, when, where and from what cause.) Contracted Consumption while in service and died shortly after reaching home in Walton Co

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

I have been allowed a pension as a resident of DeKalb 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 13 day of Jan 1899. W M Raysdale Ordinary.

her S H X Still mark Post-Office Lithonia Ga

State of Georgia, DeKalb County. } I W M Raysdale Ordinary of said County, certify that I am well acquainted with Mrs. S H Still 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 24 day of Feb 1836

Given under my official signature and seal this the 13 day of Jan 1899.

{Official Seal.}

W M Raysdale Ordinary of DeKalb County.

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of DeKalb } Personally Comes Mrs. S H Still

DeKalb who, being sworn, says on oath, that she is a bona fide resident of said county of DeKalb State of Georgia, and that she has RESIDED in said State continuously ever since Feb 24 1836. That she is the Widow of Benjamin Still who was a soldier in Company C of the 9th Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of Mar 1862 and served in the Army up to April 1865 That he lost his life on the 19th day of April 1865 (State here particulars of the husband's death, when, where and from what cause) contracted consumption while in service and died of the disease at his home in Walton Co 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 1853.

I have been allowed a pension as a resident of DeKalb 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 14th day of Jan 1900. W M Raysdale Ordinary.

her S H X Still mark Post Office Lithonia Ga

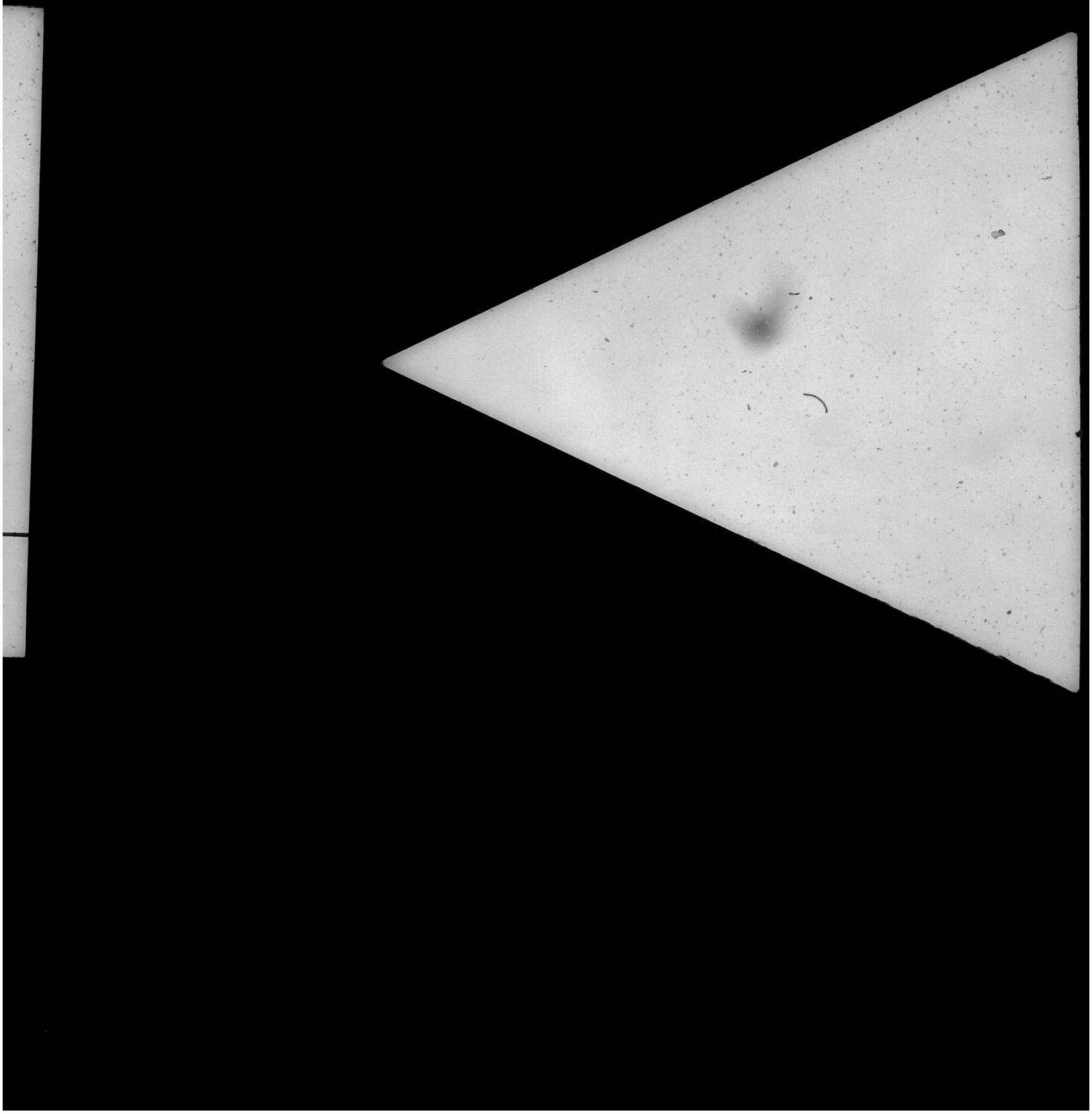
State of Georgia, DeKalb County. } I W M Raysdale Ordinary of said County, certify that I am well acquainted with Mrs. S H Still, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 24 day of Feb 1836

Given under my official signature and seal, this the 14th day of Jan 1900.

{Official Seal.}

W M Raysdale Ordinary of DeKalb County.

Georgia
Hall County } Personally appeared
before me R. D. Cook
Ordinary in and for said County Dr
N. L. Galloway known to me as a respectable physician of said County who being duly sworn says that he was personally well acquainted with Benjamin Still before he entered the Confederate Service and knows that he was a stout healthy man prior to going in said Service and that he treated him constantly for a fever all the time after the surrender and the last year of his before the death of said Benjamin Still and that said Benjamin Still died from the effects of said disease in the year 1869
Sworn to and subscribed }
before me January 16th 1873 }
R. D. Cook } N. L. Galloway M. D
Ordinary }



POWER OF ATTORNEY.

Form No. 5.

STATE OF GEORGIA,

County.

Know all Men by these Presents, That I, Emily St Johns of De Kalb County, in said State, do hereby appoint W. M. Earley of De Kalb 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 Con 1891.

Emily St John [L. S.]

Executed in the presence of us:

T. J. Sappington

W. M. Rogsdale.

Ordinary.

DIRECTIONS.

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

Mrs. Emily St John

De Kalb County.

Widows' Pension

PAID TO

Mrs. Emily St John of De Kalb County.

$1000.00.

Warrant Issued 1891

AND HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

Mrs. Emily St Johns

De Kalb County

1891.

No. 320

POWER OF ATTORNEY.

Form No. 5.

STATE OF GEORGIA,
County.

Know all Men by these Presents, That I, Emily St Johns
of De Kalb
County, in said State, do hereby appoint W. M. Leasley
of De Kalb 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 One 1891.

Emily St John [L. S.]

Executed in the presence of us:
T. N. Sappington
W. Mitchell
Ordinary.

DIRECTIONS.

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

Dr. St. John, Emily
Dekalb County

1891.

No. 320

Widows' Pension

—PAID TO—

Mrs. Emily St John

OF De Kalb COUNTY.

$100.00.

Warrant Issued

1891

AND HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

Affidavit to be Made by the Widow.

Form No. 1.

STATE OF GEORGIA,
County of De Kalb

In person came before me, the undersigned Ordinary in and for the County of De Kalb Mrs. Emily St Johns, who being sworn according to law, says under oath that she is the widow of J. M. St Johns, who was a soldier in the service of the Confederate States, and served as a member of Company B, of the 18th Regiment of Ga Volunteers; that he enlisted in said service on or about the ~~day of~~ Spring of 1862, and was in the Confederate Army up to May 1864. That while in the Army, he was on the 6 day of May, 1864, (See Note No. 1) Shot in battle of the Wilderness and died on the battlefield.

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 28th day of Aug 1866, and that she has resided in Georgia continuously since the 28 day of Aug 1839; 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.

Emily St John

W. M. Rogers
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 Rockdale

In person came before me, the undersigned Ordinary in and for said County, witnesses J. W. Almand H. C. Penn and J. H. Terrell (each known to said Attesting Officer as truthful, reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge, Mrs. Emily St. Johns, of the County of DeKalb, State of Georgia, is the widow of J. W. St. Johns, who was a soldier in Company B, of the 18th Regiment of Georgia Volunteers. That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or about the day of March 1862 That while in said service, or by reason of said service in the Army, he lost his life as follows:

during the Battle in the Wilderness in Virginia he was on the 6th day of May 1864 he was shot down and died on the Battlefield

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

Sworn to and subscribed before me, this, the 8th day of April 1891.

A. Seaman
Ordinary.

John W Almand Sr
H. C. Penn
J. H. Terrell

Form No. 3.

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

STATE OF GEORGIA,
County of DeKalb

I, W. M. Rogsdale. Ordinary in and for said County of DeKalb State of Georgia, hereby certify that I am acquainted with Mrs. Emily St. Johns 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 10th day of April 1891.

SEAL

W. M. Rogsdale.
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.

STATE OF GEORGIA, County of De Kalb

I, Wm Ragsdale, Ordinary in and for said County of De Kalb State of Georgia, hereby certify that I am acquainted with Mrs. Emily St John the applicant for a pension in this case, and know, from my own knowledge (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1850, and has not lived out of the State since that date. That she is the widow of J W St John 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 22d day of Jan 1894.

{SEAL} Wm Ragsdale Ordinary.

POWER OF ATTORNEY.

Form No. 3.

STATE OF GEORGIA, De Kalb County.

KNOW ALL MEN BY THESE PRESENTS, That I, Mrs Emily S St John of De Kalb County in said State, do hereby appoint Wm S Jones of De Kalb 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 22d day of Jan 1894.

Emily S St John [L. S.]

Executed in the presence of us:

W. W. Logsdon Jr. Notary Public
R T Nash

DIRECTIONS.

Send amount by to me at , and oblige

St John, Emily
De Kalb County
FOR THOSE HERETOFORE PAID.

1894.

No. 1078

WIDOWS' PENSION,

for year ending February 15th, 1894.

—PAID TO—
Mrs. Emily St John

—OF—
De Kalb County.

WARRANT ISSUED
2/2 1894,
AND HANDED TO
Wm S Jones

Geo. W. Harrison, State Printer, Atlanta.

STATE OF GEORGIA,
County of De Kalb

Personally comes Mrs. Emily S St John

who being sworn, says on oath, that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has *resided* in said State continuously ever since Aug 1838. That she is the Widow of J. W. St John who was a Soldier in Company B of the 18th Regiment of Geo Volunteers, that he enlisted in said Regiment on or about the month of June 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.*) (Was killed in the battle of the Wilderness in Va on date given above)

)

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 1856; 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 22d day of Jan 1894.
M M Rogsdale Ordinary.

Emily St John
Post-office Lithonia Ga

STATE OF GEORGIA, County of De Kalb

I, W. M. Rogdale, Ordinary in and for said County of De Kalb State of Georgia, hereby certify that I am acquainted with Mrs. Emily St John 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 Edward St John 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 16th day of Jan 1893.

{SEAL} W M Rogdale Ordinary.

POWER OF ATTORNEY.

Form No. 3.

STATE OF GEORGIA, De Kalb County.

KNOW ALL MEN BY THESE PRESENTS, That I, Mrs Emily St John of De Kalb County, in said State, do hereby appoint Willis Corley of De Kalb 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 16th day of January 1893 Emily St John [L. S.]

Executed in the presence of us:
John D Howard
W M Rogdale

DIRECTIONS.

Send amount by ____ to me at ____, and oblige

____

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

STATE OF GEORGIA, County of DeKalb

I, W M Rogdale Ordinary in and for said County of DeKalb State of Georgia, hereby certify that I am acquainted with Mrs. Emily St John 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 Edward St John 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 24th day of Jan 1895.

{SEAL} W M Rogdale Ordinary.

POWER OF ATTORNEY.

Form No. 3

STATE OF GEORGIA, DeKalb County.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 24th day of Jan 1895. Emily St John [L. S.]

Executed in the presence of us:
W. M. Corley
W M Rogdale
Ordinary

DIRECTIONS.

Send amount by ____ to me at ____, and oblige

FOR THOSE HERETOFORE PAID.

1893.

No. 1035

Widows' Pension,

for year ending February 15th, 1893.

—PAID TO—

Mrs. Emily St John

—OF—

DeKalb County.

Warrant Issued

3/2 1893

AND HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

O. St. John Emily

DeKalb County

FOR THOSE HERETOFORE PAID.

1895.

No. 990

WIDOW'S PENSION,

for year ending Febuary 15th, 1895.

—PAID TO—

Mrs. Emily St John

—OF—

DeKalb County.

widow of

WARRANT ISSUED

Jan 28 1895.

AND HANDED TO

Geo. W. Harrison, State Printer.

For Widows' Heretofore Allowed Pensions.

Form 1.

STATE OF GEORGIA,
County of De Kalb

Personally comes Mrs. Emily St John

who being sworn, says on oath, that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has *resided* in said State continuously ever since all her life 18 That she is the Widow of J H St John who was a Soldier in Company B of the 18th 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 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.*) (

Was killed at the battle of 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, that she became his wife in the year 18 39; 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 21st day of Jan 1895. W M Ragsdale Ordinary.

Emily H Shan

Post-office Lithonia Ga

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of De Kalb

Personally comes Mrs. Emily St John

who being sworn, says on oath, that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has *resided* in said State continuously ever since all her life 18 That she is the Widow of J H St John who was a Soldier in Company B of the 18th 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 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.*) (

Was killed at the battle of 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, that she became his wife in the year 1839; 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 21st day of Jan 1895. W M Ragsdale Ordinary.

Emily H Shan

Post-office Lithonia Ga

STATE OF GEORGIA, County of De Kalb

I, W. M. Ragsdale, Ordinary in and for said County of De Kalb State of Georgia, hereby certify that I am acquainted with Mrs. Emily St John the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesses,) that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of W. St John 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 30th day of Jan 1896.

{SEAL} W. M. Ragsdale, Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, De Kalb County.

I, Emily St John hereby authorize Wm J. Jones of De Kalb Co to receive and receipt for the pension paid hereon and request that he remit same to — — — at — — —

In Witness Whereof, I have hereunto set my hand and seal, this 24th day of Jan 1896.

Emily St John [L.S.]

Executed in the presence of

W. H. Worley
W. M. Ragsdale,
Ordinary.

St. John Emily
De Kalb Co.

FOR THOSE HERETOFORE PAID.

1896.

No. 1920

WIDOW'S PENSION,

for year ending February 15th, 1896.

PAID TO

Mrs. Emily St John

OF

De Kalb County.

widow of W. St John.

WARRANT ISSUED 24 1896.

AND HANDED TO

Geo. W. Harrison, State Printer.

STATE OF GEORGIA, County of De Kalb

I, W. M. Ragsdale Ordinary in and for said County of De Kalb State of Georgia, hereby certify that I am acquainted with Mrs. Emily St John the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesses,) that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of W. St John deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1896.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this the 19th day of Jan 1897.

{SEAL} W. M. Ragsdale, Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, De Kalb County.

I, Mrs Emily St John hereby authorize W. J. Jones 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 19th day of Jan 1897.

Emily St John [L. S.]

Executed in the presence of

W. H. Mitchell
W. M. Ragsdale,
Ordinary.

St. John Emily
De Kalb Co. Ga.

FOR THOSE HERETOFORE PAID.

1897.

No. 2618

WIDOW'S PENSION,

for year ending February 15th, 1897.

PAID TO

Mrs. Emily St John

OF

De Kalb County.

widow of W. St John.

RICHARD JOHNSON, Commissioner of Pensions.

WARRANT ISSUED 24 1897,

AND HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

STATE OF GEORGIA,
County of De Kalb

Personally Comes Mrs. Emily St John

who being sworn, says on oath, that she is a bona fide resident of said county of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since Dec 28 her life 18 That she is the Widow of W. St John who was a Soldier in Company B of the 18th 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 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.*) (

Was killed in the battle of the Wilderness, Va. on date above

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 1856, 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 De Kalb 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 24th day of Jan 1896. Emily St John
W. M. Rogsdale, Ordinary. Post-office Lithonia Ga.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of De Kalb

Personally Comes Mrs. Emily St John

who being sworn, says on oath, that she is a bona fide resident of said county of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since Dec 28 1837 That she is the Widow of W. St John who was a Soldier in Company B of the 18th Regiment of Ga Volunteers, that enlisted in said regiment on or about the month of June 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.*)

Killed at the battle of the Wilderness on above date

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 1856, 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 De Kalb 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 14 day of Jan 1897. Emily St John
W. M. Rogsdale Ordinary. Post-office Lithonia Ga.

State of Georgia, DeKalb County.

I, Emily St John hereby authorize W J Jones of DeKalb 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 12th day of Jan 1898.

W J
Emily St John [L. S.]

Executed in the presence of

W J Terry
Wm Rogsdale.
Ordinary.

St. John Emily
DeKalb County

For Those Heretofore Paid

1898.

No. 3275

WIDOW'S PENSION,

For year ending February 15th, 1898.

PAID TO

Mrs. Emily St John

OF

De Kalb County,

Widow of Stephen St John

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED

7 1898.

AND HANDED TO

W. J. Jones

GEO. W. HARRISON, STATE PRINTER, ATLANTA

POWER OF ATTORNEY.

State of Georgia,
County.

I, Emily St John hereby authorize W J Jones of DeKalb 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 Jan 1899.

Emily St John [L. S.]

Executed in presence of

W C Reagin J P
Wm Rogsdale

St. John Emily
DeKalb County

For Those Heretofore Paid.

1899.

No. 2285

WIDOW'S PENSION,

For year ending February 15th, 1899.

PAID TO

Mrs. Emily St John

OF

DeKalb County

Widow of Stephen St John

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED

1/31 1899.

AND HANDED TO

W. J. Jones

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of De Kalb } Personally Comes Mrs. Emily St John

who, being sworn, says on oath, that she is a bona fide resident of said county of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since Aug 28 1839 That she is the Widow of Jno W St John who was a Soldier in Company B of the 18th 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 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.)

Was killed at the battle of the Wilderness in Virginia

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 1856.

I have been allowed a pension as a resident of De Kalb 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 13 day of Jan 1898. W M Ragsdale Ordinary.

Emily St John
Post-Office Lithonia

State of Georgia, De Kalb County. } I W M Ragsdale Ordinary of said County, certify that I am well acquainted with Mrs. Emily St John 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 13 day of Jan 1898.

W M Ragsdale
Ordinary of De Kalb County.

{ Official Seal. }

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of DeKalb } Personally Comes Mrs. Emily St John

who, being sworn, says on oath, that she is a bona fide resident of said county of DeKalb State of Georgia, and that she has RESIDED in said State continuously ever since Aug 28 1839 That she is the Widow of John W St John who was a soldier in Company B of the 18th 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 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.)

Was killed in the battle of the Wilderness Va

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1856.

I have been allowed a pension as a resident of DeKalb 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 13 day of Jan 1899. W M Ragsdale Ordinary.

Emily St John
Post-Office Lithonia

State of Georgia, DeKalb County. } I W M Ragsdale Ordinary of said County, certify that I am well acquainted with Mrs. Emily St John 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 28 day of Aug 1839

Given under my official signature and seal this the 13 day of Jan 1899.

W M Ragsdale
Ordinary of DeKalb County.

{ Official Seal. }

POWER OF ATTORNEY.

STATE OF GEORGIA,
De Kalb County.

I, Emily St John hereby authorize W. C. Cowes of De Kalb

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 1900.

Emily St John [L. S.]

Executed in presence of

J. L. Argo
W. M. Rogdales
Ordinary.

To Those Heretofore Paid.

1900.

No. 410

WIDOW'S PENSION,

For year ending February 15th, 1900.

PAID TO Mrs. Emily St John

of De Kalb County,

Widow of Stan W. St John

JNO. W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED Feb 13 1900,

AND HANDED TO W. J. Williams

Geo. W. Harrison, State Printer, Atlanta.

St. John Emily
De Kalb County

POWER OF ATTORNEY.

STATE OF GEORGIA,
De Kalb County.

I, Mrs Emily St John hereby authorize

WM. Rogdales of Decatur

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 1901.

Emily St John [L. S.]

Executed in presence of

Thos Young
W J Williams

St. John Emily
De Kalb Co

To Those Heretofore Paid.

1901.

No. 353

WIDOW'S PENSION,

For year ending February 15th, 1901.

PAID TO Mrs. Emily St John

of De Kalb County.

Widow of Stan W. St John

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED Jan 31 1901,

AND HANDED TO Ragsdale

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

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of De Kalb } Personally Comes Mrs. Emily St John

who, being sworn, says on oath, that she is a bona fide resident of said county of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since Aug 28" 18 39. That she is the Widow of Lewis St John who was a soldier in Company B of the 18th Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of June 186 2 and served in the Army up to May 186 4 That he lost his life on the 6th day of May 18 64 (State here particulars of the husband's death, when, where and from what cause) Killed in the battle in Wilderness Va,

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18 56.

I have been allowed a pension as a resident of De Kalb County for the year ending February 15th, 189 /, and now apply for the pension provided by law for the year ending February 15th, 1900.

Sworn to and subscribed before me, this 16th day of Jan 1900. W. M. Rogdale, Ordinary. } Emily St John Post Office

State of Georgia, De Kalb County. } I W. M. Rogdale, Ordinary of said County, certify that I am well acquainted with Mrs. Emily St John, 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 28" day of Aug 18 39

Given under my official signature and seal, this the 16th day of Jan 1900.

Official Seal.

W. M. Rogdale, Ordinary of De Kalb County.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of DeKalb } Personally Comes Mrs. Emily St John

who, being sworn, says on oath, that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since Aug 28" 1839. That she is the Widow of John W St John who was a soldier in Company B of the 18th Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of June 186 2 and served in the Army up to May 186 4 That he lost his life on the 6" day of May 18 64 (State here particulars of the husband's death, when, where and from what cause) Killed in battle of 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 18 56

I have been allowed a pension as a resident of DeKalb 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 9 day of Jan 1901. W M Rogdale, Ordinary. } Emily St John Post Office [redacted] Georgia Ga.

State of Georgia, De Kalb County. } I W. M. Rogdale Ordinary of said County, certify that I am well acquainted with Mrs. Emily St John, 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 28" day of Aug 18 39

Given under my official signature and seal, this the 9th day of Jan 1901.

Official Seal.

W M Rogdale, Ordinary of DeKalb County.

STATE OF GEORGIA,
DeKalb County.

I, Mrs Emily St John, hereby authorize
W M Rogsdale of DeKalb
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 17
day of Jan 1902.

Emily St John [L. S.]

Executed in presence of
R M Thompson

To Those Heretofore Paid.

1902.

No. 630

WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO Mrs M Lytton Emily
OF DeKalb County,
Widow of Sam'l M St John
Co. B Regiment 18th

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
1/21 1902
AND HANDED TO
Atty

GEO. W. HARRISON, STATE PRINTER, ATLANTA, GA.

Mrs M Lytton Emily
DeKalb County

St. John, Emily
DeKalb County

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb COUNTY.

I, Mrs Emily St John, hereby authorize
W M Rogsdale of DeKalb
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 1903.

Emily St John [L. S.]

Executed in presence of
O S George
Mrs G R St John

To Those Heretofore Paid.

1903.

No. 226

WIDOW'S PENSION,

For year ending Dec. 31, 1903.

PAID TO Mrs. Emily St John
OF DeKalb County,
Widow of Sam'l M St John
Co. B Regiment 18th

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
1/23 1903.
AND HANDED TO
Atty

GEO. W. HARRISON, STATE PRINTER, ATLANTA, GA.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of DeKalb } PERSONALLY COMES MRS. Emily St John

who, being sworn, says on oath, that she is a bona fide resident of said County of DeKalb State of Georgia, and that she has RESIDED in said State continuously ever since Aug 28" 1839. That she is the Widow of Jno W St John who was a soldier in Company B of the 18th 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 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.)

Killed in battle of 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 1856.

I have been paid a pension as a resident of DeKalb County for the year ending December 31, 1901, and now apply for the pension provided by law for the year ending December 31, 1902.

Sworn to and subscribed before me, this 15 day of Jan 1902. W M Ragsdale, Ordinary. } Emily St John Post-Office

State of Georgia, DeKalb County. } I, W M Ragsdale Ordinary of said County, certify that I am well acquainted with Mrs. Emily St John, 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 28" day of Aug 1839.

Given under my official signature and seal, this the 15 day of Jan 1902.

{ Official Seal. }

W M Ragsdale Ordinary of DeKalb County.

NOTE.—All blank spaces must be filled.
Voucher and affidavit must bear date after January 1st, 1902.

FORM No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of DeKalb } PERSONALLY COMES MRS. Emily St John

who, being sworn says on oath, that she is a bona fide resident of said County of DeKalb State of Georgia, and that she has RESIDED in said State continuously ever since Aug 28" 1839. That she is the Widow of Jno W St John who was a soldier in Company B of the 18th 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 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.)

Killed in the battle of 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 1856.

I have been paid a pension as a resident of DeKalb 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 9 day of Jan 1903. W M Ragsdale, Ordinary. } Emily St John Post-Office Lithonia Ga

State of Georgia, DeKalb County. } I, W M Ragsdale Ordinary of said County, certify that I am well acquainted with Mrs. Emily St John, 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 28" day of Aug 1839.

Given under my official signature and seal, this the 9" day of Jan 1903.

{ Official Seal. }

W M Ragsdale Ordinary of DeKalb County.

NOTE.—All blank Spaces must be filled.
Voucher and Affidavit must bear date after January 1st, 1903.

STATE OF GEORGIA,

Dekalb COUNTY.

I, Emily St Johns hereby authorize

G. R. A. Johns of Dekalb County 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 13

day of January 1904.

Emily St Johns [L. S.]

Executed in presence of

James R George

Ordinary.

TO THOSE HERETOFORE PAID.

1904.

No. 193

WIDOW'S PENSION

FOR

YEAR ENDING DECEMBER 31, 1904.

PAID TO

Mrs. Emily St John

OF

Dekalb County.

Widow of Jno W St John

Co. 13 Regiment 25"

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

1/23 1904.

AND HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

St. John Emily
Dekalb County

STATE OF GEORGIA,

Dekalb COUNTY.

I, Emily St Johns, hereby authorize

W J Johns of Dekalb Co

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

Emily St Johns at Lithonia Ga

In Witness Whereof, I have hereunto set my hand and seal, this 10

day of January 1905.

Emily St Johns [L. S.]

Executed in presence of

James R George

Ordinary

St. John Emily
Dekalb County

To Those Heretofore Paid

1905.

No. 205

WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO

Mrs. Emily St John

OF

Dekalb County.

Widow of Jno W St John

Co. 13 Regiment 25"

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

1/23 1905.

AND HANDED TO

THE FRANKLIN PRINTING AND PUBLISHING CO., ATLANTA, GA.
ONLY BY AUTHORIZED AGENTS. 1905 BLANK BOOKS.

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, County of DeKalb } PERSONALLY COMES MRS. Emily St John

who, being sworn says on oath, that she is a bona fide resident of said County of DeKalb State of Georgia, and that she has RESIDED in said State continuously ever since Aug 28. 1839. That she is the Widow of Jno W St John who was a soldier in Company B of the 18 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 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.*)

Killed in battle of 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 1856

I have been paid a pension as a resident of DeKalb 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 13 day of Jany 1904. James R George Ordinary. } Emily St John Post Office Lithonia Ga

State of Georgia, DeKalb County. } I, James R George Ordinary of said County, certify that I am well acquainted with Mrs. Emily St John, 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 28 day of Aug 1839

Given under my official signature and seal, this the 13 day of Jany 1904.

{Official Seal}

James R George
Ordinary of DeKalb 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 DeKalb } PERSONALLY COMES MRS. Emily St John

who, being sworn says on oath, that she is a bona fide resident of said County of DeKalb State of Georgia, and that she has RESIDED in said State continuously ever since . That she is the Widow of Jno W St John who was a soldier in Company B of the 18 Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of 1862, 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.*)

Killed. Wilderness. 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, and that she became his wife in the year 18

I have been paid a pension as a resident of DeKalb 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 10 day of Jany 1905. James R George Ordinary. } Emily St John Post-Office Lithonia Ga

State of Georgia, DeKalb County. } I, James R George Ordinary of said County, certify that I am well acquainted with Mrs. Emily St John, Who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of 18

Given under my official signature and seal, this the 10 day of Jany 1905.

{Official Seal.}

James R George
Ordinary of DeKalb County.

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

St. John, Emily
De Kalb Co

To Those Heretofore Paid.

1906.

No. 140

WIDOW'S PENSION

For year ending Dec. 31, 1906.

PAID TO

Mrs. Emily St John

OF

De Kalb County,

Widow of John W St John

Co. B Regiment 5 Ga

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

1/23 1906,

AND HANDED TO

[illegible]

THE FRANKLIN PRINTING AND PUBLISHING CO., GEO. W. HARRISON, MGR.

STATE OF GEORGIA,
DeKalb COUNTY.

I, Emily St John, of DeKalb County, hereby authorize [illegible] to receive and receipt for the pension paid hereon, and request that he remit same to Emily St John at Lithonia Ga.

In Witness Whereof, I have hereunto set my hand and seal, this 5th day of January 1906.

Emily St John [L. S.]

Executed in presence of

[illegible]

[illegible]

St. Johns, Emily
De Kalb County,

To Those Heretofore Paid.

1907.

No. 179

WIDOW'S PENSION

For Year ending Dec. 31, 1907.

PAID TO

Mrs. Emily St John

OF

DeKALB. County,

Widow of Jno W. St. John

Co. B Regiment 5th Ga

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

1/31 1907,

AND HANDED TO

[illegible]

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKALB. COUNTY.

I, Mrs Emily St John, hereby authorize [illegible] to receive and receipt for the pension paid hereon, and request that he remit same to Emily St John at Lithonia Ga.

In Witness Whereof, I have hereunto set my hand and seal, this 10 day of January 1907.

Emily St John [L. S.]

Executed in presence of

[illegible]

[illegible]

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of De Kalb } PERSONALLY COMES MRS. Emily S St John

who, being sworn, says on oath that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since Aug 25, 1839 That she is the Widow of John W St John who was a soldier in Company B of the 18 Georgia Regiment of Volunteers, that he enlisted in said regiment on or about the month of June 186 2 and served in the Army up to May 186 4 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.) Killed 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 18

I have been paid a pension as a resident of De Kalb 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 2 day of Janry 1906. James R George Ordinary. } Emily St John Post Office Lithonia Ga

State of Georgia, De Kalb County. } I James R George Ordinary of said County, certify that I am well acquainted with Mrs. Emily S St John, 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 5th day of Janry 1906.

{ Official Seal }

James R George Ordinary of De Kalb County.

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

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of DeKALB. } PERSONALLY COMES MRS. Emily St. John

who, being sworn says on oath, that she is a bona fide resident of said County of DeKALB. State of Georgia, and that she has RESIDED in said State continuously ever since That she is the Widow of John W. St John who was a soldier in Company B of the 18th Ga Regiment of Volounteers, that he enlisted in said regiment on or about the month of 186 2 , 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.) Killed Wilderness, 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, and that she became his wife in the year 18

I have been paid a pension as a resident of DeKALB. 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 Janry 1907. James R George Ordinary. } Emily St John Post Office

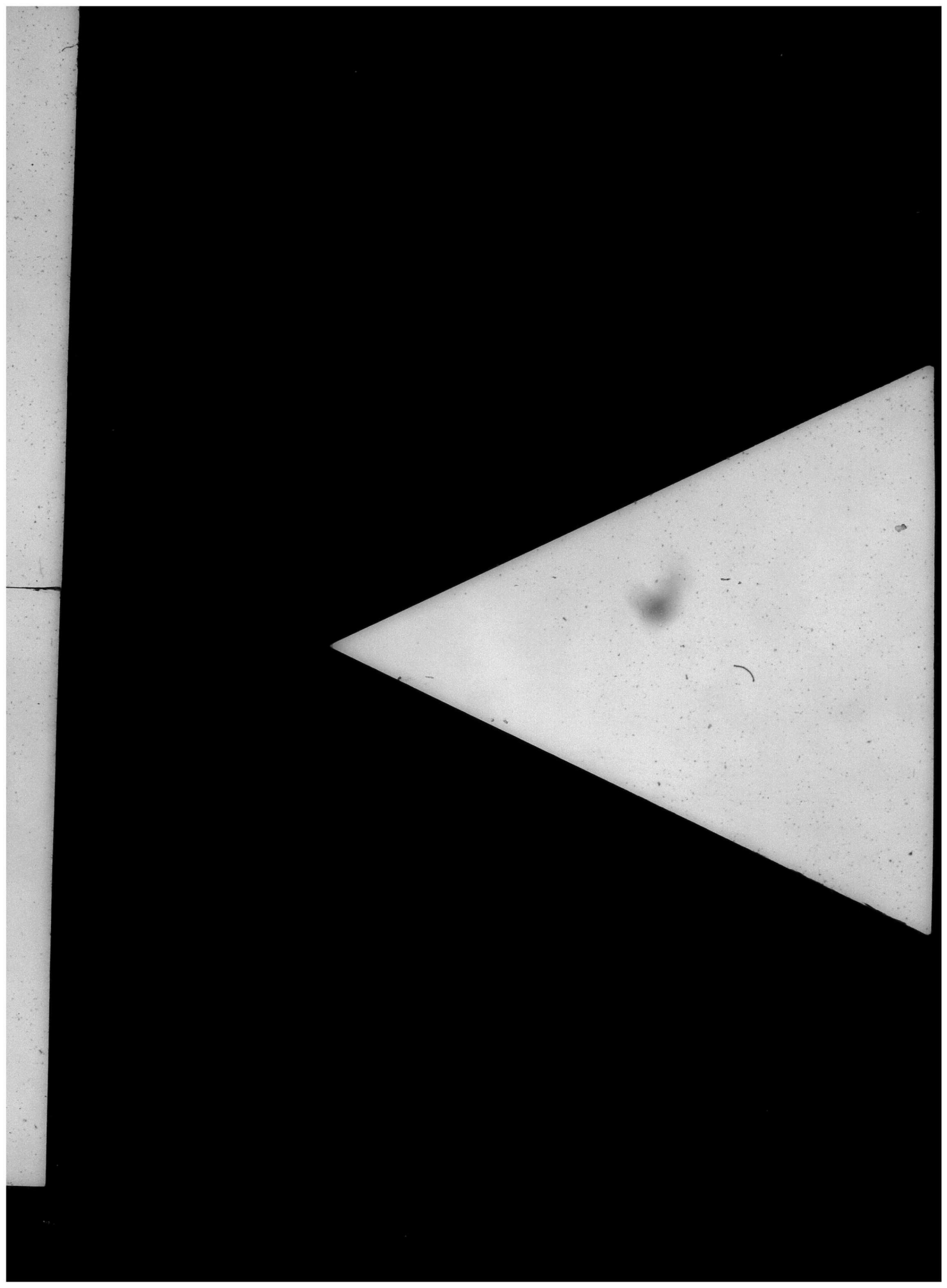
State of Georgia, DeKALB. County. } I, James R. George Ordinary of said County, certify that I am well acquainted with Mrs. Emily St John, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of 18

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

{ Official Seal }

James R George Ordinary of DeKALB. County.

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



State Dept. Public Welfare,
Atlanta, Dec. 16, 1937.

Joseph W. Storey enlisted as a private in Co. D, 3d Regt. Ga. Cavalry May 1, 1862. Name appears on muster-in roll with remark: "Substitute F.M. Whitten." (Washington record.)

His substitute, F. M. Whitten, enlisted May 1, 1862.

Claimed to have served in above company one year, but official records show he furnished sustitute day he enlisted.

Pension application, 1917, Troup County, he claimed to have served in militia from Oct. 1863, to Mch. 1864, but does not give number of regiment. Later made salt and potash for C.S. Govt.

Director Confederate Records Div

Furnished substitute day he enlisted.

FEB 1938

Widow's Application

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

County DeKalb

Name Mrs. G. A. Storey

Widow of J. W. Storey

Date of Marriage March 18 1909

Date of Husband's Death June 28 1918

Company D Regiment 3 Cav Ga

Approved 1937

Director.

AUG 11 1937

Ordinary's Certificate

STATE OF GEORGIA,

DeKalb COUNTY.

I, V. S. Morgan, Ordinary of said County, do certify that I know Mrs. G. A. Storey 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 See Marriage Certificate 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 10 day of August 193 7.

(SEAL OF ORDINARY) V. S. Morgan, Ordinary.

of DeKalb County.

INSTRUCTIONS:

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1920, are entitled.
4. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
5. Attach certified copy of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
6. Fill out the back of the application carefully.
7. Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.
8. Do not take an application from any widow who is already receiving a pension.

State Dept. Public We
Atlanta, Dec. 16, 19

Joseph H. Storey enl
a private in Co. D,
Ga. Cavalry May 1,
Name appears on must
with remark :"Substi
Thirteen."
(Washington record.)

His substitute, F.
enlisted May 1, 1862

Claimed to have ser
above company one yea
ficial records show h
ed sustitute day he e

Pension application,
Troup County, he claim
served in militia from
to Mch. 1864, but does
number of regiment. La
salt and potash for C.

Director Confederate R

Furnished sub-
stitute day he
enlisted.

1934

Widow's Application

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

County DeKalb

Name Mrs. G. A. Storey

Widow of J. W. Storey

Date of Marriage March 18 1909

Date of Husband's Death June 28 1918

Company 31 Regt. Ga. Cavalry

Regiment

Approved

Director.

AUG 11 1937

Ordinary's Certificate

STATE OF GEORGIA,

DeKalb COUNTY.

I, V. S. Morgan, Ordinary of said County, do certify that I know Mrs. G. A. Storey 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 See Marriage Certificate 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 10 day of August 193 7.

(SEAL OF ORDINARY) V. S. Morgan, Ordinary.

of DeKalb County.

INSTRUCTIONS:

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1920, are entitled.
4. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
5. Attach certified copy of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
6. Fill out the back of the application carefully.
7. Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.
8. **Do not take an application from any widow who is already receiving a pension.**

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,

DEKALB COUNTY.

Personally appears before me, Mrs. G. A. Storey 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. G. A. Storey - Brookhaven, DeKalb County, 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. February 12, 1864 Age? 73
3. (1)**When,** (2)**where** and (3)**to whom** were you married?
Married March 18, 1909 at East Point, Georgia to J. W. Storey
a. Have you married since the death of first and soldier husband? no
b. When and where did your first husband die? Died June 28, 1918 at Columbus, Ga.
c. Were you residing together when he died? yes
d. If not, how long had you resided apart? x
e. Are you now a widow? yes
f. Have you or your husband heretofore been paid a pension by the State? Husband received pension from Harris County
g. If so, when and for what cause were you or your husband placed on the roll? Service in Army

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?
e. What was his physical condition when he left his Command?
f. What effort did he make to return to his Command?
g. In what way was he prevented from going back to his Command?
h. Was he captured by the enemy at any time?
i. If so, when and where? In what prison was he held and when was he released?

Sworn to and subscribed before me, this the 3 day of August, 193 7.

V. S. Morgan, Ordinary

of DeKalb County.

(SEAL OF ORDINARY)

Mrs G A Storey

Applicant.

Georgia, Harris County.

I, J.B. Peavy, Ordinary of said County, do hereby certify that the within is a true and correct copy of the marriage record of J.W. Storey and Mrs. G.A. Wilson, and of the whole of such record, as the same appears in my office.

This the 31st day of July 1937.

J.B. Peavy Ordinary
of Harris County

MARRIAGE LICENSE

OF _____

AND _____

Issued _____ 19__

and Recorded on Page _____ Book _____

of Marriage Licenses

_____ Ordinary

MARRIAGE LICENSE

OF

_____

AND

_____

Issued _____ *19*___

and Recorded on Page _____ *Book*

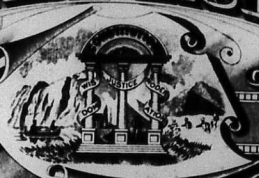
_____ *of Marriage Licenses*

_____

Ordinary

No.

MARRIAGE LICENSE



STATE OF GEORGIA, COUNTY OF HARRIS

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

You are hereby authorized to join

J.W.Storey and Mrs.G.A.Wilson

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, within thirty days after the date of said Marriage.

Given under my hand and seal this 11th day of March 1909

J.F.C.Williams (L.S.)
Ordinary.

CERTIFICATE.

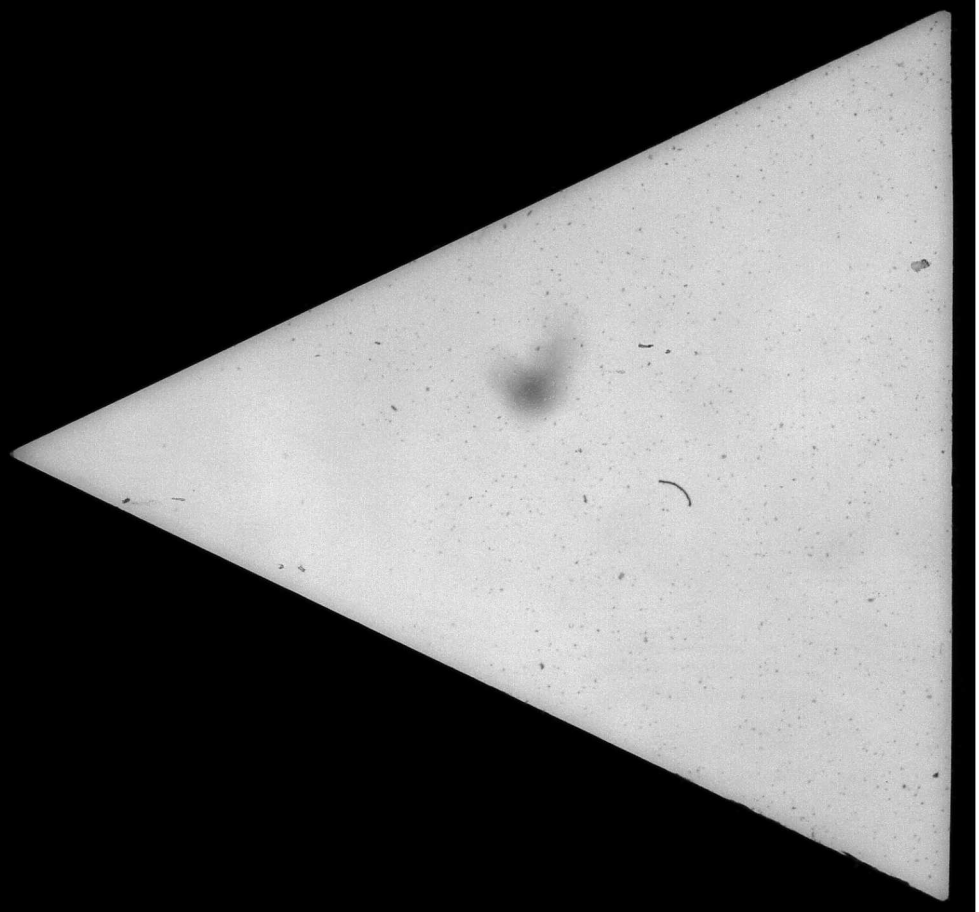
STATE OF GEORGIA COUNTY OF HARRIS

I Certify that J.W.Storey and Mrs.G.A.Wilson were joined in Matrimony by me this 18th day of March Nineteen Hundred and Nine

Recorded 19

Joseph Cohran, Minister of the Gospel.

Ordinary.



"John P. Strange, private, Co. C, Hampton's Legion, South Carolina, C.S.A., enlisted June 19, 1861 at Columbia, S. C., for period of twelve months and was discharged Warrenton, Va., Oct. 3, 1861. Cause not shown."

(W.R.)

Strange Martha Jane
Widow
DeKalb County
Georgia

Widow's Application

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

County DeKalb

Name Mrs. Martha Jane Strange

Widow of John P. Strange

Date of Marriage September 2 18 61

Company C

Regiment Hamptons Legion

Approved

Paid for $ 11-1-29

Insufficient Service

JOHN W. CLARK,
Commissioner of Pensions.

10-23-29 C

Ordinary's Certificate.

STATE OF GEORGIA,

DeKalb COUNTY.

I, V. S. Morgan, Ordinary of said County, do certify that I know Mrs. Martha Jane Strange 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 ..... 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 are truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and official seal of office this 21 day of October 192 9

(SEAL OF ORDINARY) V. S. Morgan, Ordinary.

of DeKalb County

Instructions:

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1881, 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 copies 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.

"John P. Stran
Co. C, Hampton's
South Carolina, C
enlisted June 19,
Columbia, S. C.,
of twelve months
charged Warrenton
3, 1861. Cause n
(W.R.

Approved

Widow's Application

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

County DeKalb

Name Mrs. Martha Jane Strange

Widow of John P. Strange

Date of Marriage September 2 1861

Company C

Regiment Hamptons Legion

Approved

Insufficient Service

JOHN W. CLARK,
Commissioner of Pensions.

10-23-29

Ordinary's Certificate.

STATE OF GEORGIA,

DeKalb COUNTY.

I, V. A. Morgan, Ordinary of said County, do certify that I know Mrs. Martha Jane Strange 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 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 are truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and official seal of office this 21 day of October 1929.

(SEAL OF ORDINARY) V. A. Morgan, Ordinary.

of DeKalb County

Instructions:

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1881, 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 copies 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.

APPLICATION FOR PENSION BY A WIDOW

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

QUESTIONS FOR APPLICANT TO ANSWER:

STATE OF GEORGIA,

DeKalb COUNTY,

Personally appears before me, Mrs. Martha Jane Strange 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 Post Office and County) Martha Jane Strange, Decatur, DeKalb County, Ga.

2. How long and since when have you been, continuously, a bona fide resident citizen of the State of Georgia? Eighteen years

3. When, where and to whom were you married? March 17th, 1880. Manning, S. C.

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

4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service, and give name of Colonel and Captain.) Company "C" Hamptons Legion, Manning South Carolina.

5. When and where did the commands of your husband surrender or discharge from the Service? Applicant does not know

6. Was your husband personally present with his command when it was surrendered or discharged? I do not know

7. If he was not present, state specifically and clearly where he was? xxxxx

8. When did he leave the Command? I do not know

a. For what cause did he leave? I do not know

b. By whose authority did he leave? xxxxx

c. For how long was his leave of absence granted? do not know In what way?

e. What was his physical condition when he left his command? I do not know

f. What effort did he make to return to his Command? I do do not know

g. In what way was he prevented from going back to Command? I don't know

h. Was he captured by the enemy at any time? Never

i. If so, when and where? In what prison was he held and when was he released? xxxxx

j. When and where did your first husband die? September 9th, 1909, Manning, S. C.

k. Were you residing together when he died? Yes

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

m. Are you now a widow? Yes

9. 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? xxxx

Sworn to and subscribed before me, this the 21st day of October, 1929.

V. A. Morgan, Ordinary

of DeKalb County.

(SEAL OF ORDINARY)

Mrs Martha Jane Strange
Applicant.

JAMES F. DICKSON
JUDGE OF PROBATE
CLARENDON COUNTY
MANNING, S. C.

October 31, 1929.

Dear Mrs. Strange:

Your letter received a few days ago and am sorry that I could not answer earlier but could find no war record in this office of your husband for at the time of his death the clerk of court of this county had charge of all pensions and the records are pretty well destroyed.

I am sorry to state that Mr. J. T. Stukes is chairman of the board of honor and does know more of you husbands war record than anybody else he is at home sick and we fear he will not get well.

So in the absence of any information from him I wrote the Historical Commission of South Carolina and am enclosing his reply for you as it may be of some service.

As soon as possible kindly let me know if the transfer has been completed or not before I take your name off of this list.

Yours truly,

James F. Dickson
Probate Judge

JAMES F. DICKSON
JUDGE OF PROBATE
CLARENDON COUNTY
MANNING, S. C.

October, 14th, 1929.

Dear Mrs. Strange:

Enclosed you will find transfer blanks. I am mailing these to you so that you may see that the transfer is made, the reason I did not send them earlier was for the fact --in our state we have until Jan. 1st.

I request of you as soon as you that this transfer is made kindly notify me so I can take your name off the list of this county.

Yours truly,

James F. Dickson
Probate Judge

V. S. MORGAN
ORDINARY AND PROBATE JUDGE
DEKALB COUNTY
E. H. MASON, CLERK

DECATUR, GA. November 2 19 29

Pension Office
Atlanta, Georgia

Dear Sirs:

I am just in receipt of letter and record of Mr. John P. Strange, Confederate Veteran. Application for his widow was brought in by me a few days ago. If this is satisfactory, and she is put on the roll for 1930, will you please return to me the transfers that you have with her application that they may be returned to Mrs. Strange?

Thanking you to let me hear from this as soon as convenient.

Yours very truly,

V. S. Morgan

VSM/E

Ordinary

HISTORICAL COMMISSION
OF SOUTH CAROLINA

A. S. SALLEY, JR., SECRETARY
HARRIET J. CLARKSON, ASSISTANT SECRETARY

W. A. CLARK
S. J. WILLIAMS
A. G. HOLMES
THEODORE D. JERVEY
WARREN G. KEITH
R. L. MERIWETHER

COLUMBIA, S. C. Oct. 30, 1929.

Mr. James F. Dickson, J.P.,
Manning, S. C.,

Dear Sir,

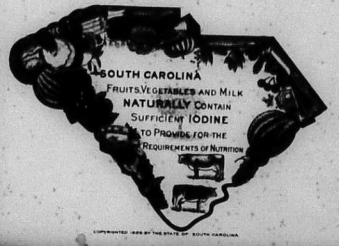
The official muster rolls of Company C, Infantry, of the Hampton Legion, show that John P. Strange was mustered into Confederate service Columbia, June 19, 1861, under Captain Manning Brown, and that he was discharged at Warrenton, Virginia, October 3, 1861.

There is nothing on the record to show that he received any wounds. Our index does not show any further service for him in any other unit, though it is fair to say that our index is not complete.

Yours very truly,

A. S. Salley, Jr.

Secretary.



November 13, 1929.

Hon. V. S. Morgan,
Ordinary of DeKalb County,
Decatur, Ga.

My dear Judge:

Referring to the application of Mrs. Martha Jane Strange for a pension as the widow of John P. Strange, I have not been able to approve this application for the reason that the record of this soldier does not show sufficient length of service to entitle his widow to a pension under the Georgia law.

The following letter from Hon. A. S. Salley, Jr., is attached to the application, and the record appearing in this letter is the same as that furnished by the War Department.

"The official muster rolls of Company C, Infantry of the Hampton Legion, show that John P. Strange was mustered into Confederate service in Columbia, June 19, 1861, under Captain Manning Brown, and that he was discharged at Warrenton, Virginia, October 3, 1861.

There is nothing on the record to show that he received any wounds. Our index does not show any further service for him in any other unit though it is fair to say that out index is not complete."

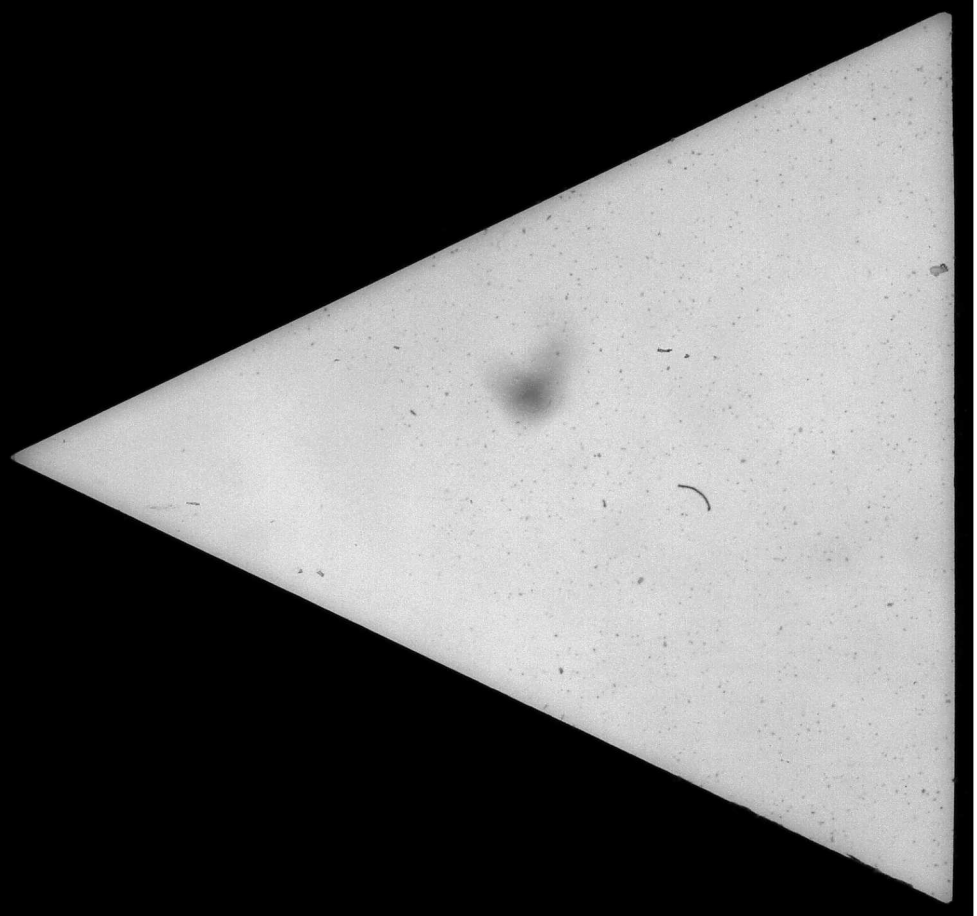
The transfers sent in with this application are hereby returned.

With kind regards,

Very truly yours,

A

Commissioner of Pensions



Street, James M.
DeKalb Co.

No. 11 for 1909

INDIGENT PENSION.

190

Name James M. Street

County DeKalb

Co. B *Hood's Bat* *Regt.*

Approved ..... *190*...

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

E. R. O 1940.

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

Franklin Printing and Publishing Co., Geo. W. Harrison, Mgr., Atlanta, Georgia.

9/29/08

POWER OF ATTORNEY.

STATE OF GEORGIA,

_____ COUNTY.

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

Witness my hand and seal, this _____ day of _____ 190__.

_____ [L. S.]

Executed in presence of

_____

_____

STATE OF GEORGIA,

_____ COUNTY.

I, _____ hereby authorize

_____ of _____

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

_____ at _____ by _____

Witness my hand and seal, this _____ day of _____ 190__

_____ [L. S.]

Executed in presence of

_____

Street James M.
DeKalb Co.

No. _____ 1908

INDIGENT PENSION. 190__

Name James M Street

County DeKalb

Co. B 4th Ga Regt.

Approved _____ 190__

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

E. R. O. 1908

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

Franklin Printing and Publishing Co. Geo. W. Harrison, Mgr., Atlanta, Georgia. 7/29/08

QUESTIONS FOR APPLICANT.

Every Question MUST Be Answered.

STATE OF GEORGIA,

DeKalb COUNTY.

James M Street of said State and County, desiring to avail himself of the Pension Act (Section 1254, Code), hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (Give, State, County and Postoffice.) James M Street Stone Mountain Ga Dekalb Co
2. How long and since when have you been a resident of this State? Since Birth
3. When and where were you born? Feb 28 1845 Near Cumgus Ga
4. When and where and in what company and regiment did you enlist or serve? Apl 1862 in Atlanta Ga Co B Hoods Battalion
5. How long did you remain in such company and regiment? Two years up to surrender
6. When and where was your company and regiment surrendered and discharged? May 1865 Augusta Ga
7. Were you present with your company and regiment when it was surrendered? I was
8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? I was Present
9. How much can you earn (gross) per annum by your own exertions or labor? Very Little
10. What has been your occupation since 1865? Farming
11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty"? Infirmity and Poverty & Blindness
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? 2 and Ground Have Right Trouble with Rheumatism and Ruptured on Left Side I I am Nearly Blind Cant See Hows To work Can walk about Not Totaly Blind been this condition 18
13. What property, real and personal, or income, do you possess, and its gross value? Nothing
14. What property, real or personal, did you possess in 1901, 1902, 1903, 1904 and 1905, and what disposition, if any, by sale or gift, have you made of same? Nothing
15. In what County did you reside during those years, and what property did you then return for taxation? DeKalb County Small amount Personal Property
16. How were you supported during the years 1901, 1902, 1903, 1904 and 1905? By what Little I Could do and My Daughter worked and kept me
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 do not know what it Cost Can do Nothing
18. What was your employment during 1901, 1902, 1903, 1904 and 1905? What pay did you receive in each year? Farming To farm
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? Self and wife one Daughter 20 years old Mrs McCune
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? None
22. How many applications have you ever made and under what class? None

Sworn to and subscribed before me this the 6 day of August 1908

J. M. Street
Applicant.

James R Glover
Ordinary
of DeKalb County.

I know R T Neal as a Man of Good Character & Truth & Veracity & Citizen

STATE OF GEORGIA,
Lowndes COUNTY.

R T Neal of said State and County, having been presented as a witness in support of the application of James M Street 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? R T Neal Conyers Ga
2. Are you acquainted with James M Street, the applicant: if so how long have you known him? R T Neal I am ever since April 1863
3. Where does he reside, and how long and since when has he been a resident of this State? R T Neal Stone Mountain Ga ever since the War
4. When, where and in what company and regiment did he enlist, and how do you know? April 1863 in Atlanta Ga Co B Hoods Battalion I was the
5. Were you a member of the same company and regiment? R T Neal I was
6. How long did he pefrorm regular military duty? about 2 Years
7. When and where was his command surrendered? R T Neal May 1865 at Greensboro Ga
8. Were you present when it surrendered? R T Neal I was
9. Was applicant present? R T Neal He was
10. If he was not present, where was he? Present
When did he leave his command? Surrendered For what cause? Surrendered
By what authority he left? Surrendered by Officers How do you know all of this?
R T Neal I was with him in same Co & Battalion
R T Neal
11. What property, effects or income has the applicant? (Give your means of knowledge.)
12. What property, effects or income did the applicant possess in 1901, 1902, 1903, 1904 and 1905, and what disposition, if any, did he make of same?
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom?
14. What is the applicant's occupation and physical condition?
15. Is the applicant unable to support himself by labor of any sort; if so, why?
16. How was he supported during the years 1901, 1902, 1903, 1904 and 1905?
17. What portion of his support for these four years was derived from his own labor or income?
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code
19. Who composes family? What property have they? Children's ages and their earning capacity?
20. What interest have you in the recovery of a pension by this applicant?

Sworn to and subscribed before me, this the 7th day of Aug 1908
E F Cook Ordinary.

+ R. T. Neal Witness.

STATE OF GEORGIA,
DeKalb COUNTY.

Personally came before me W. J. McCurry and J R Wells, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully James M Street, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

He is suffing with Sciatica also Obstruction Rhumatism & at times can scarcely walk Hernia of Left Side His Eye Sight is bad He can see but little he is unable to do any Labor at all and that we have no interest in said pension being allowed.

Sworn to and subscribed before me, this the 6 day of Augt 1908
James R George Ordinary.

W J McCurry M D
Jas R. Wells M. D.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
DeKalb COUNTY.

I, James R George Ordinary, in and for said County, hereby certify that the applicant James M Street 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.: R T. Neal 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 County shows that applicant returned for taxation in his name in 1901 Dollars of property, and in 1902 He returned his Wifes Property in Ogee Yonst Dollars of property; in 1903 Dollars of property; in 1904 Dollars of property; in 1905 Dollars of property.

In my opinion the foregoing claim is made in good faith.

Witness my hand and seal of office, this 6 day of August 1908
James R George Ordinary.
of DeKalb 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.

Street, James M.
Ok for 1924.
DeKalb

DeKalb County.

Application to be Allowed Pension for Total Blindness Under Act of General Assembly of August 19, 1912.

Name James M. Street

Company

Regiment

2/5/1924
Approved for 1924
C. Pittman Gregg
Ordinary Pension

Dickerson-Wright Printing Company, Atlanta

J. H. ST JOHN — W. A. ST JOHN

Lithonia, Ga., 7-22- 1932

M Mr. J. M. Street
Stone Mtn. Ga. R.F.D.

IN ACCOUNT WITH

J. H. ST JOHN & SON
FUNERAL DIRECTORS AND EMBALMERS
AMBULANCE SERVICE
DAY AND NIGHT PHONE 137

7-20-32	To Embalming		15 00
7-21 "	"Casket & Box		140 00
7-21 "	"Burial Suit		15 00
7-21 "	"Hearse & Service		20 00
7-21 "	Paper notice		3 80
			$193 80

Georgia, DeKalb County.

The above and foregoing account is rendered for services for the funeral expenses of J. M. Street, who died without sufficient ~~funds~~ property to pay this bill.

Sworn to and subscribed before me, J. H. St John & Son
this 22nd day of July, 1932.
E. T. Mason
Notary Public, State of Ga. at Large.

6 STREET, JAMES M. 193. 80
DeKALB Co. 193 80

For DeKalb County

19 32

Application for Pension Due Deceased Pensioner
(UNDER ACT 1904)
(To pay expenses of last illness and funeral)

V. D. Morgan Ordinary

For J. M. Street

Date of Death July 20th 19 32

Amount $~~100~~ 127

Approved and ordered paid

JOHN W. CLARK
Commissioner of Pensions.

APPROVED FOR PAYMENT
[illegible]

PAID TO ORDINARY ON THIS CLAIM:

DATE 1935	FUND FROM WHICH PAID	$
2-26	1930	127 00
	TOTAL	127 00

Received of V. D Morgan Ordy., check for $127.00 to funeral expenses J. M. Street.
J. H. St John & Son
J. Wm St John.

STATE OF GEORGIA,

DeKalb COUNTY.

Personally before me, the undersigned Ordinary of said County, comes James M. Street who after being duly sworn on oath says, That he is on the Indigent Pension Roll of the State of Georgia as a member of Company Hoods Battery, Regiment B. C. S. A. Vols., or Georgia Militia, and was paid a pension of one hundred Dollars in 192 3 That he has become totally blind by reason of cataracts over both eyes

(State cause that produced blindness.)

and that he makes this application that he may be allowed an increase in his pension for total blindness.

Sworn to and subscribed before me this 4th day of Feb., 192 4

E. F. Burgess Clerk Superior Court & Ex Officio Ordinary.

DeKalb County.

James M Lin X Street mark

STATE OF GEORGIA,

DeKalb COUNTY.

Personally before me, the undersigned Ordinary of said County, comes Wiley S. Ansley, M. D., who, after being duly sworn, on oath says: That he is a resident of DeKalb County, and that he is a practicing physician, and has been for 23 years, and that he knows James M. Street, of said County. That he is NOW and has been for the past 6 months ~~years~~ totally blind; which blindness was the result of Cataracts over both eyes

Sworn to and subscribed before me this 4th day of Feb., 1924.

E. F. Burgess Clerk Superior Court & Ex Officio Ordinary.

DeKalb County.

Wiley S Ansley MD

STATE OF GEORGIA,

DeKalb COUNTY.

Ordinary's Office,

February 4th 192 4

I, E. F. Burgess, Clerk Superior and Ex-officio Ordinary, being the Ordinary of said County, do certify that James M. Street is on the Indigent Pension Roll of DeKalb County, and was paid a pension of $100.00 for 192 3, and that he is a bona fide resident of said County, and that he has become totally blind; that he knows Dr. Wiley S. Ansley, who is a resident practicing physican of said County, and is a truthful man and physician of high standing, and what he says is worthy of belief and credit.

Given under my hand and official seal, and signed this the day and year above stated.

(Seal)

E. F. Burgess Clerk Superior Court & Ex Officio (L. S.)
Ordinary DeKalb County.

(To Be Paid to the Ordinary for Expenses of Funeral and Last Illness)
(Under Act Approved August 15, 1904)

GEORGIA, DeKalb County County.

Personally before me, the Ordinary of said County, comes J. H. St John of the firm of J. H. St John & Son, Funeral Directors of said County, who, after being sworn, on oath says that he knew J. M. Street of said County, and that said Pensioner was on the Pension Roll of said County at the time of death, which occurred in DeKalb County, in this State, on the 20th day of July, 1932, and that pensioner left no widow surviving, and no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of $30.00, per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me,

V. S. Morgan, Ordinary
DeKalb County

(Seal of Ordinary)

J. H. St John & Son.

CERTIFICATE OF ORDINARY

GEORGIA, DeKalb County.

I, V. S. Morgan, Ordinary of said County, do certify that I personally know J. H. St John & Son, 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 J. M. Street while in life and that this was the same person whose name appears on the Pension Roll of DeKalb County, and was paid a Pension of $30.00 Monthly ($) Dollars in said County for 1932, 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 22nd day of July, 1932

(Seal of Ordinary)

V. S. Morgan, Ordinary
DeKalb County

INSTRUCTIONS:

1st. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.

2nd. Each account must be sworn to before the Ordinary, and in the following form:

"The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of , who died without owning sufficient property to pay this bill.

3rd. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed as indicated.

4th. The completed voucher—this blank and the bills—must be sent to the Pension Department for approval and no money must be paid out until it is returned to you as your authority to make the payment.

5th. Return this application, and attached bills, properly receipted, to the Pension Department.

6th. Ordinary should see that the back of this blank, when folded, is filled out.

NAME Street, James M. YEAR 1909 COUNTY DeKalb

WHEN AND WHERE BORN? February 28th 1845, near Conyers, Georgia.

ENLISTED WHEN AND WHERE? April, 1862, Atlanta, Georgia.

RANK.

COMPANY AND REGIMENT? Co. B, Hood's Battalion.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? Command: May 1865, Augusta, Georgia.

IF NOT SURRENDERED OR DISCHARGED, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED,

WITNESSES. R. T. Neal - Same Command. No data.

State of Georgia Dekalb County
Personally appeared before me Jas R George Ordinary of Dekalb County John W. McCurdy who being Duly Sworne Says. That the Land Given in to Tax receiver of Said County by J M Street is not the property of J M Street but the property of Mrs P.E. Street, inherited from her Fathers Estate (Noah Lackey) I know of my Own knoledge that She has had the Deed to said place Sence Dec. 15 1903 She Exchanged her Land in Rockdale County for her Place in and Near the Town of Stone Mountain She Owned the Place she Exchanged for her home at Stone mountain with John C Dobbs, Sence 1888.

John W. McCurdy

Sworne to & Subscribed before me this August 6th 1908

Ordinary

A Certificate

STATE OF GEORGIA, County of DeKalb

IN RE: Expenses last illness and funeral J. M. Street

This is to certify that from an examination of the records in my office, and from personal knowledge, or inquiry, it is ascertained that this pensioner:

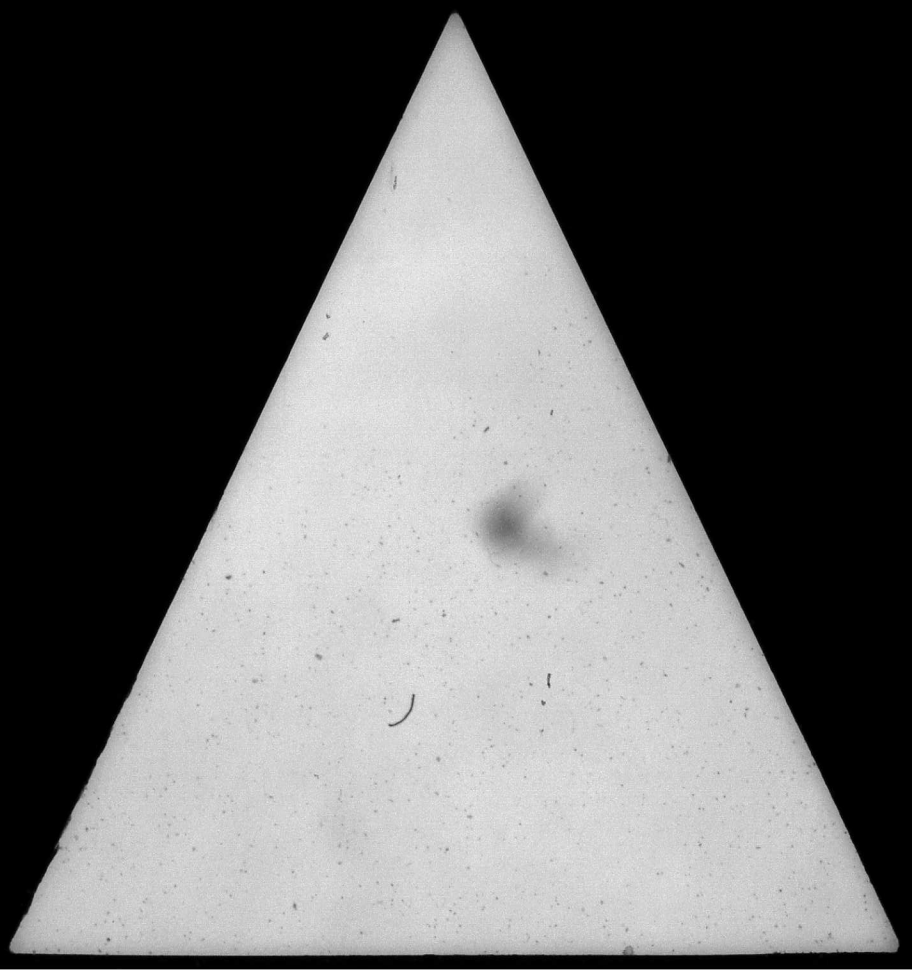
1. Died inside of the State of Georgia;
2. Left no estate of any kind or value, sufficient to pay these expenses.

This the 7 day of August, 1933.

(SEAL) V. A. Morgan, Ordinary

(Ordinary will please complete and return immediately to A. L. Henson, Director, Veterans Service Office, State Capitol, Atlanta, Ga.)

(Send this record immediately to A. L. Henson, Director, Veterans Service Office, State Capitol, Atlanta, Ga.)



2 Suber, H. H.
DeKalb Co.

No.

INDIGENT PENSION

1899.

Name H.H. Suber

County DeKalb

Approved ..... 1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

3/24/99

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 _____ 1899.

Executed in presence of

_____ (L. S.)

_____

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 ... 1899.

Executed in presence of

... (L. S.)

No. 2 Luber H. H. DeKalb Co.

INDIGENT PENSION

1899.

Name H.H. Suber

County DeKalb

Approved ... 1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

SEG. W. HARRISON, STATE PRINTER, ATLANTA.

3/24/99

STATE OF GEORGIA,

DeKalb County.

Henry H. Suber 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.) Henry H. Suber, Redan, DeKalb Co. Georgia.
2. How long and since when have you been a resident of this State? I have lived in Georgia 59 years, all my life.
3. When and where were you born? June 23-1840, in Meriwether Co. Ga.
4. When and where and in what company and regiment did you enlist or serve? May 18th 1861, at Greenville, Meriwether Co, Georgia, in Capt. Howard's Company, Co D. 8th Regt Ga Volunteers.
5. How long did you remain in such company and regiment? Until April 9th, 1865 (four years and Eleven months) and surrendered with Gen Lee, at Appomattox, Virginia.
6. For how long a period did you discharge regular military duty? For the whole time.
7. When, where and under what circumstances were you discharged from service? I was surrendered at Appomattox, Virginia on April 9th, 1865- with my Command.
8. What is your present occupation? Farming
9. How much can you earn (gross) per annum by your own exertions or labor? 4000. probably
10. What has been your occupation since 1865? Farming, mainly.
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? My infirmity results from being crippled by Rheumatism and an accident to one of my Limbs, and from Heart Disease, all of which have so debilitated and unmanned me physically, as to incapacitate me for labor.
13. What property, effects or income do you possess, and its gross value? I have nothing
14. What property, effects or income did you possess in 1894, 1895, 1896, 1897 and 1898, and what disposition, if any, did you make of same? I had but little in '94 & '95- and that little, my constantly increasing infirmities have compelled me to consume, having no other income or source of living,
15. In what County did you reside during those years, and what property did you then return for taxation? I lived in DeKalb Co, the amount not remembered, but small,
16. How were you supported during the years 1897 and 1898? By what little I had on hand, and by the help of my Family and 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 cannot say, but probably, I contributed one fourth,
18. What was your employment during 1897 and 1898? What pay did you receive in each year? Farming, I rec'd only what I ate and wore.
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? I have a Wife only, and we have only our own labor as our dependence, and we have no homestead,
20. Are you receiving any pension? If so, what amount, and for what disability? I am not receiving a Pension from any source

Every Question MUST be Answered.

Sworn to and subscribed before me this the 9 day of March, 1899.

W. M. Magsdale Ordinary,
of DeKalb County.

H. H. Suber
Applicant.

STATE OF GEORGIA,

DeKalb COUNTY.

Dr D.R. Chupp, of said State and County, having been presented as a witness in support of the application of Henry H. Suber 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? A.H. Brantley, and I reside at 70 Peachtree St., Atlanta, Fulton Co. Georgia.

2. Are you acquainted with Henry H. Suber, the applicant; if so how long have you known him? Yes: I have known him Forty years.

3. Where does he reside, and how long and since when has he been a resident of this State? He resides at present in DeKalb Co. Ga. & has lived in Georgia all his life.

4. When, where and in what company and regiment did he enlist, and how do you know? He enlisted in Capt. Ward's Co. May 18th '61, at Brunswick Ga. I was in the same Company 18th Ga. Regt

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

6. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? He served from his enlistment until the end of the war, and I know, from being with him, that he was a good soldier & always did his duty faithfully and courageously.

7. What property, effects or income has the applicant? (Give your means of knowledge.) He has no property so far as I know, and is dependent for livelihood save his own & his wife's exertions.

8. What property, effects or income did the applicant possess in 1896, 1897 and 1898, and what disposition, if any, did he make of same? He had nothing, so far as I know except a few furniture & household goods.

9. Has he conveyed away any of his property in the last three years, if so, what was it, and to whom? No.

10. What is the applicant's occupation and physical condition? He is a farmer. He has gradually grown feeble, physically each year, until now he is unable to make a living by his labor.

11. Is the applicant unable to support himself by labor of any sort, if so, why? Yes, Because in his weakened condition, physically, from Rheumatism, from Heart trouble, from an injured foot & leg.

12. How was he supported during the years 1897 and 1898? By the help of his wife's labor & his own, and the help of friends and neighbors.

13. What portion of his support for these two years was derived from his own labor or income? I can't certainly say, but probably one-fourth or one-fifth.

14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? He has grown so weak from disease & age that he is entirely unable to make a living by pursuing any active calling.

15. What interest have you in the recovery of a pension by this applicant? None, save as a friend & Comrade.

Sworn to and subscribed before me, this the 9 day of March 1899.

W.W. Ragsdale, Ordinary.

A.H. Brantley, Witness.

J.M. Sefton, Witness.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

DeKalb COUNTY.

Personally came before me Dr A.H. Brantley and Dr D.R. Chupp, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully H.H. Suber, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

Applicant has Valvular Disease of the Heart complicated with Hypertrophy of the same, He also has Chronic Muscular Rheumatism, and suffers as a cripple from a wounded foot and Ankle in which there is some displacement or dislocation of the Bones.

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 9 day of March 1899.

W.W. Ragsdale, Ordinary.

A.H. Brantley, M.D.
D.R. Chupp, Jr. M.D.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

DeKalb COUNTY.

I, W.W. Ragsdale, Ordinary in and for said County, hereby certify that the applicant H.H. Suber resides in said County, and has been a bona fide resident of this State since the ____ day of June 1840 and that the witnesses, viz: A.H. Brantley, J.M. Sefton and D.R. Chupp M.D. are of trustworthy character, and that their statements are entitled to full faith and credit.

I further certify that before answering the foregoing questions the applicant and each witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witness before same was signed.

I further certify that the tax digests of DeKalb County show that applicant returned for taxation in his name in 1897 None Dollars of property, and in 1898 None Dollars of property.

In my opinion the foregoing claim is ____ made in good faith.

Witness my hand and seal of office, this 9 day of March 1899.

W.W. Ragsdale, Ordinary,
of DeKalb County.

NOTE.

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

POWER OF ATTORNEY.

STATE OF GEORGIA, }
County. }

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 _____ 1900.

_____ [L. S.]

Executed in presence of

_____

_____

CODE SEC. 1254.

(For Those Already Enrolled.)

NO. 107

INDIGENT SOLDIER'S PENSION, 1900.

Name H. H. Snyder

County DeKalb

WARRANT ISSUED

Jany 15 1900.

JOHN. W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

Ala. Dist. Co.

Gadsden, Ala.

CODE SECTION 1254

(For Those Already Enrolled.)

No. 647

INDIGENT SOLDIER'S PENSION. 1901.

Name H. H. Snyder.

County DeKalb

WARRANT ISSUED

Jany 21 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

H. H.

George M. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA, }
County. }

I, _____ hereby authorize

_____ of _____

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

_____ at _____

by _____

Witness my hand and seal, this _____ day of _____ 1901. [L. S.]

Executed in presence of

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb County.

Personally appears H H Suber of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 23 day of June 1840; 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 Ga) during the war between the States, and served for the term of 4 years, in Company D, of 8 th Regiment of Ga (Cav) (Cont Hendricks Co); that his physical condition is as follows: Disease of Bowels Rheumatism and Heart Trouble

that his property consists of the following items None

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1900. I have heretofore as a resident of De Kalb county been allowed a pension for the year 1899

Sworn to and subscribed before me, this the 4 day of Jan. 1900. H. H. Suber

W M Ragsdale Ordinary.

State of Georgia,
De Kalb County.

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

Given under my official signature and seal, this 7th day of Jan 1900.

Affix your seal here.

W M Ragsdale
Ordinary De Kalb County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1900.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb County.

Personally appears H H Suber of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 23d day of June 1840; that he is 61 years old and by occupation a Farmer that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served for the term of 4 yrs in Company D, of 8 th Regiment of Ga (Cav) Capt Hendricks Co; that his physical condition is as follows: Suffering from Chronic Rheumatism

that his property consists of the following items None

of the value of 0 0 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 De Kalb county been allowed a pension for the year 1900.

Sworn to and subscribed before me, this the 7th day of Jan 1901. H H Suber

W M Ragsdale, Ordinary.

STATE OF GEORGIA,
De Kalb County.

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

Given under my official signature and seal, this 7th day of Jan. 1901.

Affix your seal here

W M Ragsdale
Ordinary De Kalb County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1901.

POWER OF ATTORNEY.

STATE OF GEORGIA,
De Kalb County.

I, H H Suber hereby authorize
Mrs A L Connolly of De Kalb Co
to receive and receipt for the pension allowed and request that he remit same to
_____ at _____
by _____

Witness my hand and seal, this 15 day of Jan 1902.
H. H. Suber [L. S.]

Executed in presence of
W M Rogsdale
Ordinary.

Suber H H
De Kalb Co
5-

CODE SECTION 1354.
(FOR THOSE ALREADY ENROLLED.)
No. 580

INDIGENT
SOLDIER'S PENSION
1902.

Name Suber H H.
County DeKalb
Co. D Regiment 8th

WARRANT ISSUED
1-17 1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Mrs A L Connolly

Geo. W. Harrison, State Printer, Atlanta.

Suber H.H.
De Kalb Co.

POWER OF ATTORNEY.

STATE OF GEORGIA,
De Kalb County.

I, H H Suber hereby authorize
Mrs R A Cearley of De Kalb county
to receive and receipt for the pension allowed and request that he remit same to
_____ at _____
by _____

Witness my hand and seal, this 7 day of Jan 1903.
H. H. Suber [L. S.]

Executed in presence of
Allice Gibbons
W M Rogsdale
Ordinary.

Suber, H. H.
De Kalb Co
5-

CODE SECTION 1354.
(FOR THOSE ALREADY ENROLLED.)
No. 867

INDIGENT
SOLDIER'S PENSION
1903.

Name Suber H.H.
County DeKalb
Co. D Regiment 8th

WARRANT ISSUED
1-23 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
R A Cearley

Geo. Harrison, State Printer, Atlanta.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
DeKalb County.

Personally appears H H Suber of DeKalb County, State of Geoogia, 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 23 day of June 1840; that he is 62 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 D, of 8 th Regiment of Ga Vol ; that his physical condition is as follows: Afflicted with Chronic Rhumatism

that his property consists of the following items None

of the value of 00 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 DeKalb county been allowed a pension for the year 1901.

H. H. Suber

Sworn to and subscribed before me, this the 15 day of Jan 1902.

W M Ragsdale Ordinary.

STATE OF GEORGIA,
DeKalb County.

I, W M Ragsdale Ordinary of said County, do certify that I am well acquainted with H H Suber the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1902.

Affix your seal here

W M Ragsdale
Ordinary. DeKalb 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,
DeKalb County.

Personally appears H H Suber of DeKalb 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 23 day of June 1840; that he is 60 years old and by occupation a Farmer, that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of 4 Years in Company D, of 8 th Regiment of Ga Vol ; that his physical condition is as follows: Suffering with Chronic Rhumatism

that his property consists of the following items: None

of the value of 00 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 DeKalb county been allowed a pension for the year 1902.

H. H. Suber

Sworn to and subscribed before me, this the 10 day of Jan 1903.

W M Ragsdale Ordinary.

STATE OF GEORGIA,
DeKalb County.

I, W M Ragsdale Ordinary of said County, do certify that I am well acquainted with H H Suber the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Jan 1903.

Affix your Seal here

W M Ragsdale
Ordinary DeKalb County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1903.

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb COUNTY.

I, W N Suber hereby authorize R A Canby of DeKalb County to receive and receipt for the pension allowed and request that he remit same to W N Suber at Ridan Ga by

Witness my hand and seal, this 4 day of January 1904.

H. W. Suber [L. S.]

Executed in presence of
James R George
Ordinary

Suber, H. W.
DeKalb County

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 525

INDIGENT
SOLDIER'S PENSION
1904.

Name W. W. Suber
County DeKalb
Co. K Regiment S. V.

WARRANT ISSUED
Jan 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
H A Canby

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

no data

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb COUNTY.

I, W. N. Suber hereby authorize R A Canby of Ridan to receive and receipt for the pension allowed, and request that he remit same to W. N. Suber at Ridan by

WITNESS my hand and seal, this 10 day of Janry 1905.

W. N. Suber [L. S.]

Executed in the presence of
James R George
Ordinary

Suber, W. H.
DeKalb County

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 525

INDIGENT
SOLDIER'S PENSION
1905.

Name W. H. Suber
County DeKalb
Co. K Regiment S. V.

WARRANT ISSUED
Jan 3 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
[illegible]

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

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
DeKalb County.

Personally appears W.H. Suber of DeKalb 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 23 day of June 1840; 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 4 years in Company D, of 8 th Regiment of Georgia Vols; that his physical condition is as follows: Chronic Rheumatism

that his property consists of the following items:
None

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

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

W. H. Suber

Sworn to and subscribed before me, this the 4 day of Jany 1904.
James R George Ordinary.

STATE OF GEORGIA,
DeKalb County.

I, James R George Ordinary of said County, do certify that I am well acquainted with W.H. Suber the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1904.

James R George
Ordinary DeKalb County.

Affix your Seal here.

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

STATE OF GEORGIA,
DeKalb County.

Personally appears W.H. Suber of DeKalb 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 64 years old and by occupation a , that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States and served for the term of in Company C, of 8 th Regiment of Ga Vols; that his physical condition is as follows: Dufirmity & 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 1905. I have heretofore as a resident of County been allowed a pension for the year 1904.

W. H. Suber

Sworn to and subscribed before me, this the 10 day of Jany 1905.
James R George Ordinary.

STATE OF GEORGIA,
DeKalb County.

I, James R George Ordinary of said County, do certify that I am well acquainted with W H Suber the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Jany 1905.

James R George
Ordinary DeKalb County.

Affix your Seal here

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1905.

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb COUNTY.

I, N. H. Suber hereby authorize
R. N. Connally of Rudan Ga
to receive and receipt for the pension allowed, and request that he remit same to
N. H. Suber at Rudans
by

WITNESS my hand and seal, this day of 1906.
N. H. Suber [L. S.]

Executed in the presence of
James R. George
D. Kinlaw

Suber, H. H.
DeKalb Co.

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)
No. 54

INDIGENT
SOLDIER'S PENSION
1906.

Name R. N. Suber
County DeKalb
Co. D Regiment 5 Ga

WARRANT ISSUED
12 2 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
R. N. Connally

THE FRANKLIN PRINTING AND PUBLISHING CO., GEO. W. HARRISON, MGR.

720-10 72

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 1907.
[L. S.]

Executed in presence of

Suber, H. H.
DeKalb Co.

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED)
No. D A 6

INDIGENT
SOLDIER'S PENSION
1907.

Name H. H. Suber
County DeKalb
Co. D Regiment 5th Ga

WARRANT ISSUED
1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

State of Georgia,

De Kalb County.

Personally appears H H Suber of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 23 day of June 18 36; that he is 65 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 D, of 8 th Regiment of Georgia Infy; that his physical condition is as follows: Infirmity & 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 De Kalb County, been allowed a pension for the year 1905.

H H Suber

Sworn to and subscribed before me, this the 9 day of January 1906.

James R George Ordinary.

State of Georgia,

De Kalb County.

I, James R George Ordinary of said County, do certify that I am well acquainted with H H Suber the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 January 1906.

James R George

Ordinary De Kalb County.

Affix your seal here

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

State of Georgia,

DeKalb County.

Personally appears H. H. Suber of

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the day of 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 D., of 8 th Regiment Ga of ; that his physical condition is as follows: Infirmity & 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.

H. H. Suber

Sworn to and subscribed before me, this the 10 day of Jany 1907.

James R George Ordinary.

State of Georgia,

County.

I, James R George Ordinary of said County, do certify that I am well acquainted with H H Suber the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1907.

James R George

Ordinary County.

Affix your seal here

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

NAME Suber, H H YEAR 1899 COUNTY DeKalb

WHEN AND WHERE BORN? June 23, 1840 - Meriwether Co., Georgia

ENLISTED WHEN AND WHERE? May 18, 1861 - Greenville, Meriwether Co., Ga.

RANK

COMPANY AND REGIMENT? Co D 8th Regt. Georgia Vols (Capt. Howard's CO.)

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

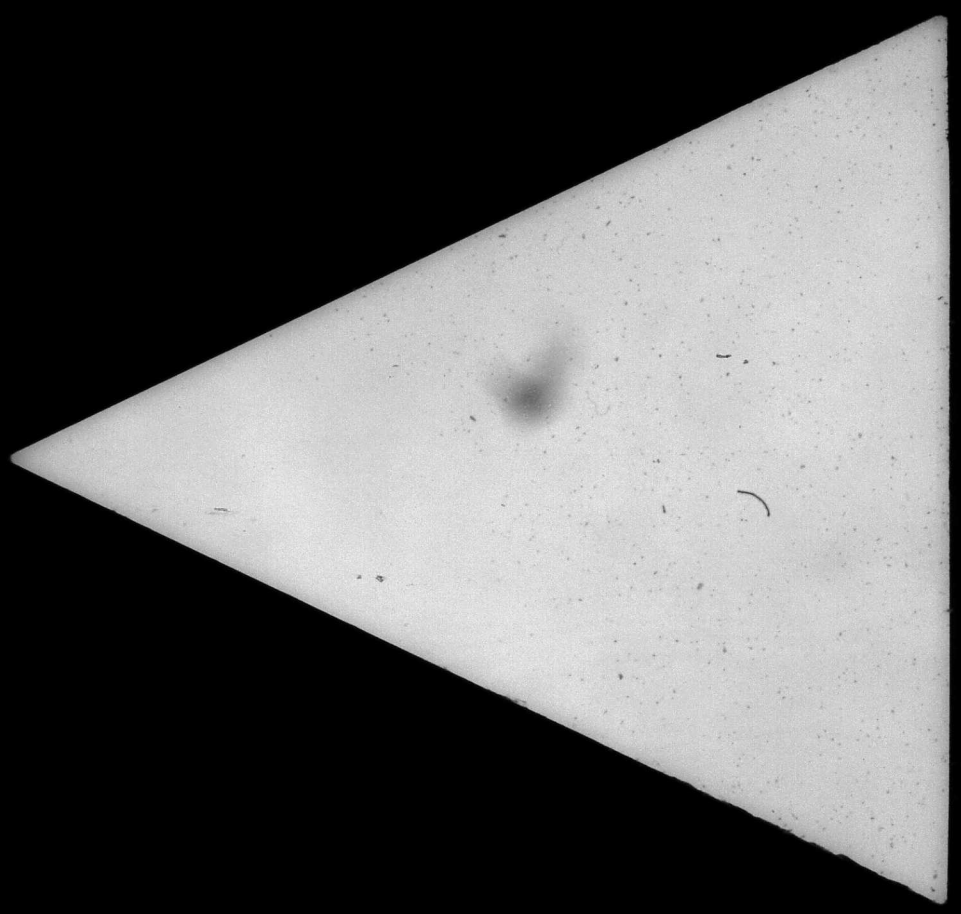
WHEN AND WHERE SURRENDERED? April 9, 1865 - Appomattox, Va.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. A H Brantly, J M Leftin - same command - No data
mh



Luber, Mary
De Kalb Co.

No.....

Widow's Application

To Be Put on Roll in Her Own Right When Husband Was on the Indigent Roll or Put on Under Act of July 11, 1910.

County DeKalb

Name Mrs Mary V Luber

Widow of W H Luber

Company D, 8th Ga

Approved .....

.....

J. W. LINDSEY,
Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta.

10/27-1910

Suber, Mary A.
DeKalb Co.

No.

Widow's Application

To Be Put on Roll in Her Own Right When Husband Was on the Indigent Roll or Put on Under Act of July 11, 1910.

County. DeKalb

Name. Mrs. Mary A. Suber

Widow of H. H. Suber

Company D, 5th

Approved

J. W. LINDSEY,
Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta.

1927-1910

STATE OF GEORGIA,
DeKalb County.

Personally before me comes Mrs. Mary A. Suber of said County, who, after being duly sworn, on oath says, that she is the widow of H. H. Suber to whom in the County of DeKalb State of Georgia she was married on the 25 day of Nov 1868 and that she remained his wife, and resided with him to the date of his death in Aug 14 1915 and that she has not since his death remarried. At the time of his death he was a resident of Tucker Beat County, in DeKalb said State of Georgia, and he was on the Indigent Pension Roll of the State and paid a pension of $ 60 00 in DeKalb County for 1915 per annum, on account of being a soldier in Company D Regiment 5th — (Volunteers of State Militia.)

At the death of H. H. Suber 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.)

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 DeKalb and she has so continuously resided since first day of 19

Sworn to and subscribed before me, this the 21 day of Feb 1915 } Mrs. M. A. Suber

James R. George Ordinary,
of DeKalb County.

Affidavit of Witnesses to Prove Marriage and to Whom--Date of Death of Husband.

STATE OF GEORGIA,
DeKalb County.

Personally before me come Mrs. L. J. Floyd & T. R. Floyd 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. Mrs. Mary A. Suber who made the foregoing affidavit, is the lawful widow of H. H. Suber who died in DeKalb County in said State of Georgia on 14 day of Aug 1915 and that she has not since remarried. That she became the wife of H. H. Suber on the Nov 25 day of 1868 and that she and he had resided together as man and wife continuously since 25 day of Nov 1868 and that the H. H. Suber was the same man who was on the pension roll of said State Ga from Decatur County DeKalb when he died.

T. R. Floyd
Mrs. L. J. Floyd

Sworn to and subscribed before me, this the 2nd day of Oct 1915 }

James R. George Ordinary,
of DeKalb County.

Dekalb County.

To any Minister of the Gospel Judge of Superior Court or Justice of the Peace to celebrate:

You are hereby authorized and **permitted to join in the Honorable state of Matrimony Henry M. Suber and Mary A. Braswell,** 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 this 24th day of November 1868.

James L. Wilson, Ordinary. (Seal)

I hereby certify that Henry M. Suber and Mary A. Braswell were Joined together in the Holy Bans of Matrimony on the 25th day of November 1868 by me.

W. R. Pendley J. P.

Georgia, Dekalb County.

I, James R. George, Ordinary in and for said county, do hereby certify that the above and foregoing copy of Marriage License and Certificate of Marriage, is a true, correct and complete copy of the Marriage License and Certificate of Marriage of Henry M. Suber and Mary A. Braswell, as the same appear of record in my office in Book B. Record of Marriages, Page 240.

In Testimony Whereof, I have hereto set my hand and affixed the seal of said Court of Ordinary at Decatur, Ga., this 18th day of October, 1915.

James R George
Ordinary.

STATE OF GEORGIA,
Dekalb County.

Personally before me come J E Anderson and D C Thompson who after being sworn on oath says, that they are freeholders of said County, and that they know Mary A Suber of said County and knew her said husband H H Suber 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: Nothing

of the value of $ —— That she is now in the use, possession and control of the following property to wit: Nothing

of the value of $ ——

Sworn to and subscribed before me, this the 25 day of Oct 1915

James R George Ordinary,
of Dekalb County.

J. E. Anderson
D. C. Thompson

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Dekalb County.

I, James R George Ordinary of said County, do certify, that, I know Mrs. Mary A Suber 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 ..... 191 .....

That I also know J R Floyd & Mrs E J Floyd witness as to marriage and I also know J E Anderson & D C Thompson 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 Dekalb County shows that —— returned property to the amount of Nothing for 1908 $ —— for 1909 $ —— for 1910 $ ——

Sworn under my hand and official seal of office this 25 day of Oct 1915

(SEAL.)

James R George 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 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.

Suber, Mary (Mrs.)
DeKALB Co.

For DeKalb County

1928

Application for Pension Due Deceased Pensioner

(UNDER ACT 1919)
(To pay expenses of last illness and funeral)

V. A. Morgan Ordinary
For Mrs Mary Suber
Date of Death March 21, 1928
Amount $100.00

Approved and ordered paid OK
John W Clark
JOHN W. CLARK,
Commissioner of Pensions.
20 April 28

Received of V. Morgan Ordinary check for 100.00 for the within named pension.
J. H. St. John

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.

(To Be Paid to the Ordinary for Expenses of Funeral and Last Illness)
(Under Act Approved August 15, 1904)

GEORGIA, DeKalb County.

Personally before me, the Ordinary of said County, comes J. N. St John of said County, who, after being sworn, on oath says that he knew Mrs Mary Suber of said County, and that said Pensioner was on the Pension Roll of said County at the time of death, which occurred in DeKalb County, in this State, on the 21 day of March 1928, and that pensioner left no widow surviving, and no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of $150.00, per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me,
V. D. Morgan, Ordinary
DeKalb County
(Seal of Ordinary)

J. H. St John

CERTIFICATE OF ORDINARY

GEORGIA, DeKalb County.

I, V. D. Morgan, Ordinary of said County, do certify that I personally know J. H. St John, who is a resident citizen of said County, and that said person is of truthful and trustworthy character, entitled to full faith and credit; that I also knew Mrs Mary Suber while in life and that this was the same person whose name appears on the Pension Roll of DeKalb County, and was paid a Pension of Two Hundred ($200.) Dollars in said County for 1927, 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 24 day of March, 1928.
(Seal of Ordinary)
V. D. Morgan, Ordinary
DeKalb County

INSTRUCTIONS:

1st. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.

2nd. Each account must be sworn to before the Ordinary, and in the following form. (Do not use the terms: "just, true, due, unpaid," etc.)

"The above and foregoing account is rendered for services in the ~~last illness~~ (or for funeral expenses, as the case may be) of Mrs Mary Suber, who died without owning sufficient property to pay this bill.

3rd. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed as indicated.

4th. The completed voucher—this blank and the bills—must be sent to the Pension Department for approval and no money must be paid out until it is returned to you as your authority to make the payment.

5th. Return this application, and attached bills, with your final settlement, to the Pension Department.

6th. Ordinary should see that the back of this blank, when folded, is filled out.

J. H. ST. JOHN — WM. A. ST. JOHN

LITHONIA, GA., March 24 1928

M Funeral Expenses of
Mrs Mary Suber

IN ACCOUNT WITH

J. H. St. John & Son

Funeral Directors and Licensed Embalmers

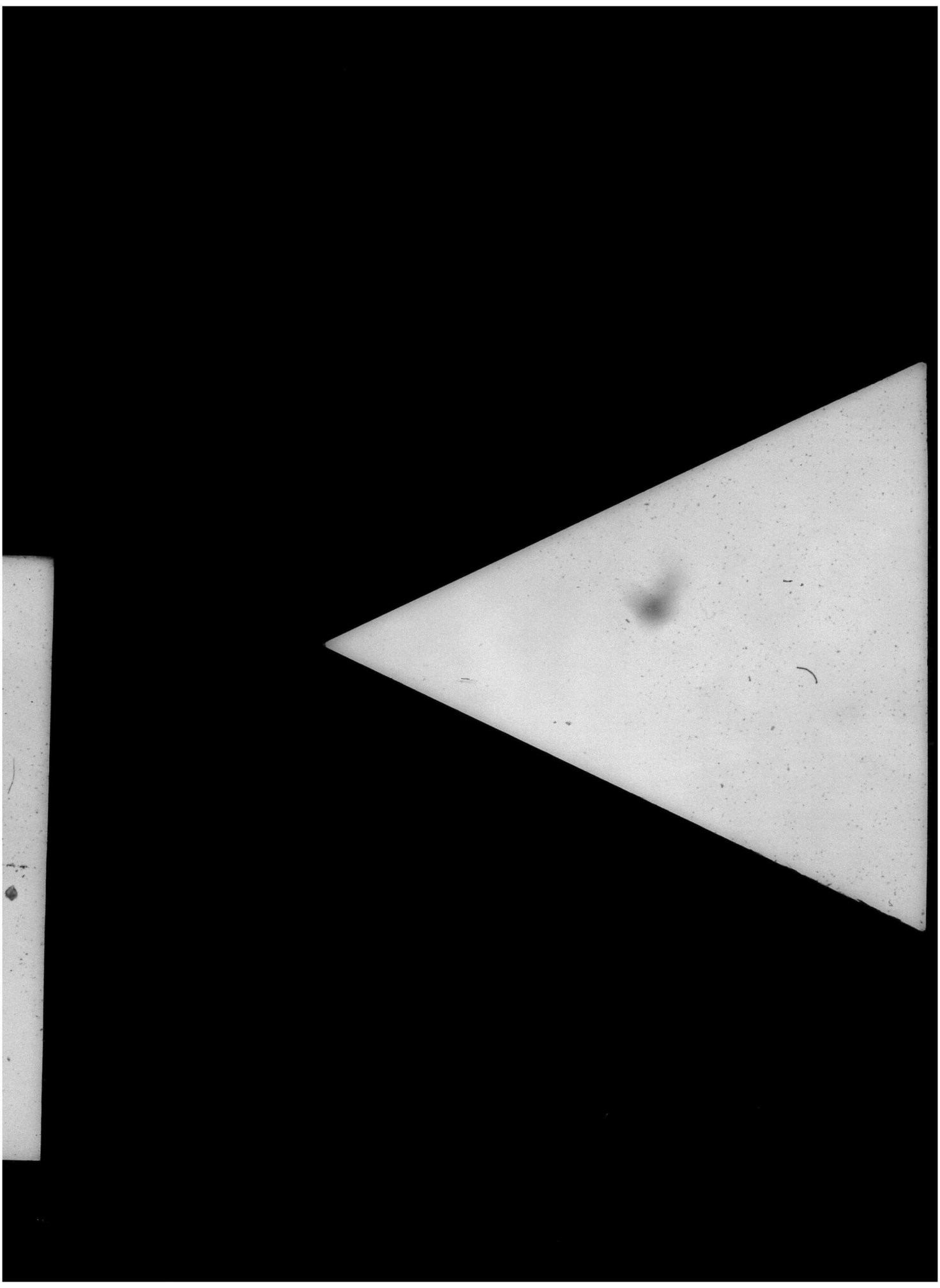
DAY PHONE 104-J — NIGHT PHONE 104-W

March 20	To Embaling		15 00
" 22	" Casket		125 00
" 23	" Hearse Service		10 00
			$150 00

The Above account is for Funeral Expenses of Mrs Mary Suber. Who Died Without owning Sufficient property to pay this Bill

Signed
J H St John

Sworn to and subscribed to Before me.
This 24 Day of March 1928.
J. H. Bruton
Notary Public



Form 5.

POWER OF ATTORNEY.

STATE OF GEORGIA.

De Kalb County.

KNOW ALL MEN BY THESE PRESENTS, That I, John A Swift of De Kalb County, in said State, do hereby appoint E. L. Connally of Fulton 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 4th day of April 1894.

John A Swift [L. S.]

Executed in the presence of us:

Mrs C D Johnson

Wm. Ragsdale Attorneys.

DIRECTION.

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

Co. De Kalb
Swift John A
No. 2254

Soldier's Pension,
1894.

Name John A Swift
County DeKalb
Disability Illness
Amount, $ 50
40 10
1894

W. H. HARRISON,
Secretary Executive Department.

WARRANT HANDED TO
E L Connally

Geo. W. Harrison, State Printer, Atlanta.

Form 5.

POWER OF ATTORNEY.

STATE OF GEORGIA.
De Kalb County.

KNOW ALL MEN BY THESE PRESENTS, That I, J. A Swift of De Kalb County, in said State, do hereby appoint E. D. Connally of Fulton 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 4th day of April 1894.

John A Swift [L. S.]

Executed in the presence of us:
Martin Johnson
Wm Ragsdale Ordinary

DIRECTION.

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

Soldier's Pension.
1894.

De Kalb Co.
Swift J A
No. 3254

Name John A Swift
County DeKalb
Disability Mexico
Amount, $ 50
Apl 10
189

W. H. HARRISON,
Secretary Executive Department.

WARRANT HANDED TO
E D Connally

Geo. W. Harrison, State Printer, Atlanta.

Form 1.

For Use of Applicants Who Have Not Heretofore Drawn.

STATE OF GEORGIA.
De Kalb County.

PERSONALLY appears J. A. Swift of De Kalb 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 30th day of Dec 1832; 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 2nd Sergt. in Company C, of 12th Regiment of Georgia Volunteers Jackson's Brigade; that whilst engaged in such military service, at the battle of ..... in the State of ....., on the ..... day of 186 , he was disabled as follows: In the latter part of 1861 he contracted Dysentery while in service and from exposure and sitting on said log in the construction of coast defense near Pensacola Fla he also become afflicted with piles, was treated them for both diseases but never recovered they become chronic and applicant from the effects of the diseases has become unable to do any kind of labor and is now and has been for almost the years in an almost helpless condition. Deponent has been under constant treatment for the disease ever 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 thereunder, ending October 26th, 1894.

Sworn to and subscribed before me this the 4th day of April 1894.
Wm Ragsdale
Ordinary.

John A Swift

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.

AFFIDAVIT FOR WITNESSES.

STATE OF GEORGIA,
County of De Kalb

PERSONALLY appears before me, the undersigned, Ordinary in and for said County,
W. J. Lee.
and
each of whom, being duly sworn according to law, severally say, under oath, that they are personally well acquainted with John A. Swift
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: (* See Note) While in Service at Warrington Navy yard near Pensacola Fla he had a severe attack of piles which has become Chronic and renders the said Swift unable to do any kind of labor. Has become weak and debilitated by reason of said disease. The said C. E. Connally has not seen the applicant since the war & cannot testify as to his present condition, but remembers distinctly to have treated him for the piles while in the Confederate army at Pensacola.

We personally know above stated facts. We were with him in the army and have known him ever since. Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 1861. We have no interest in the recovery of a pension by him.

W. J. Lee
William McConnell
C. E. Connally M. D.

Sworn to and subscribed before me this 4th day of April 1894.
M. M. Ragsdale, Ordinary.

NOTE.—The Ordinary will see that the full text of the Affidavit is understood by the *witnesses*, and that they are legally qualified to the same.
2. Witnesses are asked to make their statements full and explicit.
* NOTE.—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.

Sworn to and subscribed before me by Wm McConnell and E. L. Connally who I certify are reputable witnesses and entitled to full faith and credit. This April 6th 1894
M. L. Calhoun Ordinary of Fulton Co.

Sworn to and subscribed before me as amended by E. L. Connally April 6th 1894 M. L. Calhoun Ordinary

Physician's Affidavit.

STATE OF GEORGIA,
De Kalb County.

PERSONALLY comes before me M. M. Ragsdale, Ordinary of said County, G. R. Wells M.D. and L. F. Jones M.D., both known to me as reputable physicians of said County, who being severally sworn, say on oath that they have carefully examined John A. Swift and after such personal examination say that the applicant has been injured as follows:
Has Chronic Diarrhoea and piles. He has become so debilitated from the disease under he is unable to do any kind of labor being confined to his bed and room a greater part of the time by reason of the disease

We have treated applicant professionally for 3 & 5 years.

Sworn to and subscribed before me this 4th day of April 1894.
M. M. Ragsdale, Ordinary.

G. R. Raymond Wells, M.D.
L. F. Jones M.D.

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

Form 4.

STATE OF GEORGIA,
De Kalb County.

I M. M. Ragsdale Ordinary of said County, do certify that I am well acquainted with John A. Swift 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 4th day of April 1894.
M. M. Ragsdale, Ordinary De Kalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA, }
De Kalb County. }

KNOW ALL MEN BY THESE PRESENTS, That I, Jno. A. Swift of De Kalb County, State of Georgia, do hereby appoint W.W. Ragsdale of Decatur Ga my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of an injury received as aforesaid in the military service of the Confederate States (or of this State) as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrrant 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 26th day of Oct 1895.

John A. Swift [L. S.]

Executed in presence of us
W.H. Burgess
H. Allgood

DIRECTIONS.

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

Swift, John A.
De Kalb Co

(For Those Already Enrolled.)

No. 265

SOLDIER'S PENSION.

1895.

Name J.A. Swift
County De Kalb
Disability Disease
Amount, $ 10.00

3/4

1895.

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

No Date

POWER OF ATTORNEY.

STATE OF GEORGIA, }
De Kalb County. }

I, J.A. Swift hereby authorize W.W. Ragsdale, of De Kalb County to receive and receipt for the pension paid hereon and request that he remit same to ..... by ..... at .....

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 12th day of Dec 1896.

John A. Swift [L. S.]

Executed in presence of us
Wm Morrison
H A Jones

Swift, John A.
De Kalb Co

ACT OF 21 OCT., 1887.

(For Those Already Enrolled.)

No. 654

SOLDIER'S PENSION.

1896.

Name J.A. Swift
County De Kalb
Disability Disease
Amount, $ 30.00

2/3

1896

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

No Date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
DeKalb County.

Personally appears J. A. Swift of DeKalb

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 30th day of Dec 1832; 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 3rd Sergt in Company C, of 1 th Regiment of Ga Volunteers, Johnson 's Brigade; that whilst engaged in such military service at the battle of in the State of on the day of July 1861, he was wounded as follows: Contracted Chronic Dysentery while in service from which disease he has never recovered but continued to grow worse until deponent is unable to do any kind of work

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 Fifty dollars, for the year 1894.

Sworn to and subscribed before me, this, the 26th day of Feb 1895. } John A. Swift

W. M. Rogsdale Ordinary.

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,
DeKalb County.

I, W. M. Rogsdale Ordinary of said County, do certify that I am well acquainted with J. A. Swift the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Feb 1895.

Affix your seal here

W. M. Rogsdale

Ordinary DeKalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
DeKalb County.

Personally appears J. A. Swift of DeKalb

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 Dec 1832; 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 Sergt in Company C, of 1st Regiment of Ga Volunteers, Johnson '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: Contracted Chronic Dysentery while in service which has so affected the applicant that he is unable to do any kind of work

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 DeKalb county been allowed a pension of Fifty dollars, for the year 1895.

Sworn to and subscribed before me, this, the day of 1896. } John A. Swift

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,
DeKalb County.

I, W. M. Rogsdale Ordinary of said County, do certify that I am well acquainted with J. A. Swift the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Feb 1896.

Affix your seal here.

W. M. Rogsdale

Ordinary DeKalb County.

STATE OF GEORGIA,
DeKalb County.

I, Jno. A. Swift hereby authorize Wm. Ragsdale
of DeKalb
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 13th
day of Feb 1897.

John A. Swift [L. S.]

Executed in presence of
B. H. Strong
[illegible]

(For Those Already Enrolled.)
ACT OF 24 OCT., 1887.

No. 539

INVALID
SOLDIER'S PENSION.
1897.

Name John A. Swift
County DeKalb
Disability Disease
Amount, $ 50 00
2/17 1897.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
Att

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

DeKalb Co.
Swift, John A.

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb County.

I, J. A. Swift hereby authorize Wm Ragsdale
of DeKalb County
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 Feb 1898.

John A. Swift [L. S.]

Executed in presence of
L. B. Hendricks
S. E. Bailey

Swift, John A.
DeKalb Co.

(For Those Already Enrolled.)
ACT OF 24 OCT., 1887.

No. 2114

INVALID
SOLDIER'S PENSION.
1898.

Name J. A. Swift
County DeKalb
Disability Disease
Amount, $ 50 00
2/16 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
Wm. Ragsdale

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
DeKalb **County.**

Personally appears J A Swift of DeKalb 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 Dec 1832; 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 Sergt in Company C, of 14th Regiment of Ga Volunteers, Wilson 's Brigade; that whilst engaged in such military service in the State of , on the day of 186, he was wounded, injured or diseased of follows:

Contracted Chronic Diarrhoea and Incapable in Service which Disease Renders applicant unable to earn a living.

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 DeKalb county been allowed an invalid pension of Fifty Dollars, for the year 1896.

Sworn to and subscribed before me, this the 15th day of Feb 1897. John A Swift POST OFFICE

W M Rogsdale Ordinary.

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,
DeKalb **County.**

I, W M Rogsdale Ordinary of said County, do certify that I am well acquainted with Jno A Swift the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1897.

Affix your seal here.

W M Rogsdale
Ordinary DeKalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
DeKalb **County.**

Personally appears J A Swift of DeKalb 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 30th day of Dec 1832; 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 C, of 1 th Regiment of Ga Volunteers, Wilson 's Brigade; that whilst engaged in such military service in the State of Ga, on the day of June 1861, he was wounded, injured or diseased as follows:

Contracted Chronic Diarrhoea while in service from which he has never recovered being at present unable to labor for do any kind of work for a support

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 DeKalb county been allowed an invalid pension of Fifty Dollars, for the year 1897.

Sworn to and subscribed before me, this the 14th day of Feb 1898. John A Swift POST-OFFICE

W M Rogsdale Ordinary.

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,
DeKalb **County.**

I, W M Rogsdale Ordinary of said County, do certify that I am well acquainted with J A Swift the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Feb 1898.

Affix your seal here.

W M Rogsdale
Ordinary DeKalb County.

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 120.

(For Those Already Enrolled.)

No. 2634

INVALID

SOLDIER'S PENSION.

1899.

Name J.A. Swift

County DeKalb

Disability Disease

Amount, $ 30.

2/18 1899.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

Swift, J.A.

DeKalb Co.

Ga.

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

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

.....

CODE SECTION 120.

(For Those Already Enrolled.)

No. 1765

Swift, J.A.

DeKalb Co.

Ga.

INVALID

SOLDIER'S PENSION.

1900.

Name J.A. Swift

County DeKalb

Disability Disease

Amount, $ 30.

Warrant issued 2nd of 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
DeKalb County.

Personally appears J A Swift of DeKalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 30 day of Dec 1832; 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 C, of 1st Regiment of Ga Volunteers, Jackson's Brigade; that whilst engaged in such military service in the State of Va, on the day of July 1861, he was wounded, injured or diseased as follows: Contracted chronic diarrhoea while in service and has never been able since to do any kind of work on account of the disease.

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1899. I have heretofore under said law as a resident of DeKalb County been allowed an invalid pension of Eight Dollars, for the year 1898.

Sworn to and subscribed before me, this, the 31 day of Jan 1899. John A. Swift POST OFFICE Stone Mtn

W M Cagsdale Ordinary

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,
DeKalb County.

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

Given under my official signature and seal, this 31 day of Jan 1899.

Affix your seal here

W M Cagsdale
Ordinary DeKalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
DeKalb County.

Personally appears J A Swift of DeKalb 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 30 day of Dec 1832; 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 C, of 1 th Regiment of Ga Volunteers, Jackson's Brigade; that whilst engaged in such military service in the State of Va, on the day of July 1861, he was wounded, injured or diseased as follows: Contracted chronic diarrhoea while in service and has never been able to do any kind of labor for a support.

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 DeKalb County been allowed an invalid pension of Eight Dollars, for the year 1899.

Sworn to and subscribed before me, this, the 16 day of Jan 1900. John A. Swift POST OFFICE Stone Mtn

W M Cagsdale Ordinary

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,
DeKalb County.

I, W M Cagsdale Ordinary of said County, do certify that I am well acquainted with J A Swift the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1900.

Affix your seal here.

W M Cagsdale
Ordinary DeKalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA, DeKalb County.

I John A Swift hereby authorize W. M. Ragsdale of DeKalb

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 9th day of Jan 1901.

John A Swift [L. S.]

Executed in presence of

T J Campbell

W E Suggle

CODE SECTION 1250.
(For Those Already Enrolled.)

No. 855

DISABLED
SOLDIER'S PENSION.
1901.

Name J A Swift
County DeKalb
Disability Disease
Amount, $ 50.

Jan 21 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Applicant

Geo. W. Harrison, State Printer, Atlanta.

No date

DeKalb Co.
Swift J A
Co F 5th Ga Regt

POWER OF ATTORNEY.

STATE OF GEORGIA, DeKalb County.

I, J A Swift hereby authorize W M Ragsdale

of DeKalb Co

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 17 day of Jan 1902.

John A Swift [L. S.]

Executed in presence of

J. W. Wood

Swift J A
DeKalb Co.

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)

No. 2355

DISABLED
SOLDIER'S PENSION
1902.

Name Swift J A.
County DeKalb
Co C Regiment 1 27
Disability Disease
Amount, $ 50.

Jan 1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Applicant

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb County.

Personally appears J A Swift of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 30 day of Dec 1832; 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 C, of 1 th Regiment of Ga Volunteers, Jackson 's Brigade; that whilst engaged in such military service in the State of Ala, on the day of Aug 1861, he was wounded, injured or diseased as follows: Contracted chronic Dysentery while in service at Pensacola Fla and now unable to work.

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 De Kalb County been allowed an invalid pension of Fifty Dollars, for the year 1900.

Sworn to and subscribed before me, this the 9th day of Jan 1901. Postoffice John A. Swift Stone Mountain

W M Rogdace Ordinary

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,
De Kalb County.

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

Given under my official signature and seal, this 9th day of Jan 1901.

Affix your seal here

W M Rogdace
Ordinary De Kalb County.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
DeKalb County.

Personally appears J A Swift of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 30 day of Dec 1832; 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 C, of 1st th Regiment of ~~Jackson Ga~~ Volunteers, Jackson 's Brigade; that whilst engaged in such military service in the State of Ala, on the day of Aug 1861, he was wounded, injured or diseased as follows: Contracted Chronic Dysentery while in service from which he has never recovered.

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 De Kalb County, been allowed an invalid pension of Fifty Dollars, for the year 1901.

Sworn to and subscribed before me, this the 15 day of Jan 1902. Post-office John A. Swift

W M Rogdace Ordinary.

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,
De Kalb County.

I, W M Rogdace Ordinary of said County, do certify that I am well acquainted with J A Swift the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1902.

Affix your seal here

W M Rogdace
Ordinary De Kalb County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb County.

I, J. A. Swift hereby authorize Wm Ragsdale
of DeKalb County
to receive and receipt for the pension paid hereon and request that he remit same to
by
at

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 9
day of Jan 1903.

John A Swift [L. S.]

Executed in presence of
A. Nash
W. A. Bruce

Swift John Co
DeKalb Co

CODE SECTION 1459.
(FOR THOSE ALREADY ENROLLED.)
No. 3846

DISABLED
SOLDIER'S PENSION
1903.

Name Swift J.A.
County DeKalb
Co. C Regiment 1st
Disability Diarrhea
Amount, $ 87.
1/2 3 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Ready

Geo. W. Harrison State Printer, Atlanta

No Letter

Georgia
DeKalb County

Personally appeared before me
D. M Payne who being sworn deposeth
& saith that he was intimately acquainted
with John A Swift for many years
before 1861 & that he never heard of
his having any physical disabilities
& regarded him as a healthy man.
Sworn to & subscribed
before me Apl 6 1894
P. H. Calhoun
N. P. Fulton Co Ga.

D. M Payne

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
DeKalb County.

Personally appears J. K. Swift of DeKalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 30 day of Dec 1832; 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 12th Regiment of Ga Volunteers, Jackson's Brigade; that whilst engaged in such military service in the State of Fla, on the day of Aug 1861 he was wounded, injured or diseased as follows:

Contracted Chronic Dysentery while in service at Pensacola Fla with which he is now afflicted and unable to work for support

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 DeKalb County, been allowed an invalid pension of Fifty Dollars, for the year 1902.

Sworn to and subscribed before me, this the 7 day of Jan 1903.

John A. Swift
Post-office Stone Mtn

W M Ragsdale Ordinary

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,
DeKalb County.

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

Given under my official signature and seal, this 7 day of Jan 1903.

Affix your seal here

W M Ragsdale
Ordinary DeKalb County.

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

OFFICE
DR E L CONNALLY,
244½ WHITEHALL STREET,
ATLANTA, GA

Atlanta, Ga. April 5. 1894

This is to Certify that I was the Medical officer of John A Swift regiment & treated him for piles in the 1861 while in camp at Pensacola

J Smith & Subscribed before me April 6th 1894
W L Calhoun Ordinary

Georgia
DeKalb County

Personally came before me
W G Lunsford who being duly sworn
saith that Isaac Thomas John A Swift
for 25 years and he has been disable
to do any Work and he is now
disabled to any thing at all
Sworn to and subscribed before me
this April the 7th 1894

W. G. Lunsford

J M Goldsmith J P
DeKalb Co

Georgia DeKalb County

Personally appeared before
me L Mason who being duly
sworn deposeth and sayeth
that he was intimately acquainted
with John A Swift during
and since the year of 1861 & 65
and that he was afflicted with
piles ever since he came
out of the service He was
a stout man before entering
the service

Sworn to & subscribed L. Mason
before me this 7th 1894

J M Goldsmith J P
DeKalb Co

Georgia
DeKalb
County

Personally appeared before me
the undersigned a notary and
acting Justice of the Peace
for said County and State John
A Swift who on oath says that
he was a soldier in the Confederate
army and was in the Company
and Regt in the service as
mentioned in the papers filed
and came out of the service with
Lungs & Piles & has been sick ever
since and was treated by Dr Strickland
while he was South and by others
since and he is disabled from
the Piles and has been since the
War to do any but very light work
and is now unable to earn his

Sworn to & subscribed before me
this the 7th day of April 1894
John W. McCurdy N.P.D.C.J.P

J. A. Swift

Sworne to & Subscribed before me
this the 7th day of April 1894
John W. McCurdy N.P.F.&T.P

J. W. Osborn

Georgia Fulton County Ga
personally appeared before me
Oliver Winningham who being duly
sworn deposeth and saith that
he was intimately a equainted with
Johnson Sivils before the war 1861
and since and that he was considered
a stout man I have been acquainted
with him ever since the war and I know
him to be in bad health he has told
me that it was the Piles

Oliver Winningham

Sworn to & subscribed
to before me this
April 10/94
D.W. Landrum J.P.

NAME, Swift, J. H. YEAR 1894 COUNTY Dekalb

WHEN AND WHERE BORN? Resident of Ga. since Dec. 30, 1832.

ENLISTED WHEN AND WHERE?

RANK. Orderly Sergeant.

COMPANY AND REGIMENT? Co. C, 1st Regt. Ga. Vols. Jackson's Brig.

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Latter part of 1861, contracted diarrhea caused from exposure, and lifting sand bags (near Pensacola, Fla.) suffered with piles, both these diseases become chronic, disabling applicant from doing any kind of labor.

CAPTURED, WHEN AND WHERE?

RELEASED.

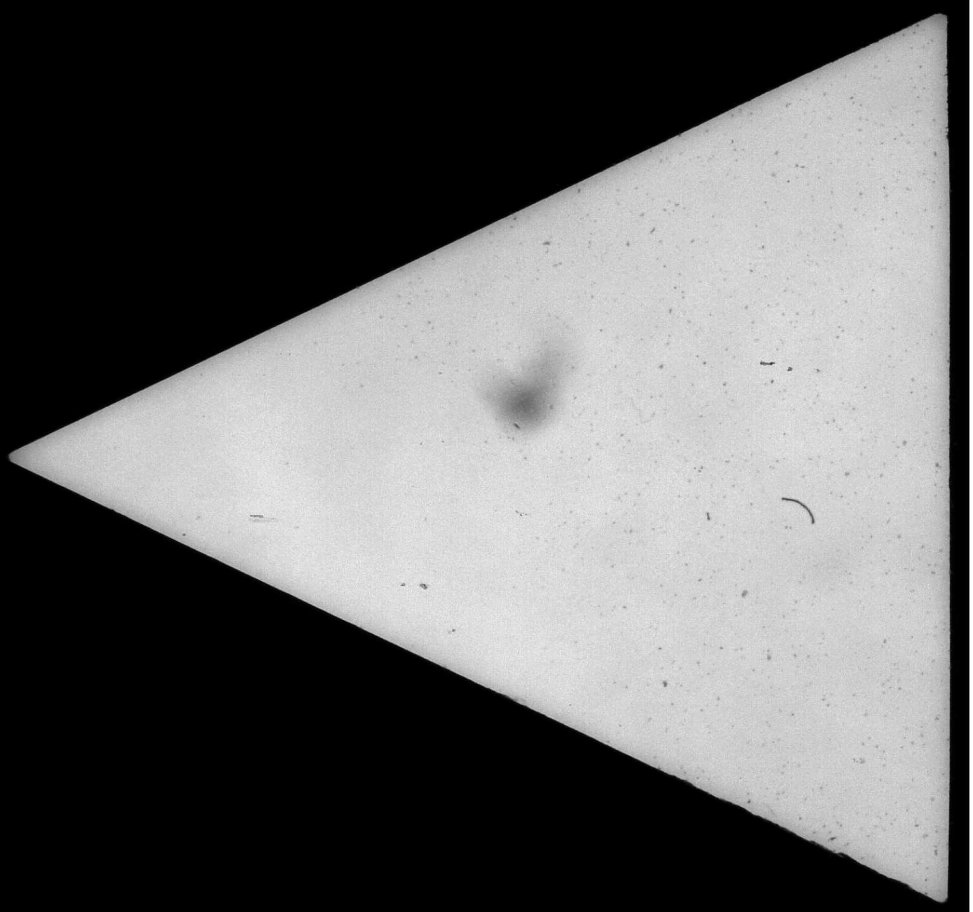
WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. W. J. Lee, William McConnell, and E. S. Connaly, M.D.
John W. Osborn, Luther Mason, W. G. Lanford. No data.



Ordinary's Certificate

STATE OF GEORGIA,

DeKalb COUNTY.

I, James R George, Ordinary of said County, do certify that I know Mrs Amy Taliaferro 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 D C Bullard 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 30 day of October 1912

(SEAL)

James R George 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 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.

Taliaferro Amy (Mrs Lewis B.)
DeKalb
Cause No. X

Widow's Pension

Under Act 1910—as Amended by Act of 1912.

County DeKalb

Name Amy Taliaferro

Widow of Lewis B. Taliaferro 1887

Company A

Regiment First Ga Regulars

Approved

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

11-1-1910

DeKalb COUNTY.

I, James R George, Ordinary of said County, do certify that I know Mrs Avry Taliaferro 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 D C Bullard 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 30 day of October 1919

(SEAL) James R George 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 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.

County DeKalb No.
Name Avry Taliaferro
Widow of Lieut J. Taliaferro
Company C 1881
Regiment First Ga Regulars
Approved

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

Taliaferro, Avry (Mrs. Lucius B.)
DeKalb
County

11-1-1919

As Amended by Act of 1919

Questions for Applicant

STATE OF GEORGIA,
DeKalb COUNTY.

Personally before me co[illegible] Mr Avry Taliaferro 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? Avry Taliaferro DeKalbe Ga
2. How long and since when have you been a continuing resident of the State of Georgia? 92 yers all My life
3. When, where and to whom were you married? Dec 27 1870 Monroe Walton County.
   a. Have you married since the death of first and soldier husband? I have not
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service.) March 1861 Lexington Ga Company C first Ga Regulars
5. When and where did the commands of your husband surrender or discharge from the army? April 1865 Greensboro N C.
6. Was your husband personally present at the time of the surrender or discharge of this command? He was
7. If he was not present state clearly where he was? Present
8. Where was his command when he left? Surrender
   a. For what cause did he leave his command? —
   b. By whose authority did he leave his command? —
   c. For how long was he granted leave of absence? —
   e. What was his physical condition when he left his command? —
   f. What effort did he make to return to his command? —
   g. In what way was he prevented from going back to Command Surrender
   h. Was he captured by the enemy at any time? Was Not
   i If so, when and where captured and where held as a prisoner, and when and for what cause released? —
   j. When and where did your first husband die? Dec 8th 1887
   k. Were you residing together when he died? We was
   l If not, how long had you resided apart? —
   m. Are you now a widow? I am
9. Have you or your husband heretofore been paid a pension by the State? I am
If so, when and for what cause were you or your husband placed on the roll? —

Sworn to and subscribed before me this the 29 day of October 1919

her
Avry X Taliaferro
mark

James R George Ordinary
of DeKalb County.

(SEAL)

STATE OF GEORGIA,
DeKalb COUNTY.

Personally before me comes D. C. Snead 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? D. C. Snead

2. How long and since when have you known applicant? from 1861

3. How long and since when has she continuously resided in this State? (Give date.) 62 years all her life

4. When and to whom was she married? How do you know?

5. How long and since when did you know her husband? from 1861 to his death 1887

6. When and where did the husband of applicant, die? Dec 8th 1887

7. Were the applicant and her husband living together as husband and wife at the date of his death? They was

8. If not, how long did they live apart before his death? — — Were they divorced? No

9. When, where and in what Company, and Regiment did enlist? March 1861 Lexington Ga Company F First Ga Regt

10. Were you a member of the same Company? I was

11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? from March 1861 to April 1865

12. When and where did his Command surrender, and was discharged? April 1865 Greensboro N. C.

13. Were you personally present when it was surrendered? I was If not, where were you Paroled and how came you there? Parolled

14. Was the husband or applicant personally present at surrender? He was If not where was he? Paroled When, where and for what cause did he leave Command? (Give date.) Surrender 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? Surrender

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 29 day of Oct 1915

D. C. Snead

James R. George Ordinary of DeKalb County.

(SEAL)

No. 445

Marriage License

State of Georgia — **Walton County**

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

You are hereby authorized to join Jesse B Taliaferro and Amy Bassett 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 27 day of Dec 1870

Jesse Mitchell (L.S.) Ordinary.

LICENSE OBTAINED UNDER OATH BY

STATE OF GEORGIA CERTIFICATE WALTON COUNTY

I Certify that Jesse B Taliaferro and Amy Bassett were joined in Matrimony by me this 27 day of Dec ~~Thirteen Hundred~~ and 1870

Recorded July 10 1871

Thos H. Burns M G.

Thos Giles C.O. Ordinary.

32 f

PARTY PERFORMING CEREMONY RETURN TO ORDINARY TO BE RECORDED.

—Office of—
ORDINARY WALTON COUNTY
G. A. Garrett, Ordinary
Monroe, Ga.

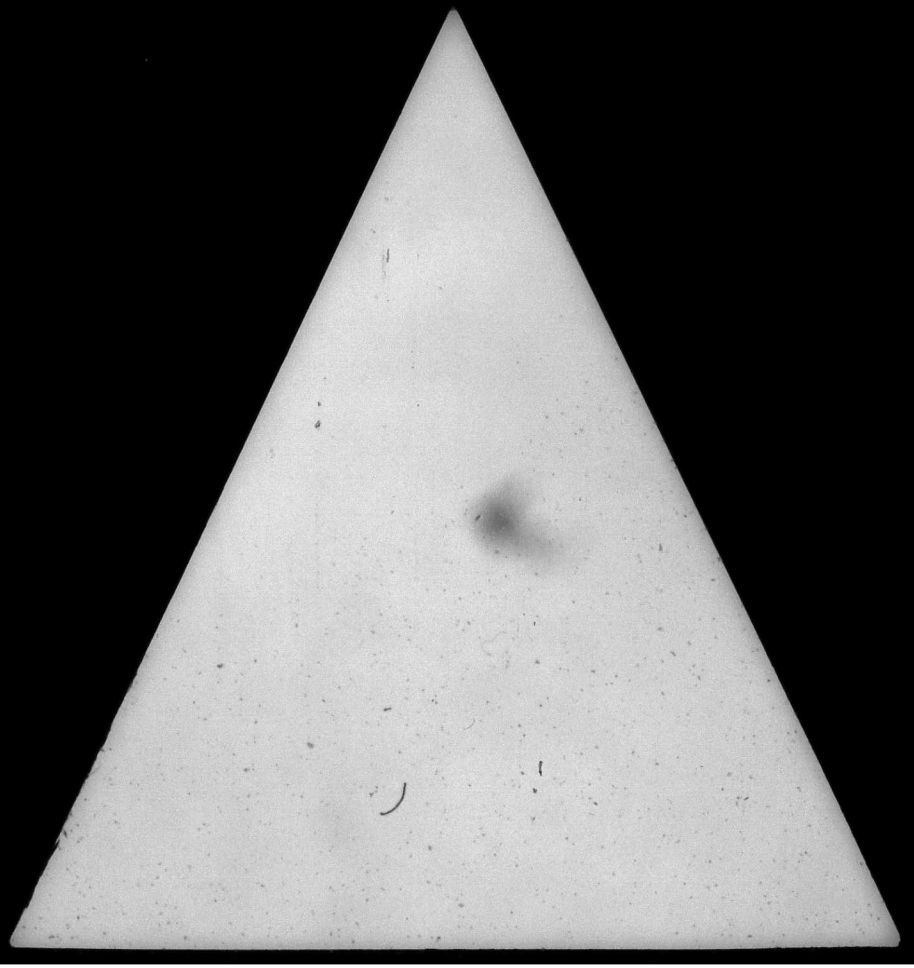
STATE OF GEORGIA Walton County.

I, G A Garrett, Ordinary and Ex-Officio Clerk of the Court of Ordinary of said County, do hereby certify that I have compared the foregoing copy of Marriage License of Jesse B Taliaferro & Amy Bassett, as of record in book F page 328, Walton Court of Ordinary with the original record thereof, now remaining in this office, and the same is a correct transcript therefrom, and of the whole of such original record.

In Testimony Whereof, I have hereunto set my hand and affixed the seal of the Court of Ordinary, this the 30 day of Oct 1962.

G A Garrett
Ordinary and Ex-Officio C. C. O.

Ordinary and Ex-Officio C. C. O.



Talley, Amanda
DeKalb County

No. OK for 1908

WIDOW'S INDIGENT PENSION.

Name Amanda Talley
County DeKalb
Widow of F. M. Talley

Approved _____

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

_____

_____

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

1/25/07

POWER OF ATTORNEY.

STATE OF GEORGIA, _____ County. }

I, _____ hereby authorize _____

of _____ County to receive and receipt for the pension allowed and that he remit the same to me at _____ by his check or registered mail.

Witness my hand this _____ day of _____ 190__

Executed in presence of

_____ Ordinary, _____ L. S.

_____ County.

{SEAL.}

DeKalb County

No. Ord for 1908

WIDOW'S INDIGENT PENSION.

Name Amanda Talley

County DeKalb

Widow of F. M. Talley

Approved _____

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

_____

_____

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

1/25/07

POWER OF ATTORNEY.

STATE OF GEORGIA, _____ County. }

I, _____ hereby authorize _____

of _____ County to receive and receipt for the pension allowed and that he remit the same to me at _____ by his check or registered mail.

Witness my hand this _____ day of _____ 190__

Executed in presence of

_____ Ordinary, _____ L. S.

_____ County.

{SEAL.}

****LIGHT PRINT OR BAD COPY ****

_____ County.

I, _____ hereby authorize _____

of _____ County to receive and receipt for the pension allowed and that he remit the same to me at _____ by his check or registered mail.

Witness my hand this _____ day of _____ 190__

Executed in presence of

_____ Ordinary, _____ L. S.

_____ County.

SEAL.

Talley, Amanda
DeKalb County

No. 1 Ex. Dec 1907

WIDOW'S

INDIGENT PENSION.

Name Amanda Talley
County DeKalb
Widow of F. M. Talley

Approved _____

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

4/28/07

DeKalb County.

Mrs. Amanda Talley of said State and County, desiring to avail herself of the pension allowed to Indigent Widows of Confederate Soldiers, under Act of General Assembly, passed December 19, 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 Postoffice.) Amanda Talley Decatur DeKalb 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? Jan. 5th 1845 Muscogee County.
4. When and where was your husband born—state his full name, and when were you and he married? (Attach copy marriage license in every case.) March 4th 1862 Screven Co. Frances Marcus June 8th 1881
5. When and where and in what Company and Regiment did your husband enlist or serve during the war between the States? Talley Geo Harris County Company P 9th Regiment Ga Militia
6. How long did your husband serve in said Company and Regiment? 1863 to 1865
7. When and where did your husband's Company and Regiment surrender and was discharged? 1865 Augusta Ga
8. Was your husband present at the time and place when his Company and Regiment surrendered? Yes
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? With Command
10. When and where did your husband die? Jan 14 1885 Harris County
11. Which of the following grounds do you base your application for pension, viz.: First—Age and Poverty; Second—Infirmity and Poverty, or Third—Blindness and Poverty? Age 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 when you lost your sight? Ten years
13. What has been your occupation since your husband's death? None
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 years 1899, 1900, 1901, 1902, 1903, 1904, 1905, 1906 and 1907, and what disposition, if any, by sale or gift have you made of the same? None
17. In what counties did you reside in 1901, 1902, 1903, 1904, 1905, 1906 and 1907, and what property did you return for taxation? DeKalb County.
18. How have you been supported since death of husband, and especially for 1899, 1900, 1901, 1902, 1903, 1904, 1905, 1906 and 1907? By my Children
19. How much did your support cost for each of those years, and how much did you contribute by your own labor or income? One hundred and twenty dollars. None
20. What was your employment during 1901, 1902, 1903, 1904, 1905, 1906 and 1907—how much did you receive for each year? None
21. Have you a family? If so, who composes such family? Give their means of support? Have they any lands or other property? No
22. Have you ever made application for pension before? No
23. How many applications have you made for a pension, and under what class? None.

Sworn to and subscribed before me, this the 30 day of July 1907

Amanda Talley

James R. Gyorgy Ordinary, of DeKalb County.

County.

L C Daugett and A F Truett of said State and County, having been present as a witness in support of the application of Mrs. Amanda Talley 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? L C Daugett & A F Truett and reside in Harris County
2. Are you acquainted with the applicant, Mrs. Amanda Talley If so, how long have you known her? Have known her 50 years
3. Where does she reside, and how long since when has she been a resident of this State? She resides in DeKalb County & has lived in State 50 years
4. When and where was she born? We think she was born in Harris Co about 62 years ago
5. Were you ever acquainted with her husband? We were
6. Where did she reside in 1861? In Harris County
7. When and to whom was he married? was married to F M Talley about 45 yrs ago
8. When and where was he born? Don't Know
9. How long have you known him? 50 years
10. When and where did F. M. Talley enlist in the war between the States, and in what Company and Regiment did he enlist, and how do you know this? Co "D" 9th Batt Ga Militia about May 1861
11. Were you a member of the same Company and Regiment? We were
12. How long did he perform regular military duty? until the Surrender
13. When and where was his Company and Regiment surrendered and discharged from service? This Regiment was disbanded & discharged in March 1865
14. Were you with the Command when it surrendered? We were
15. Was F. M. Talley the husband of applicant present? He was
16. If not present, where was he?
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 were members of the same Co & regiment and were together with F. M. Talley all the time

18. When and where did F. M. Talley die? In Harris County in 1888
19. Where did he reside at his death and how long had he been a resident of Georgia at his death? Resided in Harris County & lived in State 30 yrs at date of death
20. Do you of your own knowledge know that applicant is the lawful widow of F. M. Talley 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? Don't Know
23. What property, effects or income did applicant possess in 1901, 1902, 1903, 1904, 1905, 1906 and 1907, and what disposition did she make of it? Don't Know
24. Has applicant conveyed any property in last two years or given any 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. How was she supported for 1903, 1904, 1905, 1906 and 1907? Don't Know
27. How much did applicant contribute to her support for last two years? Don't Know
28. Give a full and complete statement of applicant's physical condition? Don't Know
29. What interest have you in the recovery of this pension by the applicant? None

Sworn to and subscribed before me this 17 day of August 1907
J. F. C. Williams Ordinary, Harris County.

L C Daugett
A F Truett
Witnesses.

AFFIDAVITS OF PHYSICIANS.

STATE OF GEORGIA, DeKalb County.

Personally before me comes W. J. Houston M D and T. F. Talley 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. Mrs Amanda Talley, applicant for a Pension under act of 1900, and after such personal examination say that her physical condition is this Very poor eye sight- Weak physically. Old age being 65 yrs old. And a generally Weakened Condition of system which under her unable to make a living at any livelihood and we have no interest in said pension if allowed.

Sworn to and subscribed before me this 25 day of Sept 1907
James R George Ordinary, DeKalb County.

T. F. Talley M.D.
W. J. Houston M.D

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA, DeKalb County.

I, James R. George 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 the 5 day of Jany 18 45, and that the witnesses, Mr. 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.*

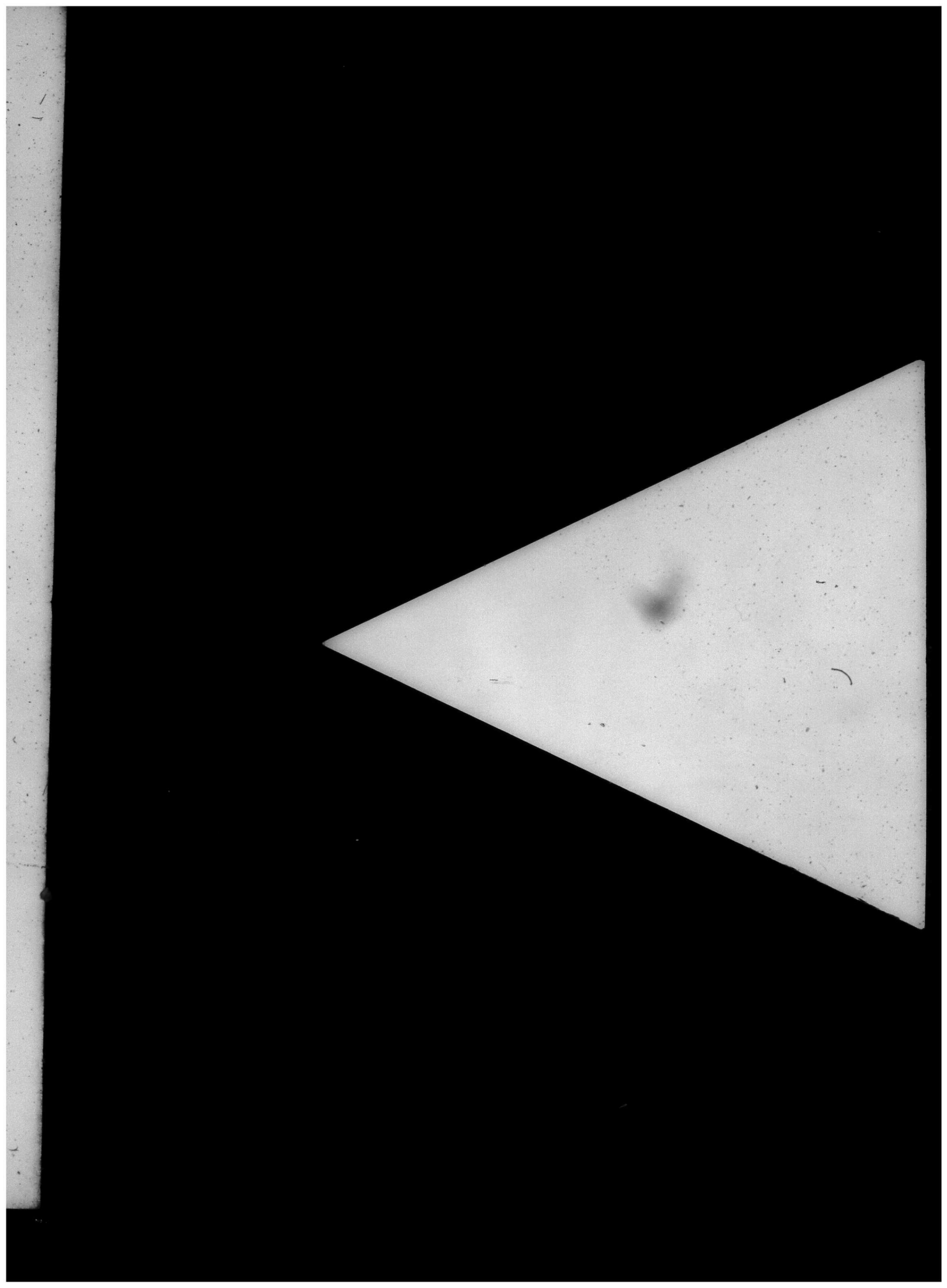
I further certify that the tax digest of County shows that applicant returned for taxation in her own name in 1899 dollars worth of property, and in 1900 dollars worth of property, in 1901 dollars worth of property, in 1902 dollars worth of property, in 1903 dollars worth of property, and dollars worth of property.

Witness my hand and official seal this 25 day of Sept 1907.

{SEAL.}

James R George Ordinary, DeKalb County.

Notes.—1 Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth; so help you God."
2. Additional affidavits may be attached, if blank spaces are insufficient.
3. All affidavits must be made before Ordinary.
4. Only widows who were the wives of the dead husbands while they were soldiers need apply—and are now widows. Those married since the 9th of April, 1865, not entitled.
5. Witnesses and two Physicians are necessary to make out claims.
6. Attach certified copy of marriage license in every case, or show why it cannot be obtained.



Tatum, Sarah Ann (Mrs.)

/

For DeKalb County

1928

Application for Pension Due Deceased Pensioner

(UNDER ACT 1919)
(To pay expenses of last illness and funeral)

V. S. Morgan Ordinary

For Mustard Ann Tatum

Date of Death Oct 19, 1928

Amount $100.00

Approved and ordered paid OK

Dec. 20, 1928

JOHN W. CLARK,
Commissioner of Pensions.

Received of V. S. Morgan Ord. One Hundred Dollars, funeral expense Sarah Ann Tatum, Jan 2nd 1929 W. Turner by Ruby Tatum

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.

(To Be Paid to the Ordinary for Expenses of Funeral and Last Illness)

(Under Act Approved August 15, 1904)

GEORGIA, DeKalb County.

Personally before me, the Ordinary of said County, comes A. S. Turner

of said County, who, after being sworn, on oath says that he knew Mrs Sarah Ann Tatum of said County, and that said Pensioner was on the Pension Roll of said County at the time of death, which occurred in DeKalb County, in this State, on the 19th day of Oct. 1928, and that pensioner left no widow surviving, and no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of $288.10, per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me,

V. D. Morgan Ordinary

DeKalb County

(Seal of Ordinary)

A. S. Turner

CERTIFICATE OF ORDINARY

GEORGIA, DeKalb County.

I, V. D. Morgan, Ordinary of said County, do certify that I personally know A. S. Turner, who is a resident citizen of said County, and that said person is of truthful and trustworthy character, entitled to full faith and credit; that I also knew Mrs Sarah Ann Tatum while in life and that this was the same person whose name appears on the Pension Roll of DeKalb County, and was paid a Pension of Two Hundred ($200.) Dollars in said County for 1927, 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 Oct, 1928

(Seal of Ordinary)

V. D. Morgan, Ordinary

DeKalb 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. Return this application, and attached bills, with your final settlement, to the Pension Department.

6th. Ordinary should see that the back of this blank, when folded, is filled out.

A. S. Turner

Funeral Director and Embalmer

Prompt Ambulance Service

Decatur, Georgia.

NIGHT AND SUNDAY PHONE DE. 0088
525-27 N. McDONOUGH ST.
PHONE DE. 0088

FUNERAL EXPENSES OF MRS SARAH TATUM.,

October 19th, 1928.	To Casket	$225.00
	Embalming	25.00
	Opening Greve	8.00
	2 Cars	7.00
	3 Funeral Notices	8.10
	Service Rendered	15.00
		$288.10

Georgia, DeKalb County,

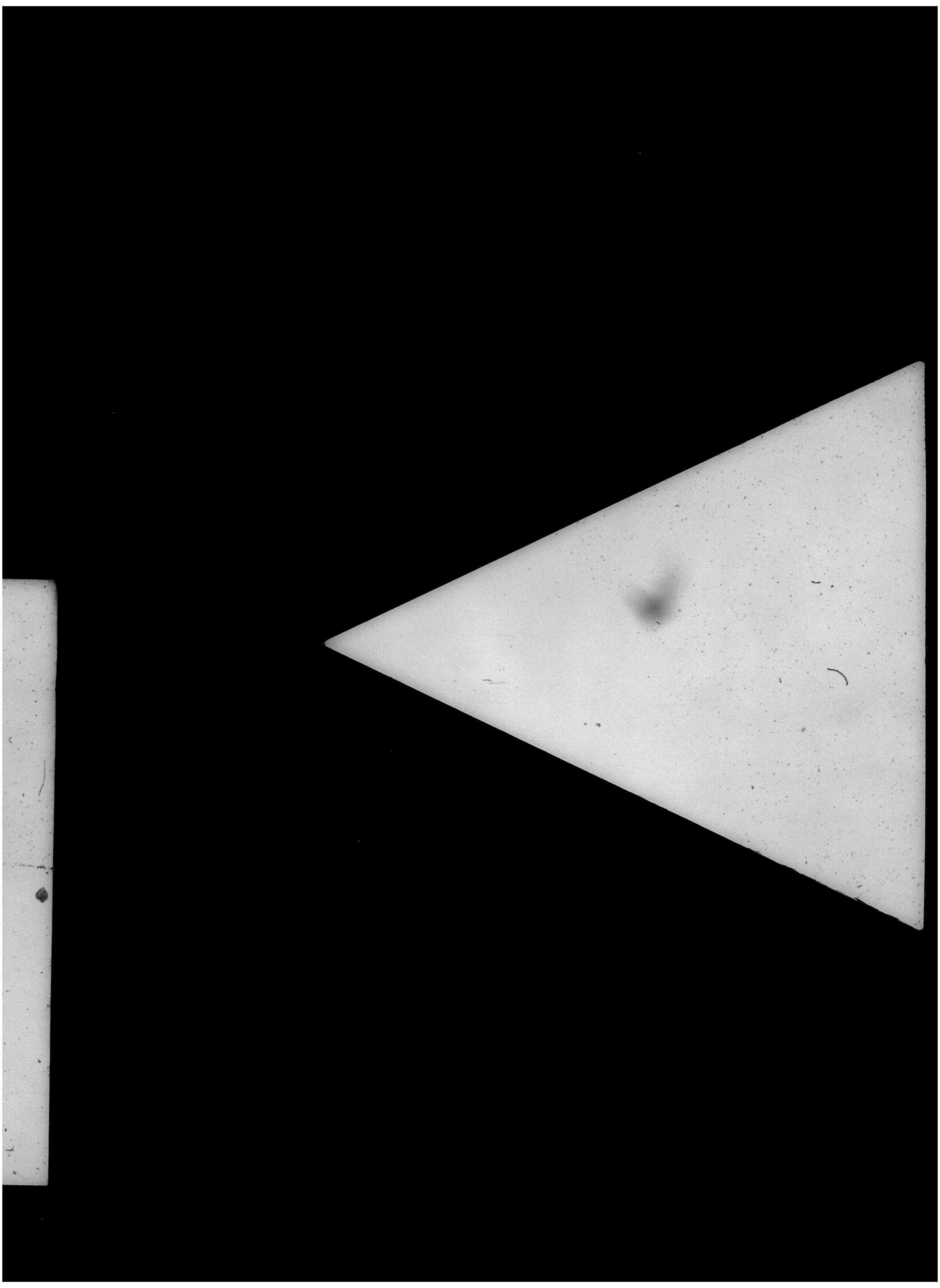
I do hereby certify that the above account is rendered for the funeral expenses of Mrs Sarah Tatum, who died without owning sufficient perproperty to pay this bill.

Sworn to and subscribed before me,
This October 19th, 1928.

Ruby Johnston

Notary Public, State at Large, Decatur, Ga.
My Commission Expires Nov. 4, 1929.

A. S. Turner



Taylor, E. M. Co. B.
DeKalb Co

No. 668

Application for Allowance

Loss of
Right Leg off above Knee

Applicant E M B Taylor

County DeKalb

Amount 35

Date of Warrant Nov 6/88

Entered on Record,

Feby 6 1888

W H Harrison

Secretary Executive Department.

Taylor, E. M. B.
DeKalb Co

No. 1665

Application for Allowance
for

Rights of Widow

Applicant E M B Taylor

County DeKalb

Amount $6

Date of Warrant Nov 15 1888

Entered on Record.

Nov 15 1888

Secretary Executive Department.

STATE OF GEORGIA,
DeKalb County.

PERSONALLY appears E. M. B. Taylor of DeKalb 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 24 day of December 1881; that he enlisted in the military service of the Confederate States (or of the State of South Carolina) during the war between the States, and served as a Private in Company "D", of 7th the Regiment of S.C., Volunteers Kershaw's 's Brigade; that whilst engaged in such military service, at the battle of Bennettsville S.C., in the State of North Carolina, on the 9 day of March 1865, he was wounded as follows: bone of the right leg near the knee, was shivered by a minnie ball, shivering it in such a manner as necessitated immediate amputation about three or four inches above the knee; Since then by reason of leg near where amputated being atrophied it is painful to walk or to much upon feet.

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 27 day of Jan 1888

J R McCurdy N P & Ex Off

E M B Taylor

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 J. C. Carlisle of the county of Fulton State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company "D", of Seventh (7th) Regiment of South Carolina Volunteers, and that deponent knows E. M. B. Taylor, 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 E. M. B. Taylor, as stated by him in said affidavit. Deponent further states that said E. M. B. Taylor is a *bona fide* citizen of this State, and resides in DeKalb county.

Sworn to and subscribed before me, this 6th day of February 1888

J. H. Johnson
N. P. Fulton Co. Ga.

J. C. Carlisle

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:

STATE OF GEORGIA,
DeKalb County.

PERSONALLY came before me W. J. Veal J.P., J. A. Deshong, Thos G Wallace and James R Smith citizens of DeKalb county, in said State, who, being duly sworn, say that they are acquainted with E. M. B. Taylor 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 he, said applicant is a *bona fide* citizen of this State, and resides in DeKalb County, and we are well satisfied that all the statements in his affidavit are true.

Sworn to and subscribed before me, this 4th day of February 1888
W. J. Veal J.P.

J. A. Deshong
T. G. Wallace
James R Smith

STATE OF GEORGIA,
DeKalb County.

PERSONALLY comes before me John W McCurdy a N.P. & J.P. of said county, J. L. Hamilton M. D. and G. H. Goldsmith M. D., both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have carefully examined E. M. B. Taylor and after such examination say that the applicant has been injured as follows: Right leg amputated about four inches above the Knee joint

Sworn to and subscribed before me, this 28 day of Jan 1888
John W McCurdy N.P. & J.P. ~~ORDINARY~~

J. L. Hamilton M. D.
Geo H Goldsmith M.D

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

STATE OF GEORGIA,
County.

I, John B. Steward 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 W. J. Veal & John W McCurdy before whom the foregoing affidavits were made and power of attorney was signed, is a acting Justice of said county, and that the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 6th day of February 1888

John B Steward
Ordinary DeKalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA
County.

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

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

[L. S.]

Executed in the presence of us:

Taylor, E. M. B.
DeKalb Co.

No. 435

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING, OCT. 26, 1889.

FOR

Applicant E M B Taylor

County DeKalb

Amount 100

Date of Warrant Feby 12

Entered on Record, Feby 12 1889

W H Whitehead
Secretary Executive Department.

W Adjutant Gen'l
M B Pruett

STATE OF GEORGIA,
DeKalb County.

PERSONALLY appears E M B Taylor of DeKalb county, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has been such continuously since the day of 1880; 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 S. C. Volunteers Gurshaw 's Brigade; that whilst engaged in such military service, at the battle of Bentonville in the State of N. C., on the 19 day of March 1865, he was wounded as follows: With minnie Ball in right leg causing loss of said leg.

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

Sworn to and subscribed before me, this the 12 day of Feb 1889.

E M B Taylor

W H Whitehead
Ordinary
DeKalb Co

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

STATE OF GEORGIA,
County.

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

Sworn to and subscribed before me, this day of 188

ORDINARY.

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

DeKalb County,

I, W M Ragsdale Ordinary of said county, do certify that I am well acquainted with E M Taylor, , 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 J T Brand before whom the foregoing affidavits were made and power of attorney was signed, is a Ordinary of said county, and that the said affidavits and signatures thereto are genuine.

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

W M Ragsdale

Ordinary DeKalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb County.

KNOW ALL MEN BY THESE PRESENTS, That I, E M B Taylor of DeKalb county, in said State, do hereby appoint M B Founde, of DeKalb 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 12th day of Feb 1889

E M B Taylor (L. S.)

Executed in the presence of us:

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

STATE OF GEORGIA,

De Kalb County.

I, W. M. Ragsdale, Ordinary of said county, do certify that I am well acquainted with E. M. B. Taylor 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 6 day of Feb 1890

W. M. Ragsdale

Ordinary De Kalb County.

1890.

No. 203

APPLICATION FOR ALLOWANCE.

FOR THE YEAR ENDING OCTOBER 31, 1890.

FOR

Applicant, E. M. B. Taylor

County, ~~Fulton~~ DeKalb

Amount, 100

Date of warrant, July 6

Entered on record July 6 1890

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO

A. J. Gress

STATE OF GEORGIA,

De Kalb County.

I, W. M. Ragsdale, Ordinary of said County, do certify that I am well acquainted with E. M. B. Taylor 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 17 day of Feb 1891.

W. M. Ragsdale

Ordinary De Kalb County

De Kalb Co
Taylor, E. M. B.

1891.

PAID 1891, No 1116

Application for Allowance

FOR THE YEAR ENDING OCTOBER 31, 1891.

FOR

Applicant, E. M. B. Taylor

County, De Kalb

Amount, $100

Date of Warrant, Dec 25 1891

Entered on record Dec 25 1891

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO

W. J. Peters

STATE OF GEORGIA,
De Kalb County.

PERSONALLY appears E. W. B. Taylor of De Kalb county, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has been such continually since the day of Dec 1880; 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 Geo Volunteers Kershaw's Brigade; that whilst engaged in such military service, at the battle of Bentonville in the State of N. C. on the 19" day of March 1865, he was wounded as follows: Shot with minnie ball in the right leg three or four inches above the knee causing a loss of the leg

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 6th day of Feb 1890

E W B Taylor.

M. M. Ragsdale, 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
De Kalb County.

KNOW ALL MEN BY THESE PRESENTS, That I, E. W. B. Taylor, of De Kalb, county, in said State, do hereby appoint A. P. Goss 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 tor 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 February 1890

Executed in the presence of us: E W B Taylor [L. S.]
W P Medlock
M. M. Ragsdale Ordinary

DIRECTION.

Send money to me as follows, by

to P. O.

County, Georgia.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb County.

PERSONALLY appears E. W. B. Taylor of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 9" day of Dec 1880; 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 Volunteers Kershaw's Brigade; that whilst engaged in such military service at the battle of Bentonville in the State of N. C., on the 19" day of March 1865, he was wounded as follows: Shot with minnie ball in right leg causing the loss of the Right leg

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

Sworn to and subscribed before me, this, the 17th day of Feb 1891. E W B Taylor

M. M. Ragsdale

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,
De Kalb County.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 17th day of Feb 1891.

E W B Taylor [L. S.]

Executed in the presence of us:
A Bracewell
M. M. Ragsdale

DIRECTION.

Send money to me as follows, by

to P. O.

County, Georgia.

POWER OF ATTORNEY.

STATE OF GEORGIA,
De Kalb County.

Know all Men by these Presents, That I E. M. B. Taylor of De Kalb County, State of Georgia, do hereby appoint of De Kalb W. B. Pounds 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 18th day of March 1893.

E M B Taylor [L. S.]

Executed in the presence of us:
W M Crandell Johnson
James Hunter

DIRECTION.

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

De Kalb Co
Taylor, E. M. B.
1893.

No. 630

Application for Allowance

For the Year Ending October 24, 1893.

FOR

Applicant, Ezekiel Taylor
County, DeKalb
Amount, 10 3/11
Date of Warrant, 3/11 1893.
Entered on record, March
Secretary Executive Department.

WARRANT HANDED TO
W B Pounds

Geo. W. Harrison, State Printer, Atlanta.

STATE OF GEORGIA.

For Applicants Heretofore Allowed Pensions.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb County.

PERSONALLY appears E M Boyles of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the ____ day of ____ 188__; 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 7th Regiment of S. C. Volunteers ____'s Brigade; that whilst engaged in such military service at the battle of Bentonville in the State of N C, on the 19th day of March 1865, he was wounded as follows: Shot with minnie Ball in Right leg causing the loss of same

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 One Hundred dollars, for Loss of Leg.

Sworn to and subscribed before me, this the 15th day of March 1893.

E M Boyles

[illegible]

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,
De Kalb County.

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

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

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

[illegible]

Ordinary De Kalb County.

STATE OF GEORGIA,

De Kalb County,

I, W. M. Ragsdale, Ordinary of said county, do certify that I am well acquainted with E. M. B. Taylor 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 3d day of March 1892.

W. M. Ragsdale

Ordinary De Kalb County.

Taylor, E. M. B. Co

No. 4127

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 26, 1892.

Name E. M. B. Taylor

County De Kalb

Disability Loss of Leg

Amount, $ 100

Entered on record Mch 3 1892.

W. H. HARRISON,
Secretary of Executive Department.

AGENT.

M. B. Pounds

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
De Kalb COUNTY.

Know all Men by these Presents, That I, E. M. B. Taylor of De Kalb County, State of Georgia, do hereby appoint M. B. Pounds of De Kalb 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 14th day of March 1894.

E M B Taylor [L. S.]

Executed in the presence of us
E. H. Mason
W. M. Ragsdale, Ordinary

DIRECTIONS.

Send money to me as follows, by

to P. O.

County, Georgia.

Taylor, E. M. B.
De Kalb Co.

(For Those Already Enrolled.)

No. 893

Soldier's Pension.

1894.

Name Taylor E M B

County De Kalb

Disability Loss of Leg

Amount, $ 100 00

Entered on record 1894.

W. H. HARRISON,
Secretary Executive Department.

WARRANT HANDED TO

M B Pounds

Geo. W. Harrison, State Printer, Atlanta.

STATE OF GEORGIA,
De Kalb County.

PERSONALLY appears E M B Taylor of De Kalb 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 7 day of Dec 1880; 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 S.C. Volunteers Cushaw 's Brigade; that whilst engaged in such military service at the battle of Bentonville in the State of N.C, on the 19" day of March 1865, he was wounded as follows: Shot with minnie ball in the right leg above the knee of the right leg causing the loss of the leg.

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

Sworn to and subscribed before me this the 5 day of March 1892.

W M Ragsdale Ordinary. E M B Taylor

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,
De Kalb County.

Know all Men by these Presents, That I, E M B Taylor of De Kalb County, in said State, do hereby appoint W B Rounds of De Kalb 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 3rd day of March 1892. E M B Taylor [L. S.]

Executed in the presence of us:
J Howell Green
W M Ragsdale
Ordinary.

DIRECTION.

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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb County.

PERSONALLY appears E M B Taylor of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 7" day of Oct 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 7 th Regiment of S.C. Volunteers Cushaw 's Brigade; that whilst engaged in such military service at the battle of Bentonville in the State of N.C, on the 19" day of March 1865, he was wounded as follows: Shot with minnie ball in the right leg causing loss of leg.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1894. I have heretofore been allowed a pension of One Hundred dollars, for the year 1893.

Sworn to and subscribed before me, this the 14th day of March 1894. E M B Taylor

W M Ragsdale Ordinary.

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,
De Kalb County.

I, W M Ragsdale Ordinary of said County, do certify that I am well acquainted with E M B Taylor the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 March 1894.

Affix your seal here.

W M Ragsdale
Ordinary De Kalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb County.

KNOW ALL MEN BY THESE PRESENTS, That I, E M B Taylor of DeKalb County, State of Georgia, do hereby appoint M B Bounds of DeKalb 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 Warrrant 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 Oct 1895.

E M B Taylor [L. S.]

Executed in presence of us
W. G. Lanford
W. M. Ragsdale
Ordinary

DIRECTIONS.

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

(For Those Already Enrolled.)

No. 266

SOLDIER'S PENSION.

1895.

Name E M B Taylor
County DeKalb
Disability Loss of Leg
Amount, $ 3/4 1895.

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO
Atty

Geo. W. Harrison, State Printer, Atlanta.

No Later

Taylor E M B
DeKalb Co

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb County.

I, E M B Taylor hereby authorize M B Bounds 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 27th day of Oct 1896.

E M B Taylor [L. S.]

Executed in presence of us
J N Nash
W. M. Ragsdale
Ordinary.

(For Those Already Enrolled.)

ACT OF 21 OCT. 1887.

No. 779

SOLDIER'S PENSION.

1896.

Name E M B Taylor
County DeKalb
Disability Loss of Leg
Amount, $ 72 1896

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO
Atty

Geo. W. Harrison, State Printer, Atlanta.

No Later

Taylor E M B
DeKalb Co

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, DeKalb County.

Personally appears E M B Taylor of DeKalb 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 Dec 1880; 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 S C Volunteers, Kershaw 's Brigade; that whilst engaged in such military service at the battle of Bentonville in the State of N C, on the 19th day of March 1865, he was wounded as follows: Shot with a minnie ball in right leg causing loss of leg 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 allowance to which he is entitled for the year ending October 26th, 1895. I have heretofore been allowed a pension of One hundred dollars, for the year 1894.

Sworn to and subscribed before me, this, the 19th day of Feb 1895. E M B Taylor

W M Ragsdale Ordinary.

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, DeKalb County.

I, W M Ragsdale, Ordinary of said County, do certify that I am well acquainted with E M B Taylor the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Feb 1895.

Affix your seal here.

W M Ragsdale

Ordinary DeKalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, DeKalb County.

Personally appears E M B Taylor of DeKalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 7th day of Oct 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 D, of 7 th Regiment of S C Volunteers, Kershaws 's Brigade; that whilst engaged in such military service in the State of N C, on the 19 day of March 1865, he was wounded, injured or diseased as follows: Was wounded at the battle of Bentonville N C on the right leg above the knee causing loss of leg

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1896. I have heretofore as a resident of DeKalb county been allowed a pension of 100.00 dollars, for the year 1895.

Sworn to and subscribed before me, this, the 27th day of Feb 1896. E M B Taylor

W M Ragsdale Ordinary.

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, DeKalb County.

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

Given under my official signature and seal, this 27th day of Feb 1896.

Affix your seal here.

W M Ragsdale

Ordinary DeKalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb County.

I, E M B Taylor hereby authorize M B Pounds
of DeKalb

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 10th
day of Feb 1897.

E M B Taylor [L. S.]

Executed in presence of
C. E. Dorsey.
W. H. Ragsdale
Witnesses.

ACT OF 24 OCT., 1887.
(For Those Already Enrolled.)

No. 532

INVALID
SOLDIER'S PENSION.
1897.

Name E.M.B. Taylor.
County DeKalb
Disability Leg
Amount, $ 100.00
2/17 1897.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
atty

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

DeKalb Co
Taylor E.M.B.

Taylor E.M.B.
DeKalb Co

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb County.

I, E. M. B. Taylor hereby authorize M. B. Pounds
of DeKalb

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 Feb 1898.

E M B Taylor [L. S.]

Executed in presence of
A. C. Facey
W. H. Ragsdale
Witnesses.

ACT OF 24 OCT., 1887.
(For Those Already Enrolled.)

No. 2729

INVALID
SOLDIER'S PENSION.
1898.

Name E M B Taylor
County DeKalb
Disability Loss of Leg
Amount, $ 100
2/21 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
M. B. Pounds

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb **County.**

Personally appeared E.M.B. Taylor of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the ____ day of ____ 1880; 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 S.C. Volunteers, Kershaw 's Brigade; that whilst engaged in such military service in the State of N.C., on the 19 day of March 1865, he was wounded, injured or diseased of follows:
At the battle of Bentonsville N.C. was shot in the right leg causing loss of same

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 De Kalb county been allowed an invalid pension of One Hundred Dollars, for the year 1896.

Sworn to and subscribed before me, this the 10th day of Feb 1897. E M B Taylor POST OFFICE

W M Ragsdale Ordinary.

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,
De Kalb **County.**

I, W M Ragsdale Ordinary of said County, do certify that I am well acquainted with E M B Taylor the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Feb 1897.

Affix your seal here.

W M Ragsdale
Ordinary De Kalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb **County.**

Personally appeared E.M.B. Taylor of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the ____ day of Sept 1880; that he enlisted in the military service of the Confederate States (or of the State of S.C.) during the war between the States, and served as a Private in Company D, of 7 th Regiment of S.C. Volunteers, Kershaw 's Brigade; that whilst engaged in such military service in the State of N.C., on the 19 day of March 1865, he was wounded, injured or diseased as follows:
Was shot in the right leg at Bentonville N.C. causing loss of the leg

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1898. I have heretofore under said law as a resident of De Kalb county been allowed an invalid pension of One Hundred Dollars, for the year 189".

Sworn to and subscribed before me, this the 21 day of Feb 1898. E M B Taylor POST-OFFICE

W M Ragsdale Ordinary

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,
De Kalb **County.**

I, W M Ragsdale Ordinary of said County, do certify that I am well acquainted with E M B Taylor the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Feb 1898.

Affix your seal here.

W M Ragsdale
Ordinary De Kalb County.

STATE OF GEORGIA,
DeKalb County.

I, E M B Taylor hereby authorize M B Pounds
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 22d
day of Feb 1899. E M B Taylor [L. S.]

Executed in presence of
F C Johnston
W M Ragsdale
Ordinary.

CODE SECTION 1250.
(For Those Already Enrolled.)
No. 297

INVALID
SOLDIER'S PENSION.
1899.

Name E M B Taylor
County DeKalb
Disability Loss of Leg
Amount, $ 100.
2/23 1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
M B Pounds

GEO. W. HARRISON, STATE PRINTER, ATLANTA

Taylor E. M. B.
Mch 4 Co.

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb County.

I, E M B Taylor hereby authorize M. B. Pounds
of DeKalb
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 5th
day of March 1900.

Ens Taylor [L. S.]

Executed in presence of
Alonzo Tuell
W M Ragsdale
Ordinary.

Taylor E. M. B.
Co. 4 Mch
DeKalb Co.

CODE SECTION 1250.
(For Those Already Enrolled.)
No. 793

INVALID
SOLDIER'S PENSION.
1900.

Name E M B Taylor
County DeKalb
Disability Loss of Arm
Amount, $ 100.
Warrant issued Aug 6 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
M B Pounds

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
DeKalb County.

Personally appears E M B Taylor of DeKalb 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 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 D, of 7 th Regiment of S C. Volunteers, Gaskaw's Brigade; that whilst engaged in such military service in the State of N.C., on the 9 day of March 1865, he was wounded, injured or diseased as follows:
At Bentonville N.C. was shot with minnie ball in right leg causing loss of same

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 DeKalb County been allowed an invalid pension of One Hundred Dollars, for the year 1898.

Sworn to and subscribed before me, this, the 31 day of Jan. 1899. E M B Taylor POST OFFICE Stone Mt.

W M Ragsdale Ordinary

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,
DeKalb County.

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

Given under my official signature and seal, this 31 day of Jan 1899.

Affix your seal here

W M Ragsdale
Ordinary DeKalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
DeKalb County.

Personally appears E M B Taylor of DeKalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State and County, and has resided therein continuously ever since the ____ day of Sept 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 7 th Regiment of S.C. Volunteers, Gaskaw's Brigade; that whilst engaged in such military service in the State of N.C., on the 19 day of March 1865, he was wounded, injured or diseased as follows:
Was shot in right leg at Battle of Bentonville N.C. causing loss of leg.

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 DeKalb County been allowed an invalid pension of One Hundred Dollars, for the year 1899.

Sworn to and subscribed before me, this, the 16 day of Jan 1900. E M B Taylor POST OFFICE Stone Mt.

W M Ragsdale Ordinary

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,
DeKalb County.

I, W M Ragsdale Ordinary of said County, do certify that I am well acquainted with E M B Taylor the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1900.

Affix your seal here

W M Ragsdale
Ordinary DeKalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
De Kalb County.

I E. M. B. Taylor hereby authorize W. B. Pounds

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 25th

day of Feb 1901.

Ems Taylor [L. S.]

Executed in presence of

W. M. Rogsdale
Ordinary

CODE SECTION 1250
(For Those Already Enrolled.)

No. 8275

DISABLED
SOLDIER'S PENSION.
1901.

Name E M B Taylor
County De Kalb
Disability Loss of Leg
Amount, $ 100.

2/25 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
W. B. Pounds

Geo. W. Harrison, State Printer, Atlanta.

Taylor E M B
De Kalb Co
Ga

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 1902.

[L. S.]

Executed in presence of

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)

No. 3337

DISABLED
SOLDIER'S PENSION
1902.

Name Taylor E M B
County De Kalb
Co. D Regiment 7th Ga
Disability Loss of Leg
Amount, $ 100.
2/18 1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Gph

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb County.

Personally appears E. M. B. Taylor of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of Sept 1880; 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 S.C. Volunteers, Gaskaw's Brigade; that whilst engaged in such military service in the State of N.C., on the 19th day of March 1865, he was wounded, injured or diseased as follows: He shot in right leg at Bentonville N.C. causing loss of same

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 De Kalb County been allowed an invalid pension of One Hundred Dollars, for the year 1900.

Sworn to and subscribed before me, this the 9th day of Jan 1901. E M Taylor. Postoffice Stone Mtn

W M Rogsdale, Ordinary

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,
De Kalb County.

I, W M Rogsdale Ordinary of said County, do certify that I am well acqainted with E. M. B. Taylor the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 9th day of Jan 1901.

Affix your seal here

W M Rogsdale
Ordinary De Kalb County.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
De Kalb County.

Personally appears E M B Taylor of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of Sept 1880; that he enlisted in the military service of the Confederate States (or of the State of S.C.) during the war between the States, and served as a Private in Company D, of 7 th Regiment of S.C. Volunteers, 's Brigade; that whilst engaged in such military service in the State of N.C., on the 19 day of March 1865, he was wounded, injured or diseased as follows: At Bentonville N.C. shot in right leg causing loss of same

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 De Kalb County, been allowed an invalid pension of One Hundred Dollars, for the year 1901.

Sworn to and subscribed before me, this the 15 day of Jan 1902. E M Taylor. Post-office Stone Mtn

W M Rogsdale, Ordinary.

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,
De Kalb County.

I, W. M Rogsdale Ordinary of said County, do certify that I am well acquainted with E. M. B Taylor the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1902.

Affix your seal here

W M Rogsdale
Ordinary De Kalb County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
De Kalb County.

I, E M B Taylor hereby authorize M B Pounds
of De Kalb
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 22d
day of June 1903.

E M B Taylor [L. S.]

Executed in presence of
M M Cagsdale
Ordinary.

Taylor, E. M. B.
De Kalb

CODE SECTION 1950.
(FOR THOSE ALREADY ENROLLED.)
Pensioned 1897
No. 827

DISABLED
SOLDIER'S PENSION
1903.

Name Taylor E M B.
County DeKalb
Co. D Regiment 7th Ga.
Disability Loss of Leg
Amount, $100.
1/23 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
M B Pounds

Geo. W. Harrison State Printer, Atlanta.

No data

Audited Feb. 12 1889.
Wm S Wright
COMPTROLLER-GENERAL.

De Kalb

Maimed Soldiers.

Voucher No. 435
Amount. $ 100
Paid to E M B Taylor
For Loss of Right Leg
Feby 12 1889.

Included in Warrant No.
issued to Treasurer.

1889.

WARRANT CLERK

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

E M B. Taylor

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
De Kalb County.

Personally appears E M B Taylor of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the ____ day of Sept 1880; 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 L.C. Volunteers, Enshaw's Brigade; that whilst engaged in such military service in the State of N.C., on the 9 day of March 1865, he was wounded, injured or diseased as follows:
Shot in right leg at Bentonville N.C.
Causing loss of same

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 De Kalb County, been allowed an invalid pension of One Hundred Dollars, for the year 1902.

Sworn to and subscribed before me, this the 9 day of Jan 1903.

E M B Taylor
Post-office Stone Mtn Ga

W M Ragsdale Ordinary

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,
De Kalb County.

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

Given under my official signature and seal, this 9 day of Jan 1903.

Affix your seal here

W M Ragsdale
Ordinary De Kalb County.

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

No. 435

STATE OF GEORGIA, EXECUTIVE DEPARTMENT. Atlanta, Ga. Febry 12 1889

Mr. E. M. B. Taylor of the County of De Kalb 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
Injury, Right 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.

W B Gordon
GOVERNOR.

By the Governor
C. A. Hamlin
CLERK EXECUTIVE DEPARTMENT.

$ 100

RECEIVED OF STATE TREASURER, R. U. HARDEMAN.
One Hundred 00/100 Dollars.
per above voucher, this 12 of Febry 1889.
E M B Taylor By M B T...

DeKalb

Maimed Soldiers.

Voucher No. 363

Amount $ 100

Paid to E. M. B. Taylor

For Loss of right Leg

Feby 6 1890

Audited 18

COMPTROLLER-GENERAL.

Included in warrant No.

issued to Treasurer.

18

WARRANT CLERK.

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

A. J. Goss

Audited ..... 1891.

COMPTROLLER GENERAL.

Taylor, E. M. B.

DeKalb

1891.

Maimed Soldiers.

Voucher No. 11446

Amount $ 100

Paid to E. M. B. Taylor

For Loss of Leg

Feby 18 1891.

Included in warrant No.

issued to Treasurer.

1891.

WARRANT CLERK.

Geo. W. Harrison, State Printer, Atlanta.

W. B. Powell

No. 263

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga., July 6 1890

Mr. E. M. B. Taylor of the County of DeKalb 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 right-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.

PAID TREASURER STATE OF GEORGIA

J. B. Gordon
GOVERNOR.

By the Governor,
W. H. Harrison
CLERK EXECUTIVE DEPARTMENT.

$ 100

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,
One Hundred 00/ Dollars,
per above voucher, this 6 of July 18 90
N. J. Goss Attorney in fact
For E. M. B. Taylor

1891.

No. 1146

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga. July 18 1891.

Mr. E. M. B. Taylor of the County of DeKalb 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

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.

N. J. Norton
GOVERNOR.

By the Governor,
W. H. Harrison
SEC'Y EXECUTIVE DEPARTMENT.

$ 100

RECEIVED OF R. U. HARDEMAN, Treasurer of the State of Georgia.
One Hundred 00/ Dollars,
per above voucher, this 18 July 1891.
N. J. Goss Attorney in fact for E. M. B. Taylor

TREASURER STATE OF GEORGIA OFFICE

NAME, Taylor, E M B YEAR 1888 COUNTY Dekalb

WHEN AND WHERE BORN? Resident of Ga. since 24th day of December, 1881.

ENLISTED WHEN AND WHERE?

RANK. Private

COMPANY AND REGIMENT? Co D 7th Regt. South Carolina Vols Kershaw's Brigade

NAME OF CAPTAIN AND COLONEL? J C Carlisle, Commanding Officer

WOUNDED? Bentonville, N C -March, 1865 - bone of the right leg near the knee. Amputated three or four inches above the knee.

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. J C Carlisle, Commanding Officer No data

NAME, **Taylor, E. M. B.** YEAR **1890** COUNTY **DeKalb.**

WHEN AND WHERE BORN? **Residnet of Ga., since Dec. 1850**

ENLISTED WHEN AND WHERE?

RANK. **Private.**

COMPANY AND REGIMENT? **Co. D, 7th regt. Ga. Vols. Kershaw's Brigade.**

NAME OF CAPTAIN AND COLONEL?

WOUNDED? **Bentonville, N. C. March 19, 1865. Loss of right. leg.**

CAPTURED, WHEN AND WHERE?

RELEASED.

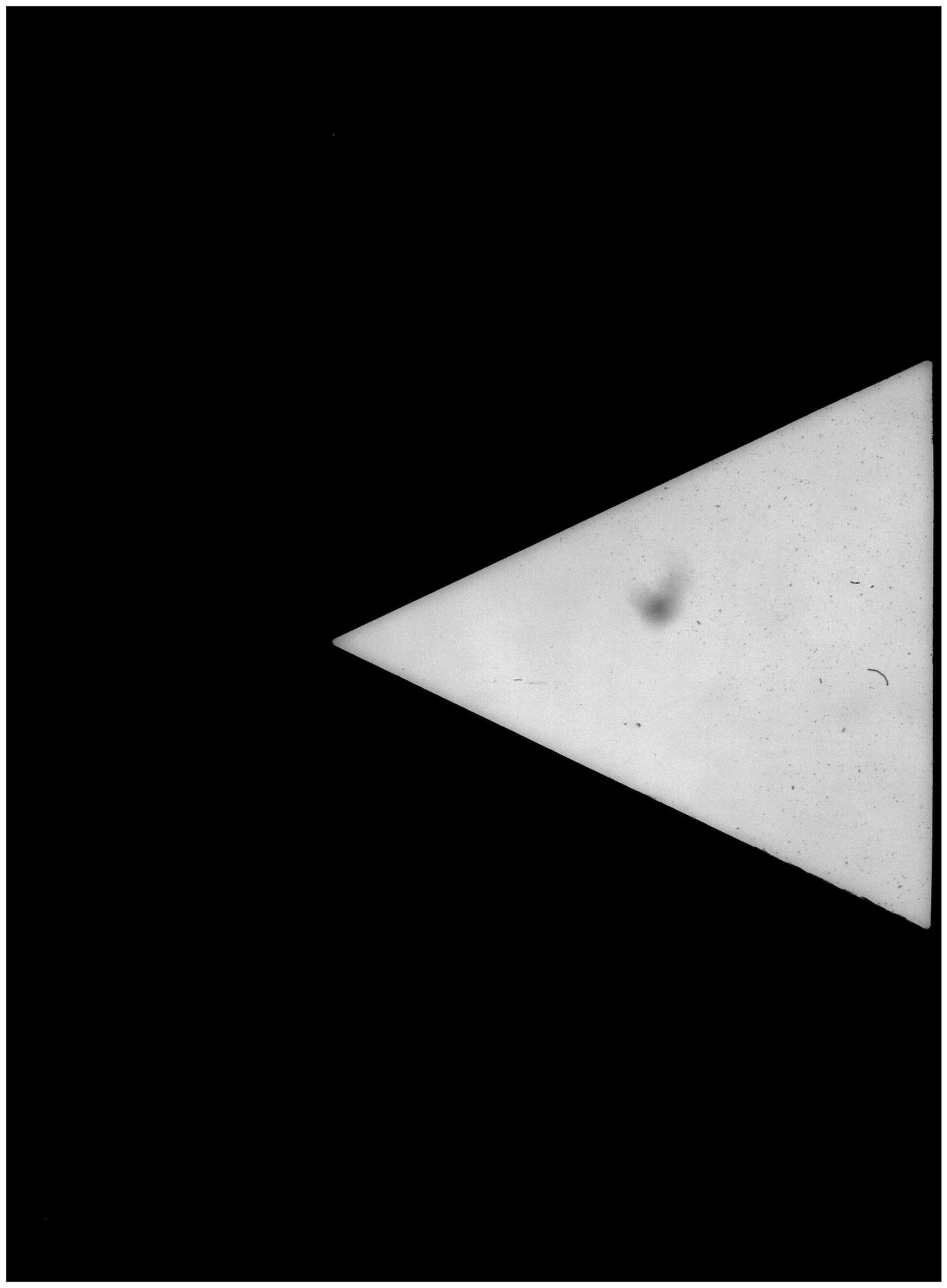
WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. **None.**



Taylor, G.W.
DeKalb County

CODE SECTION 1250.

(FOR THOSE ALREADY ENROLLED.)

Fulton Co. 1903.

No. 221

DISABLED
SOLDIER'S PENSION
1904.

G W Taylor

Name G W [illegible]

County DeKalb

Co. _____ Regiment _____

Disability old

Amount, $ _____

1/25 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Mrs O K Rivers

Geo. W. Harrison, State Printer, Atlanta.

no data

POWER OF ATTORNEY.

STATE OF GEORGIA, DeKalb COUNTY.

I, Geo M Taylor of Fulton Co Ga hereby authorize Mrs O K Rivers of DeKalb Co Ga to receive and receipt for the pension paid hereon, and request that he remit same to Mrs Jessie by _____ at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 23 day of January 1904.

G M Taylor [L. S.]

Executed in the presence of
Geo E Elkins
Helen E Elkins

Georgia, Fulton County.

I the undersigned do certify that G W Taylor now of the County Fulton DeKalb is the same person who as Disabled pensioner was on the pension rolls of this county, and drew a pension of 50 00 dollars for 1903 and the bearer is same man.

Given under my hand and official seal of office Jan 21st 1904.

John R Wilkinson [L.S.]

SEAL

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb County.

I, Geo W Taylor hereby authorize Mrs A K Hess of Kirkwood DeKalb co Ga. to receive and receipt for the pension paid hereon, and request that he remit same to ..... by in person at .....

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

G W Taylor [L. S.]

Executed in the presence of
Thos L Sims N.P.D.C

Taylor, G.W.
DeKalb County

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)
Fulton Co., 1903.
No. 221

DISABLED
SOLDIER'S PENSION
1904.

Name G W Taylor
County Dixian
Co. ..... Regiment .....
Disability .....
Amount, $ 1/2 C 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Mrs A K Hess

Geo. W. Harrison, State Printer, Atlanta.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Fulton County.

Personally appears G W Taylor of DeKalb 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 2 day of Jan 1882; 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 Major in Company , of 14 th Regiment of Ala. Volunteers. Perrins 's Brigade; that whilst engaged in such military service in the State of Va, on the 12 day of May 1864, he was wounded, injured or diseased as follows:

Wound right arm & shoulder Three inches of the head of the humerus being resected thereby causing inability to use the right arm in manual labor

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 Fulton County, been allowed an invalid pension of Fifty Dollars, for the year 1903.

Sworn to and subscribed before me, this the 23rd day of January 1904.

Thos L Gilmore Jr

G W Taylor

Post-office Kirkwood Ga

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,
DeKalb County.

I, James R George 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.

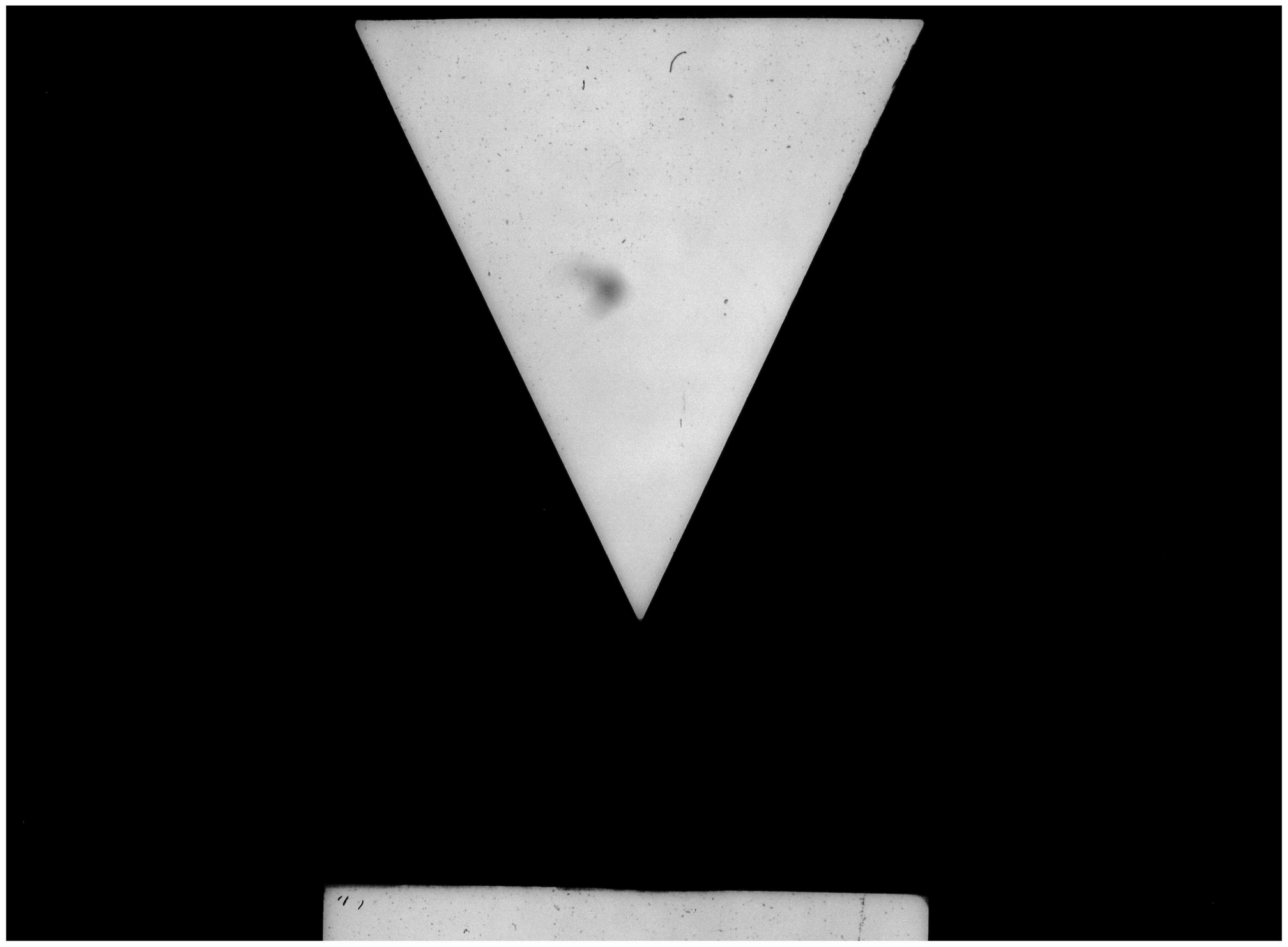
Given under my official signature and seal, this 26 day of January 1904.

Affix your Seal here

James R George

Ordinary DeKalb County.

NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January, 1, 1904.



Taylor, J. W.
DeKalb Co

No. _____ 1909

INDIGENT PENSION.

1908

Name J W Taylor

County DeKalb

Co. H 27 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.

9/29/08

POWER OF ATTORNEY.

STATE OF GEORGIA, _____ COUNTY.

I, _____ hereby authorize

_____ of _____

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

_____ at _____

_____ by _____

Witness my hand and seal, this _____ day of _____ 190__

_____ [L. S.]

Executed in presence of

_____

STATE OF GEORGIA,

_____ County.

Personally came before me J. H. Goss M. D. and Wesley S. Lindsey, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully J. W. Taylor, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows: General nervous break down, partial paralysis & vertigo. Unable to support himself at any vocation or calling.

and that we have no interest in said pension being allowed.

J. H. Goss, M. D.
Wesley S. Lindsey M.D.

Sworn to and subscribed before me, this the 26 day of March 1908
James R. Georgs Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

DeKalb County.

I, James R. Georgs Ordinary, in and for said County, hereby certify that the applicant J. W. Taylor resides in said County, and has been a bona fide resident of this State since the 17 day of January 1845 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 digest of _____ County shows that applicant returned for taxation in his name in 1901 _____ Dollars of property, and in 1902 _____ Dollars of property; in 1903 _____ Dollars of property; in 1904 _____ Dollars of property; in 1905 _____ Dollars of property; in 1906 _____ Dollars of property; in 1907 _____ Dollars of property.

No Property

In my opinion the foregoing claim is _____ made in good faith.

Witness my hand and seal of office, this 26 day of March 1908
James R. Georgs Ordinary.
of DeKalb 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.

I, J. H. Gibbons ordinary of Henry County, Ga. do certify that J. M. Lindsey is a citizen of said county & that he is of truthful character & that his statement is entitled to full faith & credit. Given under my hand & seal, March 6th 1908. J. H. Gibbons ordinary Henry Co. Ga.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Henry County.

J. M. Lindsey of said State and County, having been presented as a witness in support of the application of J. W. Taylor for pension under section 1254, Code, and after being duly sworn, made answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? J. M. Lindsey Henry Co Ga
2. Are you acquainted with J. W. Taylor, the applicant; if so, how long have you known him? I am forty years
3. Where does he reside, and how long and since when has he been a resident of this State? My informat is he lives in DeKalb Co Ga all his life
4. When, where and in what company and regiment did he enlist, and how do you know? about Aug 18 Henry Co Ga. Company "H" 27th Regt Ga Vol I was Member of
5. Were you a member of the same company and regiment? I was
6. How long did he perform regular military duty? Nearly four years.
7. When and where was his command surrendered? April 1865. Greensboro N.C.
8. Were you present when it surrendered? I was not.
9. Was applicant present? Dont Know
10. If he was not present, where was he? Dont Know
When did he leave his command? Dont Know For what cause? Dont Know
By what authority he left? Dont Know How do you know all of this?
11. What property, effects or income has the applicant? (Give your means of knowledge.) Nothing
12. What property, effects or income did the applicant possess in 1901, 1902, 1903, 1904, 1905, 1906 and 1907, and what disposition, if any, did he make of same? Had Nothing
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom? Had Nothing to Convey
14. What is the applicant's occupation and physical condition? Farmer — His Physical Condition is very bad
15. Is the applicant unable to support himself by labor of any sort; if so, why? He is Not able to do but little labor Not enough to support himself. Nervous prostration
16. How was he supported during the years 1901, 1902, 1903, 1904, 1905, 1906 and 1907? By the assistance of his family
17. What portion of his support for these four years was derived from his own labor or income?
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code He getting old & his Nervous Condition renders him unable to do any thing
19. Who composes family? What property have they? Children's ages and their earning capacity? Himself & wife "Nothing" None — —
20. What interest have you in the recovery of a pension by this applicant? No Interest whatever

Sworn to and subscribed before me, this the 6 day of March 1908
J. H. Gibbons Ordinary.

J. M. Lindsey Witness.

STATE OF GEORGIA,
Dekalb County.

J.W. Taylor of said State and County, desiring to avail himself of the Pension Act (Section 1254, Code), hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (Give State, County and Postoffice.) J.W. Taylor Dekalb Co. Decatur Ga
2. How long and since when have you been a resident of this State? 65 years
3. When and where were you born? January 17th 1845 - Lumpkin Co
4. When and where and in what company and regiment did you enlist or serve? August 1861 Henry County Company H - 27 Ga Regiment
5. How long did you remain in such company and regiment? four years
6. When and where was your company and regiment surrendered and discharged? April 1865 Greensboro N.C.
7. Were you present with your company and regiment when it was surrendered? I was
8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? I was present
9. How much can you earn (gross) per annum by your own exertions or labor? about $50.00
10. What has been your occupation since 1865? Farming
11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty?"
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. My Physical Condition is very feable I Genrally broke down in health not able to Make a living At any Kind of Labor
13. What property, real and personal, or income, do you possess, and its gross value? I have no Property
14. What property, real or personal, did you possess in 1901, 1902, 1903, 1904, 1905, 1906 and 1907, and what disposition, if any, by sale or gift, have you made of same? Nothing to dispose of Nothing had
15. In what County did you reside during those years, and what property did you then return for taxation? Henry & Dekalb Counties
16. How were you supported during the years 1901, 1902, 1903, 1904, 1905, 1906 and 1907? Mostly 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? about $120.00
18. What was your employment during 1901, 1902, 1903, 1904, 1905, 1906 and 1907? What pay did you receive in each year? Trying to farm No pay
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? I have a wife No Property
20. Are you receiving any pension? If so, what amount and for what disability? I am not
21. Have you ever made an application for pension before? I have
22. How many applications have you ever made and under what class? 3 times Indigent

Every Question MUST Be Answered.

Sworn to and subscribed before me this the 27 day of Feby 1908

James R. George Ordinary of Dekalb County.

his J W + Taylor mark Applicant.

STATE OF GEORGIA,

Henry COUNTY.

B. W. Nail of said State and County, having been presented as a witness in support of the application of J. W. Taylor 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? B W Nail Henry County Georgia

2. Are you acquainted with J. W. Taylor, the applicant: if so how long have you known him? Forty fifty years

3. Where does he reside, and how long and since when has he been a resident of this State? My information is he lives in DeKalb Co Ga " so for as I know he has resided there since

4. When, where and in what company and regiment did he enlist, and how do you know? 1861. Henry Co. Ga. in Company "H. 27th" Ga Regt. I was a Member same Company

5. Were you a member of the same company and regiment? I was

6. How long did he pefrorm regular military duty? Nearly four years.

7. When and where was his command surrendered? April 1865. Greensboro N.C.

8. Were you present when it surrendered? I was

9. Was applicant present? He was

10. If he was not present, where was he? Present

When did he leave his command? Present For what cause? Present

By what authority he left? Present How do you know all of this?

I was present with him,

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

12. What property, effects or income did the applicant possess in 1901, 1902, 1903, 1904 and 1905, and what disposition, if any, did he make of same?

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

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

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

16. How was he supported during the years 1901, 1902, 1903, 1904 and 1905?

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

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

19. Who composes family? What property have they? Children's ages and their earning capacity?

20. What interest have you in the recovery of a pension by this applicant? his

Sworn to and subscribed before me, this the 6 day of March 1908

B. W. + Nail
mark
Witness.

G. Stevens Ordinary.
Henry Co Ga

I G. Stevens Ordy Henry County Ga do Certify that B.W. Nail is a Citizen of said County & State & is of Truthful character & that his statements are entitled to Credit.

Witness my hand and seal this 6/1908. G. Stevens Ordy Henry Co Ga.

NAME Taylor, J. W. YEAR 1909 COUNTY DeKalb

WHEN AND WHERE BORN? January 17th 1845, Lumpkin County, Georgia.

ENLISTED WHEN AND WHERE? August 1861, Henry County, Georgia.

RANK.

COMPANY AND REGIMENT? Co. H, 27th Georgia Regiment.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

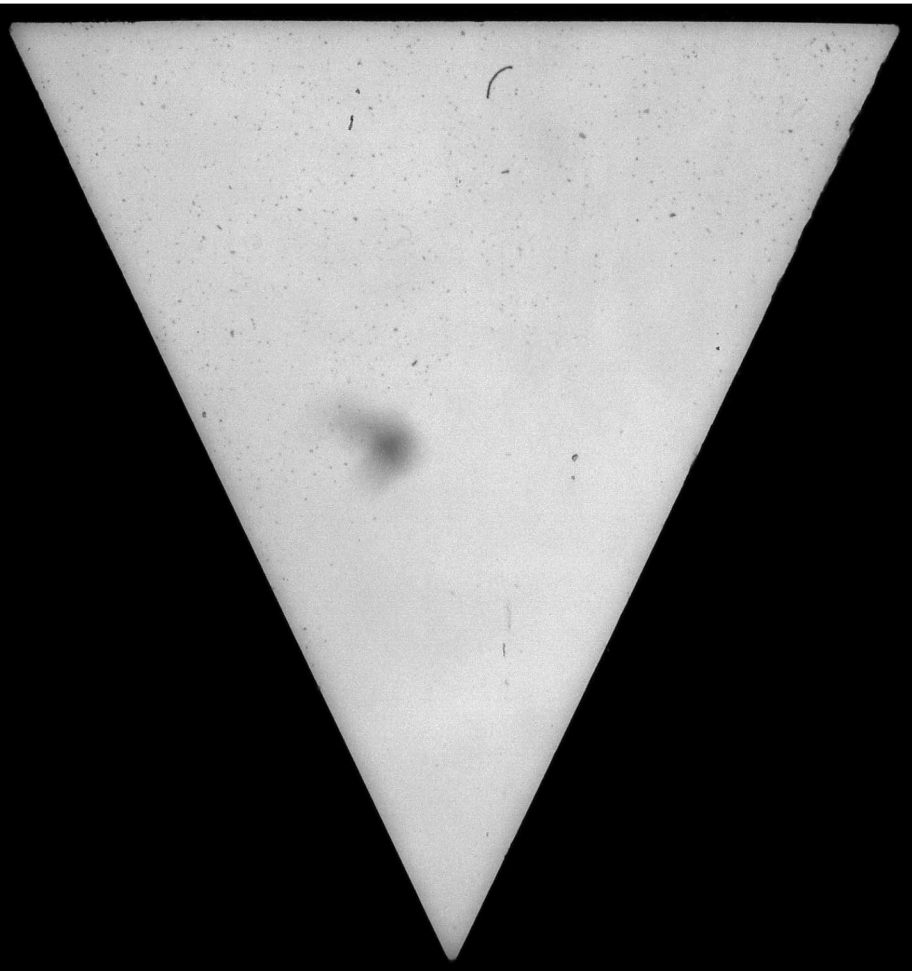
WHEN AND WHERE SURRENDERED? Command: April 1865, Greensboro, N. C.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED,

WITNESSES. J. M. Lindsey - Same Command. No data.
B. W. Nail - Same Command.



State Dept. Public Welfare,
Atlanta, Oct. 28, 1937.

J. W. Taylor enlisted as a private in Co. H, 27th Regt. Ga. Inf. Spot. 1861....Surrendered, Greensboro, N. C. Apr. 26, 1865.

Director Confederate Records Div.

RECORD O. K.

Widow's Application

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

County DeKalb

Name Mrs. J. W. Taylor

Widow of J. W. Taylor

Date of Marriage Oct. 23 1900

Date of Husband's Death July 2 1930

Company K

Regiment 27th Ga.

Approved

Director.

AUG 11 1937

Ordinary's Certificate

STATE OF GEORGIA,

V. S. Morgan COUNTY.

I, V. S. Morgan, Ordinary of said County, do certify that I know Mrs. J. W. Taylor 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 See Marriage Certificate 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 10 day of August 193 7

(SEAL OF ORDINARY) V. S. Morgan, Ordinary.

of DeKalb County.

INSTRUCTIONS:

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1920, are entitled.
4. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
5. Attach certified copy of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
6. Fill out the back of the application carefully.
7. Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.
8. Do not take an application from any widow who is already receiving a pension.

State Dept. Public
Atlanta, Oct. 28, 1

J. W. Taylor enlist
private in Co. H, 27
Ga Inf. Sept. 1861.
rendered, Gresnboro
Apr. 26, 1865.

Director Confederate
Div.

1469

RECORD O. K.

Widow's Application

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

County DeKalb
Name Mrs. J. W. Taylor
Widow of J. W. Taylor
Date of Marriage Oct. 23 1900
Date of Husband's Death July 2 1930
Company
Regiment
Approved
Director.

AUG 11 1937

Ordinary's Certificate

STATE OF GEORGIA,

V. S. Morgan COUNTY.

I, V. S. Morgan, Ordinary of said County, do certify that I know Mrs. J. W. Taylor 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 See Marriage Certificate 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 10 day of August 193 7

(SEAL OF ORDINARY) V. S. Morgan, Ordinary.

of DeKalb 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."
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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.

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,

DEKALB COUNTY.

Personally appears before me, Mrs. J. W. Taylor 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. J. W. Taylor - 46 Moreland Ave. S. E., Atlanta, DeKalb 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. February 26, 1866 Age? 71

3. (1) When, (2) where and (3) to whom were you married? Married October 23, 1900 at Fairburn, Georgia to J. W. Taylor

a. Have you married since the death of first and soldier husband? no

b. When and where did your first husband die? July 2, 1930 at Fairburn, Georgia

c. Were you residing together when he died? yes

d. If not, how long had you resided apart? x

e. Are you now a widow? yes

f. Have you or your husband heretofore been paid a pension by the State? Husband received pension from Fairburn, Ga.

g. If so, when and for what cause were you or your husband placed on the roll? About 15 years ago by service in Confederate Army

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?

e. What was his physical condition when he left his Command?

f. What effort did he make to return to his Command?

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

h. Was he captured by the enemy at any time?

i. If so, when and where? In what prison was he held and when was he released?

Sworn to and subscribed before me, this the 22 day of July, 193 7.

V. S. Morgan, Ordinary

of DeKalb County.

(SEAL OF ORDINARY)

Mrs J. W. Taylor

Applicant.

STATE DEPARTMENT OF PUBLIC WELFARE

HURT BUILDING

ATLANTA

Honorable V. S. Morgan, Ordinary,
DeKalb County,
Decatur, Georgia.

WHEREAS:

MRS. J. W. TAYLOR, WIDOW OF J. W. TAYLOR,

has filed in this office an application for the Georgia pension allowed to widows of Confederate veterans; and it appearing that the late husband of this applicant performed actual military service as a Confederate soldier and was honorably separated from such service; and that applicant was married to said soldier prior to January 1st, 1920, and that she was not remarried; it is, therefore,

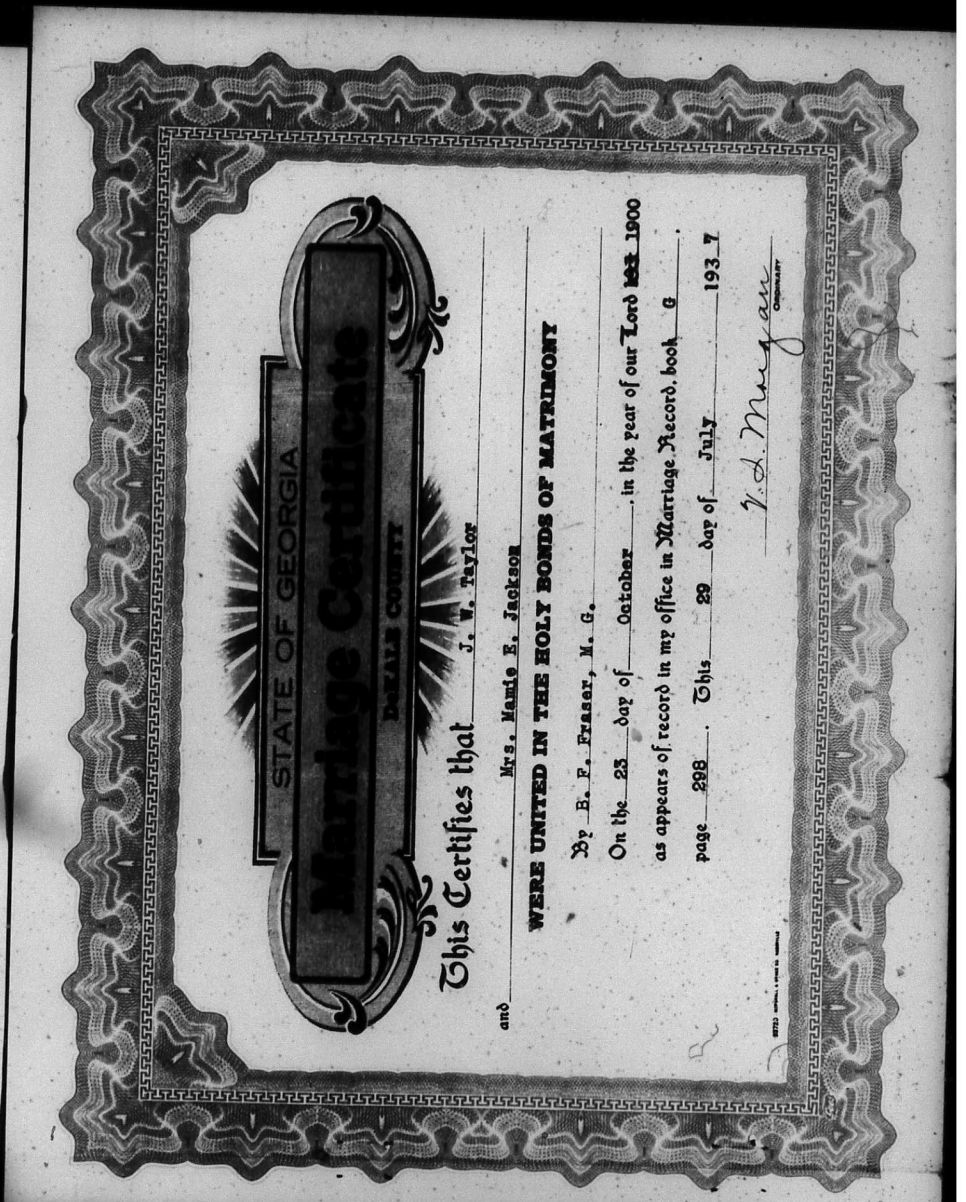
ORDERED:

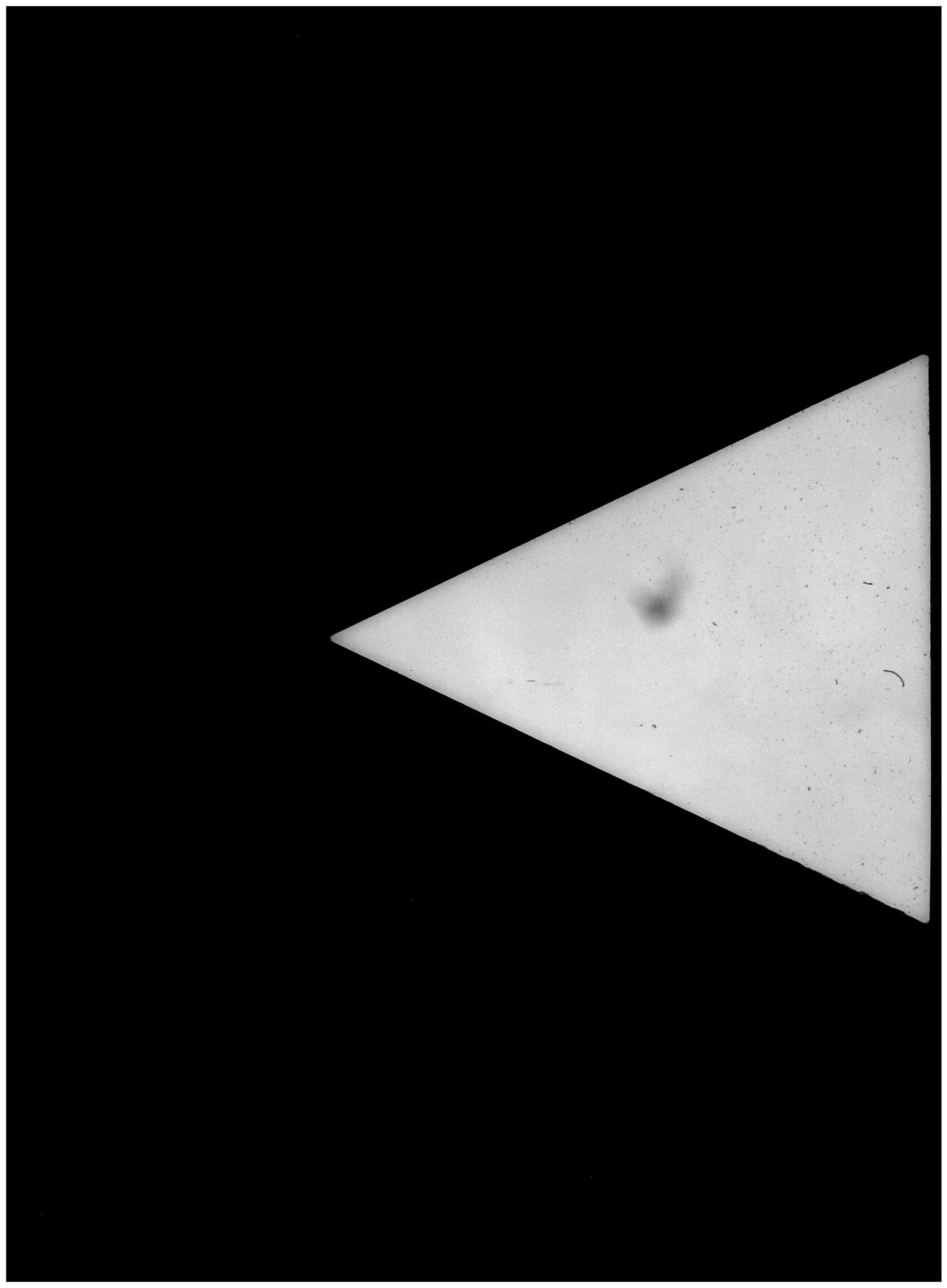
That said applicant be admitted to the pension roll of the State of Georgia for the month of January, 19 38, and thereafter; and that a copy of this order be sent to the Ordinary of said County.

This, the 27th day of December 1937.

L. Thos. Gellen

Director, Confederate Division
State Department of Public
Welfare





Veat, R.L.
DeKalb Co.

C.N. No. for 1910

INDIGENT PENSION.

1909

Name J L Veal

County DeKalb

Co. E 7 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.

Franklin Printing and Publishing Co., Geo. W. Harrison, Mgr., Atlanta, Georgia.

9-29-09

POWER OF ATTORNEY.

STATE OF GEORGIA,
COUNTY. }

I, _____ hereby authorize

_____ of _____

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

_____ at _____ by _____

Witness my hand and seal, this _____ day of _____ 190__

[L. S.]

Executed in presence of

_____

_____

STATE OF GEORGIA,

_____ COUNTY.

I, _____ hereby authorize

_____ of _____

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

_____ at _____ by _____

Witness my hand and seal, this _____ day of _____ 190__

_____ [L. S.]

Executed in presence of

_____

Seat Ga.
DeKalb Co.

No. _____
Ord. Jan 1910

INDIGENT PENSION.
1907

Name J. L. Tal
County DeKalb
Co. C. 7 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.

Franklin Printing and Publishing Co., Geo. W. Harrison, Mgr., Atlanta, Georgia.

9-25-07

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

DeKalb COUNTY.

I. L. Tal of said State and County, desiring to avail himself of the Pension Act (Section 1254, Code), hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (Give, State, County and Postoffice.)
J. L. Tal Edgewood Ga Edgewood Ga

2. How long and since when have you been a resident of this State?
66 years Feby 4th 1843

3. When and where were you born? Feby 4th 1843 Bartow Co. Ga

4. When and where and in what company and regiment did you enlist or serve?
May 25th 1861 Decatur Ga Company E 7 Ga Reg.

5. How long did you remain in such company and regiment?
From May 25th 1861 to April 9th 1865 or four years

6. When and where was your company and regiment surrendered and discharged?
April 9th 1865 Appomattox C.H. Va

7. Were you present with your company and regiment when it was surrendered? I was

8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? Was present

9. How much can you earn (gross) per annum by your own exertions or labor? Nothing

10. What has been your occupation since 1865? Stone cutter

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? For last 15 years at my trade My Physical Condition is very feeble not able to earn a support at any Kind of Labor

13. What property, real and personal, or income, do you possess, and its gross value? Nothing Show House Hold Goods

14. What property, real or personal, did you possess in 1901, 1902, 1903, 1904 and 1905, and what disposition, if any, by sale or gift, have you made of same? I owned a half Interest in 44 acres of Land & also one house & Lot said same and Proceeds I have lived out & Paid

15. In what County did you reside during those years, and what property did you then return for taxation? DeKalb Co the same Property above Mentioned

16. How were you supported during the years 1901, 1902, 1903, 1904 and 1905? by what I could Make and 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? $125.00 but very little

18. What was your employment during 1901, 1902, 1903, 1904 and 1905? What pay did you receive in each year? Had no employment

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? I have 2 Daughters one Son one married Son have no Homestead

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? one

22. How many applications have you ever made and under what class? Indigent

Every Question MUST Be Answered.

Sworn to and subscribed before me this the 27 day of Sept 190 7

J. L. Tal
Applicant.

James R. Gwen
Ordinary.

of DeKalb County.

DeKalb COUNTY.

W. C. Austin of said State and County, having been presented as a witness in support of the application of J. L. Teat 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 C Austin Stone Mountain Ga
2. Are you acquainted with J. L. Teat, the applicant: if so how long have you known him? I am 50 years
3. Where does he reside, and how long and since when has he been a resident of this State? Edgewood Ga all his life
4. When, where and in what company and regiment did he enlist, and how do you know? May 29/861 Decatur Ga Compy E-7 Ga Regiment
5. Were you a member of the same company and regiment? 1st War
6. How long did he perform regular military duty? from May 29/861 to April 9/65
7. When and where was his command surrendered? April 9th/565 Appomattox C.H. Va
8. Were you present when it surrendered? I was
9. Was applicant present? He was Present
10. If he was not present, where was he? Present

When did he leave his command? April 9/865 For what cause? war closed

By what authority he left? War was over How do you know all of this? Was Present and Knowd it of My own Knowledge

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 1901, 1902, 1903, 1904 and 1905, and what disposition, if any, did he make of same? To my Knowledge he owned a half Interest in 44 acres of Land Small House & Lot
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom? He Sold Same and has lived on the Proceeds of Same
14. What is the applicant's occupation and physical condition? has no occupation Physical condition is very poor So much so that he is not Able to make a Support
15. Is the applicant unable to support himself by labor of any sort; if so, why? He is on account of his Physical Condition
16. How was he supported during the years 1901, 1902, 1903, 1904 and 1905? By his Children and what he could make
17. What portion of his support for these four years was derived from his own labor or income? But very little not enough to Support Himself
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code. His Physical Condition is very feable So Much So that he is not able to make a Support
19. Who composes family? What property have they? Children's ages and their earning capacity? Has 2 Daughters one Son no Property of any Kind
20. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this the 27 day of Sept 1909

W C Austin Witness.

James R George Ordinary.

DeKalb COUNTY.

Personally came before me W. J. McCurdy and Jas A Wells, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully J L Teate, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

Infirmities of age

Varicose veins of Left leg also on account of physical condition is unable to Earn a living

and that we have no interest in said pension being allowed.

Sworn to and subscribed before me, this the 27 day of Sept 1909

James R George Ordinary.

W J McCurdy M D

Jas A Wells M D

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA, DeKalb COUNTY.

I, James R George Ordinary, in and for said County, hereby certify that the applicant J L Teat resides in said County, and has been a bona fide resident of this State since the all his life day of 189, and that the witnesses, viz.: W C Austin

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 DeKalb County shows that applicant returned for taxation in his name in 1901 as agent $1223.00 Dollars of property, and in 1902 agt $600 Dollars of property; in 1903 as agent $788.00 Dollars of property; in 1904 $760.00 Dollars of property; in 1905 $1095.00 Returned no Tax for 1909 Dollars of property.

In my opinion the foregoing claim is made in good faith.

Witness my hand and seal of office this 27 day of Sept 1909

James R George Ordinary.

of DeKalb 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.

Georgia
Dekalb County } This is to certify that We. have known I.L. Teat for 50 years and know and Know that he owned a half interest in 44 acres of Land and a Small House and Lot and he Sold Same for $1100.00 And has lived out the Proceeds of Same and State further that Same was Not Sold in order to avail himself a Pension

Sworn to and Subscribed before me Sept 27 1909
James R Gray
ordinary

John W. McCurdy
J N Nash

NAME Teat, I.L. YEAR 1910 COUNTY DeKalb

WHEN AND WHERE BORN? Feb. 4,1843,- Bartow County, Georgia.

ENLISTED WHEN AND WHERE? May 29,1861,- Decatur, Georgia.

RANK.

COMPANY AND REGIMENT? Co.E. 7th.Ga. Regt.

NAME OF CAPTAIN AND COLONEL?

COLONEL?

CAPTAIN, WHEN AT HOME?

DISEASE.

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

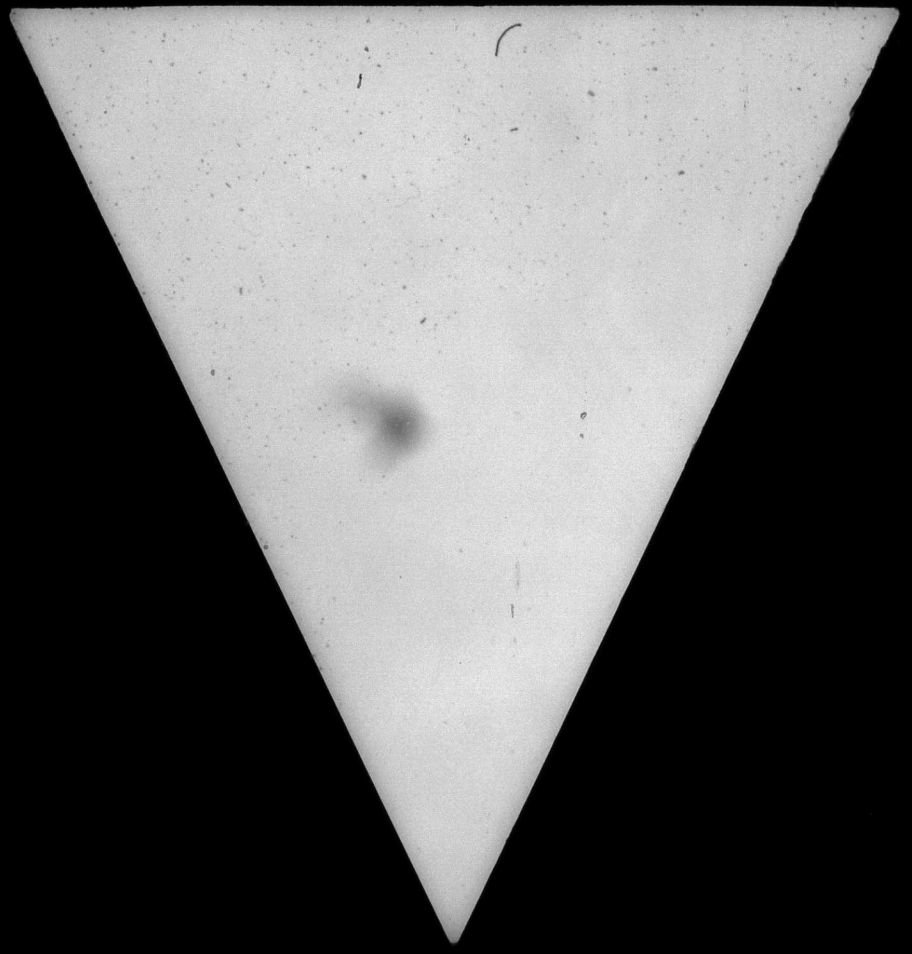
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED,

WITNESSES. W.C. Austin,- Same Command- No date.

mh.



POWER OF ATTORNEY.

Form No. 5.

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 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 _____ 189 _____

Executed in the presence of us: _____ [L. S.]

_____

_____

DIRECTIONS.

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

_____

Jerry, Sarah E.
DeKalb County

1891.

No. 3446

Widows' Pension

PAID TO

Mrs. Sarah E. Jerry

OF

Atlanta COUNTY.

$100.00.

Warrant Issued

1891

AND HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

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 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 ..... 189....

Executed in the presence of us : ..... [L. S.]

.....

.....

DIRECTIONS.

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

.....

Jerry, Sarah E.
De Kalb County

1891.

No. 21446

Widows' Pension

PAID TO

Mrs. Sarah E. Jerry

OF

DeKalb COUNTY.

$100.00.

Warrant Issued .....

1891

AND HANDED TO

.....

Geo. W. Harrison, State Printer Atlanta.

Affidavit to be Made by the Widow.

Form No. 1.

STATE OF GEORGIA,

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

Mrs. Sarah E. Terry, who being sworn according to law, says under oath that she is the widow of John G. Terry, who was a soldier in the service of the Confederate States, and served as a member of Company B, of the Hendersons Regiment of Georgia Volunteers; that he enlisted in said service on or about the ..... day of June 1863, and was in the Confederate Army up to November 1863 That while in the Army, he was on the ..... day of ..... 186..., (See Note No. 1)

While in service. He was taken sick at Rome, Ga. had come home on a furlough in November 1863 and was never able to return to his company but continued sick and died on the 1st March 1864.

Deponent further swears that she was the wife of said deceased soldier during his term of service in the Army, and that she has never married since his death; that she became his wife on the ..... th day of March 1858, and that she has resided in Georgia continuously since the 4th day of March 1831; 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 8th day of April 1891. } Sarah E. Terry. her mark

W. M. Ragsdale.

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.

Form No. 2.

Affidavit for Three Witnesses.

STATE OF GEORGIA,

County of De Kalb

In person came before me, the undersigned Ordinary in and for said County, witnesses M. G. Stapler, M. R. Stephenson and Leroy Hudgins (each known to said Attesting Officer as truthful, reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge, Mrs. Sarah E. Terry of the County of De Kalb State of Georgia, is the widow of Jno. G. Terry, who was a soldier in Company B of the Hendersons Regiment of Geo Volunteers. That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or about the day of July 1863 That while in said service, or by reason of said service in the Army, he lost his life as follows:

He was taken sick while on duty at Rome Ga. and sent home on a sick furlough in November 1863. He never returned to his command but was reported to us as having never recovered and died of the disease as contracted in service in March 1864. We have never seen him since the war.

We further swear that Mrs. Sarah E. Terry was the wife of said soldier during the service, and that she has not intermarried since his death, and that she resides in De Kalb County of the State of Georgia.

Sworn to and subscribed before me, this the 26th day of May 1891.

W. M. Rogsdale. Ordinary.

Moses R. Stephenson.
M. G. Stapler
Leroy Hudgins

Form No. 3.

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

STATE OF GEORGIA,

County of De Kalb

I, W. M. Rogsdale, Ordinary in and for said County of De Kalb State of Georgia, hereby certify that I am acquainted with Mrs. Sarah E. Terry, 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 June 1891.

SEAL

W. M. Rogsdale.
Ordinary.

Form No. 1.

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.

STATE OF GEORGIA, County of De Kalb

I, W. M. Ragsdale, Ordinary in and for said County of De Kalb State of Georgia, hereby certify that I am acquainted with Mrs. M. J. Terry 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 G. Terry 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 23rd day of Jan 1894.

[SEAL]

W. M. Ragsdale Ordinary.

POWER OF ATTORNEY.

Form No. 3.

STATE OF GEORGIA, De Kalb County,

KNOW ALL MEN BY THESE PRESENTS, That I, Mrs. M. E. Terry of De Kalb County in said State, do hereby appoint M. J. Terry of De Kalb 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 23rd day of Jan 1894.

Mrs. M. E. Terry [L. S.]
her mark

Executed in the presence of us:
W. M. Pinnell
W. M. Ragsdale,
Ordinary.

DIRECTIONS.

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

.....

Terry Sarah E.
De Kalb County
FOR THOSE HERETOFORE PAID.

1894.

No. 1079

WIDOWS' PENSION,

for year ending February 15th, 1894.

PAID TO—
Sarah E. Terry
—OF—
DeKalb County.

WARRANT ISSUED
2
AND HANDED TO
M J Terry
1894.

GEO. W. HARRISON, State Printer, Atlanta.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of De Kalb

Personally comes Mrs. S. E. Terry

who being sworn, says on oath, that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has *resided* in said State continuously ever since all her life 18 That she is the Widow of John G. Terry who was a Soldier in Company A of the Hendersons Regiment of Georgia Volunteers, that he enlisted in said Regiment on or about the month of Jan 186 3 and served in the Army up to Nov 186 3 That he lost his life on the day of 18 (*State here full particulars of the husband's death, when, where and from what cause.*) (Was taken with Pneumonia which resulted in the galloping consumption and caused his death which occured 1st day of March 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 1859; 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 23d day of Jan 1894.
W. M. Rayfield Ordinary.

her
S. E. Terry
mark

Post-office Conyers Ga.

STATE OF GEORGIA, County of De Kalb

I, W. M. Mogsdale Ordinary in and for said County of De Kalb State of Georgia, hereby certify that I am acquainted with Mrs. Sarah E. Terry 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 [illegible] 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 16th day of Jan 1893.

{SEAL} W. M. Mogsdale Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, De Kalb County.

KNOW ALL MEN BY THESE PRESENTS, That I, Mrs Sarah E Terry of De Kalb County, in said State, do hereby appoint W. J. Terry of De Kalb 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 16th day of Jan 1893

Sarah E. Terry [L. S.]
her
X
mark

Executed in the presence of us:
J. A. Chapman
[illegible]

DIRECTIONS.

Send amount by [illegible] to me at [illegible], and oblige

[illegible]

Terry Sarah E.
De Kalb County
FOR THOSE HERETOFORE PAID.

1893.

No. 10936

Widows' Pension,

for year ending February 15th, 1893.

PAID TO Mrs Sarah E. Terry

OF De Kalb County.

Warrant Issued [illegible] 1893

AND HANDED TO [illegible]

Geo. W. Harrison, State Printer, Atlanta.

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

Form No. 2.

STATE OF GEORGIA, County of De Kalb

I, W. M. Mogsdale Ordinary in and for said County of De Kalb State of Georgia, hereby certify that I am acquainted with Mrs. S. E. Terry 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 G. Terry 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 24th day of Jan 1895.

{SEAL} W. M. Mogsdale Ordinary.

Form No. 3

POWER OF ATTORNEY.

STATE OF GEORGIA, De Kalb County.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 24th day of Jan 1895. Mrs S E Terry [L. S.]
her
mark

Executed in the presence of us:
B. S. Kendrick
W. M. Mogsdale
Ordinary

DIRECTIONS.

Send amount by [illegible] to me at [illegible], and oblige

[illegible]

Terry Sarah E.
De Kalb County
FOR THOSE HERETOFORE PAID.

1895.

No. 992

WIDOW'S PENSION,

for year ending Febuary 15th, 1895.

PAID TO Mrs S E Terry

OF De Kalb County.

widow of John G. Terry

WARRANT ISSUED 28 Jan 1895.

AND HANDED TO W. J. Terry

Geo. W. Harrison, State Printer.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of De Kalb

Personally comes Mrs. Sarah E. Terry.

who being sworn, says on oath, that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has *resided* in said State continuously ever since March 1833 That she is the Widow of John D. Terry who was a Soldier in Company A of the Hendersons Regiment of State Troops Volunteers, that he enlisted in said Regiment on or about the month of June 1863 and served in the Army up to Nov 1863 That he lost his life on the ____ day of ____ 18__ (*State here full particulars of the husband's death, when, where and from what cause.*) (

He had Pneumonia and was sent home on Sick furlough never recovered but died from the disease contracted in the service at his home in De Kalb County on 12th day of March 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 1833; 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 16th day of June 1893.
W. McCaslan Ordinary.

her
Sarah E X Terry.
mark

Post-office Lithonia

For Widows' Heretofore Allowed Pensions.

Form 1.

STATE OF GEORGIA,
County of De Kalb

Personally Comes Mrs. S. E. Terry

who being sworn, says on oath, that she is a bona fide resident of said county of De Kalb State of Georgia, and that she has *resided* in said State continuously ever since all her life 18__ That she is the Widow of John D Terry. who was a Soldier in Company A of the Hendersons Regiment of Ga Volunteers, that he enlisted in said Regiment on or about the month of June 1863 and served in the Army up to Nov 1863 That he lost his life on the 12th day of March 1864 (*State here full particulars of the husband's death, when, where and from what cause.*) (

Had spitting consumption contracted while in service and died of the disease which at home on sick furlough on date above at his home in De Kalb Co.

)

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 1859, 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 24th day of Jan 1895.
W M Rogers Ordinary.

her
S. E. X Terry.
mark

Post-office Lithonia Ga

STATE OF GEORGIA, County of DeKalb

I, W M Rogsdale Ordinary in and for said County of DeKalb State of Georgia, hereby certify that I am acquainted with Mrs. Sarah E. Terry 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 G. Terry, 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 30th day of Jan 1896.

{SEAL} W M Rogsdale. Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, DeKalb County.

I, Sarah E Terry hereby authorize W. J. Terry of DeKalb 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 24 day of Jan 1896.

Sarah E her Terry mark [L. S.]

Executed in the presence of

W. D. Hutcheson

W M Rogsdale.

Ordinary.

Terry, Sarah E.
DeKalb, County
FOR THOSE HERETOFORE PAID.

1896.

No. 2117

WIDOW'S PENSION,

for year ending February 15th, 1896.

PAID TO

Mrs. Sarah E. Terry

OF

DeKalb County.

widow of John G. Terry.

WARRANT ISSUED

2/ 1896.

AND HANDED TO

Geo. W. Harrison, State Printer.

STATE OF GEORGIA, County of DeKalb

I, W M Rogsdale Ordinary in and for said County of DeKalb State of Georgia, hereby certify that I am acquainted with Mrs. S. E. Terry 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 Jno G. Terry deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1896.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this the 19th day of Jan 1897.

{SEAL} W M Ragsdale. Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, DeKalb County.

I Mrs S E Terry hereby authorize W J Terry 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 19th day of Jan 1897.

her S E Terry mark [L. S.]

Executed in the presence of

J. R. Still

W M Rogsdale

Ordinary.

FOR THOSE HERETOFORE PAID.

1897.

No. 2557

WIDOW'S PENSION,

for year ending February 15th, 1897.

PAID TO

Mrs S E Terry

OF

DeKalb County.

widow of Jno G Terry.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED

2/3 1897.

AND HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

Terry, Sarah E.
DeKalb County

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of De Kalb

Personally Comes Mrs. Sarah E. Terry,

who being sworn, says on oath, that she is a bona fide resident of said county of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since acc her life 18 That she is the Widow of John G. Terry who was a Soldier in Company A of the State Troops Regiment of Volunteers, that he enlisted in said regiment on or about the month of June 1863 and served in the Army up to Nov 1863 That he lost his life on the 14 day of March 1864 (State here full particulars of the husband's death, when, where and from what cause.) Contracted galloping consumption while in service and died at his home in a few months after reaching home on furlough

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1860, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of De Kalb 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 24th day of Jan 1896.
W. M. Ragsdale, Ordinary.

her
Sarah E. X Terry.
mark
Post-office Conyers Ga.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of De Kalb

Personally Comes Mrs. S. E. Terry

who being sworn, says on oath, that she is a bona fide resident of said county of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since March 4th 1833; That she is the Widow of John G. Terry who was a Soldier in Company A of the Henderson's Regiment of Volunteers, that enlisted in said regiment on or about the month of June 1863 and served in the Army up to Nov 1863 That he lost his life on the 4th day of March 1864 (State here full particulars of the husband's death, when, where and from what cause.) Contracted galloping Consumption while in service at which he never recovered but died of the disease on the date above given

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 1856, 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 De Kalb 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 19th day of Jan 1897.
W. M. Ragsdale, Ordinary.

her
S. E. X Terry
mark
Post-office Conyers Ga.

State of Georgia, DeKalb County.

I, Sarah E. Terry hereby authorize W. J. Terry

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 Jan 1898.

Sarah E. Terry [L. S.]
her
mark

Executed in the presence of

D B Bond

W. M. Ragsdale
Ordinary.

Dewey, Sarah E.
DeKalb County

For Those Heretofore Paid.

1898.

No. 32573

WIDOW'S PENSION,

For year ending February 15th, 1898.

PAID TO

Mrs. Sarah E. Terry

OF

DeKalb County,

Widow of John S. Terry,

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED

2/5 1898.

AND HANDED TO

W. J. Terry

GEO. W. HARRISON, STATE PRINTER, ATLANTA

POWER OF ATTORNEY.

State of Georgia,
DeKalb County.

I, S. E. Terry hereby authorize W. J. Terry

of DeKalb

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 Jan 1899.

her
S. E. Terry [L. S.]
mark

Executed in presence of

J. L. D. Smoot

W. M. Ragsdale
Ordinary.

Terry, S. E. Mrs.
DeKalb Co

For Those Heretofore Paid.

1899.

No. 32727

WIDOW'S PENSION,

For year ending February 15th, 1899.

PAID TO

Mrs. S. E. Terry

OF

DeKalb County

Widow of Jno. S. Terry,

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED

2/15 1899.

AND HANDED TO

W. J. Terry

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of DeKalb } Personally Comes Mrs. Sary E. Terry

who, being sworn, says on oath, that she is a bona fide resident of said county of DeKalb State of Georgia, and that she has RESIDED in said State continuously ever since Mar 4th 18 35 That she is the Widow of John G. Terry who was a Soldier in Company A of the Hendersons Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of June 1863 and served in the Army up to Nov 1863 That he lost his life on the 1 st day of March 1864 (State here full particulars of the husband's death, when, where and from what cause.)

Had galloping consumption Contracted in service and died at home on date above given

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1858.

I have been allowed a pension as a resident of DeKalb 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 12 day of Jan 1898. W.M. Ragsdale Ordinary. } Sarah E. Terry her mark Lithonia Post-Office

State of Georgia, DeKalb County. } I W.M. Ragsdale Ordinary of said County, certify that I am well acquainted with Mrs. Sarah E. Terry 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 13 day of Jan 1898.

W.M. Ragsdale

Official Seal.

Ordinary of DeKalb County.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of DeKalb } Personally Comes Mrs. S.E. Terry

DeKalb who, being sworn, says on oath, that she is a bona fide resident of said county of DeKalb State of Georgia, and that she has RESIDED in said State continuously ever since Mar 4 1835 That she is the Widow of John G. Terry who was a soldier in Company A of the Henderson's Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of June 1863 and served in the Army up to Nov 1863 That he lost his life on the 1 st day of March 1865 (State here full particulars of the husband's death, when, where and from what cause.)

Had galloping Consumption contracted in service, of which he died

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1858.

I have been allowed a pension as a resident of DeKalb 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 13 day of Jan 1899. W.M. Ragsdale Ordinary. } Sarah E. Terry her mark Klondyke Ga Post-Office

State of Georgia, DeKalb County. } I W.M. Ragsdale Ordinary of said County, certify that I am well acquainted with Mrs. S.E. Terry 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 4 day of Mar 1835

Given under my official signature and seal this the 13 day of Jan 1899.

W.M. Ragsdale

Official Seal.

Ordinary of DeKalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb County.

I, L. E. Terry hereby authorize W. J. Terry

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 Dec 1900.

her
L. E. X Terry. [L. S.]
mark

Executed in presence of

J. L. Argo
W. M. Ragsdale
Ordinary.

To Those Heretofore Paid.

1900.

No. 463

WIDOW'S PENSION,

For year ending February 15th, 1900.

PAID TO
Mrs L. E. Terry
of
DeKalb County,
Widow of John G. Terry

JNO. W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
Dec 12 1900,
AND HANDED TO
W J Terry

Geo. W. Harrison, State Printer, Atlanta.

Terry L. E. Mrs.
DeKalb

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb County.

I, Mrs L. E. Terry hereby authorize
W. J. Terry of DeKalb Co
to receive and receipt for the pension paid hereon and request that he remit same to

at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 9 day of Jan 1901.

her
Mrs L. E. X Terry [L. S.]
mark

Executed in presence of

B. J. Fillers
W. M. Ragsdale
ordinary

To Those Heretofore Paid.

1901.

No. 377

WIDOW'S PENSION,

For year ending February 15th, 1901.

PAID TO
Mrs L. E. Terry
of
DeKalb County.
Widow of John G. Terry

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
Jan 21 1901,
AND HANDED TO
W J Terry

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

Terry Sarah E.
DeKalb Co

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of DeKalb } Personally Comes Mrs. S. E. Terry

who, being sworn, says on oath, that she is a bona fide resident of said county of DeKalb State of Georgia, and that she has RESIDED in said State continuously ever since Forever 18 35. That she is the Widow of John B. Terry who was a soldier in Company A of the Henderson's Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of June 1863 and served in the Army up to Nov 1863. That he lost his life on the 12 day of March 1865 (*State here particulars of the husband's death, when, where and from what cause*) Died with severe Consumption contracted while in the Army. Died at his home near Salem 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 1858.

I have been allowed a pension as a resident of DeKalb County for the year ending February 15th, 189 , and now apply for the pension provided by law for the year ending February 15th, 1900.

Sworn to and subscribed before me, this 16th day of Dec 1900. W. M. Ragsdale Ordinary.

her S. E. X Terry mark Post Office Lithonia Ga

State of Georgia, DeKalb County. } I W. M. Ragsdale Ordinary of said County, certify that I am well acquainted with Mrs. S. E. Terry, 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 4 day of March 1835.

Given under my official signature and seal, this the 16 day of Dec 1900.

{Official Seal.}

W. M. Ragsdale Ordinary of DeKalb County.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of DeKalb } Personally Comes Mrs. S. E. Terry

who, being sworn, says on oath, that she is a bona fide resident of said County of DeKalb State of Georgia, and that she has RESIDED in said State continuously ever since March 4th 1835. That she is the Widow of John B. Terry who was a soldier in Company A of the Henderson's Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of June 1863 and served in the Army up to Nov 1863. That he lost his life on the 12th day of March 1865 (*State here particulars of the husband's death, when, where and from what cause*) Had galoping Consumption contracted in war died of the 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, and that she became his wife in the year 1858

I have been allowed a pension as a resident of DeKalb 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 9 day of Jan 1901. W. M. Ragsdale Ordinary.

her S. E. X Terry mark Post Office Lithonia Ga

State of Georgia, DeKalb County. } I W. M. Ragsdale Ordinary of said County, certify that I am well acquainted with Mrs. S. E. Terry, 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 4 day of March 1835.

Given under my official signature and seal, this the 9 day of Jan 1901.

{Official Seal.}

W. M. Ragsdale Ordinary of DeKalb County.

STATE OF GEORGIA,
DeKalb County.

I, Mrs S. E. Terry, hereby authorize
W. J Terry of DeKalb
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 17
day of Jan 1902.

her
Mrs S. E. X Terry [L. S.]
mark

Executed in presence of
W M Wigsdale
Ordinary.

Terry Sarah E.
DeKalb Co.

To Those Heretofore Paid.

1902.

No. 367

WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO
Mrs. Terry S. E.
OF
DeKalb County,
Widow of Jno. E. Terry
Co. A Regiment Cavalry

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
1/17 1902
AND HANDED TO
W J Terry

GEO. W. HARRISON, STATE PRINTER, ATLANTA, GA.

POWER OF ATTORNEY.
R. F. BENNETT, PRINTER,
ATLANTA, GA.

DeKalb COUNTY.

Know all Men by these Presents, That Mrs Sarah E Terry
have constituted, made and appointed, and by these
presents do make, constitute and appoint W J Terry Husband
true and lawful attorney for me and in my name place and stead, to
Draw and receipt for me and in
my name the amount due me
as a confederate Soldiers widow
from the State of Georgia

giving and granting unto him said attorney full and whole power and authority in and about the premises; and generally to do and to perform all and every act and acts, thing and things, device and devices, in the law whatsoever needful and necessary to be done in and about the premises; and for me and in my name to do, execute and perform, as largely and amply, to all intents and purposes, as I might or could do, if I were personally present; and an attorney, or attorneys under me for the purpose aforesaid to make and substitute, hereby ratifying and confirming all that the said attorney or substitute shall lawfully do by virtue hereof.

In Witness Whereof, I have hereunto set my hand and seal the
6th day of Feby in the year of our Lord One Thousand
Eight Hundred and Ninety two.

Signed, sealed and delivered in presence of
David Cyle Jr.
J. DeKalb Co

Sarah E. Terry (SEAL)
(SEAL)
(SEAL)

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of DeKalb

PERSONALLY COMES MRS. S.E. Terry

who, being sworn, says on oath, that she is a bona fide resident of said County of DeKalb State of Georgia, and that she has RESIDED in said State continuously ever since Mar 4th 1835. That she is the Widow of John G. Terry who was a soldier in Company A of the Hendersons Regiment of Ga. Volunteers, that he enlisted in said regiment on or about the month of June 1863, and served in the Army up to Nov 1863. That he lost his life on the 12th day of Mar 1865. (*State here particulars of the husband's death, when, where and from what cause*)

Contracted galloping consumption while in the war from which he died.

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1858.

I have been paid a pension as a resident of DeKalb 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 13th day of Jan 1902.
W.M. Ragsdale, Ordinary.

her
S.E. X Terry
mark
Post-Office

State of Georgia,
DeKalb County.

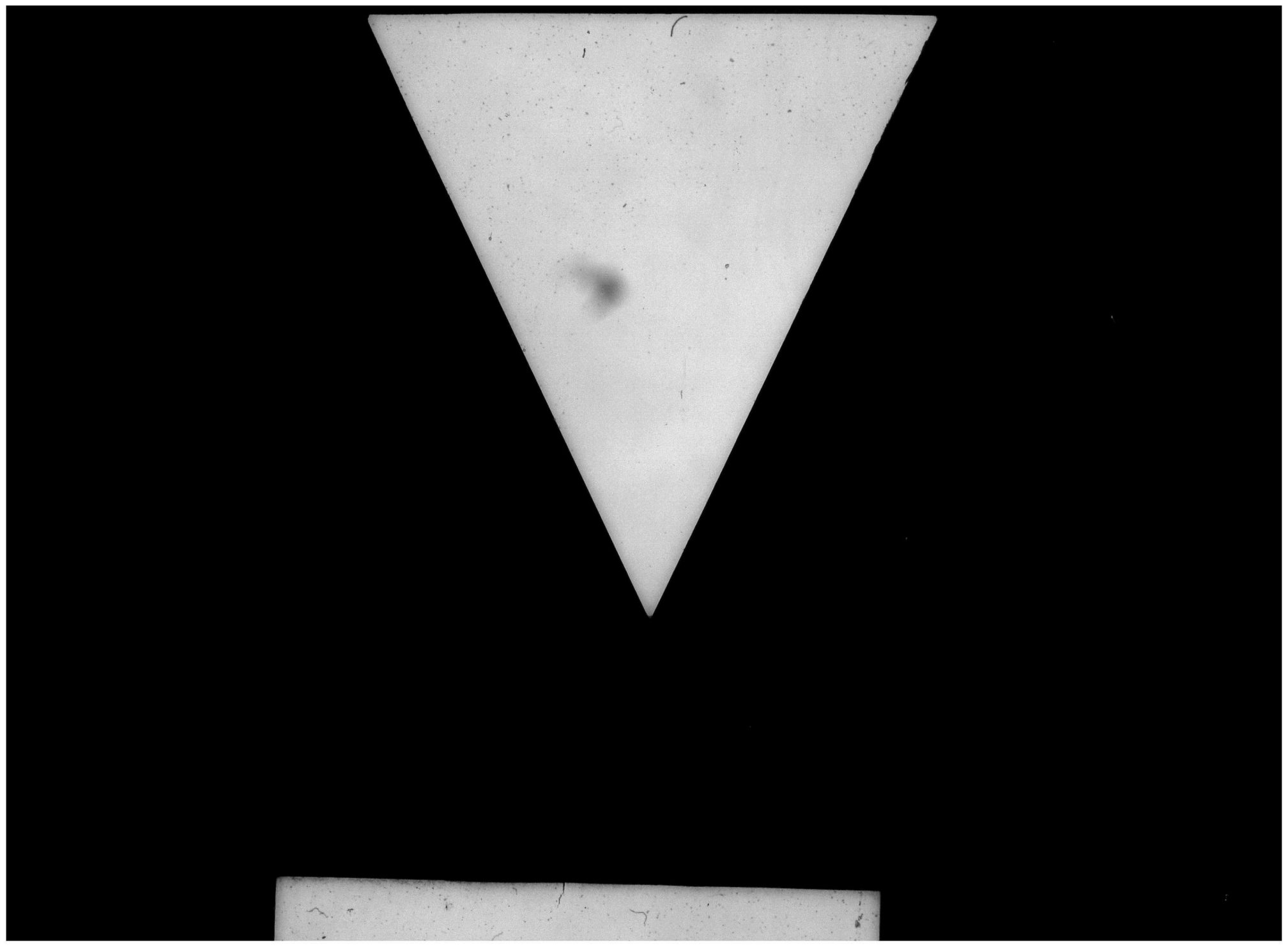
I, W.M. Ragsdale Ordinary of said County, certify that I am well acquainted with Mrs. S.E. Terry, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents hereself to be, and that she has continuously resided in this State since the 4 day of Mar 1835.

Given under my official signature and seal, this the 13th day of Jan 1902.

(Official Seal.)

W.M. Ragsdale
Ordinary of DeKalb County.

NOTE.—All blank spaces must be filled.
Voucher and affidavit must bear date after January 1st, 1902.



Manketter W.D. & DeKalb Co

CONFEDERATE SOLDIER'S APPLICATION

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

County DEKALB

Name W P THACKSTON

Company "A" 5th Battn Ga. State Line

Regiment 7th Ga. Regiment Artillery Corps.

Approved Jordan W. Clark 7-2 Clerk 24

[redacted]
Commissioner of Pensions.

10-19-26

Ordinary's Certificate

STATE OF GEORGIA,

DEKALB COUNTY.

I, V S MORGAN, Ordinary of said County, certify that I know W P Thackston 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 A G Adderholdt, 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 6th day of October 19 26

V. S. Morgan Ordinary

(SEAL OF ORDINARY.) of Dekalb 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 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.

CONFEDERATE SOLDIER'S APPLICATION

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

County DEKALB

Name W P THACKSTON

Company "A".

Regiment 7th Ga. Regiment Infantry

Approved John W. Clark

Commissioner of Pensions.

10-15-26

Ordinary's Certificate

STATE OF GEORGIA,

DEKALB COUNTY.

I, V S MORGAN, Ordinary of said County, certify that I know W P Thackston 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 A G Adderholdt, 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 6th day of October 19 26

V. S. Morgan Ordinary

(SEAL OF ORDINARY.) of Dekalb 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 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.

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,

DeKalb COUNTY.

Personally appears before me, W. P. Thackston 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) W. P. Thackston, DeKalb County, Ga., 1364 Hardee St., Atlanta, Ga.
2. How long and since when have you been, continuously, a bona fide resident citizen of the State of Georgia? All my life
3. Did you enlist in the Army of the Confederate States, or in the organized militia, of this State from 1861 to 1865? Organized 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.) Co. A 7th Ga. Reg't Capt. Turner. Infantry
5. How long did you remain in the actual military service with said Company and Regiment? (Give date of discharge.) From July 1864 to October 1864.
6. When and where was your Company and Regiment surrendered or discharged from the Service? At Griffin, Ga. about October 1964.
7. Were you personally 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 Present Walked from Griffin ho me
   a. Where was your Command when you left it? Griffin, Ga.
   b. When did you leave the Command? October 1864
   c. For what cause did you leave? Was discharged
   d. By whose authority did you leave? Discharged
   e. For how long was your leave of absence granted? In what way? No leave, Discharged
   f. Why did you not return to your Command after leave expired? There was no reason for me to return.
   g. In what way were you prevented? Was not prevented
   h. What effort did you make to return? None
   i. Were you captured by the enemy at any time? No
   j. If so, when, and where? In what prison were you held and when were you released? Was never caotured
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? Yes, Worth over $1500.00

Sworn to and subscribed before me, this the 5th day of October, 192 6.

V. S. Morgan, Ordinary of DeKalb County

(SEAL OF ORDINARY.)

W. P. Thackston Applicant.

Questions of Witness as to Service

STATE OF GEORGIA,

DEKALB COUNTY.

A G Adderholdt of said State and County is hereby presented as a witness in support of the application of W P. Thackston for the pension provided by the Act of 1910, as amended by the Act of 1919 and the Constitutional Amendment of 1920, 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? A G Adderholdt , 119 Hurt St., Atlanta, Ga.

2. How long and since when have you known W P Thackston the applicant? Since Childhood

3. Where does he now reside, and since when has he been, continuously, a bona fide resident of this State, and how do you know? In Dekalb County and has been a resident of Georgia All of his life

4. When, where and in what Company and Regiment did W P Thackston enlist? (Give date and place) Enlisted July 1864, Company A of the 9th Ga. Regiment Atlanta, Ga. ~~and Thomas Gissets Battery of Wheeler's Brig~~

5. How did you obtain your information of this Service? I was Present

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (Give dates.) Until Discharged In October, 1864

7. When and where was his Command surrendered or discharged? (Give date and place.) It was discharged At Griffin, Ga. October 1864

8. Were you personally present when it was sur endered? Yes

9. If not, where were you? Was Present and how came you there?

10. Was the applicant personally present with his Command when it was surrendered? Yes

11. If not, where was he? Present and how came him there?

12. When, where and for what cause did he leave his Command? (Give date.) Discharged

By whose authority did he leave his Command? Captain Turner told us to go home and how long was he granted leave? Never called again . How do you know all that you have stated to be true? If of your own knowledge, state clearly and specifically By my own Knowledge

13. In what way, if you know of your own knowledge, was he prevented from returning to his Command? (State clearly and specifically.) Never Called

14. What effort did he make to return to his Command and how do you know this? Was ready upom Call.

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 6 day of Feb. , 1926. U. L. Morgan Ordinary of DeKalb County

A G Adderholdt Witness.

(SEAL OF ORDINARY.)

A. G. Adderholdt
1st Corp 4 Regt Ga. State Guard
or Militia

State of Georgia
Pension Department
Atlanta 10/19/26/

JOHN W. CLARK
COMMISSIONER OF PENSIONS

Mr. John H. Pennington,
Naylor, Georgia.

My dear Sir:

We are anxious to establish the record of W.P. Thackston and your name has been suggested to us by Mr. S.L. Longino of Palmetto, Georgia.

Please advise us if you have any recollection of the service of U.P. Thackston in your Company(Co. A. 9 Ga. Regiment) Militia or State Troops.

We will sincerly appreciate an early reply.

Very truly yours,

John W. Clark

John W. Clark,
COMMISSIONER OF PENSIONS.

Mr. John W.Clark,
Atlanta, Ga;

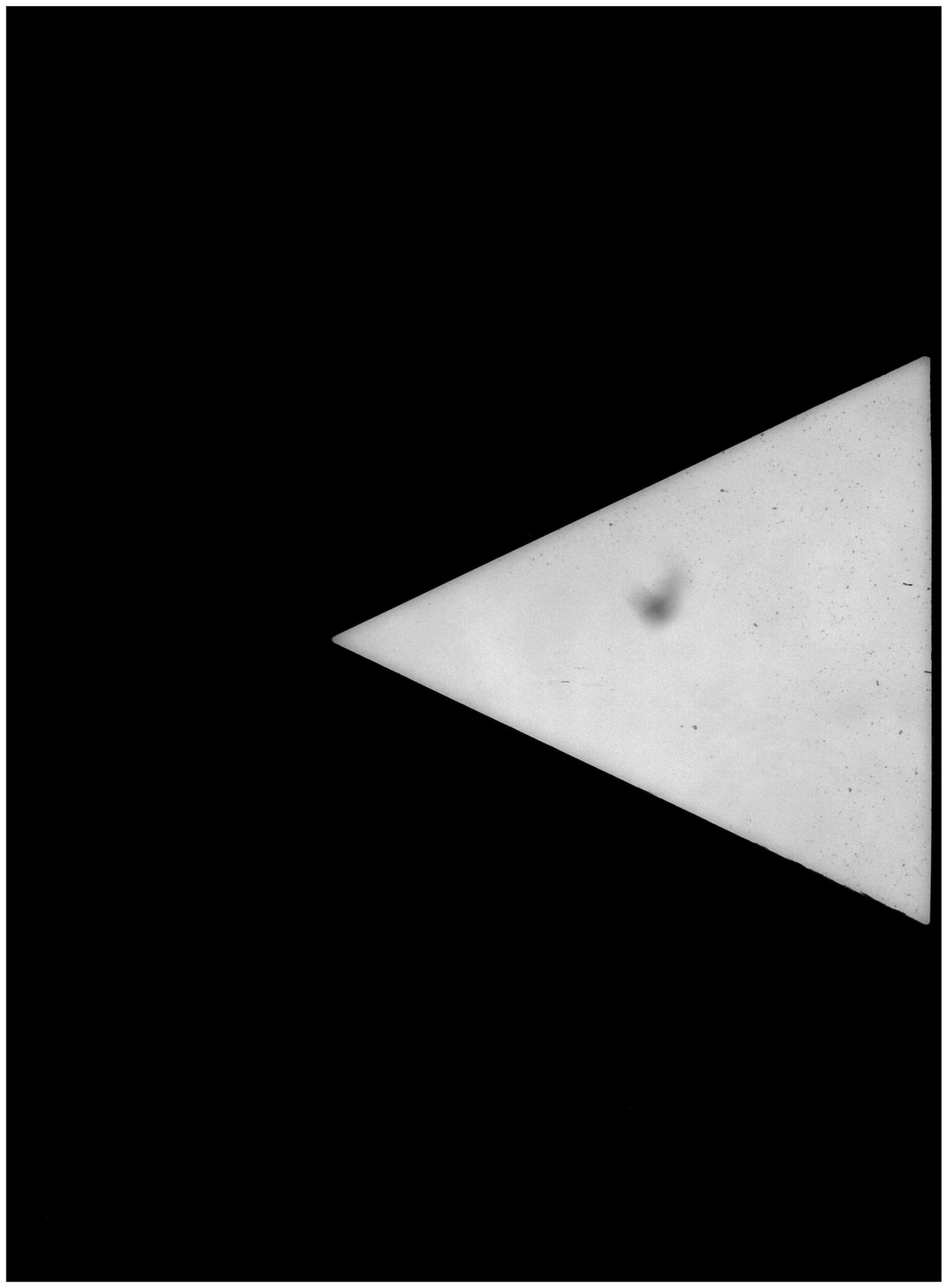
Dear Sir:-

In answer to the above, beg to say that I personally knew the above mentioned U.P. Thackston, and he was in the above named Company (Co. A. 9 Ga. Regiment) the same being the company I was in.

I have not seen Mr. Thackston since the war, that I know of, but I remember him very well.

Yours very truly,

John H Pennington



STATE OF GEORGIA,

De Kalb County.

I, W. M. Ragsdale Ordinary of said county, do certify that I am well acquainted with C. B. Thomas 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 repesents himself to be, and that he resides in this county.

Given under my official signature and seal, this 8th day of March 1892.

W. M. Ragsdale

Ordinary De Kalb County.

Thomas, C. B.
De Kalb Co

No. 1781

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 25, 1892.

Name C B Thomas

County De Kalb

Disability Dis'd Arm

Amount, $ 50

Entered on record Nov 10 1892.

W. H. HARRISON,
Secretary of Executive Department.

AGENT.

C Jordan

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

STATE OF GEORGIA,

De Kalb County.

I, W. M. Ragsdale, Ordinary of said county, do certify that I am well acquainted with E. B. Thomas 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 repesents himself to be, and that he resides in this county.

Given under my official signature and seal, this 8th day of March 1892.

W. M. Ragsdale

Ordinary De Kalb County.

No. 1954

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 26, 1892.

Name E B Thomas

County DeKalb

Disability Ga'd Wnd

Amount, $ 50

Entered on record 1892.

Mch 10

W. H. HARRISON,
Secretary of Executive Department.

AGENT.

C Jordan

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

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

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

[L. S.]

Executed in the presence of us:

DIRECTION.

Send money to me as follows, by to P. O.

County, Georgia.

De Kalb Co
Thomas, Edward B.

No. 839

Application for Allowance

For the Year Ending October 26, 1893.

FOR

~~Applicant~~ E B Thomas

County, DeKalb

Amount, $50 00

Date of Warrant, March 15th 1893

Entered on record, 1893.

Mch 15th

Secretary Executive Department.

WARRANT HANDED TO

Applicant

Geo. W. Harrison, State Printer, Atlanta.

STATE OF GEORGIA,
De Kalb County.

PERSONALLY appears E. B. Thomas of De Kalb 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 29 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 Capt in Company F, of 24 th Regiment of Ga Volunteers Cobbs's Brigade; that whilst engaged in such military service at the battle of Chancellorsville in the State of Va, on the 3rd day of May 1863, he was wounded as follows: Shot with minnie ball in the right arm causing resection of elbow joint rendering it 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, 1892. I have heretofore been allowed a pension of Fifty Dollars for Disabled Arm

Sworn to and subscribed before me this the 8th day of March, 1892.
E B Thomas
H. M. Rogdale, 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, E. B. Thomas of De Kalb County, in said State, do hereby appoint H. C. Jordan of Fulton, 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 1892.
E B Thomas [L. S.]

Executed in the presence of us:
H C Austin
H M Rogdale
Ordinary.

DIRECTION.

Send money to me as follows, by

to P. O.

County, Georgia.

Applications Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb County.

PERSONALLY appears E. B. Thomas of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 29th 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 in Company F, of 24 th Regiment of Georgia Volunteers Capt's Brigade; that whilst engaged in such military service at the battle of Chancellorsville in the State of Va, on the 3rd day of May 1862, he was wounded as follows: Shot with a minnie ball causing a resection of the elbow joint rendering the right arm essentially and substantially useless for 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 26, 1893. I have heretofore been allowed a pension of Fifty dollars, for Disabled Arm

Sworn to and subscribed before me, this the 10th day of March 1893.
Edward B Thomas
H M Rogdale

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,
De Kalb County.

I, H M Rogdale Ordinary of said County, do certify that I am well acquainted with E B Thomas 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 March 1893.
H M Rogdale
Ordinary De Kalb County.

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 Those Already Enrolled.)

No. 877

Soldier's Pension.

1894.

Name Thomas E.B.

County DeKalb.

Disability Disabled Arm.

Amount $ 50.00

1894.

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA, }
Fulton County. }

KNOW ALL MEN BY THESE PRESENTS, That I, E B Thomas of Atlanta County, State of Georgia, do hereby appoint Haddox-Rucker Drug Co of Atlanta Fulton 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 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 18th day of Feb 1895. E B Thomas [L. s.]

Executed in presence of us

Frank Orme Notary Public Fulton Co Ga

Chas A Sisson

DIRECTIONS.

Send money to me as follows, by J. P. Dunlap

to _____ P. O.

_____ County, Georgia. J Peeples Parker

Thomas E.B. De Kalb Co.

(For Those Already Enrolled.)

No. 267

SOLDIER'S PENSION.

1895.

Name E B Thomas

County DeKalb

Disability Disabled Arm

Amount, $ 3/4

1895.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
De Kalb County. }

PERSONALLY appears E B Thomas of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 24" 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 Capt in Company F, of 24th Regiment of Ga Volunteers Cobb 's Brigade; that whilst engaged in such military service at the battle of Chancellorsville in the State of Va on the 3rd day of May 1863, he was wounded as follows: Shot with minnie ball necessitating resection of the right elbow joint which rendered the arm 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, 1894. I have heretofore been allowed a pension of Fifty dollars, for the year 1893.

Sworn to and subscribed before me, this the 2d day of March 1894. } Edward B. Thomas

W M Rogsdale, Ordinary.

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, }
De Kalb County. }

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

Given under my official signature and seal, this 2d day of March 1894.

Affix your seal here

W M Rogsdale.

Ordinary De Kalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
De Kalb County. }

Personally appears E B Thomas of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 24 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 Capt in Company F, of 24th Regiment of Ga Volunteers, Cobbs 's Brigade; that whilst engaged in such military service at the battle of Chancellorsville in the State of Va on the 3rd day of May 1863, he was wounded as follows: Shot with a minnie ball and in the right arm causing resection of the elbow joint rendering the arm substantially and forever 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 26th, 1895. I have heretofore been allowed a pension of Fifty dollars, for the year 1894.

Sworn to and subscribed before me, this the 18th day of May 1895. } E B Thomas

W M Rogsdale.

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. 1 May,

STATE OF GEORGIA, }
De Kalb County. }

I, W M Rogsdale, Ordinary of said County, do certify that I am well acquainted with E B Thomas the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1895.

Affix your seal here

W M Rogsdale

Ordinary De Kalb County.

Abraham Edward B.

ACT OF 31 OCT., 1887.

(For Those Already Enrolled.)

No. 1966

SOLDIER'S PENSION.

1896.

Name E. B. Thomas

County Dekalb

Disability Chronic Bowel

Amount, $ 12 00

3/12 1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

Mr Kate

POWER OF ATTORNEY.

STATE OF GEORGIA, }
County. }

I, ... hereby authorize .....

..... of .....

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

..... by .....

at .....

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

day of ..... 1896.

Executed in presence of us) [L. S.]

( )

( )

Atlanta Ga.

Harmon, Edward B.

ACT OF 31 OCT., 1887.

(For Those Already Enrolled.)

No. 5-61

INVALID SOLDIER'S PENSION.

1897.

Name E. B. Thomas

County Dekalb

Disability Arm

Amount, $ 12 00

3/17 1897.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

Atlanta

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

Mr Kate

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

( )

( )

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb County.

Personally appears E B Thomas of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 29th 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 I F, of 16 ~~9~~ th Regiment of Ga Volunteers, Cobbs 's Brigade; that whilst engaged in such military service in the State of Va, on the 3rd day of May 1863, he was wounded, injured or diseased as follows:

Was shot through the right elbow joint at the battle of the Wilderness causing resection of the elbow joint rendering said arm substantially and essentially 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 De Kalb county been allowed a pension of Fifty dollars, for the year 1895.

Sworn to and subscribed before me, this, the 29th day of Feb 1896. E B Thomas

W M Ragsdale Ordinary.

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,
De Kalb County.

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

Given under my official signature and seal, this 29th day of Feb 1896.

Affix your seal here.

W M Ragsdale

Ordinary De Kalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb County.

Personally appears E B Thomas of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever 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 Capt in Company F, of 24 th Regiment of Ga Volunteers, Cobbs 's Brigade; that whilst engaged in such military service in the State of Va, on the 3 day of May 1863, he was wounded, injured or diseased of follows:

At the battle of Chancellorsville was wounded in the right arm causing resection of the elbow joint rendering the arm substantially and essentially 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, 1897. I have heretofore under said law as a resident of De Kalb county been allowed an invalid pension of Fifty Dollars, for the year 1896.

Sworn to and subscribed before me, this, the 16" day of Feb 1897. Edward B Thomas POST OFFICE

W M Ragsdale, Ordinary,

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,
DeKalb County.

I, W M Ragsdale Ordinary of said County, do certify that I am well acquainted with E B Thomas the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Feb 1897.

Affix your seal here.

W M Ragsdale

Ordinary De Kalb County.

ACT OF 24 OCT., 1894.

(For Those Already Enrolled.)

No. 1758

INVALID SOLDIER'S PENSION. 1898.

Name E.B. Thomas.
County Dekalb
Disability Arm
Amount, $ 30.00
1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

Thomas E.B.
Atlanta Ga.

CODE SECTION 1824.

(For Those Already Enrolled.)

No. 1657

INVALID SOLDIER'S PENSION. 1899.

Name E.B. Thomas
County Dekalb
Disability Arm
Amount, $ 30.
1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA

POWER OF ATTORNEY.

STATE OF GEORGIA, }
_____ County. }

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____
day of _____ 1898.

_____ [L. S.]

Executed in presence of

_____

POWER OF ATTORNEY.

STATE OF GEORGIA, }
_____ County. }

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____
day of _____ 1899.

_____ [L. S.]

Executed in presence of

_____

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
DeKalb County.

Personally appears E. B. Thomas of DeKalb 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 29th 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 Capt in Company F, of 24th Regiment of Ga Volunteers, Mofford 's Brigade; that whilst engaged in such military service in the State of Va, on the 3d day of May 1863, he was wounded, injured or diseased as follows:

Was wounded at the battle of Chancellorsville, in the right arm causing resection of elbow joint rendering arm substantially and essentially 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, 1898. I have heretofore under said law as a resident of DeKalb county been allowed an invalid pension of Fifty Dollars, for the year 1897.

Sworn to and subscribed before me, this, the 12th day of Feb 1898. POST-OFFICE E. B. Thomas
W. M. Rogsdale Ordinary

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,
DeKalb County.

I, W. M. Rogsdale Ordinary of said County, do certify that I am well acquainted with E. B. Thomas the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Feb 1898.

Affix your seal here.

W. M. Rogsdale
Ordinary DeKalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
DeKalb County.

Personally appears E. B. Thomas of DeKalb 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 29 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 F, of 24 th Regiment of Ga Volunteers, Mofford 's Brigade; that whilst engaged in such military service in the State of Va, on the 3 day of May 1863, he was wounded, injured or diseased as follows:

Was wounded in the battle of Chancellorsville, Va. in right arm causing resection of elbow joint rendering arm substantially and essentially useless

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 DeKalb County been allowed an invalid pension of Fifty Dollars, for the year 1898.

Sworn to and subscribed before me, this, the 31 day of Jan 1899. POST-OFFICE Edward B. Thomas Kirkwood Ga
W. M. Rogsdale Ordinary

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,
DeKalb County.

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

Given under my official signature and seal, this 31 day of Jan 1899.

Affix your seal here

W. M. Rogsdale
Ordinary DeKalb 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

_____

CODE SECTION 1250.
(For Those Already Enrolled.)

No. 24

INVALID SOLDIER'S PENSION. 1900.

Name E. B. Thomas
County DeKalb
Disability Arm
Amount, $ 50.
Warrant issued Jany 3 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

Thomas, E B.
DeKalb Co,

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 1250.
(For Those Already Enrolled.)

No. 367

DISABLED SOLDIER'S PENSION. 1901.

Name E. B. Thomas
County DeKalb
Disability Arm
Amount, $ 50.
Jany 21 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
DeKalb County.

Personally appears E. B. Thomas of DeKalb 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 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 Captain in Company F, of 24th Regiment of Ga Volunteers, Wofford 's Brigade; that whilst engaged in such military service in the State of Va, on the 3 day of May 1863, he was wounded, injured or diseased as follows: At battle of Chancellorsville was shot in right elbow causing resection of elbow joint rendering arm substantially and essentially useless.

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 DeKalb County been allowed an invalid pension of Fifty Dollars, for the year 1899.

Sworn to and subscribed before me, this the 19 day of Jan 1900. E. B. Thomas
POST OFFICE Kirkwood

W. M. Ragsdale Ordinary,

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,
DeKalb County.

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

Given under my official signature and seal, this 19 day of Jan 1900.

Affix your seal here.

W. M. Ragsdale
Ordinary DeKalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
DeKalb County.

Personally appears E. B. Thomas of DeKalb 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 29th 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 F, of 24th Regiment of Ga Volunteers, Wofford 's Brigade; that whilst engaged in such military service in the State of Va, on the 3 day of May 1863, he was wounded, injured or diseased as follows: Was shot in right elbow at battle of Chancellorsville causing resection of elbow joint rendering arm substantially useless

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 DeKalb County been allowed an invalid pension of Fifty Dollars, for the year 1900.

Sworn to and subscribed before me, this the 11th day of Jan 1901. E. B. Thomas
Postoffice Kirkwood.

W. M. Ragsdale Ordinary,

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,
DeKalb County.

I, W. M. Ragsdale Ordinary of said County, do certify that I am well acquainted with E. B. Thomas the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Jan 1901.

Affix your seal here

W. M. Ragsdale
Ordinary DeKalb 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 _____ 1902.

_____ [L. S.]

Executed in presence of

_____

Thomas E. B. DeKalb Co.

CODE SECTION 1250.

(FOR THOSE ALREADY ENROLLED.)

No. 1

DISABLED

SOLDIER'S PENSION

1902.

Name Thomas E. B.

County DeKalb

Co. F Regiment 34th

Disability Arm

Amount, $ 50, 1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,

_____ County.

I, _____ hereby authorize _____

_____ of _____

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

_____ by _____

at _____

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

day of _____ 1903.

_____ [L. S.]

Executed in presence of

_____

Thomas E. B. DeKalb Co.

CODE SECTION 1250.

(FOR THOSE ALREADY ENROLLED.)

No. 336

DISABLED

SOLDIER'S PENSION

1903.

Name Thomas E. B.

County DeKalb

Co. F Regiment 34th

Disability Arm

Amount, $ 50, 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison State Printer, Atlanta

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
DeKalb County.

Personally appears E. B. Thomas of DeKalb 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 29th 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 Capt in Company F, of 24th Regiment of Ga Volunteers, Wofford's Brigade; that whilst engaged in such military service in the State of Va, on the 3 day of May 1863, he was wounded, injured or diseased as follows:

Wounded in battle of Chancellorsville in right arm causing resection of elbow joint rendering the arm substantially and essentially useless

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1902. I have heretofore, under said law, as a resident of DeKalb County, been allowed an invalid pension of Fifty Dollars, for the year 1901.

Sworn to and subscribed before me, this the 15 day of Jan 1902.

E B Thomas
Post-office

W M Rogsdale Ordinary.

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,
DeKalb County.

I, W M Rogsdale, Ordinary of said County, do certify that I am well acquainted with E. B. Thomas the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1902.

Affix your seal here

W M Rogsdale
Ordinary DeKalb 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,
DeKalb County.

Personally appears E. B. Thomas of DeKalb 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 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 Capt in Company F, of 24 th Regiment of Ga Volunteers Wofford 's Brigade; that whilst engaged in such military service in the State of Va, on the 3 day of May 1863, he was wounded, injured or diseased as follows:

Was wounded at battle of Chancellorsville in right arm causing resection of elbow joint rendering arm substantially useless

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1903. I have heretofore, under said law, as a resident of DeKalb County, been allowed an invalid pension of Fifty Dollars, for the year 1902.

Sworn to and subscribed before me, this the 19 day of Jan 1903.

E B Thomas
Post-office

W M Rogsdale Ordinary

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,
DeKalb County.

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

Given under my official signature and seal, this 19 day of Jan 1903.

Affix your seal here

W M Rogsdale
Ordinary DeKalb 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.

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 _____ 1904.

_____ [L. S.]

Executed in presence of

_____

Thomas E.B.
DeKalb County

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)

No. [illegible] 267

DISABLED
SOLDIER'S PENSION
1904.

Name E.B. Thomas
County DeKalb
Co. F Regiment 2d
Disability Wound Loss of sight
Amount, $ 12.00

1/25 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

[illegible]

Geo. W. Harrison, State Printer, Atlanta.

no date

POWER OF ATTORNEY.

STATE OF GEORGIA,

_____ COUNTY.

I, _____ hereby authorize

_____ of _____

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

_____ by _____

at _____

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

day of _____ 1905.

_____ [L. S.]

Executed in the presence of

_____

Thomas E.B.
DeKalb County

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)

No. 249

DISABLED
SOLDIER'S PENSION
1905.

Name E.B. Thomas
County DeKalb
Co. I Regiment 2 V. Ga
Disability
Amount, $ 12.00

January 1/25 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

[illegible]

THE FRANKLIN PRINTING AND PUBLISHING CO., ATLANTA
GEO. W. HARRISON, MANAGER, FOR STATE PRINTER.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
DeKalb County.

Personally appears E. B. Thomas of DeKalb 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 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 Capt in Company F, of 24 th Regiment of Ga Volunteers Wofford 's Brigade; that whilst engaged in such military service in the State of , on the 3 day of May 1863, he was wounded, injured or diseased as follows: Resection of right elbow joint

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 DeKalb County, been allowed an invalid pension of Fifty Dollars, for the year 1903.

Sworn to and subscribed before me, this the 21 day of January 1904.
James R. George Ordinary

E B Thomas
Post-office Kirkwood Ga

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,
DeKalb County.

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

Given under my official signature and seal, this 21st day of January 1904.

Affix your Seal here.

James R George
Ordinary DeKalb County.

NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January 1, 1904.

STATE OF GEORGIA,
DeKalb COUNTY.

Personally appears E. B. Thomas of DeKalb 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 , of 24 th Regiment of Ga. 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: Right arm disable. Chancellorsville Va May 3. 1863.

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 DeKalb County, been allowed an invalid pension of Fifty Dollars, for the year 1904.

Sworn to and subscribed before me, this the 12th day of January 1905.
James R George Ordinary

E B Thomas
Post-office Kirkwood Ga

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,
DeKalb COUNTY.

I, James R George Ordinary of said County, do certify that I am well acquainted with E. B. Thomas the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1905.

Affix your Seal here.

James R George
Ordinary DeKalb County.

NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January 1, 1905.

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

_____

Thomas, E. B.,
Dekalb Co.,

CODE SECTION 1250:
(FOR THOSE ALREADY ENROLLED.)

No. 324

DISABLED SOLDIER'S PENSION 1906.

Name E. B. Thomas

County DeKalb

Co. F Regiment 7th Ga

Disability Right Hand Gone

Amount, $ 50.00

1/2 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

C. H. [illegible]

THE FOUNDRY PRINTING AND PUBLISHING CO., GEO. W. HARRISON, MGR.

Thomas, E. B.
DeKalb Co.

POWER OF ATTORNEY.

STATE OF GEORGIA,

DeKALB 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

_____

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED)

No. 391

DISABLED SOLDIER'S PENSION 1907.

Name E. B. Thomas

County DeKALB

Co. F Regiment 2nd Ga

Disability Right Arm Disabled

Amount, $ 50.00

1/2 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

C. H. [illegible]

(GEO. W. HARRISON, STATE PRINTER, ATLANTA.)

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,
De Kalb **County.**

Personally appears E B Thomas of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 29 day of July 18 41; that he enlisted in the military service of the Confederate States, (or of the State of _____) during the war between the States, and served as a Captain in Company F, of 24 th Regiment of Ga. Volunteers Wofford's Brigade; that whilst engaged in such military service in the State of Chancellorsville, on the 3 day of May 1863, he was wounded, injured or diseased as follows:
Resection of right elbow joint

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 De Kalb County, been allowed an invalid pension of Fifty Dollars, for the year 1905.

Sworn to and subscribed before me, this the 20 day of January 1906.
James R George Ordinary

E B Thomas
Post-Office Kirkwood Ga

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,
De Kalb **County.**

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

Given under my official signature and seal, this 20th day of January 1906.

James R George
Ordinary De Kalb County.

Affix your seal here

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,
DeKALB **County.**

Personally appears E. B. Thomas of DeKALB 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 Soldier in Company F, of 24 th Regiment of Georgia Volunteers Wofford's Brigade; that whilst engaged in such military service in the State of _____, on the 3rd day of May 1863, he was wounded, injured or diseased as follows:
Right Arm Disabled, Chancellorsville Va

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 DeKALB County, been allowed an invalid pension of Fifty 50 Dollars, for the year 1906.

Sworn to and subscribed before me, this the 19 day of January 1907.
James R George Ordinary

E B Thomas
Postoffice Kirkwood Ga

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,
DeKALB **County.**

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

Given under my official signature and seal this 19th day of January 1907.

James R George
Ordinary DeKALB County.

Affix your seal here

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

NAME, Thomas, E B YEAR 1892 COUNTY DeKalb

WHEN AND WHERE BORN? Resident of Ga since July 29, 1841

ENLISTED WHEN AND WHERE?

RANK. Captain

COMPANY AND REGIMENT? Co F 24th Regt. Ga. Vols
Cobb's Brigade

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Chancellorsville, Va - May 3, 1863 - shot in right arm, causing resection of elbow joint, rendering right arm entirely useless.

CAPTURED, WHEN AND WHERE?

RELEASED.

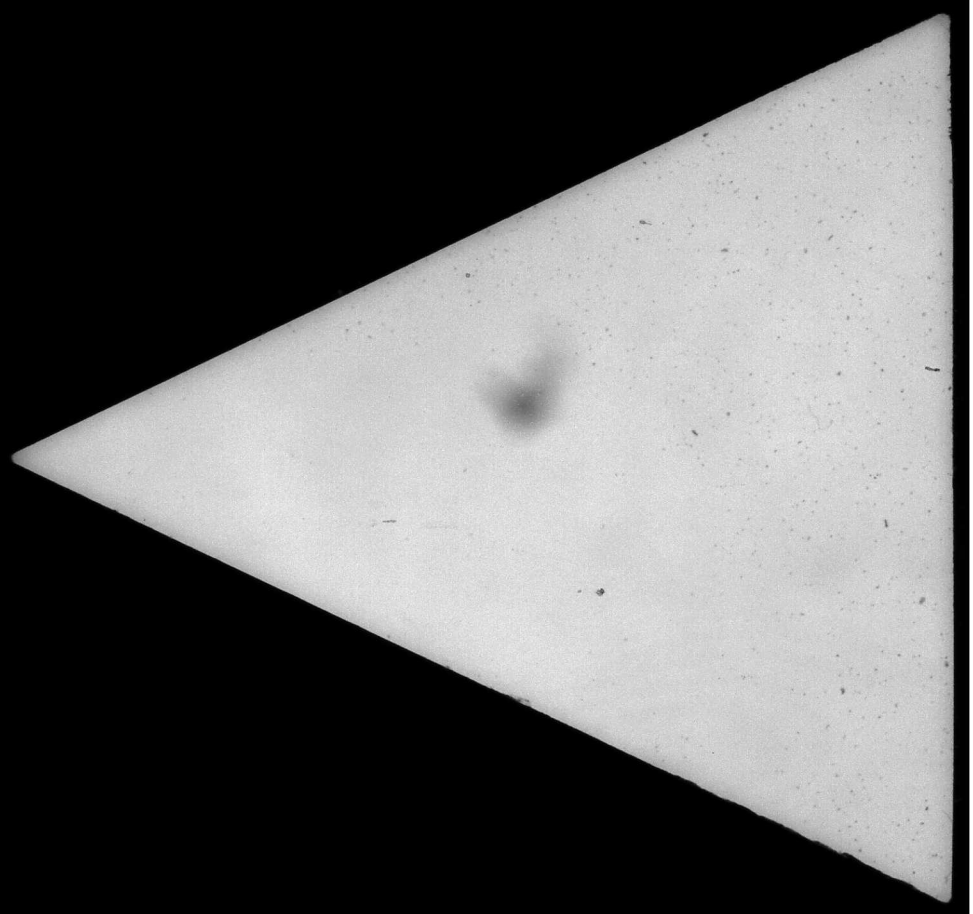
WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. None



Ordinary's Certificate

STATE OF GEORGIA,

DeKalb COUNTY.

I, James P George Ordinary of said County, do certify that I know Mrs Elizabeth Thomas 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 W A Wilson 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 Sept 1918

(SEAL)

James P George 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 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.

Thomas, Elizabeth
DeKalb Co
Ga

No.

Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County DeKalb

Name Mrs Elizabeth Thomas

Widow of W B Thomas

Company G

Regiment 7 Ga

Approved

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

7/29/1919

DeKalb COUNTY.

I, James R George Ordinary of said County, do certify that I know Mrs Elizabeth Thomas 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 W A Wilson 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 Sept 1914

(SEAL)

James R George 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 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 DeKalb
Name Mrs Elizabeth Thomas
Widow of W B Thomas
Company G
Regiment 7 Ga = Inf
Approved

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

9/29/1914

Mrs. E. E. Thomas
DeKalb
County

Mrs. E. E. Thomas
Co. G, 7th Ga. Inf.
Mar. 6, 1864. Returned
unclassified, accidentally
Feb. 11-65. (C. R.)

As Amended by Act of 1919

Questions for Applicant

STATE OF GEORGIA,
DeKalb COUNTY.

Personally before me comes Mrs Elizabeth Thomas of said State and County, and, after being duly sworn, says that she desires to apply for a pension allowed under the Act of 1910, as amended by Act of 1919, and submit testimony to make out the same, true answers makes to the following questions to-wit:

1. What is your name, and where do you reside? Mrs Elizabeth Thomas
2. How long and since when have you been a continuing resident of the State of Georgia? 74 years all my life
3. When, where and to whom were you married? January 6th 1876 Bartow County Ga W B Thomas
   a. Have you married since the death of first and soldier husband? I have not
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service.) April 30th 1861 Decatur Ga Company E = 7 = Ga Regiment
5. When and where did the commands of your husband surrender or discharge from the army? April 9th 1865 Appomattox C H Va
6. Was your husband personally present at the time of the surrender or discharge of this command? To My Knowledge He was not
7. If he was not present state clearly where he was? He was wounded Lost his Leg
8. Where was his command when he left? Second Battle of Manassas Va
   a. For what cause did he leave his command? wounded Left Leg
   b. By whose authority did he leave his command? Discharge from Hospital
   c. For how long was he granted leave of absence? Never able to return
   e. What was his physical condition when he left his command? Wounded
   f. What effort did he make to return to his command? Made no Effort
   g. In what way was he prevented from going back to Command wounded as Stated
   h. Was he captured by the enemy at any time? Was not
   i If so, when and where captured and where held as a prisoner, and when and for what cause released?
   j. When and where did your first husband die? October 3rd 1913
   k. Were you residing together when he died? We was
   l If not, how long had you resided apart?
   m. Are you now a widow? I am
9. Have you or your husband heretofore been paid a pension by the State? Husband Paid If so, when and for what cause were you or your husband placed on the roll? Invalid

Sworn to and subscribed before me this the 20 day of Sept 1914

Mrs Elizabeth Thomas

James R George Ordinary of DeKalb County.

(SEAL)

STATE OF GEORGIA,

Fulton COUNTY.

Personally before me comes V. A. Wilson 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? V. A. Wilson

2. How long and since when have you known Mrs. Elizabeth Thomas applicant? 50 years

3. How long and since when has she continuously resided in this State? (Give date.) 74 years all her life

4. When and to whom was she married? Jan. 6 1874 W. B. Thomas How do you know? My own Knowledge

5. How long and since when did you know W. B. Thomas her husband? 58 years Since 1861

6. When and where did W B Thomas the husband of applicant, die? August 3rd 1913 [redacted] Ga County Ga

7. Were the applicant and her husband living together as husband and wife at the date of his death? they was

8. If not, how long did they live apart before his death? Living together Were they divorced? was Not

9. When, where and in what Company and Regiment did W. B. Thomas enlist? April 30th 1861 Decatur Company E 7 Ga Regement

10. Were you a member of the same Company? I was

11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? from April 30th 1861 until he was wounded

12. When and where did his Command surrender, and was discharged? April 9th 1865 Appomattox C.H. Va

13. Were you personally present when it was surrendered? was not If not, where were you Prisoner and how came you there? Prisoner was captured April 7th 1865

14. Was the husband of applicant personally present at surrender? was not If not where was he? Lost his Leg When, where and for what cause did he leave Command? (Give date.) wounded Lost Leg By whose authority did he leave his Command? And how long was he granted leave? How do you know all this? I was Present Know it of My own Knowledge

15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command? Wounded as above Stated

16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? Made no Effort Wounded as above Stated

Sworn to and subscribed before me this the 19th day of Sept 1919

V A Wilson

Wm D Ashe Ordinary

of Fulton County.

(SEAL)

State of Georgia, Bartow 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. B. Thomas to Miss Lizzie Cooper according to the Rites of your Church provided there is 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 this Sixth day of January, 1876.

J. A. Howard, Ordinary.

I hereby certify that Mr. W. B. Thomas and Miss Lizzie Cooper were joined together in the Holy Bond of Matrimony on the 6th Jan. 1876 by Me.

R. B. Headen, M. G.

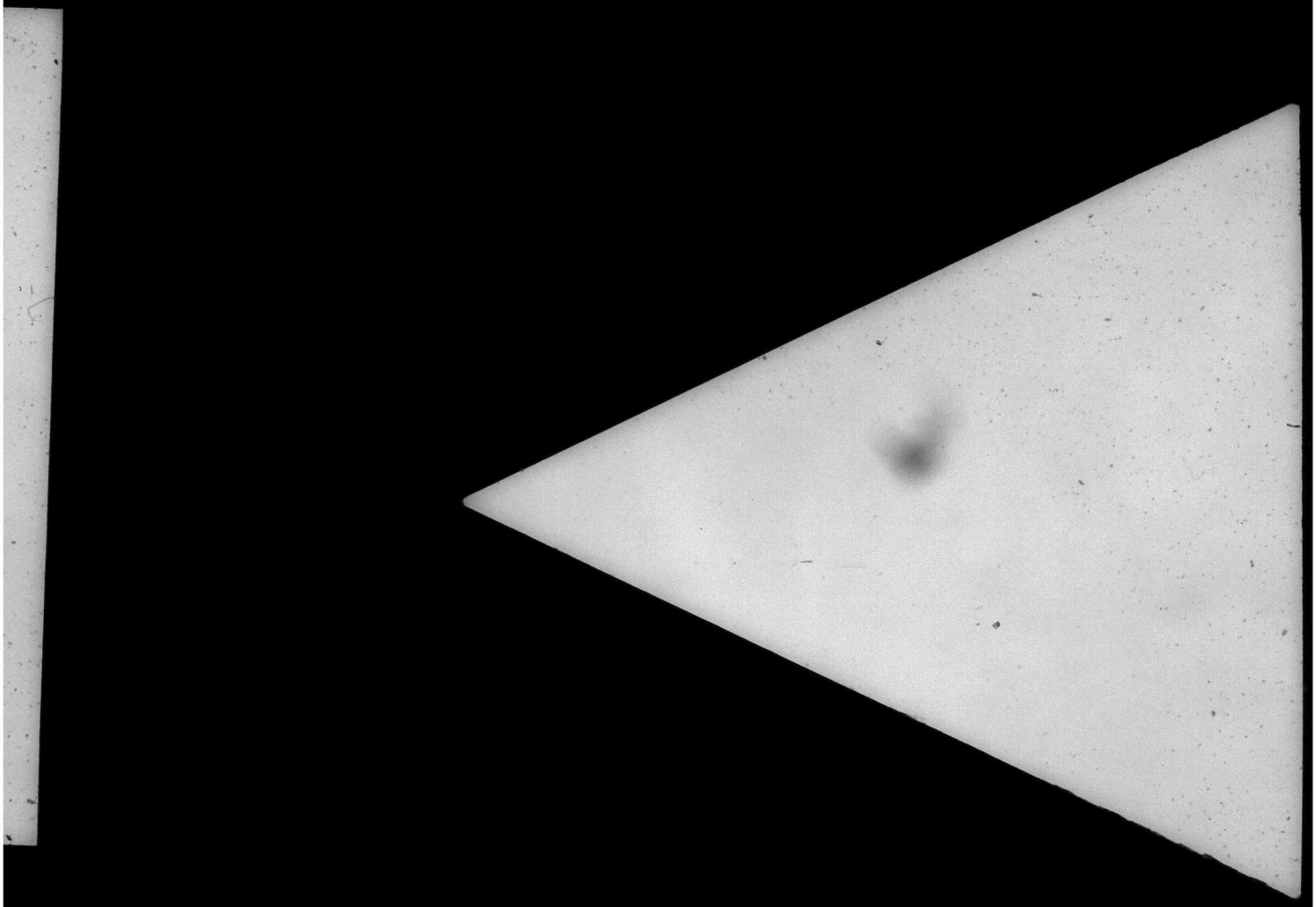
Recorded April 33d, 1876.

J. A. Howard, Ordinary.

Georgia Bartow County.
I J. W. Howard Ordinary of Bartow County Ga. Certify that the above is a true and correct copy of the marriage Record see book "H" marriage record page 280.

J. W. Howard
Ordinary Bartow
County Ga.

H&C = Copy Witness
Certificate
Please
return



DeKalb Co
Thomas, George M.
No. 3013

INDIGENT PENSION
1897.

Name Geo M Thomas

County DeKalb.

Approved 7/10 1897.

WARRANT HANDED TO

Applicant

Atty

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

10 7/2147

POWER OF ATTORNEY.

STATE OF GEORGIA, _____ County. }

I, _____ hereby authorize

_____ of _____

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

_____ at _____ by _____

Witness my hand and seal this _____ day of _____ 1897.

Executed in presence of

_____

_____

STATE OF GEORGIA,

_____ County.

I, _____ hereby authorize

_____ of _____

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

_____ at _____ by _____

Witness my hand and seal this _____ day of _____ 1897.

Executed in presence of

_____

INDIGENT PENSION

1897.

No. 3013

Name Geo M Thomas

County DeKalb.

Approved 7/10 1897.

WARRANT HANDED TO

Applt'd and Dan Barry

Ga. N. BARROW, STATE PRINTER, ATLANTA.

Rockdale Co
Thomas Geo M.
Pvt Co I 3rd Ga Regt Inf

7/2147

STATE OF GEORGIA,

DeKalb County.

Geo M. Thomas 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:

Every Question MUST be Answered.

1. What is your name and where do you reside? (give State, County and post office) Geo M Thomas In DeKalb Co Tucker Ga
2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State? In DeKalb Co Sixty Years
3. When and where were you born? In 1831. In S C.
4. When and where and in what company and regiment did you enlist or serve? In March 1862 At Decatur, Co D 42 Ga Reg
5. How long did you remain in such company and regiment? Three years
6. For how long a period did you discharge regular military duty? Three years
7. When, where and under what circumstances were you discharged from service? Discharged at Surrender
8. What is your present occupation? Farmer
9. How much can you earn (gross) per annum by your own exertions or labor? Twenty five or Thirty Dollars
10. What has been your occupation since 1865? Farming
11. Upon which of the following grounds do you base your application for pension, viz.: first "age and poverty," second "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? For the last five or six years has been unable to do any work on account of disease and infirmity
13. What property, effects or income do you possess and its gross value? No property except one cow
14. What property, effects or income did you possess in 1894, 1895 and 1896 and what disposition, if any, did you make of same? None disposed of none
15. In what County did you reside during those years and what property did you then return for taxation? In DeKalb one cow
16. How were you supported during the years 1895 and 1896? Partly by my own labor and part 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? Seventy five Dollars
18. What was your employment during 1895 and 1896? What pay did you receive in each year? Farmed some, received no special pay
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? Myself and wife, Wife has 16 acres of land
20. Are you receiving any pension, if so what amount and for what disability? No

Sworn to and subscribed before me this the 17 day of Feb 1897.

Geo M. Thomas
Applicant.

W M Rogers
Ordinary.

of DeKalb County.

DeKalb County.

J. G. Johns, of said State and County, having been presented as a witness in support of the application of Geo. M. Thomas for pension under the Act approved December 15th, 1894, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? J. G. Johns I am DeKalb
2. Are you acquainted with Geo. M. Thomas, the applicant, is of how long have you known him? Yes Forty years
3. Where does he reside, and how long has he been a resident of this State? In DeKalb I know he has lived here forty years
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? I do I was with him
5. When, where and in what company and regiment did he enlist? In March 1862 At Decatur Co D 42 Ga Reg
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? Three years
8. What property, effects or income has the applicant? (Give your means of knowledge.) Has not property or means
9. What property, effects or income did the applicant possess in 1895 and 1896, and what disposition, if any did he make of same? Had none, Disposed of none
10. What is the applicant's occupation and physicial condition? Farmer. He is weak from age and disease and unable to make a support
11. Is the applicant unable to support himself by labor of any sort, if so, why? He is unable to work for a living
12. How was he supported during the years 1895 and 1896? By the work of his son, He did a little work but very little
13. What portion of his support for these two years was derived from his own labor or income? He could not have made a fourth of a support
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 and in infirm and from Rheumatism he is unable to work
15. What interest have you in the recovery of a pension by this applicant? None.

Sworn to and subscribed before me, this the 17 day of Feb 1897.

J. G. Johns mark
Witness.

W. W. Ragsdale Ordinary.

STATE OF GEORGIA,

DeKalb County.

Personally came before me D. R. Sharp and B. M. Spraglins, both known to me as reputable physicians of said county, who being severally sworn, say on oath that they have examined carefully George M. Thomas, applicant for pension under the Act of 1894, and after such personal examination say that his precise physical condition is as follows: Rheumatism and General Debility and is not able to work for a living

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 17th day of Feb 1897.

D. R. Sharp, M.D.
B. M. Spraglins, M.D.

W. W. Ragsdale Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

DeKalb County.

I, W. W. Ragsdale, Ordinary in and for said County, hereby certify that the applicant Geo. M. Thomas resides in said County, and was a bona fide resident of this State on the first day of January, 1894, and that the witnesses, viz: J. G. Johns 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 was signed.

I further certify that the tax digests of DeKalb County show that applicant returned for taxation in his name in 1895, No Property dollars of property, and in 1896, " " dollars of property.

In my opinion the foregoing clain is — made in good faith.

Witness my hand and seal of office, this 23d day of Feb 1897.

W. W. Ragsdale Ordinary of DeKalb County.

NOTE.

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

State of Georgia,
DeKalb County.

I, G M Thomas hereby authorize E Thomas of DeKalb to receive and receipt for the pension paid hereon and request that he remit same to ..... by ..... at .....

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 12 day of Jan 1898.

G M Thomas [L. S.]

Executed in presence of
F. M. Sawyer
T. M. Ragsdale
Witness.

ACT OF 15 DEC., 1891.
(For Those Already Enrolled.)
No. 2908
INDIGENT
SOLDIER'S PENSION,
1898.
Name Geo M. Thomas
County DeKalb
WARRANT ISSUED
2/7 1898.
RICHARD JOHNSON,
Commissioner of Pensions.
WARRANT HANDED TO
E. Thomas
GEO. W. HARRISON, STATE PRINTER, ATLANTA.

Thomas, Geo. M.
DeKalb Co.

CODE SEC. 1254.
(For Those Already Enrolled.)
No. 23354
INDIGENT
SOLDIER'S PENSION,
1899.
Name Geo M. Thomas
County DeKalb
WARRANT ISSUED
1/20 1899
RICHARD JOHNSON,
Commissioner of Pensions.
WARRANT HANDED TO
E. Thomas
Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb County.

I, Geo M. Thomas, hereby authorize E Thomas of DeKalb to receive and receipt for the pension allowed, and request that he remit same to ..... at .....

by .....

Witness my hand and seal this 14 day of Jan 1899.

Executed in presence of
G. M. Gulledge
G. M. Thomas (L. S.)

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
DeKalb County.

Personally appears G. M. Thomas of DeKalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 17th day of March 1831; 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 Ga) during the war between the States, and served for the term of 3 Years in Company D, of 42 th Regiment of Ga Vol; that his physical condition is as follows: on account of Rhumatism unable to make a living

that his property consists of the following items None

of the value of 00 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 DeKalb county been allowed a pension for the year 1897.

Sworn to and subscribed before me, this, the 17 day of Jan 1898. G. M. Thomas

W. M. Ragsdale Ordinary.

State of Georgia,
DeKalb County.

I, W. M. Ragsdale Ordinary of said County, do certify that I am well acquainted with Geo. M. Thomas the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1898.

Affix your seal here.

W. M. Ragsdale
Ordinary DeKalb County.

Note.—The blank spaces must be filled.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
DeKalb County.

Personally appears Geo M. Thomas of DeKalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 17 day of Mar 1831; 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 Ga) during the war between the States, and served for the term of 3 Years in Company D, of 42 th Regiment of Ga; that his physical condition is as follows: Rhumatism and old age unable to make a living

that his property consists of the following items None

of the value of 00 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 DeKalb county been allowed a pension for the year 1898.

Sworn to and subscribed before me, this, the 13 day of Jan 1899. Geo M Thomas

W. M. Ragsdale Ordinary.

State of Georgia,
DeKalb County.

I, W. M. Ragsdale Ordinary of said County, do certify that I am well acquainted with Geo M. Thomas the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1899.

Affix your seal here.

W. M. Ragsdale
Ordinary DeKalb County.

Note.—The blank spaces must be filled.
Note.—Affidavit should not be attested before January 1st, 1899.

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 _____ 1900.

_____ [L. S.]

Executed in presence of

_____

CODE SEC. 1254.
(For Those Already Enrolled.)

NO. 102

INDIGENT SOLDIER'S PENSION, 1900.

Name Dr M. Thomas.
County DeKalb.

WARRANT ISSUED Jan 17 1900.

JOHN. W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

DeKalb Co.
Thomas, Geo. M.,

CODE SECTION 1254
(For Those Already Enrolled.)

No. 678

INDIGENT SOLDIER'S PENSION. 1901.

Name Geo. M. Thomas
County DeKalb

WARRANT ISSUED Jan 31 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb County.

I, G M Thomas hereby authorize
Ennsy Thomas of DeKalb Co

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

_____ at _____

by _____

Witness my hand and seal, this 7th day of Jan 1901.
G M Thomas [L. S.]

Executed in presence of
W R Teague
W M Kingsbury
B Whitley

STATE OF GEORGIA,

De Kalb County.

Personally appears G. M. Thomas of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 17 day of March 1831; 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 Ga.) during the war between the States, and served for the term of 3 Years in Company D, of 42 th Regiment of Ga Vol; that his physical condition is as follows: Suffering from Rheumatism and old age, unable to work

that his property consists of the following items None

of the value of 00 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 De Kalb county been allowed a pension for the year 189 4

Sworn to and subscribed before me, this the 6 day of Jan 1900. G. M. Thomas

W. M. Ragsdale Ordinary.

State of Georgia,

De Kalb County.

I, W. M. Ragsdale Ordinary of said County, do certify that I am well acquainted with G. M. Thomas the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Jan 1900.

Affix your seal here.

W. M. Ragsdale

Ordinary De Kalb County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1900.

STATE OF GEORGIA,

De Kalb County

Personally appears Jas. M. Thomas of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 17" day of March 1831; 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 Ga.) during the war between the States, and served for the term of 3 years in Company D, of 42 th Regiment of Ga Vol; that his physical condition is as follows: Suffering from Rheumatism and old age, unable to work.

that his property consists of the following items None

of the value of 00 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 De Kalb county been allowed a pension for the year 1900

Sworn to and subscribed before me, this the 7" day of Jan 1901. J. M. Thomas

W. M. Ragsdale Ordinary.

STATE OF GEORGIA,

De Kalb County.

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

Given under my official signature and seal, this 7th day of Jan 1901.

Affix your seal here.

W. M. Ragsdale

Ordinary De Kalb County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1901.

POWER OF ATTORNEY.

STATE OF GEORGIA,
De Kalb County.

I, G M Thomas hereby authorize Emmy Thomas
of De Kalb County

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

Witness my hand and seal, this 17 day of Jan 1902.

G M Thomas [L. S.]

Executed in presence of
W M Rogsdale
Ordinary

Thomas, George M.
De Kalb Co.

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)
No. 720

INDIGENT
SOLDIER'S PENSION
1902.

Name Thomas Geo M.
County DeKalb
Co. D Regiment 42d

WARRANT ISSUED
1/20 1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Emmy Thomas

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,
De Kalb County.

I, Geo M. Thomas hereby authorize Emmy Thomas
of De Kalb County

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

Witness my hand and seal, this 10 day of Jan 1903.

Geo M Thomas [L. S.]

Executed in presence of
J. H. George
W M Rogsdale
Ordinary

Thomas, George M.
DeKalb Co

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)
No. 522

INDIGENT
SOLDIER'S PENSION
1903.

Name Thomas Geo M.
County DeKalb
Co. D Regiment 42d

WARRANT ISSUED
1/23 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
E Thomas

Geo. Harrison, State Printer, Atlanta.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
DeKalb County.

Personally appears Geo M. Thomas of DeKalb County, State of Geoogia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 17 day of March 1831; 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 Ga) during the war between the States, and served for the term of 3 Years in Company D, of 42d Regiment of Ga Vol; that his physical condition is as follows: Suffering from Rheumatism and old age

that his property consists of the following items: None

of the value of 00 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 DeKalb county been allowed a pension for the year 1901. Geo M. Thomas

Sworn to and subscribed before me, this the 15 day of Jan 1902.
W M Ragsdale Ordinary.

STATE OF GEORGIA,
DeKalb County.

I, W M Ragsdale Ordinary of said County, do certify that I am well acquainted with Geo M. Thomas the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1902.

Affix your seal here

W M Ragsdale
Ordinary DeKalb 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,
DeKalb County.

Personally appears G. M. Thomas of DeKalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 17 day of Mar 1831; 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 D, of 42th Regiment of Ga Vol; that his physical condition is as follows: Suffering with Rheumatism and old age

that his property consists of the following items: None

of the value of 00 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 DeKalb county been allowed a pension for the year 1902,

Sworn to and subscribed before me, this the 10 day of Jan 1903. Geo M Thomas
W M Ragsdale Ordinary.

STATE OF GEORGIA,
DeKalb County.

I, W M Ragsdale Ordinary of said County, do certify that I am well acquainted with G. M. Thomas the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Jan 1903.

Affix your Seal here

W M Ragsdale
Ordinary DeKalb County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1903.

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb COUNTY.

I, Geo W Thomas hereby authorize
E Thomas of DeKalb county
to receive and receipt for the pension allowed and request that he remit same to
at Clarkston
by

Witness my hand and seal, this 19 day of January 1904.
G. W. Thomas [L. S.]

Executed in presence of
James R Geary
Ordinary

INDIGENT
SOLDIER'S PENSION
1904.

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 0 7 3

Name Geo W Thomas
County DeKalb
Co. C Regiment 42

WARRANT ISSUED
1/25 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
E Thomas

Geo. W. Harrison, State Printer Atlanta.

Thomas, George W.
Dekalb County

POWER OF ATTORNEY.

STATE OF GEORGIA,
Dekalb COUNTY.

I, G W Thomas hereby authorize
E Thomas of Stone Mountain
to receive and receipt for the pension allowed, and request that he remit same to
G W Thomas at Stone Mountain
by

WITNESS my hand and seal, this 11 day of Jany 1905.
his
G W Thomas [L. S.]
mark

Executed in the presence of
James R Geary
Ordinary

Thomas, George W.
Dekalb County

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. Car 8

INDIGENT
SOLDIER'S PENSION
1905.

Name Geo. W. Thomas
County DeKalb
Co. C Regiment 42 Ga

WARRANT ISSUED
1/13 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
E Thomas

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
Dekalb COUNTY.

I, Geo W Thomas hereby authorize
E Thomas of Dekalb county
to receive and receipt for the pension allowed and request that he remit same to
at Clarkston
by

Witness my hand and seal, this 19 day of January 1904.
G. W. Thomas [L. S.]

Executed in presence of
James R Gress
Ordinary

(CODE SECTION 1251.)
(FOR THOSE ALREADY ENROLLED.)
No. 0479

INDIGENT
SOLDIER'S PENSION
1904.

Name Geo W Thomas
County Dekalb
Co. Regiment

WARRANT ISSUED
1/25 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
E Thomas

Geo. W. Harrison, State Printer, Atlanta.

Thomas, George W.
Dekalb County

no date

POWER OF ATTORNEY.

STATE OF GEORGIA,
Dekalb COUNTY.

I, G W Thomas hereby authorize
E Thomas of St Mountain
to receive and receipt for the pension allowed, and request that he remit same to
G W Thomas at St Mountain
by

WITNESS my hand and seal, this 1 day of Jany 1905.
G W Thomas [L. S.]

Executed in the presence of
James R Gress
Ordinary

Thomas, George W.
Dekalb County

(CODE SECTION 1254.)
(FOR THOSE ALREADY ENROLLED.)
No. 0479

INDIGENT
SOLDIER'S PENSION
1905.

Name Geo. W. Thomas
County Dekalb
Co. Regiment

WARRANT ISSUED
1/25 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
E Thomas

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

no date

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb COUNTY.

I, Geo M Thomas hereby authorize
E Thomas of DeKalb Co. Ga.
to receive and receipt for the pension allowed and request that he remit same to
at Clarkston
by

Witness my hand and seal, this 19 day of January 1904.
G. M. Thomas [L. S.]

Executed in presence of
James R George
Ordinary

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)
No. 6729

INDIGENT
SOLDIER'S PENSION
1904.

Name Geo M Thomas
County DeKalb
Co. C Regiment 42

WARRANT ISSUED
1/25 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
G Thomas

Geo. W. Harrison, State Printer Atlanta.

Thomas George Mr
DeKalb County

no date

POWER OF ATTORNEY.

STATE OF GEORGIA,
Dekalb COUNTY.

I, G M Thomas hereby authorize
E Thomas of Stone Mountain
to receive and receipt for the pension allowed, and request that he remit same to
G M Thomas at Stone Mountain
by

WITNESS my hand and seal, this 1 day of Jany 1905.
G M Thomas [L. S.]
his mark

Executed in the presence of
James R George
Ordinary

Thomas George Mr
Dekalb County

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)
No. 6729

INDIGENT
SOLDIER'S PENSION
1905.

Name Geo. M. Thomas
County DeKalb
Co. C Regiment 42 Ga

WARRANT ISSUED
1/25 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
G Thomas

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

no date

STATE OF GEORGIA,
DeKalb County.

Personally appears Geo M. Thomas of DeKalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 17 day of War 1831; 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) during the war between the States, and served for the term of 3 years in Company D, of 42 th Regiment of Ga Vols; that his physical condition is as follows: Rheumatism and old age

that his property consists of the following items:
None

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

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

Sworn to and subscribed before me, this the 19 day of Jany 1904. Jas. R. George Ordinary. } G. M. Thomas

STATE OF GEORGIA,
DeKalb County.

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

Given under my official signature and seal, this 19 day of Jany 1904.

James R. George
Ordinary DeKalb County.

Affix your seal here.

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

STATE OF GEORGIA,
DeKalb County.

Personally appears Geo. M. Thomas of DeKalb 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 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 in Company , of th Regiment of Ga Vols; that his physical condition is as follows: Infirmity, poverty & age

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 1905. I have heretofore as a resident of County been allowed a pension for the year 1904.

Sworn to and subscribed before me, this the 11th day of Jany 1905. James R George Ordinary. } G. M. Thomas

STATE OF GEORGIA,
DeKalb County.

I, James R George Ordinary of said County, do certify that I am well acquainted with Geo M Thomas the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Jany 1905.

James R George
Ordinary DeKalb County.

Affix your seal here.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1905.

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb COUNTY.

I, G. M. Thomas hereby authorize
E Thomas of DeKalb Co.
to receive and receipt for the pension allowed, and request that he remit same to
G M Thomas at Clarkston Ga
by

WITNESS my hand and seal, this 10 day of Jany 1906.
G M Thomas [L. S.]
mark

Executed in the presence of
James R George
Ordinary

Thomas, Geo M.
DeKalb Co.

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)
No. 600

INDIGENT
SOLDIER'S PENSION
1906.

Name Geo M Thomas
County DeKalb
Co. D Regiment 42 Ga

WARRANT ISSUED
1/22 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

THE FRANKLIN PRINTING AND PUBLISHING CO., GEO. W. HARRISON, MGR.

POWER OF ATTORNEY.

STATE OF GEORGIA,
DEKALP COUNTY.

I, George M Thomas hereby authorize
H M Kemp of Clarkston
to receive and receipt for the pension allowed, and request that he remit same to
George M Thomas at Clarkston Ga
by

WITNESS my hand and seal, this 17 day of Jany 1907.
George M Thomas [L. S.]
his mark

Executed in presence of
James R George
Ordinary

Thomas George M.
DeKalb Co.

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED)
No. 767

INDIGENT
SOLDIER'S PENSION
1907.

Name Geo M. Thomas
County
Co. Regiment 42 Ga

WARRANT ISSUED
1/21 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

State of Georgia,

DeKalb **County.**

Personally appears George M Thomas of DeKalb 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 32; that he is 75 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 D, of 42th Regiment of Georgia Vols; that his physical condition is as follows: Infirmity, poverty & age

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 DeKalb County, been allowed a pension for the year 1905.

Sworn to and subscribed before me, this the 10 day of January 1906.

James R George Ordinary.

his
G W Thomas
mark

State of Georgia,

DeKalb **County.**

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

Given under my official signature and seal, this 10th day of January 1906.

James R George

Ordinary DeKalb County.

Affix your seal here

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

APPLICATIONS HERETOFORE ALLOWED PENSIONS

State of Georgia,

DeKalb **County.**

Personally appears George M Thomas of ____ County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the ____ day of ____ 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 D, of 42nd th Regiment of ____; that his physical condition is as follows: Infirmity, poverty & age

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 17 day of January 1907.

James R George Ordinary.

State of Georgia,

____ **County.**

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

Given under my official signature and seal this 17 day of January 1907.

James R George

Ordinary ____ County.

Affix your seal here

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

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

Office of
W. M. Ragsdale,
Ordinary DeKalb County.

Decatur, Ga., Feb 17th 1896.

Judge Richd Johnson,
Atlanta, Ga.

Dear Sir:

This will identify Mr E Thomas who was appointed to draw the session of Mr. G. M. Thomas. The paper has been sent in.

Yours Truly,
W. M. Ragsdale,
Ordinary.

ORDINARY'S OFFICE.

DeKALB COUNTY

W. M. RAGSDALE, Ordinary.

Decatur, Ga. July 26th 1897.

Richd Johnson Esq
Atlanta, Ga.

Dear Sir:-

In some way I got Mr Thomas' name wrong his initials are G. M. instead of E. A. He is the identical man and is a worthy one. Please make the correction so he can get his money.

Yours Truly,
W. M. Ragsdale.

NAME Thomas, George M. YEAR 1897 COUNTY DeKalb

WHEN AND WHERE BORN? 1831 In South Carolina- resident of Ga. sixty yrs.

ENLISTED WHEN AND WHERE? March 1862 Decatur

RANK.

COMPANY AND REGIMENT? Co. D, 42nd. Regt. Ga. Vols.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? Discharged at surrender.

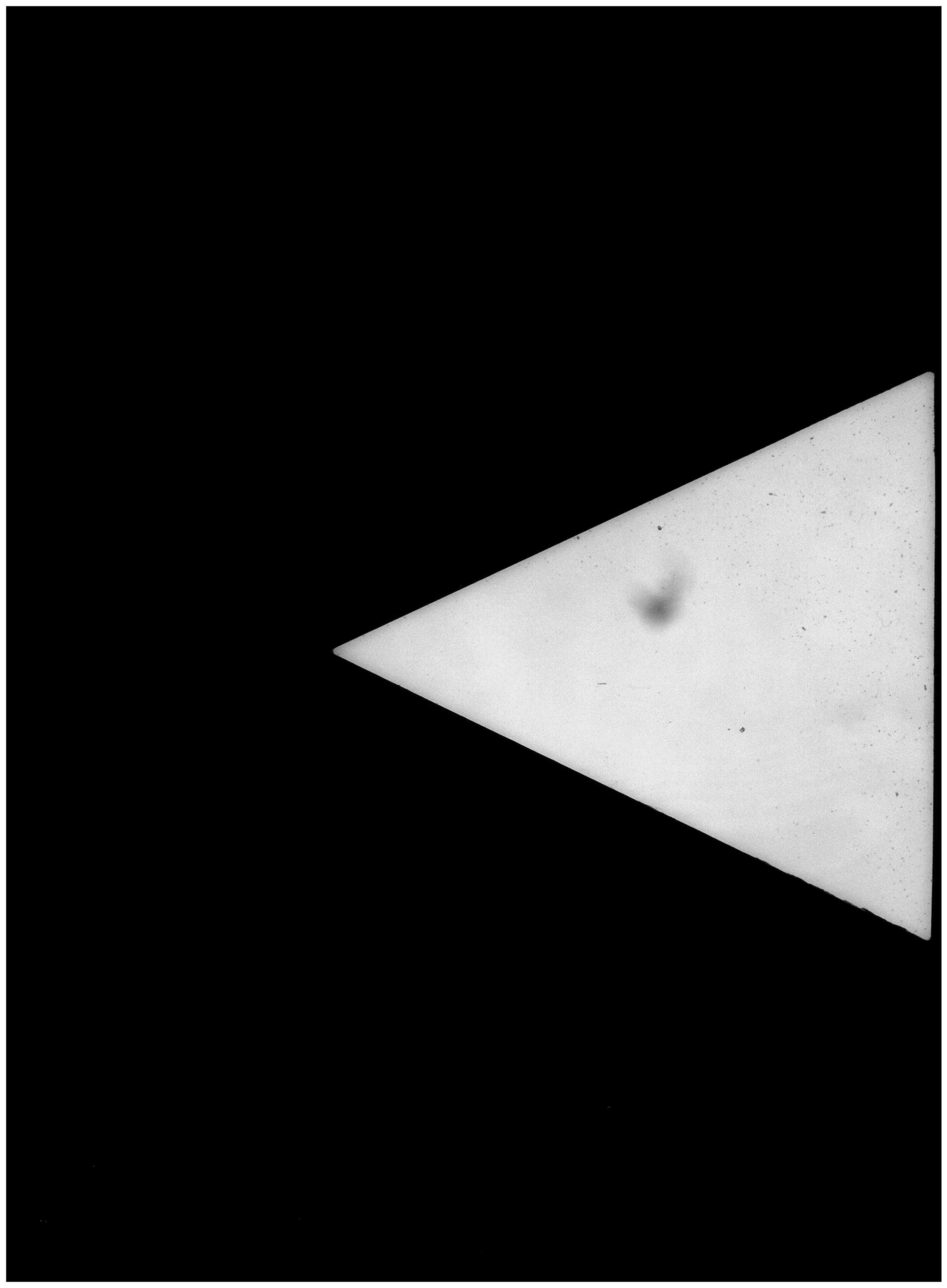
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. J.G. Johns, same command - No data.

JWT



POWER OF ATTORNEY.

Form No. 5.

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 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.....189....

Executed in the presence of us: .....[L. S.]

.....

.....

DIRECTIONS.

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

.....

Thomas, Dallie Bethell County

1891.

No. 7777

Widows' Pension

PAID TO

Mrs. Dallie Thomas

OF

Bethell COUNTY.

$100.00.

Warrant Issued

1891

AND HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

Form No. 5.

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 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 ..... 189 .....

Executed in the presence of us: [L. S.]

DIRECTIONS.

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

Thomas, Sallie
Bartlett County

1891.

No. 9921

Widows' Pension

PAID TO

Mrs. Sallie Thomas

OF DeKalb COUNTY.

$100.00.

Warrant Issued

1891

AND HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

Affidavit to be Made by the Widow.

Form No. 1.

STATE OF GEORGIA,
County of DeKalb

In person came before me, the undersigned Ordinary in and for the County of DeKalb Mrs. Sallie Thomas, who being sworn according to law, says under oath that she is the widow of A. J. Thomas, who was a soldier in the service of the Confederate States, and served as a member of Company E, of the 7th Regiment of Georgia Volunteers; that he enlisted in said service on or about the 1st day of June 1861, and was in the Confederate Army up to ~~the~~ 1864 That while in the Army, he was on the ..... day of Oct 1864, (See Note No. 1) He had come home on a furlough with chronic diarrhoea continued to grow worse until he died from the disease on the 20th day of Jan 1865.

Deponent further swears that she was the wife of said deceased soldier during his term of service in the Army, and that she has never married since his death; that she became his wife on the ..... th day of June 1858, and that she has resided in Georgia continuously since the 5th day of Aug 1858; 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 10th day of April 1891. her Sallie X Thomas mark

W. M. Rogsdale. 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.

Form No. 2.

Affidavit for Three Witnesses.

STATE OF GEORGIA,

County of De Kalb

In person came before me, the undersigned Ordinary in and for said County, witnesses R. H. Cash and I. L. Teat James Hunter. (each known to said Attesting Officer as truthful, reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge, Mrs. Sallie Thomas, of the County of De Kalb, State of Georgia, is the widow of A. J. Thomas, who was a soldier in Company E of the 7th Regiment of Georgia Volunteers. That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or about the 1st day of June 1861 That while in said service, or by reason of said service in the Army, he lost his life as follows:

He had Chronic Diarrhoe for about six week when he was furloughed home. He continued to grow worse and died of the disease in January 1865. We know the fact of this service Sickness and his being furloughed home and are satisfied as to his death as we never saw him after our return home after the War.

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

Sworn to and subscribed before me, this the 4th day of May 1891.

W. M. Rogsdale, Ordinary.

R. H. Cash
James Hunter
Irwin L. Teat

Form No. 3.

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

STATE OF GEORGIA,

County of De Kalb

I, W. M. Rogsdale, Ordinary in and for said County of De Kalb State of Georgia, hereby certify that I am acquainted with Mrs. Sallie Thomas, 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 4th day of May 1891.

SEAL

W. M. Rogsdale, 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.

STATE OF GEORGIA, County of De Kalb

I, W. M. Ragsdale, Ordinary in and for said County of De Kalb State of Georgia, hereby certify that I am acquainted with Mrs. Sallie Thomas, the applicant for a pension in this case, and know, from my own knowledge (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1850, and has not lived out of the State since that date. That she is the widow of A. J. Thomas, 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 22d day of Jan 1894.

[SEAL]

W. M. Ragsdale, Ordinary.

POWER OF ATTORNEY.

Form No. 2.

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 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 1894.

Executed in the presence of us: [L. S.]

DIRECTIONS.

Send amount by me at to , and oblige

Thomas, Sallie
De Kalb County
FOR THOSE HERETOFORE PAID.

1894.

No. 1056

WIDOWS' PENSION,

for year ending February 15th, 1894.

—PAID TO—
Mrs. Sallie Thomas,
—OF—
De Kalb County.

WARRANT ISSUED
2/2/94, 1894,
AND HANDED TO
Sallie Thomas

GEO. W. HARRISON, State Printer, Atlanta.

STATE OF GEORGIA,
County of De Kalb

Personally comes Mrs. Sallie Thomas

who being sworn, says on oath, that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has *resided* in said State continuously ever since Aug 5th 1888. That she is the Widow of A. J. Thomas who was a Soldier in Company E of the 7th Regiment of Georgia Volunteers, that he enlisted in said Regiment on or about the month of June 186/ and served in the Army up to Oct 1864 That he lost his life on the day of 18 (*State here full particulars of the husband's death, when, where and from what cause.*) (Had chronic Dysentery contracted while in service from which he died on January 20th 1866.)

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1858; 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 20th day of Jan 1894.
W. M. Rogers Ordinary.

her
Sallie X Thomas
mark
Post-office Tucker Ga.

STATE OF GEORGIA, County of De Kalb

I, W. M. Rogsdale Ordinary in and for said County of De Kalb State of Georgia, hereby certify that I am acquainted with Mrs. Sallie Thomas the applicant for a pension in this case, and know, from my own knowledge, (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of E. F. Thomas 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 24th day of January 1893.

(SEAL) W. M. Rogsdale Ordinary.

POWER OF ATTORNEY.

Form No. 3.

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 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 _____ 189__.

_____ [L. S.]

Executed in the presence of us:

_____

_____

DIRECTIONS.

Send amount by _____ to me at _____, and oblige

_____

Ordinary's County of Applicant's Residence.

STATE OF GEORGIA, County of De Kalb

I, W. M. Rogsdale Ordinary in and for said County of De Kalb State of Georgia, hereby certify that I am acquainted with Mrs. Sallie Thomas the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of E. F. Thomas 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 21st day of Jan 1895.

(SEAL) W. M. Rogsdale Ordinary.

POWER OF ATTORNEY.

Form No. 3

STATE OF GEORGIA, De Kalb County.

KNOW ALL MEN BY THESE PRESENTS, That I, Mrs Sallie Thomas of De Kalb County in said State, do hereby appoint E. Thomas of De Kalb 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 21st day of Jan 1895. Sallie her X Thomas mark [L. S.]

Executed in the presence of us:

W. O. Maxwell

W. M. Rogsdale Ordinary.

DIRECTIONS.

Send amount by _____ to me at _____, and oblige

_____

Thomas, Sallie, De Kalb County.

FOR THOSE HERETOFORE PAID.

1893.

No. 1037

WIDOWS' PENSION,

for year ending February 15th, 1893.

PAID TO— Mrs Sallie Thomas

—OF— De Kalb —COUNTY.

Warrant Issued 23 1893

AND HANDED TO W. M. Rogsdale

Geo. W. Harrison, State Printer, Atlanta.

FOR THOSE HERETOFORE PAID.

1895.

No. 993

WIDOW'S PENSION,

for year ending Febuary 15th, 1895.

PAID TO— Mrs. Sallie Thomas

—OF— De Kalb County.

widow of E. F. Thomas,

WARRANT ISSUED 28 Jan 1895.

AND HANDED TO Ogk

Geo. W. Harrison, State Printer.

Thomas, Sallie, De Kalb Co.

STATE OF GEORGIA,
County of De Kalb

Personally comes Mrs. Sallie Thomas

who being sworn, says on oath, that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has ~~resided~~ in said State continuously ever since Aug 1828 That she is the Widow of A. J. Thomas who was a Soldier in Company E of the 7th Regiment of Georgia Volunteers, that he enlisted in said Regiment on or about the month of June 1861 and served in the Army up to Oct 1864 That he lost his life on the ____ day of ____ 18__ (*State here full particulars of the husband's death, when, where and from what cause.*) (

He had Chronic Diarrhoea contracted while in the service. Come home on furlough from Richmond Va and never recovered continued to grow worse and died in January 1865. of the 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 1858; 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 24th day of Jan 1893.
W M Rogers Ordinary.

Sallie Thomas
her mark X
Post-office Tucker Ga.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of De Kalb

Personally Comes Mrs. Sallie Thomas

who being sworn, says on oath, that she is a bona fide resident of said county of De Kalb State of Georgia, and that she has *resided* in said State continuously ever since all her life 18 That she is the Widow of A. J. Thomas who was a Soldier in Company E of the 7th Regiment of Ga Volunteers, that he enlisted in said Regiment on or about the month of June 1861 and served in the Army up to Oct 1864 That he lost his life on the 20th day of Jan 1865 (*State here full particulars of the husband's death, when, where and from what cause.*) (

Had come home on sick furlough, Had chronic Dyarrhoea, and died of the disease on 20th Jan 1865. in DeKalb Co.

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 1858, 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 21st day of Jan 1895.
W M Rogers Ordinary.

Sallie her X mark Thomas
Post-office Tucker, Ga.

STATE OF GEORGIA, County of De Kalb

I, W. M. Ragsdale, Ordinary in and for said County of De Kalb State of Georgia, hereby certify that I am acquainted with Mrs. Mrs. Sallie Thomas, 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 A. J. Thomas, 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 30th day of Jan 1896.

{SEAL} W. M. Ragsdale, Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, De Kalb County.

I, Mrs Sallie Thomas hereby authorize E. Thomas of De Kalb 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 30th day of Jan 1896.

Mrs Sallie X Thomas [L.S.]
mark

Executed in the presence of
A. J. Campbell
W. M. Ragsdale
Ordinary.

Thomas, Sallie
Dec. Pen. Cert.
FOR THOSE HERETOFORE PAID.

1896.

No. 1704

WIDOW'S PENSION,

for year ending February 15th, 1896.

PAID TO
Mrs. Sallie Thomas

OF
De Kalb County.
widow of A. J. Thomas

WARRANT ISSUED
2/1 1896.

AND HANDED TO
ET

Geo. W. Harrison, State Printer.

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

STATE OF GEORGIA, County of De Kalb

I, W. M. Ragsdale, Ordinary in and for said County of De Kalb State of Georgia, hereby certify that I am acquainted with Mrs. Sallie Thomas 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 A. J. Thomas, deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1896.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this the 19th day of Jan 1897.

{SEAL} W. M. Ragsdale, Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, De Kalb County,

I, Sallie Thomas hereby authorize E. Thomas Jr of De Kalb 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 Jan 1897.

Mrs Sallie X Thomas [L. S.]
mark

Executed in the presence of
R. L. Campbell
W. M. Ragsdale,
Ordinary.

FOR THOSE HERETOFORE PAID.

1897.

No. 2487

WIDOW'S PENSION,

for year ending February 15th, 1897.

PAID TO
Mrs. Sallie Thomas

OF
De Kalb County.
widow of A. J. Thomas

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED
2/3 1897,

AND HANDED TO
Emmy Thomas

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

Thomas Sallie
Dec. Pen. Cert.
Widow's Pension Certificate

STATE OF GEORGIA,
County of De Kalb } Personally Comes Mrs. Sallie Thomas

who being sworn, says on oath, that she is a bona fide resident of said county of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since Aug 5th 1838 That she is the Widow of A. J. Thomas who was a Soldier in Company E of the 7th Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of June 1861 and served in the Army up to Oct 1864 That he lost his life on the 20th day of January 1865 (State here full particulars of the husband's death, when, where and from what cause.) (He came home on a furlough and was afflicted with dyarrhoea contracted while in service. He continued to grow worse until his death of the disease as above stated.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, 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 De Kalb 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 20th day of Jan 1896. Thos Ragsdale, Ordinary. } her Sallie X Thomas mark, Post-office Tucker

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of De Kalb } Personally Comes Mrs. Sallie Thomas

who being sworn, says on oath, that she is a bona fide resident of said county of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since Aug 5th 1838 That she is the Widow of A. J. Thomas who was a Soldier in Company E of the 7th Regiment of Ga. Volunteers, that enlisted in said regiment on or about the month of June 1861 and served in the Army up to Oct 1864 That he lost his life on the 20 day of Jan 1865 (State here full particulars of the husband's death, when, where and from what cause.) Had chronic Dyarrhoea contracted while in service of which disease he died a short while after reaching his home

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 1858, 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 De Kalb 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 19th day of Jan 1897. Thos Ragsdale, Ordinary. } her Sallie X Thomas mark, Post-office Tucker, Ga.

State of Georgia, De Kalb County.

I, Sallie Thomas hereby authorize E Thomas of DeKalb 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 12th day of Jan 1898.

her
Sallie x Thomas [L. S.]
mark

Executed in the presence of

John Ford
Wm Ragsdale,
Ordinary.

Thomas, Sallie
DeKalb Co. #7

For Those Heretofore Paid.

1898.

No. 3065

WIDOW'S PENSION,

For year ending February 15th, 1898.

PAID TO

Mrs. Sallie Thomas

OF DeKalb County,

Widow of A.J. Thomas.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED

2/4 1898.

AND HANDED TO

E Thomas

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

POWER OF ATTORNEY.

State of Georgia,
DeKalb County.

I, Sallie Thomas hereby authorize E Thomas of DeKalb 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 Jan 1899.

her
Sallie x Thomas [L. S.]
mark

Executed in presence of

Irwin L Teat
W M Ragsdale
Ordinary.

Thomas, Sallie
DeKalb Co.

For Those Heretofore Paid.

1899.

No. 2365

WIDOW'S PENSION,

For year ending February 15th, 1899.

PAID TO

Mrs. Sallie Thomas

DeKalb County

Widow of A.J. Thomas

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED

1/30 1899.

AND HANDED TO

Emay Thomas

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of DeKalb } Personally Comes Mrs. Sallie Thomas

who, being sworn, says on oath, that she is a bona fide resident of said county of DeKalb State of Georgia, and that she has RESIDED in said State continuously ever since Aug 5th 1838 That she is the Widow of A J Thomas who was a Soldier in Company E of the 7th Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of June 186 1 and served in the Army up to Oct 186 4 That he lost his life on the 20 day of Jan 1865 (State here *full particulars of the husband's death, when, where and from what cause.*)

Had Chronic Dyarrhoea from which disease he died at Lee 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 1858.

I have been allowed a pension as a resident of DeKalb 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 12 day of Jan 1898. W M Ragsdale Ordinary.

her Sallie X Thomas mark

Post-Office Tucker Ga,

State of Georgia, DeKalb County. } I W M Ragsdale Ordinary of said County, certify that I am well acquainted with Mrs. Sallie Thomas 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 13th day of Jan 1898.

W M Ragsdale

Official Seal.

Ordinary of DeKalb County.

For Widows Heretofore Allowed Pensions.

FORM No. 1.

STATE OF GEORGIA, County of DeKalb } Personally Comes Mrs. Sallie Thomas

who, being sworn, says on oath, that she is a bona fide resident of said county of DeKalb State of Georgia, and that she has RESIDED in said State continuously ever since Aug 5 1838 That she is the Widow of A J Thomas who was a soldier in Company E of the 7th Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of June 186 1 and served in the Army up to Oct 186 4 That he lost his life on the 20 day of Jan 1865 (State here *full particulars of the husband's death, when, where and from what cause.*)

Had Chronic Dyarrhoea and died of the 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, and that she became his wife in the year 1858.

I have been allowed a pension as a resident of DeKalb 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 13 day of Jan 1899. W M Ragsdale Ordinary.

her Sallie X Thomas mark

Post-Office Tucker Ga

State of Georgia, DeKalb County. } I W M Ragsdale Ordinary of said County, certify that I am well acquainted with Mrs. Sallie Thomas 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 5 day of Aug 1838

Given under my official signature and seal this the 13 day of Jan 1899.

W M Ragsdale

Official Seal.

Ordinary of DeKalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb County.

I, Sallie Thomas hereby authorize E. Thomas
of DeKalb
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 16th
day of Jan 1900.

her
Sallie X Thomas [L. S.]
mark

Executed in presence of
O. L. Sawyer
W. M. Ragsdale,
Ordinary.

Thomas, Sallie
DeKalb County

To Those Heretofore Paid.

1900.

No. 1473

WIDOW'S PENSION,

For year ending February 15th, 1900.
PAID TO
Mrs. Sallie Thomas
OF
DeKalb County,
Widow of E. P. Thomas.

JNO. W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
Feby 15 1900,
AND HANDED TO
E Thomas

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb County.

I, Mrs Sallie Thomas hereby authorize
Emsy Thomas of DeKalb 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 9th
day of Jan 1901.

her
Sallie x Thomas [L. S.]
mark

Executed in presence of
E. A. Bunchamp
W. M. Ragsdale
Ordinary,

Thomas, Sallie
DeKalb Co.

To Those Heretofore Paid.

1901.

No. 344

WIDOW'S PENSION,

For year ending February 15th, 1901.
PAID TO
Mrs. Sallie Thomas
OF
DeKalb County,
Widow of A. J. Thomas

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
Jan 21 1901,
AND HANDED TO
Emsy Thomas

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

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of DeKalb } Personally Comes Mrs. Sallie Thomas

who, being sworn, says on oath, that she is a bona fide resident of said county of DeKalb State of Georgia, and that she has RESIDED in said State continuously ever since Aug 5 1838. That she is the Widow of A J Thomas who was a soldier in Company E of the 7th Regiment of Ga. Volunteers, that he enlisted in said regiment on or about the month of June 1861 and served in the Army up to Oct 1864. That he lost his life on the 20th day of Jan 1865 (*State here particulars of the husband's death, when, where and from what cause*) Had Chronic Dysentery and died of the disease while in service

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1858.

I have been allowed a pension as a resident of DeKalb County for the year ending February 15th, 189 , and now apply for the pension provided by law for the year ending February 15th, 1900.

Sworn to and subscribed before me, this day of Jan 1900. W M Ragsdale Ordinary. } Sallie her X mark Thomas Post Office Decatur, Ga.

State of Georgia, DeKalb County. } I W M Ragsdale Ordinary of said County, certify that I am well acquainted with Mrs. Sallie Thomas, 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 5 day of Aug 1838

Given under my official signature and seal, this the 10 day of Jan 1900.

{ Official Seal. } W M Ragsdale Ordinary of DeKalb County.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of DeKalb } Personally Comes Mrs. Sallie Thomas

who, being sworn, says on oath, that she is a bona fide resident of said County of DeKalb State of Georgia, and that she has RESIDED in said State continuously ever since Aug 5th 1838. That she is the Widow of A J Thomas who was a soldier in Company E of the 7th Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of June 1861 and served in the Army up to Oct 1864. That he lost his life on the 20th day of Jan 1865 (*State here particulars of the husband's death, when, where and from what cause*) Had Chronic Dysentery and died of the disease while in service

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1858.

I have been allowed a pension as a resident of DeKalb County for the year ending February 15th, 1900, and now apply for the pension provided by law for the year ending February 15th, 1901.

Sworn to and subscribed before me, this 7th day of Jan 1901. W M Ragsdale Ordinary. } Sallie her X mark Thomas Post Office

State of Georgia, DeKalb County. } I W M Ragsdale Ordinary of said County, certify that I am well acquainted with Mrs. Sallie Thomas, 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 5th day of Aug 1838

Given under my official signature and seal, this the 7th day of Jan 1901.

{ Official Seal. } W M Ragsdale Ordinary of DeKalb County.

STATE OF GEORGIA,
DeKalb County.

I, Mrs Sallie Thomas, hereby authorize
Emsy Thomas of DeKalb 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 15
day of Jan 1902.

her
Sallie X Thomas [L. S.]
mark

Executed in presence of
W M Rogsdale
Ordinary.

To Those Heretofore Paid.

1902.

No. 441

WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO
Mrs Sallie Thomas
OF
DeKalb County,
Widow of Ft Thomas
Co. E Regiment 7th

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
12 1902
AND HANDED TO
Emsy Thomas

GEO. W. HARRISON, STATE PRINTER, ATLANTA, GA.

Thomas Sallie
DeKalb County

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb County.

I, Sallie Thomas, hereby authorize
Emsy Thomas of DeKalb
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 5
day of Jan 1903.

her
Sallie X Thomas [L. S.]
mark

Executed in presence of
J N Nash
W M Rogsdale
Ordinary.

Thomas Sallie
DeKalb County

To Those Heretofore Paid.

1903.

No. 366

WIDOW'S PENSION,

For year ending Dec. 31, 1903.

PAID TO
Mrs Sallie Thomas
OF
DeKalb County,
Widow of Ft Thomas
Co. E Regiment 7th

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
12 1903.
AND HANDED TO
Emsy Thomas

GEO. W. HARRISON, STATE PRINTER, ATLANTA, GA.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of De Kalb } Personally comes Mrs. Sallie Thomas

who, being sworn, says on oath, that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since Aug 5th 1838. That she is the Widow of A. J. Thomas who was a soldier in Company E of the 7th Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of June 1861, and served in the Army up to Oct 1864. That he lost his life on the 20 day of June 1865. (State here particulars of the husband's death, when, where and from what cause) Had Chronic Diarrhoea while in service and died of the 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, and that she became his wife in the year 1858.

I have been paid a pension as a resident of De Kalb County for the year ending December 31, 1901, and now apply for the pension provided by law for the year ending December 31, 1902.

Sworn to and subscribed before me, this 15 day of Jan 1902. W M Ragsdale Ordinary. her Sallie × Thomas mark Post-Office

State of Georgia, De Kalb County. I, W. M. Ragsdale Ordinary of said County, certify that I am well acquainted with Mrs. Sallie Thomas, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents hereself to be, and that she has continuously resided in this State since the 5 day of Aug 1838

Given under my official signature and seal, this the 15 day of Jan 1902.

{ Official Seal. }

W M Ragsdale Ordinary of De Kalb County.

NOTE.—All blank spaces must be filled.
Voucher and affidavit must bear date after January 1st, 1902.

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of De Kalb } Personally comes Mrs. Sallie Thomas

who, being sworn says on oath, that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since Aug 5 1838. That she is the Widow of A. J. Thomas who was a soldier in Company E of the 7th Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of June 1861, and served in the Army up to Oct 1864. That he lost his life on the 20 day of Jan 1865 (State here particulars of the husband's death, when, where and from what cause.) Had Chronic Diarrhoea while in service and died of 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, and that she became his wife in the year 1858.

I have been paid a pension as a resident of De Kalb 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 9 day of Jan 1903. W M Ragsdale Ordinary. her Sallie × Thomas mark Post-Office Tucker Ga

State of Georgia, De Kalb County. I, W M Ragsdale Ordinary of said County, certify that I am well acquainted with Mrs. Sallie Thomas, 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 5 day of Aug 1838

Given under my official signature and seal, this the 9 day of Jan 1903.

{ Official Seal. }

W M Ragsdale Ordinary of De Kalb County.

NOTE.—All blank Spaces must be filled.
Voucher and Affidavit must bear date after January 1st, 1903.

Thomas County
Pelham Ga

TO THOSE HERETOFORE PAID.

1904.

No. 212

WIDOW'S PENSION

FOR

YEAR ENDING DECEMBER 31, 1904.

PAID TO

Mrs. Sallie Thomas

OF

Pelham, County,

Widow of A. J. Thomas

Co. E Regiment, 7th

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

Jan 5 1904,

AND HANDED TO

Ed Thomas

(Geo. W. Harrison, State Printer, Atlanta.)

STATE OF GEORGIA,
Decatur County.

I, Sallie Thomas hereby authorize
E. Thomas of Decatur County Ga
to receive and receipt for the pension paid hereon, and request that he remit same to
Thomasville at Thomasville Ga

In Witness Whereof, I have hereunto set my hand and seal, this
day of January 1904. Sallie Thomas [L. s.]

Executed in presence of
Jennie Pelham
Ed Pelham

Thomas Sallie
Decatur County

TO THOSE HERETOFORE PAID.

1905.

No. 212

WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO

Mrs. Sallie Thomas

OF

Pelham, County,

Widow of A. J. Thomas

Co. E Regiment, 7th

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

Jan 12 1905.

AND HANDED TO

A. J. Thomas

THE FRANKLIN PRINTING AND PUBLISHING CO., ATLANTA.
GEO. W. HARRISON, MANAGER, FOR STATE PRINTER.

STATE OF GEORGIA,
Decatur County.

I, Sallie Thomas hereby authorize
E. Thomas of Ct Mountain
to receive and receipt for the pension paid hereon, and request that he remit same to
Sallie Thomas at Ct Mountain

In Witness Whereof, I have hereunto set my hand and seal, this 11th
day of January 1905. Sallie Thomas [L. s.]

Executed in presence of
Jennie Pelham
Ed Pelham

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of DeKalb } Personally comes Mrs. Sallie Thomas

who, being sworn says on oath, that she is a bona fide resident of said County of DeKalb State of Georgia, and that she has RESIDED in said State continuously ever since Aug 5, 1838. That she is the Widow of A. J. Thomas who was a soldier in Company E of the 7" Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of June 1861, and served in the Army up to Oct 1864. That he lost his life on the 20 day of Jan 1865. (State here particulars of the husband's death, when, where and from what cause.) Chronic Dysentery

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1858

I have been paid a pension as a resident of DeKalb 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 Jany 1904. James R George Ordinary. } Sallie (her X mark) Thomas Post Office Stone Mountain

State of Georgia, DeKalb County. } I, James R George Ordinary of said County, certify that I am well acquainted with Mrs. Sallie Thomas, 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 5 day of Aug 1838

Given under my official signature and seal, this the 18 day of Jany 1904.

{Official Seal}

James R George
Ordinary of DeKalb 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 DeKalb } Personally comes Mrs. Sallie Thomas

who, being sworn says on oath, that she is a bona fide resident of said County of DeKalb State of Georgia, and that she has RESIDED in said State continuously ever since ..... That she is the Widow of A. J. Thomas who was a soldier in Company E of the 7 Regiment of Ga Vol Volunteers, that he enlisted in said regiment on or about the month of June 1861, and served in the Army up to ..... 186... That he lost his life on the ..... day of ..... 18... (State here particulars of the husband's death, when, where and from what cause.) Died disease, June 1865

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18.....

I have been paid a pension as a resident of DeKalb 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 11 day of Jany 1905. James R George Ordinary. } Sallie (her X mark) Thomas Post-Office Stone Mountain

State of Georgia, DeKalb County. } I, James R George Ordinary of said County, certify that I am well acquainted with Mrs. Sallie Thomas 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 11 day of Jany 1905.

{Official Seal.}

James R George
Ordinary of DeKalb County.

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

Atlanta, Ga.
Dec. 1906

To Those Heretofore Paid.

1906.

No. 16,

WIDOW'S PENSION

For year ending Dec. 31, 1906.

PAID TO

Mrs. Sallie Thomas

OF

De Kalb County,

Widow of Captain [illegible]

Co. [illegible] Regiment [illegible],

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

Jan 21 1906,

AND HANDED TO

[illegible]

THE FRANKLIN PRINTING AND PUBLISHING CO., GEO. W. HARRISON, MGR.

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb COUNTY.

I, Sallie Thomas, hereby authorise
E. Thomas of Decatur Co. Ga
to receive and receipt for the pension paid hereon, and request that he remit same to
Sallie Thomas at
Decatur Ga

In Witness Whereof, I have hereunto set my hand and seal, this 18th
day of January 1906.

Sallie X Thomas [L. S.]
Mark

Executed in presence of
James R. Gray
Addison

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of DeKalb } PERSONALLY COMES MRS. Sallie Thomas

who, being sworn, says on oath that she is a bona fide resident of said County of DeKalb State of Georgia, and that she has RESIDED in said State continuously ever since Aug 5, 1838. That she is the Widow of G J Thomas who was a soldier in Company E of the 7 Georgia Regiment of Volunteers, that he enlisted in said regiment on or about the month of June 186 1 and served in the Army up to Oct 186 4. That he lost his life on the day of June 18 65 (*State here particulars of the husband's death, when, where and from what cause.*) 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, and that she became his wife in the year 18

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

Sworn to and subscribed before me this 10 day of Jany 1906.
James R George Ordinary.

Sallie Her Thomas Mark
Post Office

State of Georgia,
DeKalb County. } I James R George Ordinary of said County, certify that I am well acquainted with Mrs. Sallie Thomas, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of 18

Given under my official signature and seal, this the 10 day of Jany 1906.

{Official Seal}

James R George
Ordinary of DeKalb County.

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

Pension Office, 11/21/10.
Submits no evidence to show that applicant's last husband, A.T. Thompson, is dead or that she is a widow.

J.W. Lindsey, Com. of Pensions.

Thompson, Elizabeth A.
DeKalb Co
Ga
Filed in Pension Office
O.R. Jan 1911
No.

Widow's Application

UNDER ACT 1910.

Who Lost a Husband During War as a Soldier, Remarried and is Now a Widow.

County DeKalb

Name Elizabeth A. Thompson

Soldier Husband's Name A J Thompson

Company E

Regiment 22 - Ga Reg.

Name of Last Husband

Approved

J. W. LINDSEY,
Commissioner of Pensions.

Chas. P. Byrd, State Printer, Atlanta.

10/30/10
6/20/11

Thompson, Elizabeth A.

Widow's Application

UNDER ACT 1910.

Who Lost a Husband During War as a Soldier, Remarried and is Now a Widow.

County Dekalb

Name of Soldier Husband (Name) Elizabeth A. Thompson

Company E

Regiment 22 - Ga Reg.

Name of Last Husband A J Thompson

Approved

J. W. LINDSEY,
Commissioner of Pensions.

Chas. P. Byrd, State Printer, Atlanta.

Afterwards Married, now a Widow.

STATE OF GEORGIA,
DeKalb County.

Personally before me comes Mrs Elizabeth A Thompson of said county who after being sworn on oath says that she became the lawful wife of Robt. Riddle on the day of Oct 25 1855 and that he did on the day of 18.61 enlist in Company E 22 Ga Regiment Inft and was on the 12 day of July 1862 ~~killed or~~ died as the result of an injury received while in line of duty on the 12 day of July 1862 leaving this applicant his widow. That on the day of 1860 she was married to A J Thompson of DeKalb County, and that on the 8 day of Dec 1865 in the county of DeKalb State of Ga, the said A J Thompson died and that this deponent is now a widow.

That she was on the 4th day of November, 1908 or at the death of her last husband left in the use possession and control of the property. Stated in schedule (A)

acres of land cash value of None
Horses or mules
Hogs and cows and other stock None
money, notes, etc
actual income and savings

Total —

SCHEDULE B.

That since the 4 of November, 1908 or the death of her husband, she has sold or given away the following property of the cash value None as follows None

Total value None

and that the proceeds were disposed of

SCHEDULE C.

That she is now in the use, possession and control of the following property at the cash value attached

acres of land of the cash value None
Horses and cows of the cash value —
Hogs and other stock —
Cotton and other farm Products, worth —

Total value of all property None

and that the valuation of all of said property, is stated at its true cash value.

Sworn to and subscribed to by me this 7 day of Sept 1910

James R George Ordinary.
County

Mrs Elizabeth A Thompson
mark

Affidavit of the Witness to the Service and Death of Soldier Husband and Her Marriage.

STATE OF GEORGIA,
Fulton County.

Personally before me come R J Riddle who after being duly sworn on oath says that he knew Robt Riddle that he enlisted in Company E Regiment of 22 Ga Inft veterans on the day of Fall 1861 and that on the day of 1862 he ~~killed~~ died as a result of the injury received while in line of duty as a soldier, in the Confederate army, and that he knows Mrs.

and that she was his widow at his death, that he knows that the said ..... married again on the ..... day of ..... 19..... to one ..... and that her said husband ..... died on the ..... day of ..... 19..... and that the ..... applicant is now a widow.

Sworn to and subscribed before me this ..... day of .....

E. A. Robertson Ordinary. } R J & Rucker
of Coulton County } mark

I can vouch for the Character of R J Rucker the witness
E A Robertson Ordy

Affidavit of the Witness to the Property and its Value.

STATE OF GEORGIA. }
DeKalb County. } J M Morris & J M Henderson

Personally before me ..... who after being sworn on oath says that they are Free Holders of said County of DeKalb and that they know Mrs. ..... and that she was on the 4th day of November or at the death of her last husband, on the ..... day of ..... 19..... and that he left her in the use, possession and control of property at its true cash value, as follows.

SCHEDULE A.

Lands ..... whose cash value None
Horses ..... mules .....
Cows hogs and other stock —
Money, notes and accounts —
All other property —

Total cash value of all property .....

SCHEDULE B.

We know that since the 4th November, 1908 or since the death of her last husband she has sold or given away property of the cash value of to-wit:

land worth Nuthing
Horses and mules .....
Cows, hogs and stock of all kind .....
any and all other property .....
Total cash value .....

and we know that the proceeds of this property were ..... its full cash value and was disposed of (State fully.)

Nuthing

SCHEDULE C.

We know that the applicant is now in the use, possession and control of property of the actual cash value as follows, to-wit:

Land of the cash value of Nuthing
Horses and mules, cash value of —
Cows hogs, and other stock —
Wagon and Buggy .....
Other personal property —
Money notes and accounts —
Actual income and savings .....
Total cash value of all property —

Sworn to and subscribed before me this 7 day of Sept 1910.

James R Grogg Ordinary } J. M. Morris
of DeKalb County } J. M. Henderson

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA. }
DeKalb County. }

I James R Grogg am ordinary of said County and do certify that I know Mrs. Elizabeth A Thompson applicant for Pension and that I know that she is the person that she represents herself to be, and that she is a bona fide continuing resident of said county, and was on the 4th day of November, 1908.

That I also know I M Morris witness to the service, of Husband's marriage, and the death of Husband, and I also know J M Henderson whom I know to be resident and free-holder of said county, that all of said persons were duly sworn by me before signing their respective affidavits and that they are truthful and trustworthy persons and their statements are entitled to full faith and credit.

That the Tax Books of DeKalb County, shows She returned property to the amount of 1908 none for 1909 none for 1910 None for 190.....

Given under my hand and official seal of affix, this the 7 day of Sept 1910

James R Grogg Ordinary }
of DeKalb County }

Read this note.

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the ordinary of the County of the residence of the person to be sworn.
4. Only widows whose husbands died from wounds or injuries, received in line of duty before 26 April 1865, since married and is now a widow are entitled to this Pension.
5. Attach copies of marriage license of both marriages or prove marriage, by some who know it, or by general reputation.

Georgia, DeKalb County.

In person appeared before me, the undersigned, R. S. Chesnut, and being first duly sworn, deposes and says on oath, that Mrs. Elizabeth A. Thompson is the lawful widow of A. J. Thompson, and that she has been a widow since the death of said A. J. Thompson, which ~~xxxxxx~~ occurred about the year 1875, on the 8th day of December.

Sworn to and subscribed before me, this 28th day of December, 1910.

R. S. Chesnut

James R George
Ordinary.

Georgia, DeKalb County.

Personally appeared before me, the undersigned, an officer authorized by law to administer oaths, take acknowledgements, &c., R. M. Thompson, and being first duly sworn, says on oath, that he he knows that A. J. Thompson and Mrs. Elizabeth A. Webb were duly joined together in the holy state of matrimony; That the Rev. Fielding Maddox performed the marriage ceremony, that I was personally present and saw them married, and make this affidavit of my own personal knowledge.

Sworn to and subscribed before me, this, the 7th day of September, 1910.

R. M. Thompson

James R. George
Ordinary, DeKalb County, Georgia.

Georgia, DeKalb County.

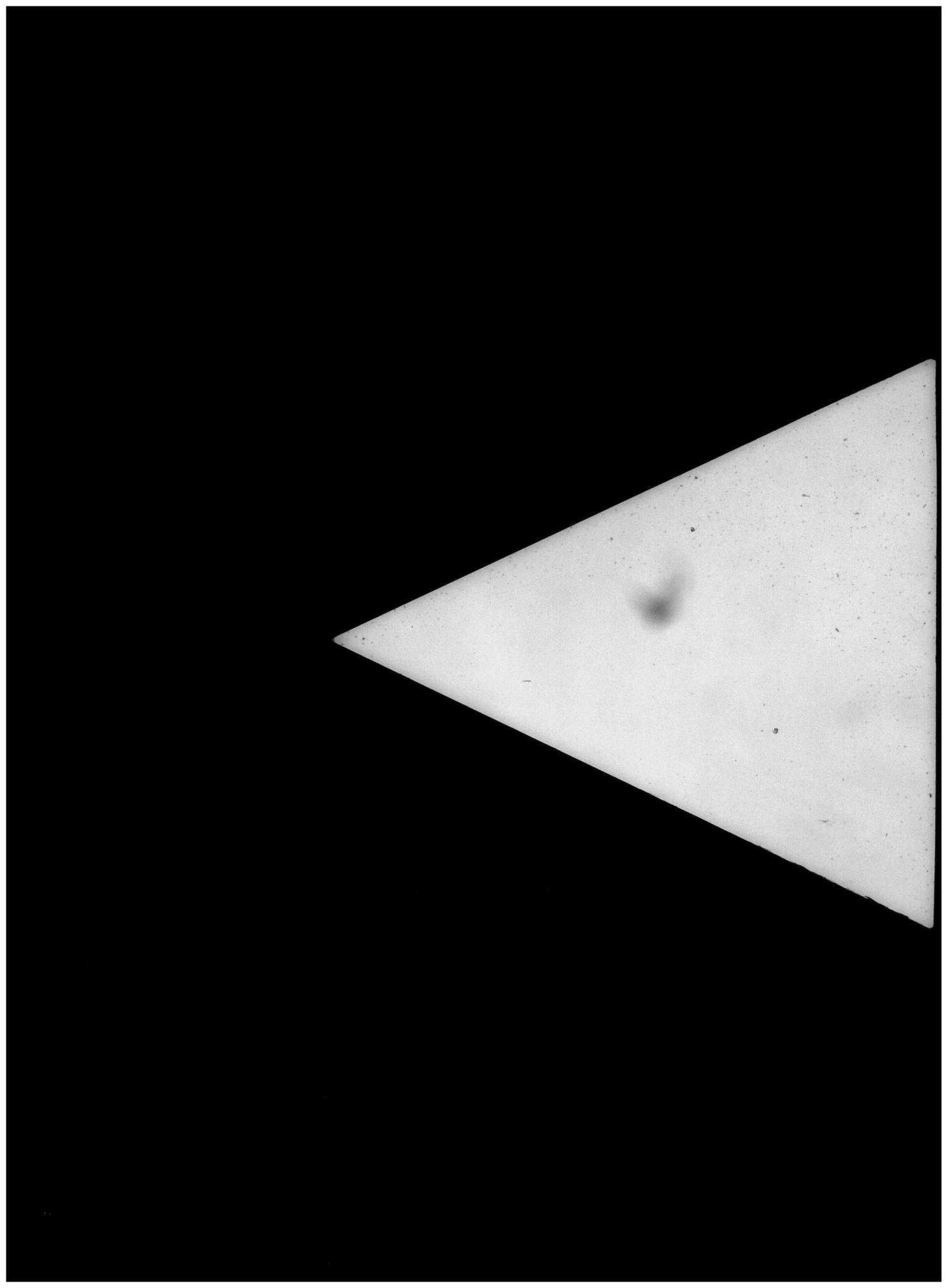
Personally appeared before me, the undersigned, R. E. Jones, who being first duly sworn, deposes and says on oath, that he was a member of the Coroner's jury that held an inquest over the remains of A. J. Thompson, who was murdered in DeKalb County, that he knows of his own personal knowledge that said Thompson is dead.

Sworn to and subscribed before me, this 28th day of December, 1910.

R. E. Jones
Coroner

James R George
Ordinary.

Camp of Instruction, Camp Mc Dowell
Mrs. Field
It becomes my painful duty to inform you of the death of your husband Sergt. Webb who was a member of my company and died in the hospital at Richmond of Typhoid fever July the 12th 1862
In our bereavement we sympathize
Your obedient Servant
D. Hunter Capt
Commanding Co B 22
2nd Regt



RECORD O. K.
Examining Examiner

State Dept. Public Welfare,
Atlanta, Oct. 31, 1937.

R. M. Thompson enlisted as a private in Co. K, 24 Regt. Ga. Reserve Inf. Apr. 25, 1864. Contracted gangrene in leg while on guard duty 1864. Roll dated Feb. 28, 1865, last on file, shows he was sent to hospital at this Post Sept. 1, 1864."

Director Confederate Records Div.

Widow's Application

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

County DeKalb

Name Mrs. Frances E. Thompson

Widow of R. M. Thompson

Date of Marriage June 6 1886

Date of Husband's Death July 1927

Company K Regt 24 Reserve Inf

Regiment

Approved DEC 27 1937 193

Director.

AUG 11 1937

Ordinary's Certificate

STATE OF GEORGIA,

DeKalb COUNTY.

I, V. S. Morgan, Ordinary of said County, do certify that I know Mrs. Frances E. Thompson 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 Sea Marriage Certificate 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 10 day of August 193 7

(SEAL OF ORDINARY) V. S. Morgan, Ordinary.

of DeKalb County.

INSTRUCTIONS:

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1920, are entitled.
4. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
5. Attach certified copy of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
6. Fill out the back of the application carefully.
7. Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.
8. Do not take an application from any widow who is already receiving a pension.

State Dept. Public
Atlanta, Oct. 31, 1

R. M. Thompson enl
a private in Co. K,
Ga. Reserve Inf. Ap
1864. Contracted g
in leg while on guar
1864. Roll dated Fe
1865, last on file,
was sent to hospita
Post Sept. 1, 1864.

Director Confederate
Div.

RECORD O. K.

Widow's Application

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

County DeKalb
Name Mrs. Frances E. Thompson
Widow of R. M. Thompson
Date of Marriage June 6 1886
Date of Husband's Death July 1927
Company
Regiment
Approved DEC 27 1937 193
Director.

AUG 11 1937

Ordinary's Certificate

STATE OF GEORGIA,

DeKalb COUNTY.

I, V. S. Morgan, Ordinary of said County, do certify that I know Mrs. Frances E. Thompson 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 See Marriage Certificate 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 10 day of August 193 7

(SEAL OF ORDINARY) V. S. Morgan, Ordinary.

of DeKalb County.

INSTRUCTIONS:

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1920, are entitled.
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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.

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,

DeKalb COUNTY.

Personally appears before me, Mrs. Frances E. Thompson 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. Frances E. Thompson - 364 Brooks Ave. N. E., DeKalb 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. August 5, 1861 Age? 76

3. (1)When, (2)where and (3)to whom were you married?
Married June 6, 1886 at Stone Mountain, Ga. to R. M. Thompson

a. Have you married since the death of first and soldier husband? no

b. When and where did your first husband die? Died July, 1927 in Atlanta, Ga.

c. Were you residing together when he died? yes

d. If not, how long had you resided apart? x

e. Are you now a widow? yes

f. Have you or your husband heretofore been paid a pension by the State? Husband received pension from DeKalb County

g. If so, when and for what cause were you or your husband placed on the roll? Service in Confederate Army

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?

e. What was his physical condition when he left his Command?

f. What effort did he make to return to his Command?

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

h. Was he captured by the enemy at any time?

i. If so, when and where? In what prison was he held and when was he released?

Sworn to and subscribed before me, this the 24 day of July, 193 7.

V. S. Morgan, Ordinary

of DeKalb County.

(SEAL OF ORDINARY)

Mrs. Frances E Thompson
Applicant.

Thompson, F. E. (Mrs.)

For DeKalb County

Application for Payment of Pension to Estate When Pensioner Dies Without Cashing Check for Current Month

....., Ordinary

For Mrs Frances E. Thompson
(Name of Pensioner)

Date of Death: July 5, 1949

Amount: $ 75 00

TO THE ORDINARY: Fill out in full and return this application to Confederate Pension and Record Department, 404 State Capitol, Atlanta 3, Georgia.

Approved and ordered paid,

Sept. 30, 1949

Lillian Henderson
Director.

Confederate Pension and Record Department

Paid Oct. 4, 1949.

STATE DEPARTMENT OF PUBLIC WELFARE

HURT BUILDING

ATLANTA

Honorable V. S. Morgam, Ordinary,
DeKalb County,
Decatur, Georgia.

WHEREAS:

MRS. FRANCES E. THOMPSON, WIDOW OF R. M. THOMPSON,

has filed in this office an application for the Georgia pension allowed to widows of Confederate veterans; and it appearing that the late husband of this applicant performed actual military service as a Confederate soldier and was honorably separated from such service; and that applicant was married to said soldier prior to January 1st, 1920, and that she was not remarried; it is, therefore,

ORDERED:

That said applicant be admitted to the pension roll of the State of Georgia for the month of January, 19 38, and thereafter; and that a copy of this order be sent to the Ordinary of said County.

This, the 27th day of December 19 37.

L. Thos. Gillen
Director, Confederate Division
State Department of Public Welfare

Application for Payment of Pension to Estate When Pensioner Dies Without Cashing Check for Current Month

(To be disbursed by the Ordinary)

GEORGIA, DeKalb County:

Before me, the Ordinary of said County, comes J. M. Bannister, of said County, who, after being duly sworn, on oath says that he knew Mrs. F. E. Thompson late of said County, a Confederate pensioner, and that said person is the identical person named and described in the attached certified copy of burial certificate.

Sworn to and subscribed before me, this the 29 day of Sept., 1949.
Kathering E. Mann, C.C. Ordinary.

(J. M. BANNISTER, SR.)

CERTIFICATE OF THE ORDINARY

GEORGIA, DeKalb County.

I certify that J. M. Bannister who subscribed to the foregoing affidavit is known to me to be a person whose statement is entitled to full faith and credit. I further certify that I knew Mrs. F. E. Thompson the deceased pensioner referred to in the foregoing affidavit and who was at the time of death regularly enrolled as a pensioner on the records of file in my office. I further certify that said deceased pensioner is the identical person named and described in the attached certified copy of burial certificate.

Given under my hand and seal of office, this the 29 day of September, 1949

(Seal of Ordinary) Kathering E. Mann, C.C., Ordinary.

INSTRUCTIONS:

1st. Certified copy of Burial Certificate must accompany this application.
2nd. Return this application, properly signed, to the Confederate Pension and Record Department.
3rd. Ordinary should see that the back of this blank, when folded, is filled out.

STATE OF GEORGIA

Marriage Certificate

DEKALB COUNTY

This Certifies that R. M. Thompson

and Miss F. E. Jones

WERE UNITED IN THE HOLY BONDS OF MATRIMONY

By John W. McCurdy, N. P.

On the 6 day of June in the year of our Lord 1886

as appears of record in my office in Marriage Record, book E page 288. This 29 day of July 1937

T. A. Margaret
ORDINARY

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

CERTIFICATE OF DEATH
GEORGIA DEPARTMENT OF PUBLIC HEALTH

State File No. _____

L. R. File No. 2837

1. Place of Death
(a) County: Fulton — Militia Dist. No. _____
(b) City or Town: Atlanta (If Outside City or Town Limits, Write Rural)
(c) Name of Hosp. or Institution: 672 Moreland Ave. N.E.
(d) Length of Stay Before Death: Hosp. or Institution _____ In This Community _____

2. Usual Residence of Deceased
(a) State: Georgia (b) County: Fulton
(c) City or Town: Atlanta (If Outside City or Town Limits, Write Rural)
(d) R.F.D. and Box No.: 672 Moreland Ave. N.E.
(e) Citizen of Foreign Country? _____ (Yes or No) If Yes, Name Country _____

3. Full Name: FRANCES ELIZAPETH THOMPSON
If Veteran Name War: _____ Social Security Number: _____

PERSONAL AND STATISTICAL particulars

4. Sex: Female
5. Race: White
6. Marital Status (circle): S. M. Widowed W. D.
If Married or Widowed
7. Give Name of Spouse: R. M. Thompson
8. Age: Years 87 Months _____ Days _____ If less than 24 hrs. Hrs. _____ Min. _____
9. Date of Birth: ---------- (Mo. Day Year) Birth Place: Georgia
10. Usual Occupation: Housewife
11. Industry or Business: _____
Father
12. Name: James G. F. Jones
13. Birthplace: _____
Mother
Maiden 14. Name: Frances Elizabeth Hambrick
15. Birth Place: _____
16. Informants Own Signature: Mrs. John M. Pannister
17. Informants P. O. Address: ------
18. Burial, Cremation or Removal: Burial (a) Date: July 8, 1949
19. P. O. Address of Place of Burial: West View.
20. Signature of Person Burying Body: H. M. Patterson and Son
21. P. O. Address of Undertaker: Atlanta, Ga. Date Filed with L. R. 7/8/49
22. Registrar's Own Signature: _____ (Deputy Registrar, County Registrar, City Registrar)

MEDICAL CERTIFICATION

23. Date of Death: July 5, 1949 19__ Time _____ (Hour : Minute) A. M. P. M.
24. I hereby certify that I attended the deceased who died on the above date. I last saw her Alive on July 5, 1949 19__
Duration
Primary Cause of Death: Cardiac failure
Hypertension, Apoplexy
(Please Underline the Cause to Which This Death Should Be Charged)
Contributory Causes: (cerebral thrombosis
Cerebral thrombosis
(Including Any Pregnancy Within Three Months of Death)
Operation _____ Date of Operation _____ Diagnosis: Clinical, Lab., X-Ray (Check) _____ Was Autopsy Performed: _____
25. If death was due to external violence please answer the following questions:
(a) Accident, Suicide Homicide (Specify) _____ (b) Date of Occurrence _____
(c) Place of Accident (City) _____ (County) _____ (State) _____
(d) Industry. Public Place _____ Where: Home, Farm. While at Work _____
(e) Means of Injury _____
26. Physician's Own Signature: Howard P. Lee, M.D.
Physician's P. O. Address: Atlanta, Ga. Date Signed _____

CERTIFIED COPY

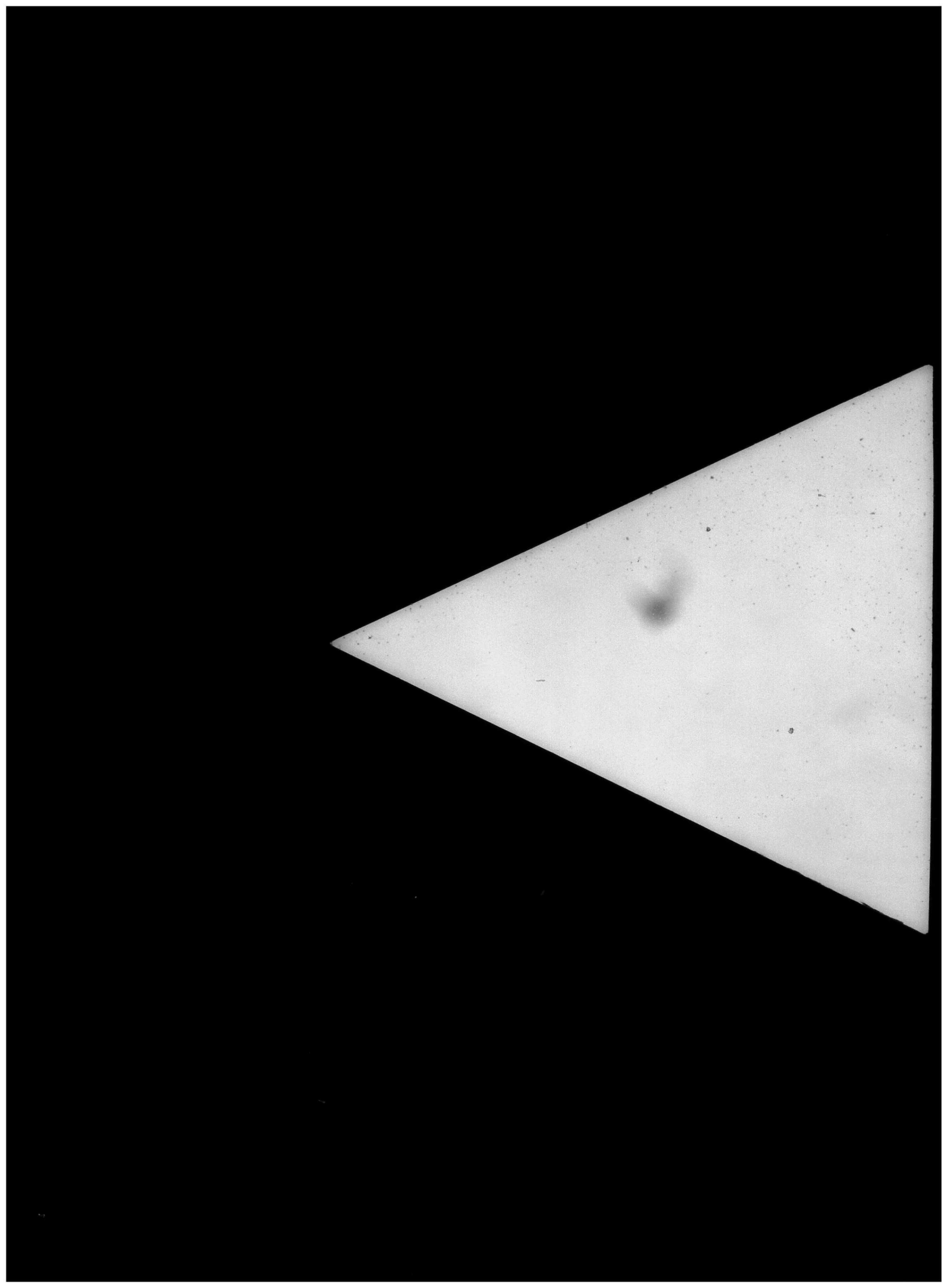
State of Georgia
County of Fulton

I hereby certify that the foregoing is a true and correct copy of a record on file in this office.

(Signed) J. F. Hackney M.D.
(Ordinary) (Health Officer)

SEAL

RCA 1103



Form No. 5.

POWER OF ATTORNEY.

STATE OF GEORGIA,

_____ County.

I, _____ hereby authorize _____

of _____ to receive and receipt for the pension allowed and

request that he remit same to _____ by _____

at _____

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

day of _____ 190____

_____ [L. S.]

Executed in the presence of

_____

Code Section 1250.

No. _____

INVALID

SOLDIER'S PENSION,

190 8

Name R. M. Thompson

County Dekalb

Co. A 3 Ga Regiment

Disability per Leg

Amount, $ 12 00

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

5/27/08

POWER OF ATTORNEY.

STATE OF GEORGIA,

_____ County.

I, _____ hereby authorize _____

of _____ to receive and receipt for the pension allowed and

request that he remit same to _____ by _____

at _____

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

day of _____ 190____

_____ [L. S.]

Executed in the presence of

_____

Code Section 1250.

No. _____

INVALID

SOLDIER'S PENSION,

1908

Name R M Thompson

County Dekalb

Co. A 2 Ga Rangers

Disability for leg

Amount, $ 12

_____ 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

9/27/08

Form No. 1.

FOR USE OF APPLICANTS WHO HAVE NOT HERETOFORE DRAWN.

STATE OF GEORGIA,

Dekalb County.

PERSONALLY appears R M Thompson of said Dekalb County, State of Georgia, who being duly sworn, says on oath that he was born on the 10 day of June 1846, that he is a *bona fide* citizen and resident of Georgia, and has been continuously since the 10 46 day of June 1846, that he enlisted in the military service of the Confederate States (or the State of _____) on the May day of _____ 1864, during the war between the States, and served in Company K of 2 Ga Rangers Regiment of _____ Volunteers, _____ Brigade, and was honorably discharged on the _____ day of _____ 186____; that whilst engaged in such military service, and in line of duty in the State of Ga, on the _____ day of Sept 1864 he was disabled or wounded as follows: being shot on duties among the Federal Soldiers as a Guard had a Sore on my Leg and Caught Gangreen in my leg from the wounded Federal Soldiers who had Gangreen in their wounds. Said Leg so disabled me that I had to get a furlow and go home in the Month of November 1864 never was able to return to my command on account of my leg was on my Crutches for 6 Months after the War and Still gives me pain all the time

Where was command surrendered? near Albany Georgia

Was applicant present? was not If not, where was he? Home on Furlow How come there? Crippled Leg

And by whose authority? State fully: by the Hospital Doctors and officers in Command

Deponent desires to participate in the benefits of Section 1250 of the Code, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year thereunder, ending October 26th, 190__

Sworn to and subscribed before me, this the 10 day of September 1908

James R George Ordinary.

R M Thompson

Post Office Stone Mountain Ga

The Instructions as Set Out in the Notes Must be Observed.

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

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

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

AFFIDAVIT FOR THREE WITNESSES.

STATE OF GEORGIA,
DeKalb County.

PERSONALLY appears before me, the undersigned Ordinary in and for said County J V Gilham J A Goddard and E A Branchamp 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 R M Thompson whose application is herewith presented for a pension, that he has resided in this State continuously since the ___ day of ___ 18 55, that he served in Company H of the 2 Ga Reserves Regiment of ___ 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 had a Small bone on his leg and while Guarding Federal Soldiers Caught Gangrene in his leg from the Federal Soldiers who was wounded & disabled him so that he had to get a furlow and go home he never was able to return to his command he was on his Crutches for a long time after the war and now renders him from doing Manual labor

Where was applicant's command surrendered? ~~was not~~ Near Albany Ga

Was he with it? was not Were all of you present? we was

If not, where was he? at Home on Furlough

Where were you all? we was present

How do you know the facts you state to be true? we was present and know it of our own Knowledge

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 10 day of Sept 1908
James R George Ordinary.

J V Gilham
J A Goddard
E A Branchamp

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.

STATE OF GEORGIA,
DeKalb County.

PERSONALLY comes before me Jas R George Ordinary of said County, W T McCurdy and Jas R Wells, both known to me as reputable physicians of said County, who being severally sworn, say on oath, that they have carefully examined R M Thompson and after such personal examination, say that the present condition of applicant is as follows:

Cicatricial tissue contraction of right leg just over ankle (both sides of leg) causes pain on walking & standing also at night necessitating his exercising muscles at night to relieve cramp of muscles

and that such condition is permanent. Said condition arises from the following facts:

Gangrenous sore (subjective) from having to do guard duty as stated which renders leg essentially useless, so far as following his trade as shoe foreman

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 10 day of Sept 1908
James R George Ordinary.

W T McCurdy M.D.
Jas R Wells M.D.

NOTE 1.—*State fully the physical condition and especially the extent of disability. If disability results from wound or injury, state its location, character and present condition. If from disease, give its nature and character, and its causes or origin, as understood by affiants.*
NOTE 2.—The physicians will be careful to fill every blank space in oath.

STATE OF GEORGIA, Form No. 4.
DeKalb County.

I, James R George, Ordinary of said County, do certify that I am well acquainted with R M Thompson 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 5 day of January 1854

I also certify that the witnesses, to wit: J V Gilham J A Goddard and E A Branchamp 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 11 day of Sept 1908
James R George
Ordinary DeKalb County.

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

STATE OF GEORGIA, DeKalb County.

I, V. S. Morgan, Ordinary of said County, do certify that I personally know Mrs. Frances E Thompson, the applicant, and that she is the lawful widow of R. M. Thompson, who was on the Pension Roll of said DeKalb County, and was paid a Pension from DeKalb County for 1927, and at the time of his death on the 29 day of July 1927, there was due to him and unpaid his Pension of 150 - for 3rd Quarter - Dollars from the State of Georgia, and I know (Marriage Record), the within witness, and ~~he is of a truthful and trustworthy character and~~ entitled to full credit.

Given under my hand and seal this 5 of August, 1927

(Seal of Ordinary)

V. S. Morgan, Ordinary

DeKalb, County

Thompson, R. M.

DeKalb, County

1927

Application for Pension Due Deceased Soldier

(UNDER ACT 1891)

(To be paid to his Widow or Dependent Children)

BY

Mrs. Frances E. Thompson

Widow of R. M. Thompson

Date of Marriage June 6, 1886

Date of Death July 29, 1927

Approved and ordered paid.

John W. Blair 1927

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 on the Pension Roll and paid from County for 19.

Witness my hand this day of, 192

Attested before me:

CERTIFICATE OF ORDINARY

STATE OF GEORGIA, DeKalb Georgia.

I, V. S. Morgan, Ordinary of said County, do certify that I personally know Mrs. Frances E Thompson, the applicant, and that she is the lawful widow of R. M. Thompson, and was on the 1927 Pension Roll of said County County, and was paid a Pension from DeKalb County for 1927, and at the time of his death on the 29th day of July 1927, there was due to him and unpaid his Pension of One Hundred 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 30th of September, 1927.

(Seal of Ordinary)

V. S. Morgan, Ordinary

DeKalb, County

Thompson, R. M.

DeKalb, County

1927

Application for Pension Due Deceased Soldier

(UNDER ACT 1891)

(To be paid to his Widow or Dependent Children)

BY

Mrs. Frances E Thompson

Widow of R M Thompson

Date of Marriage June 6, 1886

Date of Death July 29, 1927

Approved and ordered paid.

John W. Blair 1927

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:

STATE OF GEORGIA, DeKalb County.

I, V. S. Morgan, Ordinary of said County, do certify that I personally know Mrs. Frances E Thompson, the applicant, and that she is the lawful widow of R. M. Thompson, who was on the Pension Roll of said DeKalb County, and was paid a Pension from DeKalb County for 1927, and at the time of his death on the 29 day of July 1927, there was due to him and unpaid his Pension of $50 - for 3rd Quarter - Dollars from the State of Georgia, and I know (Marriage Record), the within witness, and ~~he is of a truthful and trustworthy character and~~ entitled to full credit.

Given under my hand and seal this 5 of August, 1927

(Seal of Ordinary)

V. S. Morgan, Ordinary

DeKalb, County

DeKalb, County

1927

Application for Pension Due Deceased Soldier

(UNDER ACT 1891)

(To be paid to his Widow or Dependent Children)

BY

Mrs. Frances E. Thompson

Widow of R. M. Thompson

Date of Marriage June 6, 1886

Date of Death July 29, 1927

Approved and ordered paid.

John W. Elam

Aug 27, 1927

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.

Thompson, R. M.

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 on the Pension Roll and paid from ..... County for 19....

Witness my hand this ..... day of ....., 192...

Attested before me:

.....

.....

CERTIFICATE OF ORDINARY

STATE OF GEORGIA, DeKalb Georgia.

I, V. S. Morgan, Ordinary of said County, do certify that I personally know Mrs. Frances E Thompson, the applicant, and that she is the lawful widow of R. M. Thompson, and was on the 1927 Pension Roll of said County County, and was paid a Pension from DeKalb County for 1927, and at the time of his death on the 29th day of July 1927, there was due to him and unpaid his Pension of One Hundred 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 30th of September, 1927. ~~xxxxx~~

(Seal of Ordinary)

V. S. Morgan, Ordinary

DeKalb, County

of DeKalb, County

1927

Application for Pension Due Deceased Soldier

(UNDER ACT 1891)

(To be paid to his Widow or Dependent Children)

BY

Mrs. Frances E Thompson

Widow of R M Thompson

Date of Marriage June 6, 1886

Date of Death July 29, 1927

Approved and ordered paid.

John W. Elam

Nov 27, 1927

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.

Thompson, R. M.

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:

.....

.....

(UNDER ACT APPROVED OCTOBER 9, 1891)

STATE OF GEORGIA, DeKalb County.

Personally before me, the Ordinary of said County, comes Mrs. Mrs. Frances E. Thompson of said County, who after being duly sworn, on oath says that she is the widow of Ransom M. Thompson and that said Pensioner was on the Pension Roll of DeKalb County and was paid a Pension of Fifty ($ 50.00) Dollars from said County for the second quarter of the year 1927, and that the said Pensioner died in DeKalb County on the 29th day of July, 19 27, and at the time of his death a Pension of $ 50.00 was due him from DeKalb County and unpaid for 1927. Applicant further swears that she married the said Ransom M. Thompson on the 6th day of June, 1886, in DeKalb County and State of Georgia, 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 5th day of August, 1927.

V. A. Morgan, Ordinary
DeKalb, County
(Seal of Ordinary)

Mrs. E. Thompson (L. S.)

AFFIDAVIT OF WITNESS

STATE OF GEORGIA, County.

Personally before me comes , who on oath says that he knew while in life and that he knows Mrs. , the above applicant; and knows that the said and were in due form of law married in the County of in the State of on the day of , 18 , and that they were residing together as husband and wife at the time of his death on the day of , 19 , and that she is his dependent widow.

Sworn to and subscribed before me this day of , 1925.

, Ordinary
, 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.
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 seals 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. 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.

(To Be Paid to His Widow or Dependent Children)

(UNDER ACT APPROVED OCTOBER 9, 1891

STATE OF GEORGIA, DeKalb County.

Personally before me, the Ordinary of said County, comes Mrs. Mrs. Frances E. Thompson of said County, who after being duly sworn, on oath says that she is the widow of R. M. Thompson and that said Pensioner was on the Pension Roll of DeKalb County and was paid a Pension of One Hundred ($100.00) Dollars from DeKalb County for 19 27, and that the said Pensioner died in DeKalb County on the 29th day of July, 19 27, and at the time of his death a Pension of $100.00 was due him from DeKalb County and unpaid for 1924 1927 Fifty dollars of which amount has been paid to Mrs. Frances E. Thompson. Applican further swears that she married the said R. M. Thompson on the 6th day of June, 1886, in DeKalb County and State of Georgia, 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 30th day of September, 1927.

V. A. Morgan, Ordinary
DeKalb, County
(Seal of Ordinary)

Mrs. Frances E. Thompson (L. S.)

AFFIDAVIT OF WITNESS

STATE OF GEORGIA, County.

Personally before me comes , who on oath says that he knew while in life and that he knows Mrs. , the above applicant; and knows that the said and were in due form of law married in the County of in the State of on the day of , 18 , and that they were residing together as husband and wife at the time of his death on the day of , 19 , and that she is his dependent widow.

Sworn to and subscribed before me this day of , 1924.

, Ordinary
, County
(Seal of Ordinary)

Marriage certificate on file in Pension office

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 seals 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-attorneq 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.

MARRIAGE LICENSE

State of Georgia, County of DeKalb.

To any Judge, Justice of the Peace, or Minister of the Gospel:

You are hereby authorized to join R. M. Thompson and Miss F. E. Jones 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 29th day of May, 1886.

John B. Steward (SEAL)
Ordinary.

Certificate

Georgia, DeKalb County.

I Certify, that R. M. Thompson and Miss F. E. Jones were joined in Matrimony by me, this 6th day of June Eighteen Hundred and 86.

JOHN W. McCURDY, N. P.

Georgia, DeKalb County.

I, E. H. Mason, Clerk of the Court of Ordinary in and for said County, do hereby certify that I have compared the above and foregoing copy of marriage license and certificate of marriage of R. M. Thompson and Miss F. E. Jones with the original record thereof, now remaining in this office, and the same is a correct transcript therefrom, and of the whole of such original record, and that said court is a court of record.

In Testimony Whereof, I have hereunto set my hand and affixed the Seal of said Court at Decatur, Georgia, this the 5th day of August, 1927.

E H Mason

Clerk Court Ordinary, DeKalb County, Georgia.

NAME Thompson, R. M. YEAR 1909 COUNTY DeKalb

WHEN AND WHERE BORN? June 10th 1846, Georgia.

ENLISTED WHEN AND WHERE? May 1864, does not state where.

RANK.

COMPANY AND REGIMENT? Co. K, 2nd Georgia Reserves.

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Georgia, September 1864, while on duty guarding Federal soldiers had a sore on leg and leg became infected with gangrene, was given furlough home November 1864, was never able to return to Command.

CAPTURED, WHEN AND WHERE?

RELEASED.

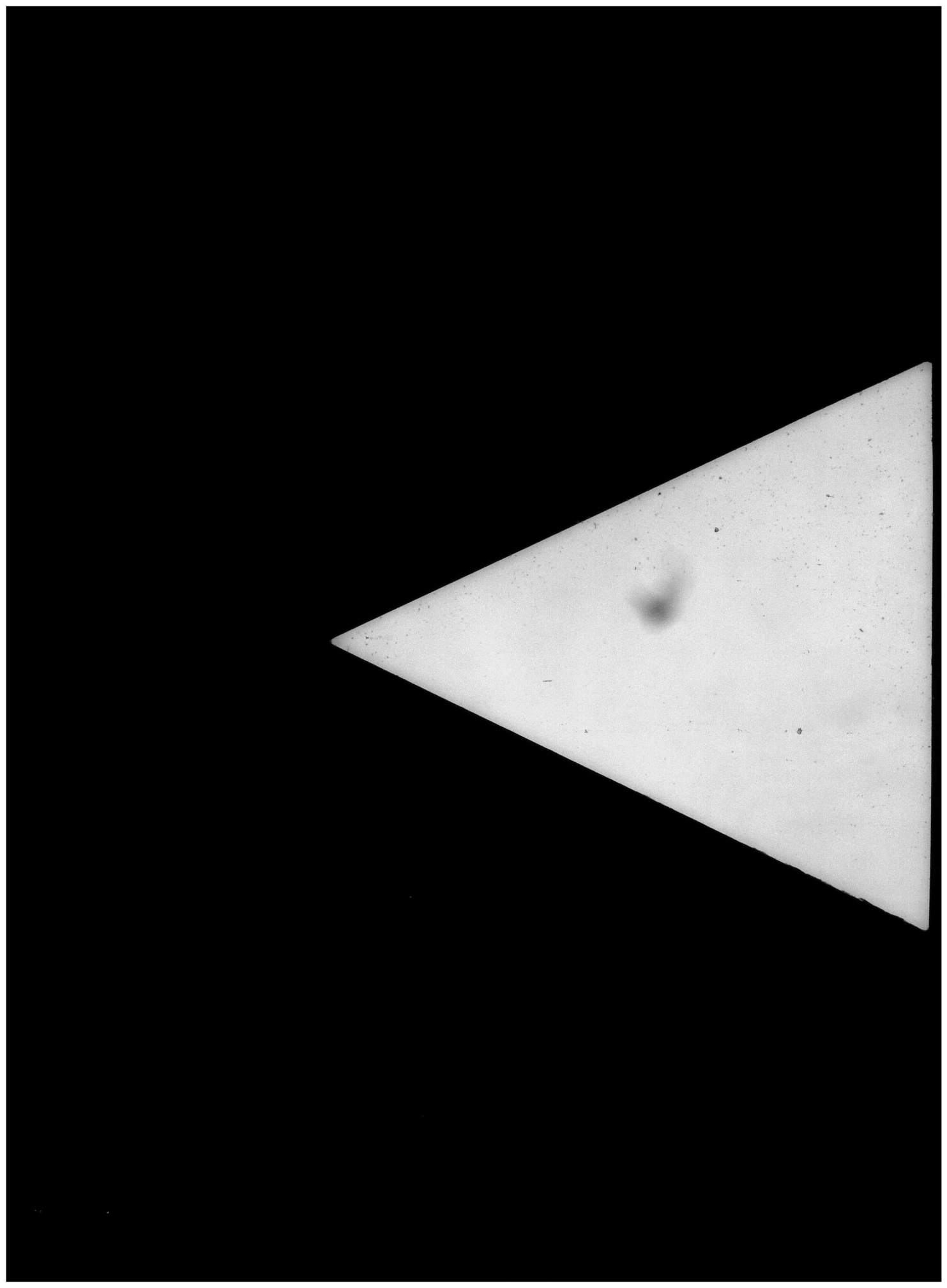
WHEN AND WHERE PAROLED? Command: Near Albany Georgia, does not state when.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? At home on furlough, with crippled leg.

DIED, WHAT CAUSE?

BURIED,

WITNESSES. J. V. Gilham-J. A. Goddard-E. A. Beanchamp- Were present at the surrender.



POWER OF ATTORNEY.

Form No. 5.

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 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 _____ 189__.

Executed in the presence of us: _____ [L. S.]

_____

_____

DIRECTIONS.

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

_____

Thompson, Irwin A.
Bartow County

1891.

No. 2235

Widows' Pension

PAID TO

Mrs. T. A. Thompson

OF

Adairsville COUNTY.

$100.00.

Warrant Issued

1891

AND HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

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 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 ..... 189....

..... [L. S.]

Executed in the presence of us:

.....

.....

DIRECTIONS.

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

.....

Thompson, Thirza A.
DeKalb County

1891.

No. 2735

Widows' Pension

—PAID TO—

Mrs. T. A. Thompson

—OF—

DeKalb COUNTY.

$100.00.

Warrant Issued

1891

AND HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

Affidavit to be Made by the Widow.

Form No. 1.

STATE OF GEORGIA,

County of DeKalb

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

Mrs. Thirza A. Thompson, who being sworn according to law, says under oath that she is the widow of Geo W Thompson, who was a soldier in the service of the Confederate States, and served as a member of Company C, of the 12" Ga Battalion Ga Regiment of Volunteers; that he enlisted in said service on or about the ..... day of May 1862, and was in the Confederate Army up to Jan 1865. That while in the Army, he was on the ..... day of Jan 1865, (See Note No. 1)

Taken with Pneumonia while on duty in the army near Petersburg Va wdrs carried to hospitle, had gotten better and rejoined his company and relapsed and died on or about Jan 29th 1865

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 16th day of Feb 1854, and that she has resided in Georgia continuously since the ..... day of Sept 1853; 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.

T A Thompson

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 De Kalb

In person came before me, the undersigned Ordinary in and for said County, witnesses Andrew Garner, Luther Mason and I. N. Nash (each known to said Attesting Officer as truthful, reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge, Mrs. Thirsia A. Thompson of the County of De Kalb State of Georgia, is the widow of Geo W. Thompson, who was a soldier in Company C of the 12th Ga Battalion Regiment of Ga 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:

While in the service while near Petersburg Va, he was taken with Pneumonia was carried to a hospital. had gotten better and rejoined his Company, relapsed and died on or about the last of January 1863.

We further swear that Mrs Thirsia A. Thompson was the wife of said soldier during the service, and that she has not intermarried since his death, and that she resides in De Kalb County of the State of Georgia.

Sworn to and subscribed before me, this, the 7th day of April 1891.

W. M. Ragsdale, Ordinary.

Andrew Garner
Luther Mason
I N Nash

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

Form No. 3.

STATE OF GEORGIA,

County of De Kalb

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

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the 7th day of April 1891.

SEAL

W. M. Ragsdale
Ordinary.

Form No. 1.

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.

Form No. 2.

STATE OF GEORGIA,

County of De Kalb

In person came before me, the undersigned Ordinary in and for said County, witnesses Andrew Garner, Luther Mason and I. N. Nash (each known to said Attesting Officer as truthful, reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge, Mrs. Thursia A. Thompson of the County of De Kalb State of Georgia, is the widow of Geo W. Thompson, who was a soldier in Company C of the 12th Ga Battalion Regiment of Ga 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:

While in the service while near Petersburg Va, he was taken with Pneumonia was carried to a hospital. had gotten better and rejoined his Company, relapsed and died on or about the last of January 1863.

We further swear that Mrs Thursia A. Thompson was the wife of said soldier during the service and that she has not intermarried since his death, and that she resides in De Kalb County of the State of Georgia.

Sworn to and subscribed before me, this, the 7th day of April 1891.

W. M. Ragsdale
Ordinary.

Andrew Garner
Luther Mason
I N Nash

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

Form No. 3.

STATE OF GEORGIA,

County of De Kalb

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

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the 7th day of April 1891.

SEAL

W. M. Ragsdale
Ordinary.

Form No. 1.

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.

STATE OF GEORGIA, County of De Kalb

I, W. M. Rogsdale, Ordinary in and for said County of De Kalb State of Georgia, hereby certify that I am acquainted with Mrs. J. A. Thompson 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 J. W. Thompson 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 22 day of January 1894.

SEAL

W. M. Rogsdale, Ordinary.

POWER OF ATTORNEY.

Form No. 3.

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 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 1894.

Executed in the presence of us: [L. S.]

DIRECTIONS.

Send amount by

me at , and oblige to

J. Thompson, J. A. Thompson
DeKalb County
FOR THOSE HERETOFORE PAID.

1894.

No. 1087

WIDOWS' PENSION,

for year ending February 15th, 1894.

—PAID TO—

Mrs. J. A. Thompson.

—OF—

DeKalb County.

WARRANT ISSUED

1894,

AND HANDED TO

Applicant

Witness my hand and official seal, this

day of 1894.

Ordinary.

Foote & Davies, Book and Job Printers, Atlanta.

STATE OF GEORGIA,
County of De Kalb

Personally comes Mrs. T. A. Thompson

who being sworn, says on oath, that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has *resided* in said State continuously ever since Sept 1853 That she is the Widow of J. W. Thompson who was a Soldier in Company C of the 12th Regiment of Georgia Volunteers, that he enlisted in said Regiment on or about the month of April 1862 and served in the Army up to Jan 1865 That he lost his life on the 30th day of January 1865 (*State here full particulars of the husband's death, when, where and from what cause.*) (Had Pneumonia had been in a hospital but had returned to camp where he died of the disease at Petersburg Va. on 30th Jan 1865.)

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 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 27th day of Jan 1894.
W. M. Kofsdale Ordinary.

T. A. Thompson

Post-office

STATE OF GEORGIA, County of De Kalb

I, W. M. Ragsdale Ordinary in and for said County of De Kalb State of Georgia, hereby certify that I am acquainted with Mrs. S. E. Thompson 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 Geo. W. Thompson 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 16th day of Jan 1893.

(SEAL) W. M. Ragsdale Ordinary.

POWER OF ATTORNEY.

Form No. 3.

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 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 189

[L. S.]

Executed in the presence of us:

DIRECTIONS.

Send amount by to

me at , and oblige

S. E. Thompson, De Kalb County
FOR THOSE HERETOFORE PAID.

1893.

No. 1038

Widows' Pension,

for year ending February 15th, 1893.

—PAID TO—

Mrs. S. E. Thompson

—OF—

DeKalb County.

Warrant Issued

3 3 1893

AND HANDED TO

Applicant

Geo. W. Harrison, State Printer, Atlanta.

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

Form No 2.

STATE OF GEORGIA, County of DeKalb

I, W. M. Ragsdale Ordinary in and for said County of DeKalb State of Georgia, hereby certify that I am acquainted with Mrs. S. E. Thompson 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 G. W. Thompson 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 21st day of Jan 1895.

(SEAL) W. M. Ragsdale Ordinary.

POWER OF ATTORNEY.

Form No. 3

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 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 1895.

[L. S.]

Executed in the presence of us:

DIRECTIONS.

Send amount by to

me at , and oblige

S. E. Thompson, DeKalb County
FOR THOSE HERETOFORE PAID.

1895.

No. 994

WIDOW'S PENSION,

for year ending February 15th, 1895.

—PAID TO—

Mrs. S. E. Thompson,

—OF—

DeKalb County.

widow of G. W. Thompson,

WARRANT ISSUED

Jan 29th 1895.

AND HANDED TO

Applicant

Geo. W. Harrison, State Printer.

STATE OF GEORGIA,
County of DeKalb

Personally comes Mrs. L. A. Thompson

who being sworn, says on oath, that she is a bona fide resident of said County of DeKalb State of Georgia, and that she has *resided* in said State continuously ever since Sept 1 1853 That she is the Widow of Leo K. Thompson who was a Soldier in Company C of the 12 Ga Bat Regiment of Georgia Volunteers, that he enlisted in said Regiment on or about the month of April 1862 and served in the Army up to 186 That he lost his life on the 27 day of Dec 1863 (*State here full particulars of the husband's death, when, where and from what cause.*) (

Had Pneumonia and died while in camp near Petersburg Va on the date above.

)

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 16 day of Jan 1893. L. A. Thompson

[illegible] Ordinary. Post-office Stone Mtn

Form 1.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of DeKalb

Personally Comes Mrs. L. A. Thompson

who being sworn, says on oath, that she is a bona fide resident of said county of DeKalb State of Georgia, and that she has *resided* in said State continuously ever since Sept 1853. That she is the Widow of L. A. Thompson who was a Soldier in Company C of the 12th Regiment of Batallion Volunteers, that he enlisted in said Regiment on or about the month of April 1863 and served in the Army up to Jan 1865. That he lost his life on the 30th day of Jan 1865. (*State here full particulars of the husband's death, when, where and from what cause.*) (

Had Pneumonia while in service and died in Camp hospital at Petersburg, Va.

)

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 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 21st day of Jan 1895. Mrs L. A. Thompson

W. M. Rogers Ordinary. Post-office 21st Schofield St. Atlanta

STATE OF GEORGIA, County of De Kalb

I, W. M. Ragsdale, Ordinary in and for said County of De Kalb State of Georgia, hereby certify that I am acquainted with Mrs. L. A. Thompson 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 D. W. Thompson 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 25th day of Jan 1896.

{SEAL} W. M. Ragsdale, Ordinary.

Form No. 3.

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 1896.

[L.S.]

Executed in the presence of

Thompson, L. A.
De Kalb County
FOR THOSE HERETOFORE PAID.

1896.
Feb 15 1896

No. 1917

WIDOW'S PENSION,
for year ending February 15th, 1896.

PAID TO
Mrs. L. A. Thompson
OF
De Kalb County.
widow of D. W. Thompson

WARRANT ISSUED
2/3 1896.

AND HANDED TO
CC

Geo. W. Harrison, State Printer.

For Widows Heretofore Allowed Pensions.

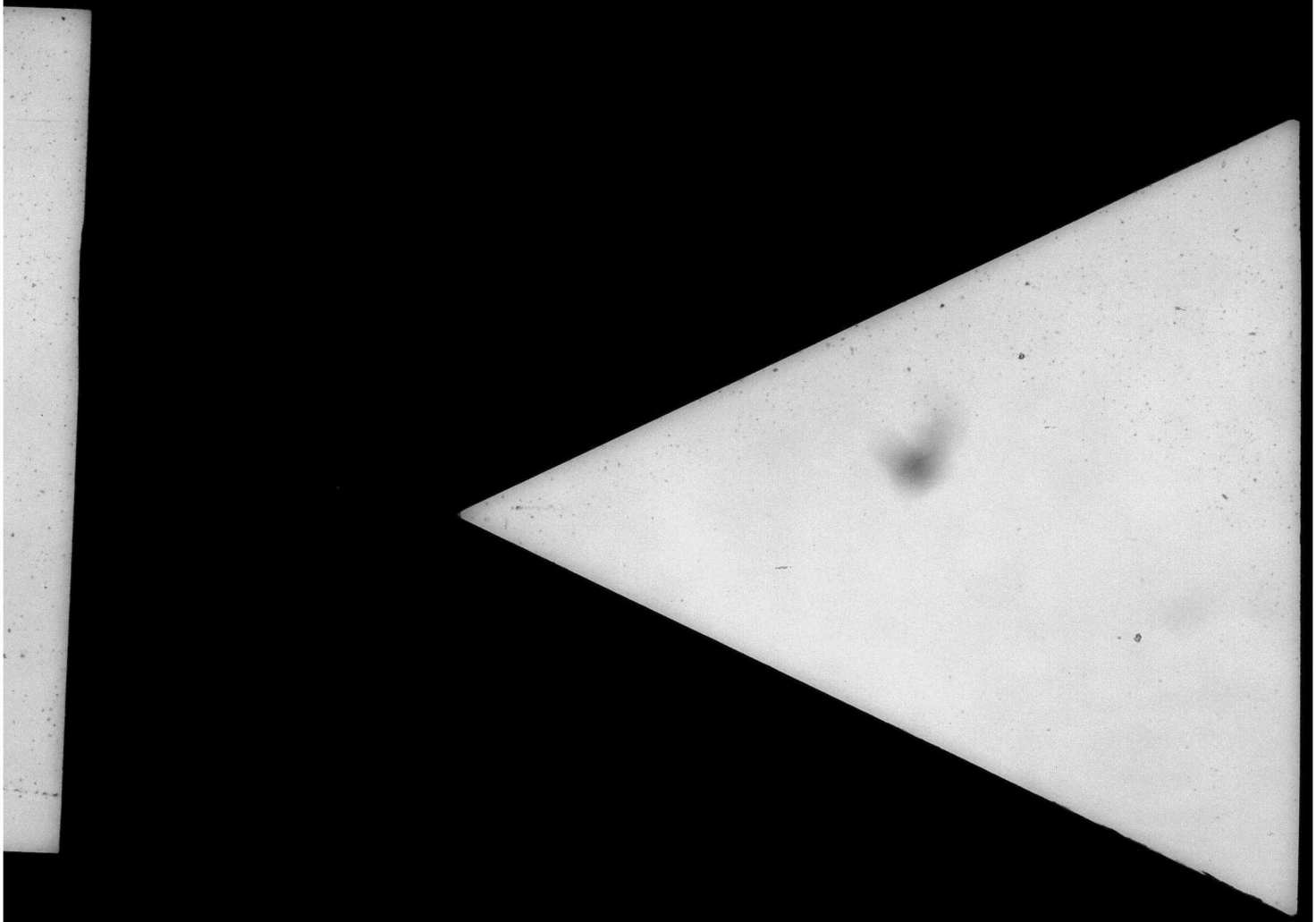
STATE OF GEORGIA,
County of De Kalb } Personally Comes Mrs. L A Thompson

who being sworn, says on oath, that she is a bona fide resident of said county of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since age her life 18 That she is the Widow of G. W. Thompson who was a Soldier in Company C of the 12 th Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of April 1863 and served in the Army up to Jan 1865 That he lost his life on the 30th day of Jan 1865 (State here *full particulars of the husband's death, when, where and from what cause.*) (

He had Pneumonia while in service and died of the disease in camp near Petersburg Va

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 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 De Kalb County for the year ending February 15th, 1895, and now apply for the pension provided by law for the year ending February 15th, 1896.

Sworn to and subscribed before me, this 23rd day of Jan 1896. } L A Thompson
J M Rogers Ordinary. } Post-office



Thomson, Harriet E. (Mrs.)
DeKalb County
Ga. for 1925

WIDOW'S APPLICATION

To Be Put on Roll in Her Own Right
When Husband Was on the Pension
Roll of Georgia

County DeKalb.
Name Mrs. Harriet E. Thomson
Widow of W. N. Thomson
Company
Regiment
Date of Husband's Death 9/12/1924
Date of Marriage Jan. 10 1872
Approved Feb. 5, 1925

N. E. Harris
Commissioner of Pensions.

10-28-1924

Ordinary's Certificate

STATE OF GEORGIA,
DeKalb. COUNTY.

I, V. D. Morgan, Ordinary of said County, certify that I know Mrs. Harriet E. Thomson 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 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.

Sworn under my hand and official seal of office this 28 day of Oct. 1924

V. D. Morgan Ordinary

(SEAL OF ORDINARY.) of DeKalb 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 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 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.
6. Widows of Disabled Pensioners must use the Blue Application Blank and state and prove full term of husband's service—because Disabled Pensioners made no proof of service ant were not required to do so.

FILED

20 1934

OFFICE

TO PAY-

1930. $ 127

C.E. & C

Received of V. S. Morgan, Ordy. check for $127.00 for funeral expenses Mrs. Harriett E. Thomson. 9/1/35

A. S. Turner

Thompson, H. E. (Mrs.) 237.50

For DeKalb County

Application for Expenses of Last Illness and Funeral

(UNDER ACT OF 1919)

V. S. Morgan Ordinary

For Mrs. Harriet E. Thomson
(Name of Pensioner)

Date of Death: July 27, 193X

Amount: ~~$ 190~~ 60 - 1.
127

PAID TO ORDINARY ON THIS CLAIM: n

DATE 193X	FUND FROM WHICH PAID	$
11-9 C & C		60 00
2-25-35	1930	127 00
8-21-36 C & C		50 50
		237 50

x 1 50 50 TOTAL. ~~137 50~~

Approved, and ordered paid,
OCT 22 1934
193

A. L. HENSON,
Director, Veterans Service Office.

Received of V. S. Morgan Ordy. Check for Mrs. Harriett E. Thomson Funeral Expenses 11/24/34
A. S. Turner

Thomson, Harriet E. (Mrs.)
DeKalb County
O.K. for 1925

WIDOW'S APPLICATION

To Be Put on Roll in Her Own Right When Husband Was on the Pension Roll of Georgia

County DeKalb.
Name Mrs. Harriet E. Thomson
Widow of D.N. Thomson
Company
Regiment
Date of Husband's Death 9/12/1924
Date of Marriage Jan 10 1872
Approved Feb. 5, 1925

N.E. Harris
Commissioner of Pensions.

12-23-1924

Ordinary's Certificate

STATE OF GEORGIA,
DeKalb. COUNTY.

I, V. S. Morgan, Ordinary of said County, certify that I know Mrs. Harriet E. Thomson 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 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.

Sworn under my hand and official seal of office this 28 day of Oct. 1924

V. S. Morgan Ordinary

(SEAL OF ORDINARY.) of DeKalb 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 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 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.
6. Widows of Disabled Pensioners must use the Blue Application Blank and state and prove full term of husband's service—because Disabled Pensioners made no proof of service ant were not required to do so.

Payment of Expenses of Last Illness and Funeral

(Under Act of 1919)

(To be disbursed by the Ordinary)

GEORGIA, DeKalb County:

Before me, the Ordinary of said County, comes A. S. Turner, of said County, who, after being duly sworn, on oath says that he knew Mrs. Harriett Elizabeth Thomson late of said County, a Confederate pensioner, and that said person is the identical person named and described in the attached certified copy of burial certificate; and that said pensioner LEFT NO WIDOW and NO ESTATE of ANY KIND OR VALUE sufficient to pay the expenses of last illness and funeral, which amounted to the sum of $ 237.00, as shown by sworn statements FULLY and COMPLETELY ITEMIZED, hereto attached.

Sworn to and subscribed before me,
this the 10th day of Sept., 1934.
V. S. Morgan Ordinary.

A S Turner

CERTIFICATE OF THE ORDINARY

GEORGIA, DeKalb County.

I certify that A. S. Turner who subscribed to the foregoing affidavit is known to me to be a person whose statement is entitled to full faith and credit. I further certify that I knew Mrs. Harriett Elizabeth Thomson the deceased pensioner referred to in the foregoing affidavit and that said deceased was at the time of death regularly enrolled as a pensioner on the records of file in my office. I further certify that said deceased pensioner is the identical person named and described in the attached certified copy of burial certificate, was not survived by a widow and left no estate of any kind sufficient to pay the expenses of last illness and burial for which claim is made.

Given under my hand and seal of office, this the 10t day of September, 1934.

(Seal of Ordinary) V. S. Morgan, Ordinary.

INSTRUCTIONS:

1st. Certified copy of Burial Certificate must accompany this application.

2nd. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving **each item and the value of it, and each date.**

3rd. Each account must be sworn to before the Ordinary, and in the following form:

"The above and foregoing account is rendered for services in the last illness (or funeral expenses, as the case may be) of _____, who died without owning sufficient property to pay this bill.

4th. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed and signed as indicated.

5th. The completed voucher—this blank and the bills—must be sent to the Veterans Service Office for approval and no money must be paid out until it is returned to you as your authority to make the payment.

6th. Return this application, and attached bills, properly receipted, to the Veterans Service Office.

7th. Ordinary should see that the back of this blank, when folded, is filled out.

8th. This voucher, if approved, will be sent back to you with the funds with which to pay the approved bills. When you have paid the bills and obtained a receipt for each payment, return the voucher, with bills and receipts, to be permanently filed in the Veterans Service Office.

9th. The State does not authorize the payment of these expenses in the event a soldier pensioner is survived by a widow, nor if the pensioner left any estate of any kind or value sufficient to pay them, nor if the pensioner had been outside of the State of Georgia for more than twelve (12) months immediately preceding date of death.

1

APPLICATION FOR PENSION BY A WIDOW

Whose Deceased Husband Was on the Pension Roll of Georgia. (Not to be Used by the Widow of a Disabled Soldier Pensioner.)

STATE OF GEORGIA,

DeKalb COUNTY.

Personally before me comes Mrs Harriet E Thomson of said County, who, after having been duly sworn, says that she is the widow of W.N. Thomson to whom, in the County of Sampson State of N Carolina she was married on the 10 day of Jan 1872 and that she remained his wife, and resided with him to the date of his death in 9/12/1924 and that she has not since his death remarried; at the time of his death he was a resident of DeKalb. County, in said State of Georgia, and he was on the Indigent Pension Roll of the State and paid a pension of $100.00 in DeKalb County for 1923 (per annum), 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 _____ day of November 1879

Sworn to and subscribed before me, this the
28 day of Oct., 192__.
V. S. Morgan, Ordinary
of DeKalb County

Mrs Harriet E Thomson
Applicant.

(SEAL OF ORDINARY.)

Affidavit of Witness to Prove Marriage and Date of Death of Husband.

STATE OF GEORGIA,

_____ COUNTY.

Personally before me comes _____ 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. _____, who made the foregoing affidavit, is the lawful widow of _____ who died in _____ County in said State of _____ on the _____ day of _____, 19____, and that she has not since married; that she became the wife of _____ on the _____ day of _____, 18____; that she and he had resided together as husband and wife, continuously, since _____ day of _____ 19____, and that _____ was the same man who was on the pension roll of said State of Georgia from _____ County _____ when he died.

Sworn to and subscribed before me, this the
_____ day of _____, 192__.
_____, Ordinary
of _____ County

_____

(SEAL OF ORDINARY.)

State of North Carolina, County of Sampson

Office of Register of Deeds

No.....

To any Ordained Minister of any Religious Denomination or any Justice of the Peace of said County

Clinton, N. C., 192

Wm H. Thomson of ..... and H. E. Fennell of .....

age ~~years; color~~ ....., the son of Curtis Thomson and Sarah Thomson

age ~~years; color~~ ....., the daughter of J. M. Fennell and Mary Fennell

the father now ....., the mother .....

resident of .....

resident of .....

And the written consent of ....., the ..... of the said .....

And there being no legal impediment to such marriage known to me, you are hereby authorized, at any time within sixty days from the date hereof, to celebrate the proposed marriage at any place within the said County. You are required, within two months after you shall have celebrated such marriage, to return this License to me, at my office, with your signature subscribed to the Certificate under this License, and with the blanks therein filled according to the facts, under penalty of forfeiting $200.00 to the use of any person who shall sue for the same.

to the proposed marriage having been filed with me.

..... being duly sworn, says: That he knows of his own certain knowledge that the parties applying for License are both over 18 years of age, and, so far as he knows or is informed and believes, there is no lawful cause or impediment forbidding said marriage.

Sworn and subscribed to before me, this .....

.....

.....

.....

.....

Register of Deeds.

By .....

Deputy.

STATE OF NORTH CAROLINA—SAMPSON COUNT.

I J. L. Stewart, a Minister of Gospel

Wm H. Thomson and H. E. Fennell, united in matrimony

the 10 day of January, 1922, at Milton Fennell's Township, in said County, according to law.

WITNESSES PRESENT AT MARRIAGE

J. L. Stewart
Minister of Gospel
OFFICIATING OFFICER

I Nettie T. Barker Register of Deeds of Sampson County N.C. do hereby certify that this is an accurate copy of marriage License as found in the Register of Deeds office of Sampson County, North Carolina.

Oct 23 1924.

Nettie T. Barker
Register of Deeds.

839

COPY OF CERTIFICATE OF DEATH
GEORGIA STATE BOARD OF HEALTH
Bureau of Vital Statistics

18140

Registered No. 78

1. PLACE OF DEATH

County DeKalb Militia District (Number and Name) Dec. State of Georgia

City or Town Decatur Length of residence in this city or town: Yrs. Mos. Ds. NON-RESIDENT (Yes or No)

Street and Number (No.) (Street) Ward

(If death occurred in a hospital, give its name instead of street and number)

2. FULL NAME Mrs. Harriett Elizabeth Thomson

Residence (City or Town) Decatur (Street and Number) 124 Superior Ave. (State) Georgia

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR or RACE	5. Single, Married, Widowed, Divorced (write the word)
Female	White	Widowed

6. DATE OF BIRTH (month, day, year) July 6, 1846

7. AGE	Years	Months	Days	If less than one day
	88	0	18	Hours Minutes

8. OCCUPATION

(a) Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

(b) Industry or business in which work was done, as cotton mill, sawmill, bank, etc.

(c) Date deceased last worked at this occupation (month and year)

(d) Total years spent in this occupation

9. BIRTHPLACE

(P. O. Address) Sompson Cy. N. C.

FATHER

10. NAME John Fennell

11. BIRTHPLACE

(P. O. Address) N. C.

MOTHER

12. MAIDEN NAME Mary E. Cromartie

13. BIRTHPLACE

(P. O. Address) N. C.

14. INFORMANT

(Signed) J. Curtis Thomson

(Address) Decatur, Ga.

19. BURIAL PLACE

(Cemetery) Decatur Cemetery

(Postoffice) DeKalb Cy. Ga. Date July 28, 1934

20. UNDERTAKER

(Signed) A. S. Turner

(Address) Decatur, Ga.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 27, 1934, at 8:40 A. M.
(Month, Day, Year) (Hour)

17. I HEREBY CERTIFY, That I attended the deceased from
19..., to July 26, 1934

I last saw h... or alive on July 26, 1934 death is said to have occurred on the date and hour stated above.
The principal cause of death and related causes of importance in the order of onset and duration of each:

Myocardial Decompensation
Senility

Other contributory causes of importance:
Hypertension with
Secondary low blood pressure

What test confirmed diagnosis? no
(Specify whether autopsy, operation, laboratory, or clinical)

If death was due to external causes (violence) fill in also the following:

Was injury an accident, suicide, or homicide? no

Where did injury occur
(Specify city or town, if outside of limits, the county, and also the state)

Did injury occur in a home, public place or industry?

Manner of injury

Nature of injury

(Signed) John Funke, M.D.

(Address) 712 Dupont Pl. N. E. Atlanta, Ga.

15. FILED 7/31/34

(Signed) J. R. Evans,
(Local Registrar)

THIS IS TO CERTIFY: That the certificate attached hereto is a true and correct copy of those items prescribed by the State Statutes, as shown on the original, which has become a perpetual record in the archives of the State Bureau of Vital Statistics.

Signed T. J. Abercrombie
State Registrar.

Atlanta, Ga. Per
Director, Bureau Vital Statistics.

Date November 13, 1934.

A. S. Turner

Funeral Director and Embalmer
Prompt Ambulance Service
Decatur, Georgia.

NIGHT AND SUNDAY PHONE DE. 0088
525-27 N. McDONOUGH ST.
PHONE DE. 0088

September 10, 1934.

Funeral Expenses of Mrs Harriett Elizabeth Thomson,
124 Superior Ave, Decatur, Georgia.

July 27, 1934.

To Casket	135 00
Embalming	25 00
Cement Vault	50 00
Opening Grave	10 00
2 Funeral Notices	7 50
Hearse Service and	
Service Rendered	10 00
	$237 50

Georgia DeKalb County,

I do hereby certify that the above account is rendered for the funeral expenses of Mrs Harriett Elizabeth Thomson, who died without owning sufficient property to pay this bill.

Sworn to and subscribed before me,
This September 10th, 1934.
Ruby Johnston
Notary Public, State at Large, Decatur, Ga.
My Commission Expires Nov. 1, 1937.

A S Turner

Received of V. S. Morgan, Ordinary, DeKalb County, Georgia, Fifty and 50/100 ($50.50) Dollars in full settlement for funeral expenses of Mrs. Harriet E. Thomson, deceased.

This 11 day of September, 1936.

A S Turner

Thomson, W. N.
De Kalb County
OK for 1911
D. Lyon

No.

Confederate

Soldier's Application.

UNDER ACT 1910.

County DeKalb

Name W. N. Thomson

Co.

Regiment N. C. State Troops

Approved

J. W. LINDSEY,
Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta.

10/20/10

Thomson, W. H.
Co. K, 5th Ga. Cav.
Dekalb County
Pension Application
No.

Confederate
Soldier's Application.
UNDER ACT 1910.

County DeKalb
Name W. H. Thomson
Regiment 5th Ga Cav
Co. K
Approved

J. W. LINDSEY,
Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta.

Questions for Applicants to Answer.

STATE OF GEORGIA,
DEKALB County.

W. H. Thomson 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).
W. H. Thomson, Decatur, DeKalb County, Geor
2. How long and since when have you been a continuous resident citizen of this State?
years
3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865? Enlisted in Company C. North C
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) June 11th, 1861, Lillington N. C. No
5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge) Until the close of the war.
6. When and where was your Company and Regiment surrendered or discharged from the Service?
April 10th, 1865, Appomattox C. H. Va.
7. Were you actually present with your Command when it was surrendered or discharged?
8. If you were not actually present, state specifically and clearly where you were
and surrendered with my command.
a. Where was your Command when you left it? Appomattox C H Va
b. When did you leave the Command? April 10th 1865
c. For what cause did you leave? On account of
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 discription 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.)

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 discription 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).
except household furniture.

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

13. Are you drawing a pension of any amount from this State or the United States?

14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? No.

Sworn to and subscribed before me, this the
26 day of August 1910
James R George Ordinary
of DeKalb County.

W. H. Thomson

1st Div

Pender County.

John W. Moore of said State and County is hereby presented as a witness in support of the application of W.N. Thomson 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? John W. Moore Currie, N.C.
2. How long and since when have you known W.N. Thomson the applicant? Known him since the year 1860. Saw him last about 1867,
3. Where does he now reside, and since when has he been a bonafide, continuing resident in this State and how do you know? I understand that he has resided in the State of Georgia for about ten years or more
4. When, where and in what Company and Regiment did W.N. Thomson enlist during war from 1861 to 1865? (Give date and place). About June 1861. At Long Creek in Co. C, 12th N.C. Infantry
5. How did you obtain your information of this Service? I was in the same Co.
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) From 1861 to 1865
7. When and where was his Command surrendered or discharged (give date and place) In the year 1865. at Appomattox Court House
8. Were you personally present at the Surrender? I was.
9. If not, where were you and how came you there? —
10. Was the applicant personally present with his Command at surrender? He was,
11. If not where was he and how came him there? —
12. When did he leave his Command? — 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) By my own knowledge
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 15 day of Dec. 1910. John W Moore

J.T. Johnson. Clerk Superior Court
of Pender County. N.C.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.

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.)

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 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 day of 191

Ordinary.

of County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

DeKalb County.

I, James R. George Ordinary of said County, certify that I know the applicant W.N. Thomas for Pension is the person he represents himself to be and resides in said County. That I also know the witness swearing to the service and who are free holders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Results of DeKalb county shows that and wife value for tax is in 1908 $ None for 1909 $ None for 1910 $ None

Sworn under my hand and official seal of office this 20 day of Oct 1910

James R George Ordinary.

of DeKalb 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.

CERTIFICATE OF ORDINARY

STATE OF GEORGIA, DeKalb County, Georgia.

I, V. A. Morgan, Ordinary of said County, do certify that I personally know Mrs W N Thomson, the applicant, and that she is the lawful widow of W.N. Thomson, and was on the Soldiers Pension Roll of said DeKalb County, and was paid a Pension from DeKalb County for 19 24, and at the time of his death on the 12 day of Sept 1924, there was due to him and unpaid his Pension of Twenty five 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 22 of Dec, 1924.

(Seal of Ordinary)

V. A. Morgan, Ordinary

DeKalb, County

Thompson W. H. Co

of DeKalb, County

1924

Application for Pension Due Deceased Soldier

(UNDER ACT 1891)

(To be paid to his Widow or Dependent Children)

BY

Mrs. W.N. Thomson

Widow of W.N. Thomson

Date of Marriage Jan 10th 1872

Date of Death Sept 12th 1924

Approved and ordered paid.

FEB 24 1925

M 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, DeKalb County.

Personally before me, the Ordinary of said County, comes Mrs. W N Thomson of said County, who after being duly sworn, on oath says that she is the widow of W N Thomson and that said Pensioner was on the Pension Roll of DeKalb County and was paid a Pension of One Hundred ($100) Dollars from DeKalb County for 1924, and that the said Pensioner died in DeKalb County on the 12 day of Sept, 1924, and at the time of his death a Pension of $25 was due him from DeKalb County and unpaid for 1924. Applican further swears that she married the said W N Thomson on the 10 day of Jan, 1877, in Sampson County and State of N C, 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 Dec, 1924

V. D. Morgan, Ordinary
DeKalb, County
(Seal of Ordinary)

Mrs W N Thomson (L. S.) ✓

AFFIDAVIT OF WITNESS

STATE OF GEORGIA, County.

Personally before me comes, who on oath says that he knew while in life and that he knows Mrs., the above applicant; and knows that the said and were in due form of law married in the County of in the State of on the day of, 18, and that they were residing together as husband and wife at the time of his death on the day of, 19, and that she is his dependent widow.

Sworn to and subscribed before me this day of, 1924.

, Ordinary
, 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 seals 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-attorneq 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.

NAME Thomson, W. H. YEAR 1911 COUNTY DeKalb.

WHEN AND WHERE BORN? Resident of Georgia ten years.

ENLISTED WHEN AND WHERE? June 11th 1861, Lillington, North Carolina.

COMPANY AND REGIMENT? Company C. North Carolina State Troops.

PROMOTED OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

PAROLED.

WHEN AND WHERE SURRENDERED? April 10th 1865, Appomattox Court House, Va.

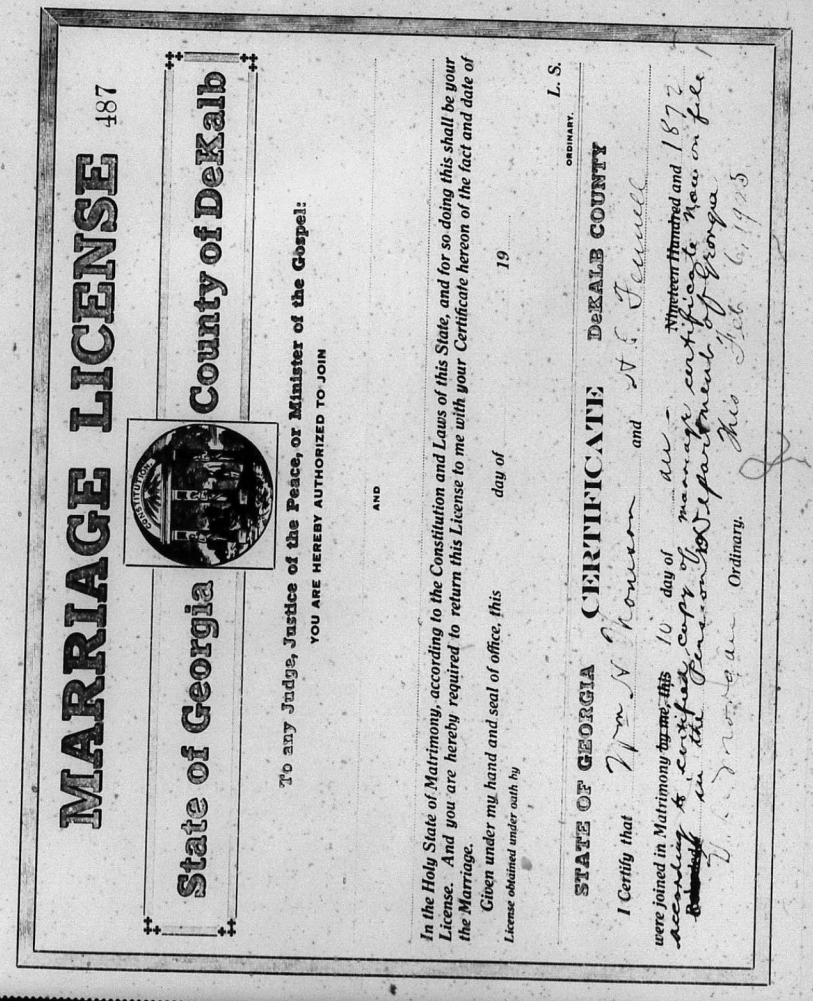
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED,

WITNESSES. John W. Moore- Same Company- No data.

CB



MARRIAGE LICENSE 487

State of Georgia County of DeKalb

To any Judge, Justice of the Peace, or Minister of the Gospel:

YOU ARE HEREBY AUTHORIZED TO JOIN

AND

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 of office, this day of 19

License obtained under oath by

L. S.

ORDINARY.

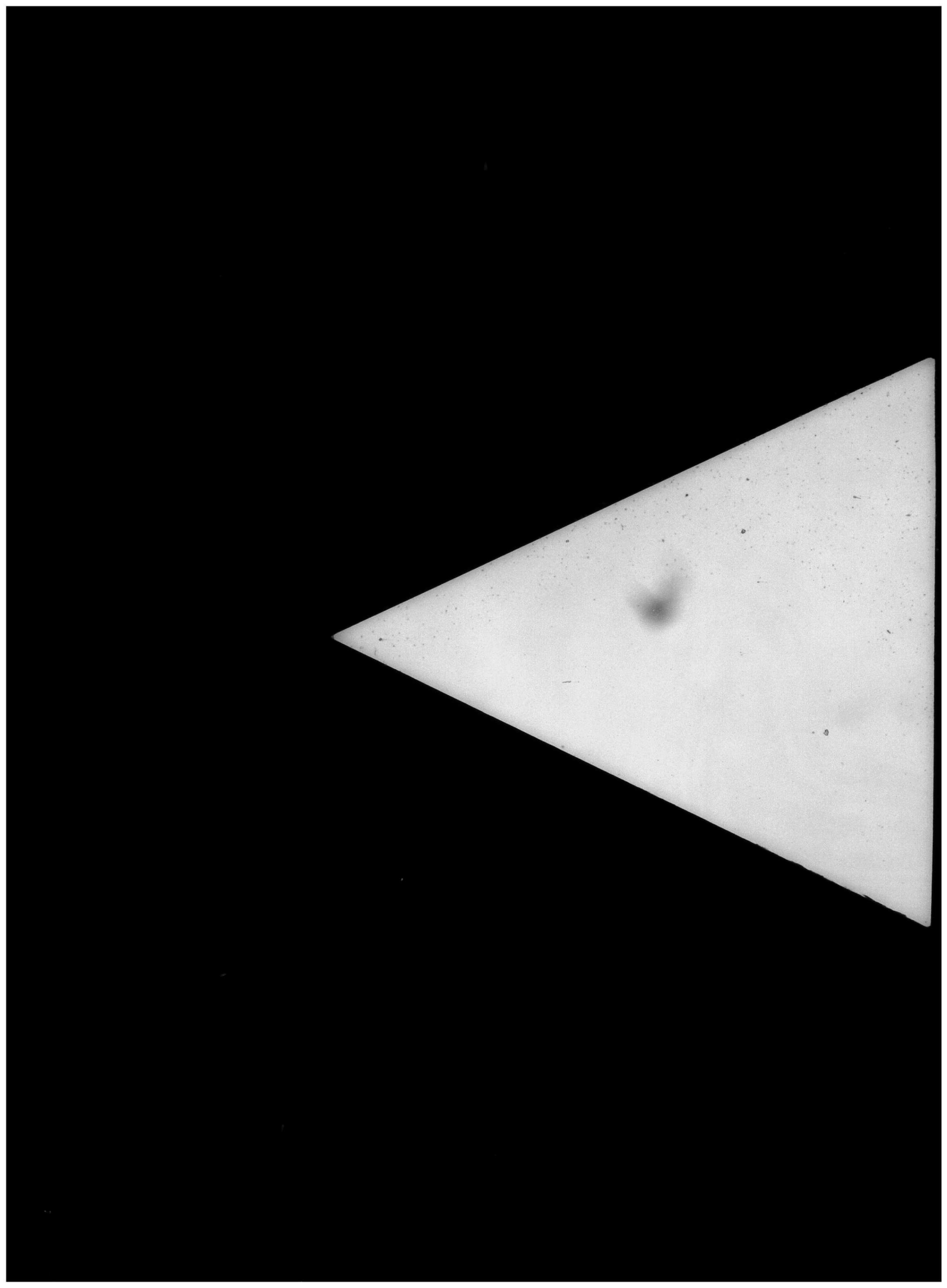
STATE OF GEORGIA DeKALB COUNTY

I Certify that W. H. Thomson and M. E. Fennell

were joined in Matrimony ~~by me, this~~ 10 day of Nov. 1877

according to the Laws of this State, and I have issued a certificate thereof and Recorded the same in the Register's Office of said County. This Feb 6, 1925

D. L. Montgomery Ordinary.



Ordinary's Certificate

STATE OF GEORGIA,
DeKalb COUNTY.

I, James R. Gleaves Ordinary of said County, do certify that I know Mrs Louisa Tillinghast 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, and I find from competent proof that she is the widow of the Pillsbury and Peace Affidavit number of Pearsall

Sworn under my hand and official seal of office this day of 19

(SEAL)

James R. Gleaves 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 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.

Pillsbury Georgia

No. CLASS "OLD" 1923

Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County DeKalb

Name Mrs. Louisa Tillinghast

Widow of Frederick Tillinghast

Company B 5th Ga. Regt.

Regiment 3 Ga. Cav.

Approved [illegible]

12-18-22

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

DeKalb COUNTY.

I, James R George Ordinary of said County, do certify that I know Mrs Georgia Tillinghast 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, and that proper caveat

Sworn under my hand and official seal of office this ____ day of ____ 19____

(SEAL)

James R George 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 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.

No. OLD CLASS 1923

Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County DeKalb

Name Mrs. Georgia Tillinghast

Widow of Josephus Tillinghast

Company B 5th Ala Inf

Regiment 3 Ala

Approved John W Clark

Commissioner of Pensions

12-18-22

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

As Amended by Act of 1919

Questions for Applicant

STATE OF GEORGIA,

DeKalb COUNTY.

Personally before me comes Mrs Georgia Tillinghast 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? Georgia Tillinghast
2. How long and since when have you been a continuing resident of the State of Georgia? 58 years
3. When, where and to whom were you married? Nov 24th 1865 Mobile Ala (Miss Lucy A Tillinghast)
   a. Have you married since the death of first and soldier husband? No
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service.) April 1861 Mobile Ala 5th Infantry Company B 5th Alabama was transfered to the 36 Cavalry
5. When and where did the commands of your husband surrender or discharge from the army? May 1865 at Meridian Miss
6. Was your husband personally present at the time of the surrender or discharge of this command? He was
7. If he was not present state clearly where he was? Parole
8. Where was his command when he left? Did not leave
   a. For what cause did he leave his command? ____
   b. By whose authority did he leave his command? ____
   c. For how long was he granted leave of absence? ____
   e. What was his physical condition when he left his command? Did not leave
   f. What effort did he make to return to his command? ____
   g. In what way was he prevented from going back to Command Paroled
   h. Was he captured by the enemy at any time? Was not
   i If so, when and where captured and where held as a prisoner, and when and for what cause released
   j. When and where did your first husband die? Beat 4 Miss October 4th 1909
   k. Were you residing together when he died? We were
   l If not, how long had you resided apart? ____
   m. Are you now a widow? I am
9. Have you or your husband heretofore been paid a pension by the State? If so, when and for what cause were you or your husband placed on the roll? Have not

Sworn to and subscribed before me this the 31 day of October 1922

Mrs Georgia Tillinghast

James R George Ordinary

of DeKalb County.

(SEAL)

STATE OF GEORGIA,

_____ COUNTY.

Personally before me comes Erwin Braithead 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? Erwin Braithead
150 St Stephens road, Mobile Ala.

2. How long and since when have you known Mrs Georgia Pillenghast applicant?

3. How long and since what has she continuously resided in this State? (Give date.)

4. When and to whom was she married? [redacted] How do you know?

5. How long and since when did you know Joseph O Pillenghast her husband? In the nineties of the last century

6. When and where did Biloxi the husband of applicant, die? Biloxi, Miss., Oct 7. 1904

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 Joseph O Pillenghast enlist?
Private in Co B, Alabama State Artillery

10. Were you a member of the same Company? No

11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? He served throughout the war

12. When and where did his Command surrender, and was discharged? Meridian, Miss.
as assigned 36 Ala. Infantry, in May 1865

13. Were you personally present when it was surrendered? No If not, where were you and how came you there?

14. Was the husband of applicant personally present at surrender? Yes If not where was he? ~ When, where and for what cause did he leave Command? (Give date.) ~ By whose authority did he leave his Command? ~ And how long was he granted leave? ~ How do you know all this?

15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command? ~

16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? ~

Sworn to and subscribed before me this the
28 day of Oct 19 2 Erwin Braithead
P Witter Jones Judge of Probate
Ordinary
of Mobile County.
(SEAL)
Alabama

Tillinghast / Georgia (Mrs.)

For DeKalb County

~~192~~ 1930

Application for Pension Due Deceased Pensioner

(UNDER ACT 1919)
(To pay expenses of last illness and funeral)

V. S. Morgan Ordinary

For Mrs. Georgia Tillingnast

Date of Death Oct. 21 ~~19~~ 1930

Amount $100.00

Approved and ordered paid O.K.

Oct. 31, 1930 R. [illegible] Lawrence

~~JOHN W. CLARK,~~
Commissioner of Pensions.

Received of V. S. Morgan Clerk
One Hundred ~~and~~ no Dollars
Burial Claim Mrs Georgia Tillinghast
Dec 29, 1930 Nuckolls Brandon & Banks

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.

John W. Clark
~~Jno. W. Clark~~
Commissioner of Pensions
Atlanta, Ga.

COPY

12/21/22/

"Hd Qu. 26 Reg. Ala. Infty.
July 25, 1864.

Ensign.

In my official report of the action of the 22d inst. I take the following notice of your behavior, viz:

"I am satisfied with the conduct of my regiment; & I mention with pride the conduct of Ensign Jos. W. Tillinghast. He bore the colors far to the front, & mounting the breastworks defiantly flaunted them in the face of the enemy with showers of missiles, and did not withdraw until the enemy were within 30 paces & only then upon compulsion. A more gallant and chivalrous man never lifted a Confederate banner to the breeze."

It is due to you to inform you of how your conduct is appreciated by your Commanding officer, and that merit has its reward at least in the plaudits of your Commander.

Respectfully Your obsrvt

Thos. H. Herndon

Lt. Col. Com. Of.

Ensign

Jos. W. Tillinghast.

ATLANTA, GA. Oct. 21, 1930. 192

Mr. Mrs. G. Tillinghast

172-Forsyth St, Atlanta, Ga.

For- Funeral Mrs. Georgia Tillinghast

To THE BARCLAY & BRANDON CO. Dr.

Funeral Directors Ambulance Service

274-278 IVY STREET, N. E.-CORNER BAKER

PHONES: Walnut-6121-6122

Casket, including embalming(Lady attendant) dressing, hair dressing, services & hearse	275.00
Pallbearer gloves 3.00- pening & closing grave 20.00-	23.00
Concrete vault 50.00-	50.00
Arranging & transferring flowers	6.00
Newspaper announcements	14.90
Grave lining & grass 8.00-	2.00
Total----	$ 371.90

The above and foregoing account is rendered for funeral expenses of Mrs. Georgia Tillinghast, who died without sufficient property to pay this bill.

B. H. Brandon

Sworn to and subscribed before me this 27th day of Oct. 1930

F. C. Holmes

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, DeKalb County.

Personally before me, the Ordinary of said County, comes F. C. Holmes for Barclay & Brandon Company of said County, who, after being sworn, on oath says that he knew Mrs. Georgia Tillinghast of said County, and that said Pensioner was on the Pension Roll of said County at the time of death, which occurred in DeKalb County, in this State, on the 21st day of October 1930 and that pensioner left no widow surviving, and no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of $371.90, per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me,

V. S. Morgan Ordinary

DeKalb County

(Seal of Ordinary)

F. C. Holmes

for Barclay & Brandon Co.

CERTIFICATE OF ORDINARY

GEORGIA, DeKalb County,

I, V. S. Morgan, Ordinary of said County, do certify that I personally know F. C. Holmes, who is a resident citizen of said County, and that said person is of truthful and trustworthy character, entitled to full faith and credit; that I also knew Mrs. Georgia Tillinghast while in life and that this was the same person whose name appears on the Pension Roll of DeKalb County, and was paid a Pension of One Hundred Fifty and no/100 ($ 150) Dollars in said County for 1930, 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 30 day of October, 1930

(Seal of Ordinary)

V. S. Morgan, Ordinary

DeKalb 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. Return this application, and attached bills, with your final settlement, to the Pension Department.

6th. Ordinary should see that the back of this blank, when folded, is filled out.

AN UNDISTINGUISHED HERO

By Erwin Craighead.

(From The Mobile Register of April 9, 1916)

There has never been any difficulty in recognizing the hero of the "Best Seller," with his flashing eye, his curling locks, his high-top boots and his speech always arropros, in a way never known in everyday existence; but we may live half a lifetime in intimate relation with true greatness and never know of it. The fact is that heroes in real life do not look the part as they do in novels, and one must guess that they are heroes, for they seldom know it themselves, and rarely make boast of it.

Everybody loked Joe Tillinghast, and he was a good sort to stop and talk with as he bent over his "ad" cases in the old composing room of the Mobile Register office. I never would have suspected he was a hero, however, if I hadn't happened upon it in conversation upon an other subject.

Joseph Tillinghast - pronounce the name with the emphasis upon the first syllable and leave out the "h" - came of good stock. A several-times greatgrandfather of his was Pardon Tillinghast, a native of Sussex, England, and a soldier under Cromwell, who accompanied Roger Williams to America in 1645, and settled in Providence, Rhode Island, where he became noted as the pastor of the first Baptist church, continuing in that office until his death at the age of 87 years. Elder Tillinghast made a reputation that has lasted to our own day.

Our friend, Joe Tillinghast, the subject of this sketch, was a tall man and inclined to be slender, but was well set up. He was a quiet and steady worker, having his department pretty much to himself all the week, but rushed, and requiring help in setting up copy on Saturdays - all day and a good part of the night. Except in the rush hours, he had a moment for a word with any person who passed that way.

We were talking of curios and relics when he said that he had at his home the last the flag of his old regiment; and I asked him to let me see it. He said he would gladly do so, and then we got to talking; that is to say, he got to talking, and I to listening. The reader doubtless will thank me for reporting the story as he told it to me.

"When General Dick Taylor came to Mobile on a visit," said he, "I called upon him and paid my respects. When I told him my name, he expressed himself as glad to see me, and to further identify me, he asked if I was the boy who had carried the flag of the Thirty-sixth Alabama in the assault on the four guns in the battle before Atlanta. I answered affirmatively, and told him that I still had that flag. He asked me to show it to him. So I brought it to the house that day. The general spread it out on the table in front of him and gazed long upon it and in silence. Two tears rolled down his cheeks as he looked upon that emblem of a vanquished cause and a vanished army. He said nothing, and presently folded the banner very carefully, and gave it back to me."

"How did you manage to keep it?" I asked, referring to his possession of it when it should have gone to the conquerors.

"Well, it was very dear to me and I could not part with it," replied the veteran. "You see, we had been ordered up from Mobile to Meridian and then out on the railroad some little distance, where we bivouacked; and then orders came for us to prepare to surrender. The war was over, you know, and we had fought at Blakeley our last battle. Now the end had come.

"When we learned that we were to surrender, I went to my colonel and told him that I did not intend to surrender the battleflag. He said that it was our duty to surrender it, but that he could appreciate my feelings. He did not tell me I must surrender that flag. So it happened in this way: When the order to fall in was given we drew up in line, and there came marching a regiment of Federals that drew up, facing us. We were ordered to stack arms, and we carried out the order, I placing the banner and staff upon the top of two of the stacks. Then we fell back about fifty yards, and there we rested on the ground that night.

"In the middle of the night I got up, and, moving cautiously, for the Federal sentries were within earshot and sight, I crept toward the stack of arms and untied the banner from the staff. Then I crept back again. Removing my upper clothing, I wrapped the flag tightly around my body and then buttoned up everything closely over it. I proceeded at once to the colonel's tent, and finding him at his table, writing, I saluted and said, 'Colonel, I've got it!' He looked me in the eye a moment, and I saluted him again, and retired in due form, and I got back to Mobile on the first freight train that pulled out of Meridian."

"What is there about that charge at Atlanta?" I asked.

"Oh, that's a short story," he answered. "We were on the center of the brigade. We were lying down, waiting for something to happen, and the enemy were making things hot all along the line. One spiteful battery of four guns, dead ahead of us, was giving us all the excitement we needed. We had been lying ther for sometime, trying to hide our whiskers, when General Taylor sent for me.

"'Are you the ensign of the Thirty-sixth Alabama?' he asked.

"'Yes, sir,' I answered.

"'Do you see that battery over there - those four guns?'

"Well, I had seen or rather heard a good deal from that battery during the day, so I said: 'Yes, sir.'

"'Well, when I give the command, I want you to take your flag and go as straight as you can to that battery. Your regiment is in the center of the line and your flag will be the guide. I want you to go right straight up to that battery. Do you think you can do it?'

"I looked this way and that, and I pondered a minute, and the general was looking at me all the time. Finally, I looked him in the eye, too, and said: 'I'll try, general!'

"'Bravely spoken, boy,' he cried. 'Now go back to the regiment and when you get my order, see that you do just what I want done.'

"I went back and lay down again. The battery was pegging away like mad. I watched it and it had an awful look. Pretty soon the order came. It was for me to get up first and go out there on that hail and bullet-swept field. 'Well, Joe,' said I to myself, 'you are a gonner this time for sure!' Scared? Well, I was so scared I feared I would run. I got up on my knees and as I straighten I lifted up the flag. Then all the boys rose up, and off we started. It was a wild rush and much confusion, with me at the crest of the on-pushing wave of men. The cannon were pounding away terribly and there was a perfect smash of rifle shooting. How I got there I do not know, but presently I was on that breastwork, and as I drove my flagstaff deep down into the earth, I grabbed off my cap, and waved it around my head. I gave a shout that had consistened in it every bit of the hurrah that was in my system. I didn't get a scratch either and we took that battery in a jiffy."

The hero turned away to his cases, picked up his composing stick and was again the "steady typo" he had been since the war came to an end.

Some days later Tillinghast showed me a paper of which the following is a copy:

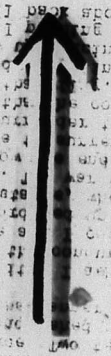
"Report of Col. Lewis T. Woodruff, Thirty-sixth Alabama Infantry - camp in front of Chattanooga, Tenn., September 28, 1863:

"Color Bearer J.W.Tillinghast, of Company B, carried the colors both days, and always full to the front. In the charge on Sunday he was foremost with his flag, and had only retired when most of the command had turned back. He is a cool, brave man, and deserves special mention.

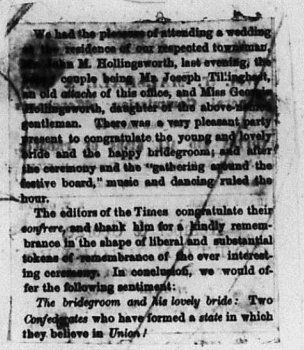
L. T. Woodruff,

Col. Commdg.

it beautiflo see suchenthusiasm, such tireless enthusiasm?



heat, in the dead of winter, and without adequate food, and it was evident



We had the pleasure of attending a wedding at the residence of our respected fornitmar, [illegible] M. Hollingsworth, last evening; the happy couple being Mr. Joseph Tillinghast, an old cleaclo of this office, and Miss Geor[illegible] Hollingsworth, daughter of the above named gentleman. There was a very pleasant party present to congratulate the young and lovely bride and the happy bridegroom; and after the ceremony and the "gathering around the festive board," music and dancing ruled the hour.

The editors of the Times congratulate their *confrere*, and thank him for a kindly remembrance in the shape of liberal and substantial tokens of remembrance of the ever interesting ceremony. In conclusion, we would offer the following sentiment:

The bridegroom and his lovely bride: Two *Confederates* who have formed a *state* in which they believe in *Union!*

"Capt. J. M. Macon, ass't adj. gen. Clayton's brigade."

Tillinghast was a native of Anderson, South Carolina; he entered the Confederate army early in 1861 as a private in Company B, Alabama State Artillery, and in June, 1862, was transferred to the Thirty-sixth Alabama Infantry; was promoted to ensign, and was in all the battles in Tennessee and Georgia; was wounded June, 1864, in the battle of Atlanta, and in December, 1864, in the battle of Nashville; was parolled May 13, 1865. He worked out the span of life honorably and well, doing his duty always with the same conscientiousness as that which exemplified his conduct before Atlanta. He died some seven years ago in Biloxi, whither he had gone, hoping for an improvement in his health.

****

Mobile, Oct. 28, 1922.

Mr. J. W. Tillinghast, Jr.,
Atlanta, Ga.

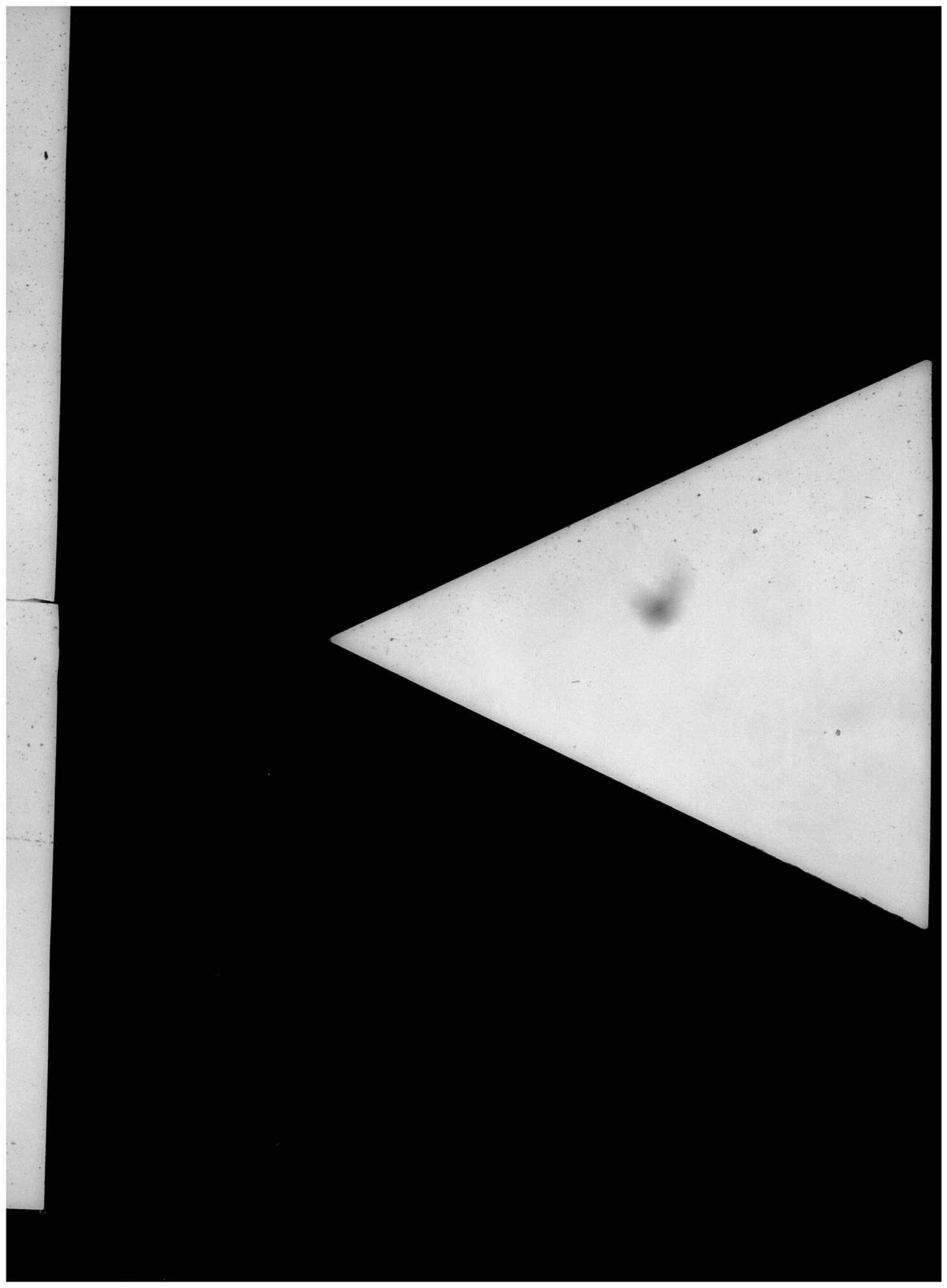
Dear Sir:

With this I return the certificate, filled out as far as Mr. Hines and I have personal knowledge, and the official data is supplied by the commander of the Raphael Semmes post U. C. V, of Mobile. The story I wrote about your father I have caused to be copied, and send you. It alone would be suffisient evidence of the fact that your father served throughout the war and with a good record.

It has been a great pleasure for me to serve you.

With best wishes, and regards for your mother, I am yours truly,

Erwin Braighead



Ordinary's Certificate

STATE OF GEORGIA,
DeKalb COUNTY.

I, James R George Ordinary of said County, certify that I know the applicant J S A Tilly for pension is the person he represents himself to be and resides in said county. That I also know J W H Tilly 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 16 day of Oct 1920

James R George Ordinary
of DeKalb County.

(SEAL)

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you give shall be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary of the county in which the applicant or witness resides and must be certified by such Ordinary.

Tilly, J. S. A.
No. 21 Ga. Inf.
Apr 1925

Confederate Soldier's Application

Under Act 1920—As Amended by Act of 1919.

County DeKalb
Name J. S. A. Tilly
Company E
Regiment 30 Ga Inf
Approved

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

4-2-1925
10-17-1924

DeKalb Co.,
J.S.A. Tilly.

Pension Office,
5/4/ 1920/

Applicant must amend and state when wounded and to where he went when given furlough. Where and in what way the enemy cut him off and prevented him returning tohis ~~regiment~~ lawful command. State where he was when furlough expired- where was his command and where was the enemy that cut him off and what effort he mads to reach command. Then prove all his statements to be true by someone that knows they are true,

J.W. Lindsey,

Com. of Pensions.

DeKalb COUNTY.

I, James R George Ordinary of said County, certify that I know the applicant J S A Tilly for pension is the person he represents himself to be and resides in said county. That I also know J W F Tilly 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 16 day of Oct 1922

James R George Ordinary
of DeKalb County.

(SEAL)

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you give shall be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary of the county in which the applicant or witness resides and must be certified by such Ordinary.

Filed in Office Oct 19 1922
No. 22 Ms

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

County DeKalb
Name J S A Tilly
Company G.
Regiment 20 Ga Cav
Approved

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

4/5-1920
18-17-1920

DeKalb Co.,
J.S.A. Tilly.

Pension Office,
5/4/ 1920/

Applicant must amend and state when wounded and to where he went when given furlough. Where and in what way the enemy cut him off and prevented him returning tohis ~~command~~ lawful command. State where he was when furlough expired- where was his command and where was the enemy that cut him off and what effort he made to reach command. Then prove all his statements to be true by someone that knows they are true,

J.W. Lindsey,

Com. of Pensions.

Amended by Act 1919

Questions For Applicants to Answer

STATE OF GEORGIA
DeKalb COUNTY.

J S A Tilly 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) J S A Tilly Decatur DeKalb County
2. How long and since when have you been a continuous resident citizen of this State? 73 years all My life
3. Did you enlist in the Army of the Confederate States or in the organized militia of this State from 1861 to 1865? Con federate States
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) July 1864 Blackshire Ga Company E 20 Ga Batt
5. How long did you remain in the actual military service with said Company and Regiment? (Give date of discharge) July 1864 to May 1864 was wounded Came home was confined from my command in Va not able
6. When and where was your Company and Regiment surrendered or discharged from the Service? was Lords Command was surrendered at Macon Ga
7. Were you actually present with your command when it was surrendered or discharged? I was
8. If you were not actually present, state specifically and clearly where you were. present with Lords Command
   a. Where was your command when you left it? I left my first Command wounded at Manville Va after I was able I Joined General Macon Ga Lords Command and was Surrendered
   b. When did you leave the command? Macon Ga Surrender
   c. For what cause did you leave? Surrender
   d. By whose authority did you leave? Surrender
   e. For how long was your leave granted? In what way? ——
   f. Why did you not return to your command after leave expired? Surrender
   g. In what way were you prevented? ——
   h. What effort did you make to return? ——
   i. Were you captured during the war? was not
   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? I am not
10. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? I have not

Sworn to and subscribed before me, this the 15 day of October 1922

J S A Tilly

James R George Ordinary
of DeKalb County.

(SEAL)

STATE OF GEORGIA,
DeKalb COUNTY.

J. W. F. Tilley of said State and County is hereby presented as a witness in support of the application of J. W. A. Tilley for the pension provided by the Act of 1910, as amended by the Act of 1919 in said State, and, after being sworn true answers to make to the questions propounded, answers as follows:

1. What is your name and where do you reside? J. W. F. Tilley DeKalb County

2. How long and since when have you known J. W. A. Tilley the applicant? 74 years all my life

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? Decatur DeKalb Co Ga 73 years all his life

4. When, where and in what Company and Regiment did J. W. A. Tilley enlist during war from 1861 to 1865? (Give date and place.) July 1864 Blackshear Ga Company

5. How did you obtain your information of this Service? Member Same Company

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (Give date) From July 1864 to May 1864 he was Wound and Disabled Home

7. When and where was his command surrendered or discharged (give date and place) I understand April 1865 Macon Ga

8. Were you personally present at the surrender? I was

9. If not, where were you and how came you there? Present with My Command at Greensboro NC

10. Was the applicant personally present with his command at surrender? I understand he was

11. If not where was he and how came him there? From General understanding Paroll

12. When did he leave his command? I understand Surrender Where was his command when he left it? did not leave For what cause did he leave? Surrender By whose authority did he leave Surrender and how long was he granted leave? How do you know all that you have stated to be true? If of your own knowledge, tell clearly and specifically I Know from My own Knowledge

13. In what way was he prevented from returning to his command? he was wounded How do you know I understand from General Stenmans Army and was Disabled Home came Home Ga Cut off by Stenmans Army

14. What effort did he make to return to his command and how do you know? I understand he was cut off from his Command and was Disabled Home

15. Was applicant captured as a prisoner Was Not If so, when and where? In what prison was he held? and when released

Sworn to and subscribed before me, this the 15 day of October 1926

James R. Lee Ordinary of DeKalb County.

SEAL

J. W. F. Tilley

Georgia Cobb County:

Personally appeared before the undersigned attesting officer, W.B.Ballinger, who being duly sworn on oath says that he is well acquainted with J.S.A.Tilly, he being a first Cousin of affiant, we being well acquainted from early childhood, affiant was in the war, but was not in the same command as that to which J.S.A.Tilley belonged, affiant and J.S.A.Tilley, met in Macon Ga. in May, or last of April, 1865, and we were all surrendered together.

Sworn to and subscribed before me
May 29th, 1920

W.B.Ballinger

J.M.Gann
Ordinary Cobb County Ga.

Georgia Cobb County:

I J.M.Gann, Ordinary of said County, Certify that W.B.Ballinger is a Citizen of Cobb County, well known to me, and that his statements are entitled to full faith and Credit.

J.M.Gann
Ordinary Cobb County Ga.

Personally appeared before me, the undersigned, the Ordinary in and for county, M. Y. Robinson, who being duly sworn, says on oath: That he knows J. S. A Tilly, and knew him during the war. That said J. S. A. Tilly came home from Virg ia wounded; and when he had recovered sufficiently to rejoin his command the enem were between him and his command and it was impossible for him to return.

Affiant knows these facts by reason of his being in Atlanta working in a Black- smithshop making horse shoes and nails for the Confederate Government, when Till came home wounded, but cannot remember the exact date. He knows that Tilly did come home wounded, and he knows that he was cut off from rejoining his command b the enemy, and these facts he knows of his own knowledge.

Sworn to and subscribed before me,
this the 1st day of June, 1920.

M. Y. Robinson

James R George
Ordinary.

Georgia, DeKalb County.

Personally appeared before me, the undersigned, J. S. A. Tilly, who being first duly sworn, says on oath: That he enlisted in the 20th Georgia Cavalry, and that J. W. F. Tilly enlisted in tne samd Command, and at the same time.

Deponent further states that he was wounded about the last of May, 1864, and came home, and was never able to return to my Command on account of the fact that Sherman's Army cut me off, and I joined General Wofford's command, and remained with said last named command until the surrender.

Sworn to and subscribed before me,
this the 15th day of October, 1919.

J. S. A. Tilly

James R George
Ordinary.

Georgia, DeKalb County.

Personally appeared before me, the undersigned officer, J. S. A. Tilly, who being duly sworn, says on oath: That he was wounded on the last Saturday in May, 1864, and went home to DeKalb County, Georgia, when given a furlough.

Sherman's Army got between DeKalb County, and the place of my command, which was then in Richman, Va., I was at home when my furlough expired - my command was in Virginia, and the enemy were between me an my command. I made no effort to reach my command because I knew it was useless; instead, I reported to Gen. Wofford, that being Army orders, and was assigned by Gen Wofford To Co. E, Graham's Battalion of Cavalry, and was with said command at Macon, Georgia, when we surrendered.

Sworn to and subscribed before me,
this the 1st day of June, 1920.

J. S. A. Tilly

James R George
Ordinary

NAME Tilly, J.S.A. YEAR 1920 COUNTY Dekalb

WHEN AND WHERE BORN? Feb. 1864, Blackshear, Ga.

ENLISTED WHEN AND WHERE?

RANK.

COMPANY AND REGIMENT? Co. E. 20th Ga. Battalion. Cavalry
Later joined ------- Co. H, Graham's Battn. Cavalry

NAME OF CAPTAIN AND COLONEL?

WOUNDED? May 1864, Mechanicville, Va. Returned home on furlough and after recuperated sufficiently to rejoin his command, was cut off by enemy and joined Wofford's Brigade.

CAPTURED, WHEN AND WHERE?

RELEASED?

WHEN AND WHERE SURRENDERED? Wofford's Brigade, Apr. 1865, Macon, Ga.

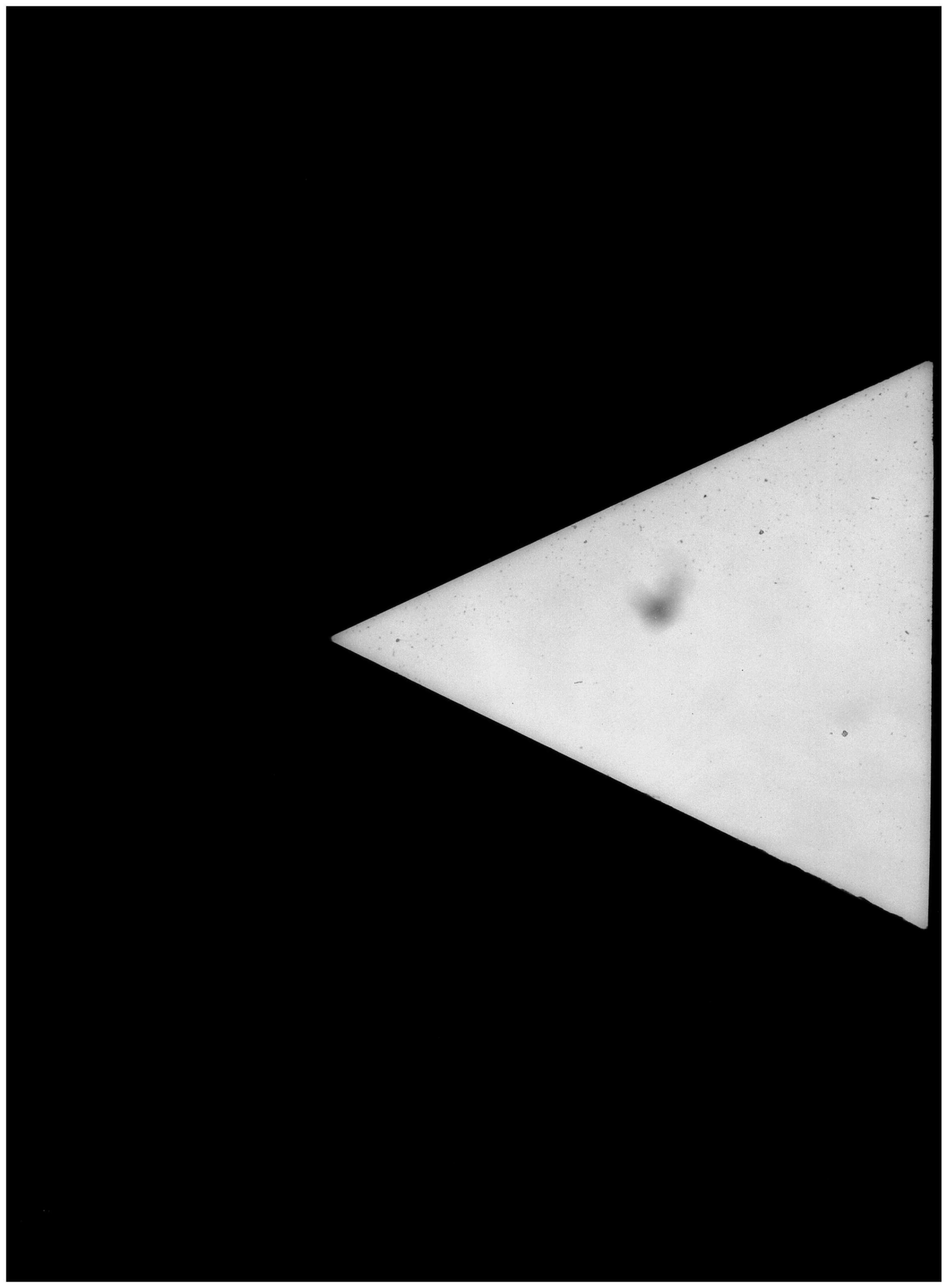
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. M. Y. Robinson - Personal knowledge - No data.
W. B. Ballenger - surrendered when applicant did " "
J.W.F. Tilly - Co. E. 20th Ga. Battalion " "

1h



Ordinary's Certificate

STATE OF GEORGIA, J. W. F. Tilly COUNTY.

I, James R. George Ordinary of said County, certify that I know the applicant J. W. F. Tilly for pension is the person he represents himself to be and resides in said county. That I also know J. S. H. Tilly 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 16 day of Oct 1919

James R. George Ordinary

of DeKalb County.

(SEAL)

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you give shall be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary of the county in which the applicant or witness resides and must be certified by such Ordinary.

Tilly, J. W. F.
DeKalb Co

No. 6.11 Jan 1920

Confederate Soldier's Application

Under Act 1910—As Amended by Act of 1919.

County DeKalb

Name J. W. F. Tilly

Company E

Regiment Ala. Ga. Fla. 20th Battalion

Approved

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10-17-1919

COUNTY.

I, James R George Ordinary of said County, certify that I know the applicant J W F Tilly for pension is the person he represents himself to be and resides in said county. That I also know J W F Tilly 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 16 day of Oct 19 19

James R George Ordinary

of DeKalb County.

(SEAL)

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you give shall be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary of the county in which the applicant or witness resides and must be certified by such Ordinary.

Tilly J. W. F.
DeKalb Co

No. 9.11 Jan 1920

Confederate Soldier's Application

Under Act 1910—As Amended by Act of 1919.

County DeKalb

Name J W F Tilly

Company G

Regiment 20 Ga Batt 2 Ga Battalion

Approved

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10-17-1919

Amended by Act 1919

Questions For Applicants to Answer

STATE OF GEORGIA

DeKalb COUNTY.

J W F Tilly 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) J W F Tilly DeKalb County Doraville Ga
2. How long and since when have you been a continuous resident citizen of this State? 74 years all my life
3. Did you enlist in the Army of the Confederate States or in the organized militia of this State from 1861 to 1865? Confederate States
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) Feby 1864 Blackshear Ga Company E 20 Ga Battalion
5. How long did you remain in the actual military service with said Company and Regiment? (Give date of discharge) Feby 1864 to 1865
6. When and where was your Company and Regiment surrendered or discharged from the Service? April 1865 Greensboro NC
7. Were you actually present with your command when it was surrendered or discharged? I was
8. If you were not actually present, state specifically and clearly where you were. Present

a. Where was your command when you left it? at Surrender

b. When did you leave the command? 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? Surrender

g. In what way were you prevented? —

h. What effort did you make to return? —

i Were you captured during the war? was not

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? —

10. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? Have Not

Sworn to and subscribed before me, this the 15 day of October 1919

James R George Ordinary

of DeKalb County.

(SEAL)

J W F Tilly

STATE OF GEORGIA,
DeKalb COUNTY.

J. S. Tilley of said State and County is hereby presented as a witness in support of the application of J. S. Tilley for the pension provided by the Act of 1910, as amended by the Act of 1919 in said State, and, after being sworn true answers to make to the questions propounded, answers as follows:

1. What is your name and where do you reside? J. S. Tilley Decatur DeKalb Co Ga

2. How long and since when have you known J. S. Tilley the applicant? 73 Yrs all his life

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? DeKalb Co 74 years all his life of My own Personal Knowledge

4. When, where and in what Company and Regiment did J. S. Tilley enlist during war from 1861 to 1865? (Give date and place.) Baby 1864 Blacksmith Ga Inf Co 20 Ga Battn

5. How did you obtain your information of this Service? Belonged to Same Company

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (Give date) Baby 1864 to 1865

7. When and where was his command surrendered or discharged (give date and place) April 1865 Greensboro NC Lee Surrendered and

8. Were you personally present at the surrender? Was Not at home wounded

9. If not where were you and how came you there? Was cut To Savy Va command and Joined General Wayford Command I remember very well the day he Come home

10. Was the applicant personally present with his command at surrender? I understand he was I remember the day he came home from there after Surrender

11. If not where was he and how came him there?

12. When did he leave his command? At Surrender Where was his command when he left it? Surrickland Greensboro For what cause did he leave? [illegible]

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 Of my own Knowledge

13. In what way was he prevented from returning to his command? did Not leave How do you know? from General

14. What effort did he make to return to his command and how do you know?

15. Was applicant captured as a prisoner Was not If so, when and where? In what prison was he held? and when released

Sworn to and subscribed before me, this the 15 day of October 1919

James R George Ordinary of DeKalb County.

J. S. Tilley

(SEAL)

NAME Tilley, J.W.F. YEAR 1920 COUNTY Dekalb

WHEN AND WHERE BORN? A resident of Georgia since 1845.

ENLISTED WHEN AND WHERE? Feb. 1864, Blackshear, Ga.

RANK.

COMPANY AND REGIMENT? Co. E. 20th Ga. Battalion, Inf.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED?

WHEN AND WHERE SURRENDERED? Greensboro, N.C. April 1865.

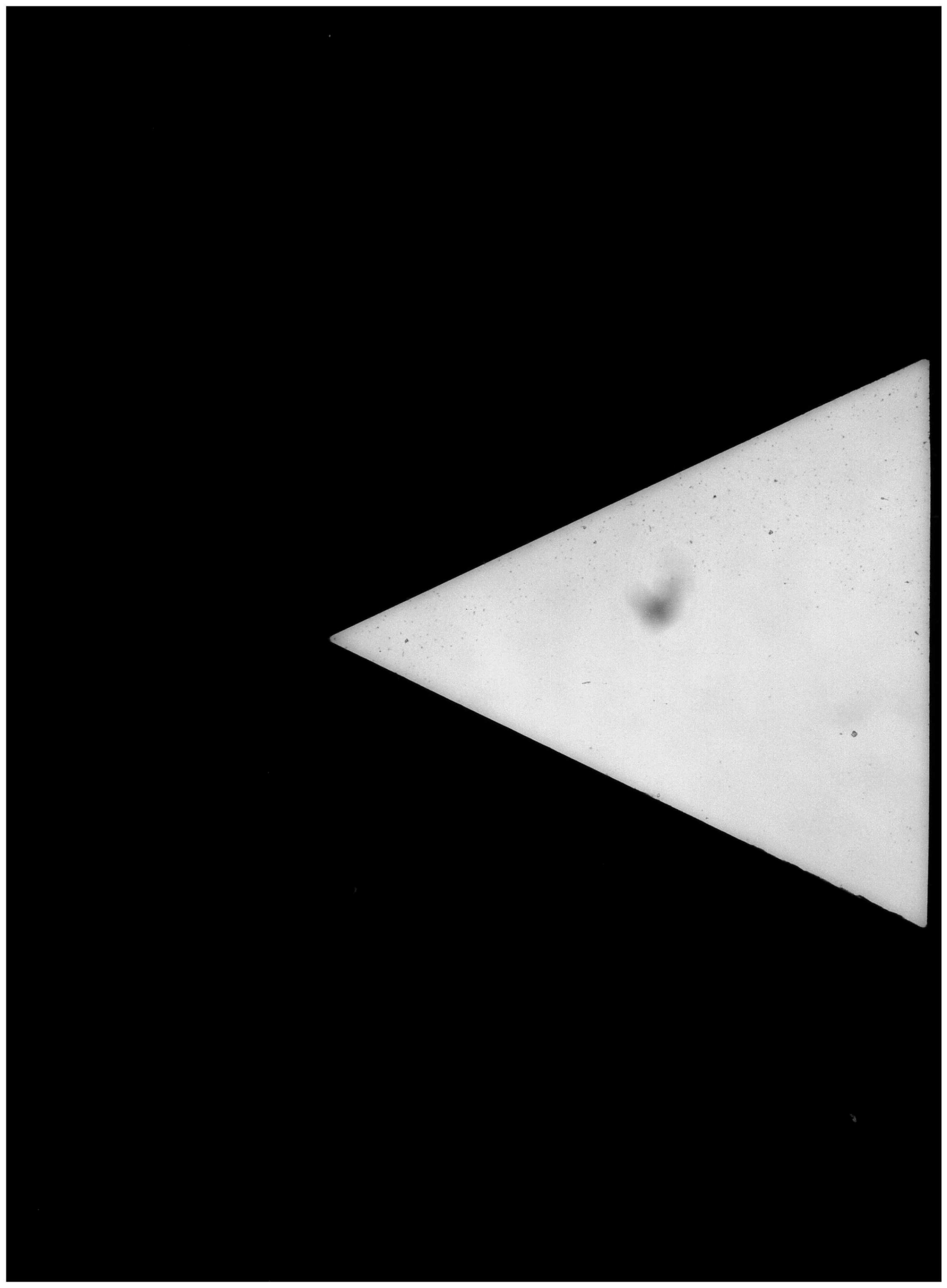
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. J.S.A. Tilley * Same command * No data.

ih



POWER OF ATTORNEY.

STATE OF GEORGIA,
Rockdale County.

I, C W Toney, hereby authorize
~~E J Cook~~ A C McCalla of Rockdale County
to receive and receipt for the pension allowed, and request that he remit same to me
at my home by ~~E J Cook~~ A C McCalla

Witness my hand and seal this 8 20 day of ~~June~~ Feby 1900.

Executed in presence of
~~S A Helms~~ J L
Wm Helms
ordinary

C W Toney (L. S.)
mark

J C McC
this [illegible]

INDIGENT PENSION,
1900.

No.

Name C W Toney

County Rockdale

Approved Nov 1st 38 Ga Regiment 1900.
Paul Crum

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

Issued Dec 3 1900

STATE OF GEORGIA,

Rockdale County.

I, C W Tovey, hereby authorize

~~E J Cook~~ A C McCalla of Rockdale County

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

at my home by ~~E J Cook~~ A C McCalla

Witness my hand and seal this 8 ~~20~~ day of ~~June~~ July 1900.

Executed in presence of

J A Henry J P

A M Kelley ordinary

C W his X Tovey (L. S.)
mark

INDIGENT PENSION,

1900.

No.

Name C W Tovey

County Rockdale

Approved Dec 28 1900

Superintendent Pensions.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

Dec 28 1900

Questions for Applicant.

STATE OF GEORGIA,

DeKalb County.

Charles W. Tovey 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) C W Tovey DeKalb County Georgia P.O. Klondike
2. How long and since when have you been a resident of this State? Since Eighteen hundred sixty four
3. When and where were you born? in 1844 Gwinnett 14th Jackson County Ga
4. When and where and in what company and regiment did you enlist or serve? Enlisted in Sept 1861 DeKalb county Co K 34th Ga regiment
5. How long did you remain in such company and regiment? about three years six months
6. For how long a period did you discharge regular military duty? about four years
7. When, where and under what circumstances were you discharged from service? In the Spring of 1865 Discharged at Close of the War
8. What is your present occupation? Farmer
9. How much can you earn (gross) per annum by your own exertions or labor? Don't know
10. What has been your occupation since 1865? Farming
11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty"? Infirmity and Poverty
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight? Rheumatism & Kidneys and Nature of trouble gradually Worse for Several years the last 2 years could not work at all the time
13. What property, effects or income do you possess, and its gross value? None
14. What property, effects or income did you possess in 1894, 1895, 1896, 1897, 1898 and 1899, and what disposition, if any, did you make of same? One mule one cow and calf Sold them to pay Physicians
15. In what County did you reside during those years, and what property did you then return for taxation? In Henry and Rockdale Counties
16. How were you supported during the years 1898 and 1899? By the sweat of mule Cow and calf
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? Fifty dollars per year
18. What was your employment during 1898 and 1899? What pay did you receive in each year? Farming and raising cattle the big [illegible]
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? Yes, wife and children Support and little assistance [illegible]
20. Are you receiving any pension? If so, what amount, and for what disability? None

Every Question Must Be Answered.

Sworn to and subscribed before me this the 12 day of Jan 1900.

C W his X Tovey mark Applicant.

W M Kelley Ordinary,

of DeKalb County.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Rockdale COUNTY.

M. C. Wiggins E.F. Cook, of said State and County, having been presented as a witness in support of the application of E. F. Cook 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? M. C. Wiggins, (E.F. Cook. Rockdale Co
Latin County Ga.

2. Are you acquainted with C.W. Toney, the applicant; if so how long have you known him? Very since 1862 E.F. Cook yes 25 years

3. Where does he reside, and how long and since when has he been a resident of this State? E.F. Cook & Dekalb county 25 years
for DeKalb County. To my knowledge since 1862

4. When, where and in what company and regiment did he enlist, and how do you know?
To my knowledge enlisted 1862 DeKalb County 1862 38 42 Ballg Co H

5. Were you a member of the same company and regiment? yes

6. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service?
To my knowledge he was in military service two years, very good soldier, when discharged applicant was in service M. C. Wiggins

7. What property, effects or income has the applicant? (Give your means of knowledge.) E.F. Cook - none. Knows of his own knowledge.
I do not know to the best of my knowledge has none

8. 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? do not know. E.F. Cook has a little property in 1896. but has used it in living or for a support

9. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom?
do not know E.F. Cook disposed some little personal property such as for support

10. What is the applicant's occupation and physical condition? E.F. Cook Farmer
Farmer. Has kidney troubles and is badly ruptured

11. Is the applicant unable to support himself by labor of any sort, if so, why? E.F. Cook. He is, on account of Rupture and Kidney troubles. Not able to work

12. How was he supported during the years 1898 and 1899? do not know
E.F. Cook. By his children

13. What portion of his support for these two years was derived from his own labor or income?
Can not say, E.F. Cook, about one fourth

14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? E.F. Cook Badly Ruptured has Kidney troubles. and not physicially able to do labor

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

Sworn to and subscribed before me, this 17th day of January 1900.
H. Mundy Ordinary. Rockdale County

M. C. Wiggins
E.F. Cook
Witness.

I certify that E.F. Cook Co. H 42 Ga. Ballg Co. Cavalry was in the Confederate service and was honorably discharged. I was personally acquainted with him during the war and know he was in the service. M. C. Wiggins

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
Rockdale COUNTY.

Personally came before me J.F. Albert M.D. and C.H. Turner M.D., both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully Charles W. Toney, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

Has Necrosis of right (tibia type) of long standing, and Rheumatism of the Kidneys. making it very difficult at times to pursue his trades. He is not able physically to do any sort of 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 12 day of January 1900.
H. Mundy Ordinary.

J.F. Albert M.D.
C.H. Turner M.D.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
DeKalb COUNTY.

I, H. Mundy, Ordinary in and for said County, hereby certify that the applicant C.W. Toney resides in said County, and has been a bona fide resident of this State since the day of 1894 and that the witnesses, viz: M.C. Wiggins

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 Has not resided in this County show that applicant returned for taxation in his name in 1898 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 25 day of Jan. 1900.

H. Mundy Ordinary,
of DeKalb 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.

GEORGIA, ... County.

I, James R. George, Ordinary of said county, do certify that I personally know Mrs. C. W. Toney, the applicant, and that she is the lawful widow of C. W. Toney, and was on the Confederate Pension Roll of said Fulton county, and was paid a Pension from Fulton Co. Fund county for 191X, and at the time of his death on the 6 day of April 191-, there was due to him and unpaid his Pension of Sixty (60.00) Dollars from the State of Georgia, and I know Mrs. C. W. Toney, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 9th day of May 1915.

.....Ordinary.

.....County.

Toney, C. W.
Ex Fulton Co.

No. _____ 1915

Application for Pension Due Deceased Soldier

UNDER ACT 1891

To be paid his Widow or Dependent Children

BY

Mrs. C. W. Toney

Widow of C. W. Toney

of _____ County

Co. _____ Regt. _____ Vols.

Approved and paid _____ 1915.

J. W. LINDSEY, *Commissioner of Pensions.*

Chas. P. Byrd, 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, DeKalb County.

Personally before me comes Mrs. Mrs C W Toney, of said county, after being duly sworn, on oath says that she is the widow of C W Toney who was duly enrolled as a Confederate Pensioner from the county of DeKalb and was paid a Pension of Sixty ($60.00) Dollars from DeKalb county for 1914, and that the said C W Toney died in Fulton county on the 6th day of April, 1915, and at the time of his death a Pension of $60.00 was due him from Fulton County county and unpaid for 1915. Applicant further swears that she married the said C W Toney on the 12th day of July, 1913, in Fulton county and State of Georgia, 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 3rd day of May, 1915.

James R George, Ordinary. DeKalb County.

Mrs M J Toney (L. S.)

AFFIDAVIT OF WITNESS.

GEORGIA, DeKalb County.

Personally before me comes Alfred Bouligny, who on oath says that he knew C W Toney while in life and that he knows Mrs M J Peavy Mrs. C W Toney the above applicant; that he knows that the said C W Toney and Mrs M. J. Peavy were in due form of law married in the county of DeKalb in the State of Georgia on the 12th day of July, 1913, and that they resided together as husband and wife from date of marriage to the day of his death on the 6th day of April, 1915, and I now know that she is his dependent widow.

Sworn to and subscribed before me this 3rd day of May, 1915.

James R George, Ordinary. DeKalb County.

Alfred Bouligny

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.

Georgia Rockdale County.

In person came before me A. M. Pelham Ordinary in and for said County C. W. Toney who under oath amends his pension claim hereto attached as follows:

1st Since filing said claim he has removed from the county of DeKalb to the County of Rockdale and is now a citizen of the county of Rockdale said State.

2nd In addition to the statements made in said claim applicant further alleges that that he first joined the confederate army and served in Co. K. 38th Reg of Ga. Vols. for the term of about two years and six months in the Virginia army.

3rd That about the year 1864. or about first of the year, he was trasfered from the Virginia army to Co. A. Lee's Battalion to Atlanta Ga. and served as a provo Guard in and about Atlanta Ga. until Atlanta was evacuated and surrendered to Shermans Army.

4th That his command was carried to Macon Ga. and remained in Macon Ga. until the war closed. applicant was with his command, and was surrendered to the Federals about the month of May 1865. applicant was present with his command when surrendered. which was done at Macon Ga. about time stated and he was paroled and allowed to come home after the surrender

Sworn to and subscribed before me this 2nd day of July 1901.

A. M. Pelham Ordinary

C. W. Toney his mark

State of Georgia, }
County of DeKalb. } To any Judge, Justice of the Peace, or Minister of the Gospel

You are hereby authorized to join C. W. Toney and Mrs. M. J. Peavy in the Holy State of Matrimony, according to the Constitution and Laws of this State, and for so doing this shall be your sufficient license

And you are hereby required to return this License with your Cerificate hereon of the fact and date of the marriage.

Given under my hand and seal this 12 day of July 1913.

James R. George (L. S.)
Ordinary

Certificate

State of Georgia, DeKalb County.

I certify, that C. W. Toney and Mrs. M. J. Peavy were joined in matrimony by me, this 12, day of July Nineteen Hundred and 13. Recorded July 19, 1913.

James R. George, Ordinary

James R. George,
Ordinary.

Georgia, DeKalb County.

I, James R. George, Ordinary in and for said county, do hereby certify that the above and foregoing copy of marriage license and certificate of marriage, are true, correct, and complete copies of marriage license and certificate of marriage of C. W. Toney and Mrs. M. J. Peavy, as the same appear of record in my office, in Book J. Record of Marriages, Page 32.

In Testimony Whereof, I have hereto set my hand and affixed the seal of said Court of Ordinary at Decatur. Ga., this the 3rd day of May, 1915.

James R George
Ordinary DeKalb County, Georgia.

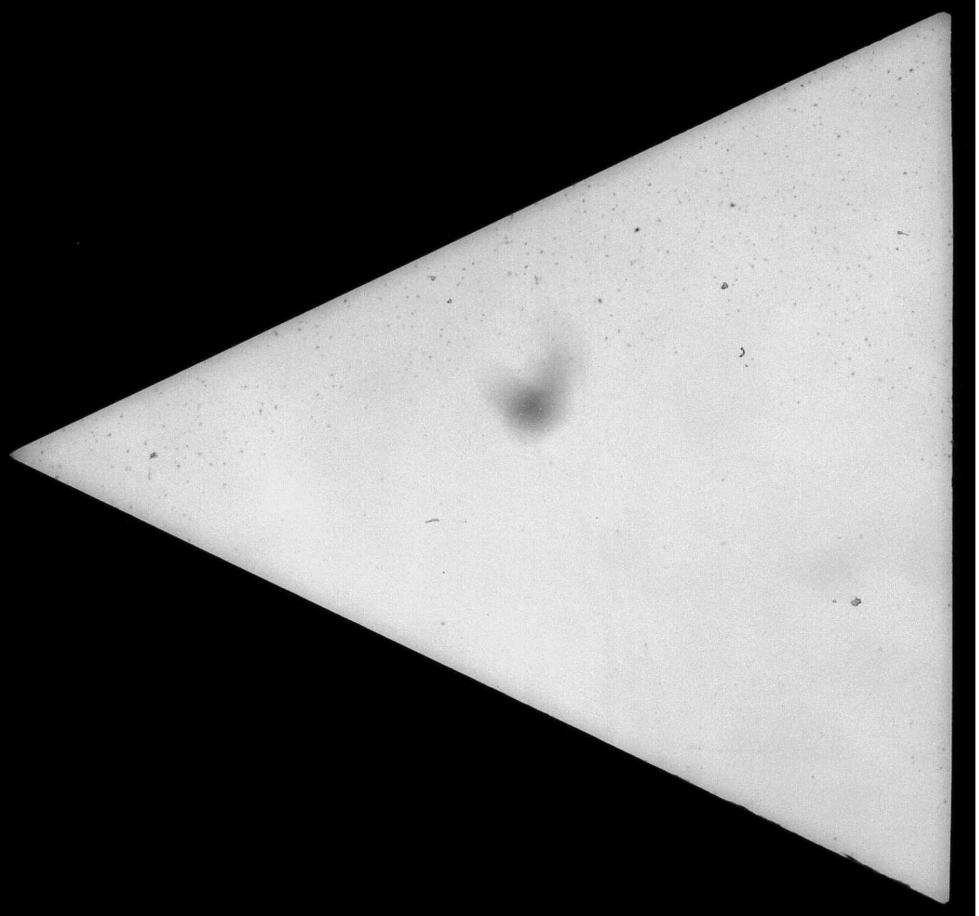
OFFICE OF

Georgia Fulton County

In person came before me John R Wilkinson ordinary in and for said County F. D Bell who under oath, deposed and saith the Knows personnaly the Applicant Chas H. Doney and that he Knows of his own personne Knowledge that said C H. Doney was transfered from 38th Ga Rymint to Lee's Battalion Ga Vols about the 1st of 1864 and remained with this command unytel the Surrender. I was a member of this Command and was in daily intercourse with said C H Doney and Know that he was present with his Command at time of Surrender and was both mustered out of service at same time, in Macon Ga in May 1865 F. D Bell

Sworn to & subscribed before me this 4th Feby 1904

John R Wilkinson
Ordinary



Powers, W. A.
Dekalb Co.

13 Oct for 1916
No.

Confederate Soldier's Application.

UNDER ACT 1910.

County Dekalb

Name W.A. Powers

Company D

Regiment 4 Ga

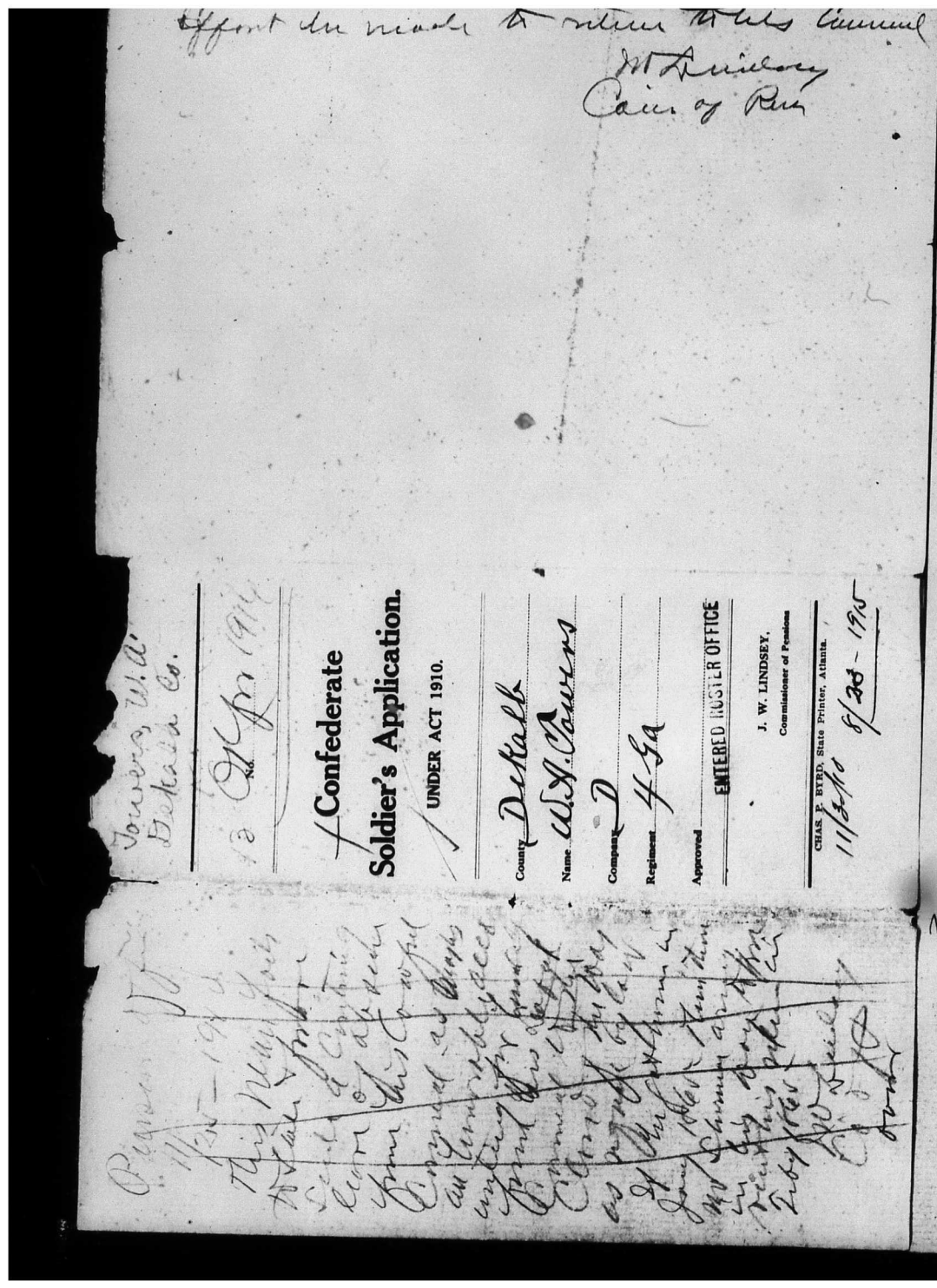
Approved

ENTERED ROSTER OFFICE

J. W. LINDSEY,
Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta.

11/2/16 8/28 - 1915



Effort he made to return to his Command
W. H. Lindsey
Cain of Ga

Journal W. H.
Dekalb Co.

No. 12 Apr 1914

Confederate
Soldier's Application.
UNDER ACT 1910.

County Dekalb
Name W. H. Lawrence
Company D
Regiment 4 Ga
Approved ENTERED ROSTER OFFICE
J. W. LINDSEY,
Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta.
11/26/10 6/20 - 1915

Pension W. H.
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STATE OF GEORGIA.

Fulton County.

Personally appeared before the undersigned, a Notary Public of said State and County is hereby presented as a witness in support of the application of W. H. Lawrence for the pension provided by the Act of 1910, in said State, and after being sworn true answers to make to the questions propounded, answers as follows:

1. What is your name and where do you reside? W. H. Lawrence. 9 Capitol Square Atlanta Ga

2. How long and since when have you known Applicant since 1861 the applicant? Since June 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? Resides in Decatur has been a resident since 1905 he can vote

4. When, where and in what Company and Regiment did W. H. Lawrence enlist during war from 1861 to 1865? (Give date and place) Enlisted at Camp Lee near Petersburg Va June 1861 Co D 4th Ga Regt

5. How did you obtain your information of this Service? Company with him Present Same

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) All the time

7. When and where was his Command surrendered or discharged (give date and place)

8. Were you personally present at the Surrender? No

9. If not, where were you and how came you there? Was a prisoner of Augusta Ga

10. Was the applicant personally present with his Command at surrender? He say no

11. If not where was he and how came him there? With Gen W. J. Hardee at Atlanta and his discharge papers

12. When did he leave his Command? 19 May 1865 he has his Surrender Paroles when he left for home. now in this county

13. By what authority was he granted leave? Gen Lee Surrender Gen Hardee Surrender

How long was he granted leave? Until Aug How do you know all that you have stated to be true? If of your own knowledge? Tell clearly and specifically. I have seen the papers now in his hand

14. In what way was he prevented from returning to his command? Have known him personally and true perfectly

How do you know? being unable to return to his Command

15. What effort did he make to return to his Command and how do you know? He reported to Gen W. J. Hardee for service in his Command under Gen Orders from H Qrs.

16. 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 23rd day of Sept 1914

W. H. Lawrence

Miles McCrary 66 Ordinary,

of Fulton County.

STATE OF GEORGIA.
.....County.

Personally before me comes.....who on oath says that they are freeholders residing in said County and we know .....the applicant for pension and we know the property that is now in the use, possession and control of himself and wife and of its cash value to wit: (Make List by items and value.).....

1. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov 1908? (State it fully by items.).....

2. When and to whom was it sold or given to?.....

3. What was the price paid or stated to be paid?.....

4. What relation is the party to applicant?.....

5. What disposition was made of the proceeds of the sale?.....

6. Was the disposition of this property made in good faith and full values?.....

or was it made to obtain a pension?.....

Sworn to and subscribed before me, this the .....day of.....191....

.....Ordinary,

of.....County.

The Box Digest of DeKalb County for years of 1908-1909-1910 Shows Nuthing Returned for W A Towers + wife

ORDINARY'S CERTIFICATE. Nov 5-1910 James R George Ordinary

STATE OF GEORGIA, Fulton County.

I, Marcellus M Anderson Clk Ordinary of said County, certify that I know ~~the applicant for Pension in the person he represents himself to be and resides in said County. That I also know~~ W A Towers the witness swearing to the ~~service and .....who are freeholders,~~ that ~~they do~~ he resides of said County and were duly sworn by me before signing the foregoing affidavit, and ~~they~~ he is truthful and trustworthy and ~~their~~ statements are entitled to full faith and credit. ~~That the Tax Returns 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 7th day of Sept 1910

Marcellus M Anderson Clk 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 freeholders unnecessary.

Questions for Applicants to Answer.

STATE OF GEORGIA,
.....County.

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

1. What is your name and where do you reside? (Give County and Post-office) W. A. Towers. Decatur DeKalb County Ga
2. How long and since when have you been a continuous resident citizen of this State? Since 1905 or five years
3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865? I am Listed in The Confederate States Army in June 1861
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) in June 1861 in Co D. 4th Ga Reg't Vol. Near Portsmouth Va
5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge) Continuously Till Jany 19th 1865
6. When and where was your Company and Regiment surrendered or discharged from the Service? At Apomattox Va
7. Were you actually present with your Command when it was surrendered or discharged? no
8. If you were not actually present, state specifically and clearly where you were I was with Brig Gen'l W.F. Mafford at Atlanta Ga
   a. Where was your Command when you left it? At Petersburg Va
   b. When did you leave the Command? On Jany 19th 1865
   c. For what cause did you leave? Leave of absence by Furlough
   d. By whose authority did you leave? Leave endorsed by all offices from Company up to Gen'l.
   e. For how long was your leave granted? In what way? Regular Furlough being endorsed from the Co-Offices up to time tendering Gen'l Lee a which I never leave
   f. Why did you not return to your Command after leave expired? Surrendered.
   g. In what way were you prevented? by the interposition of Gen'l Sherman
   h. What effort did you make to return? Reported at once to Gen'l Mafford by Gen'l Order
   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.) None
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? Nothing
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). Nothing
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? no

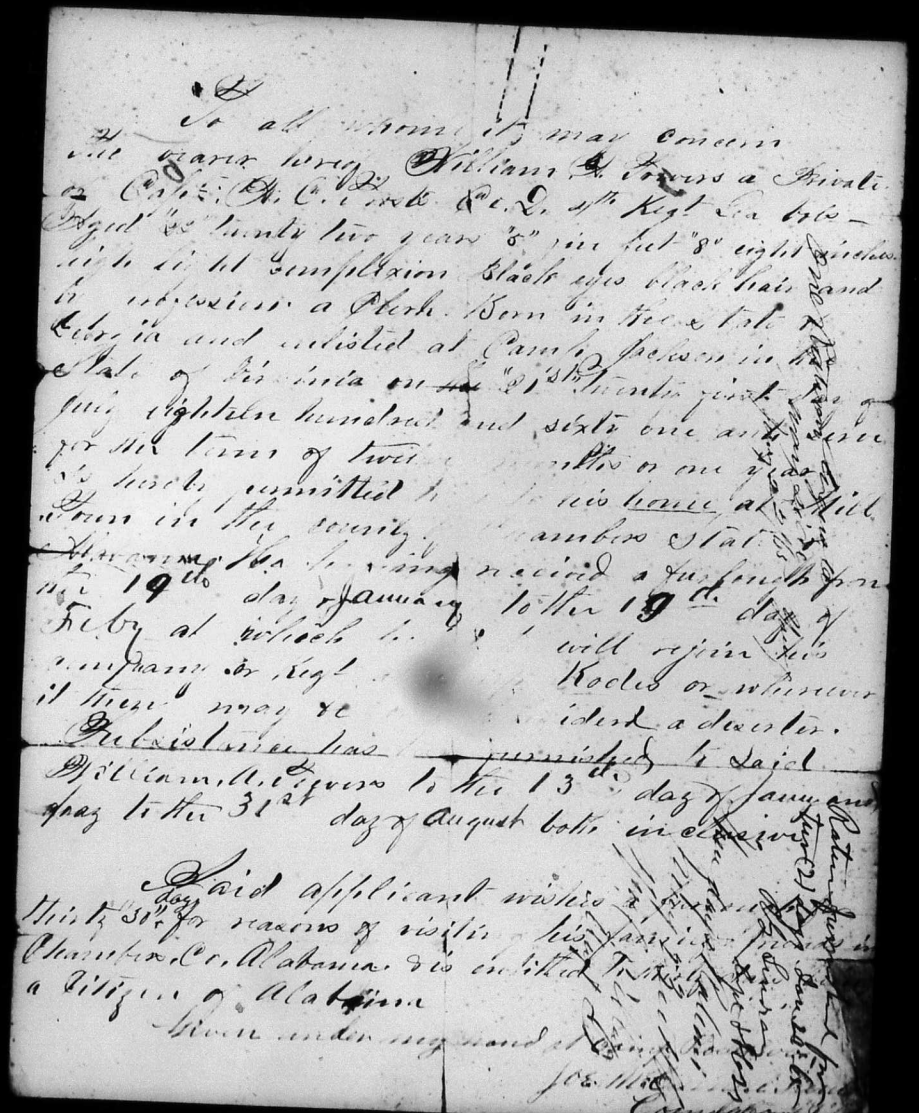
Sworn to and subscribed before me, this the 5 day of November 1910

James R George Ordinary,

of DeKalb County.

W. A. Towers

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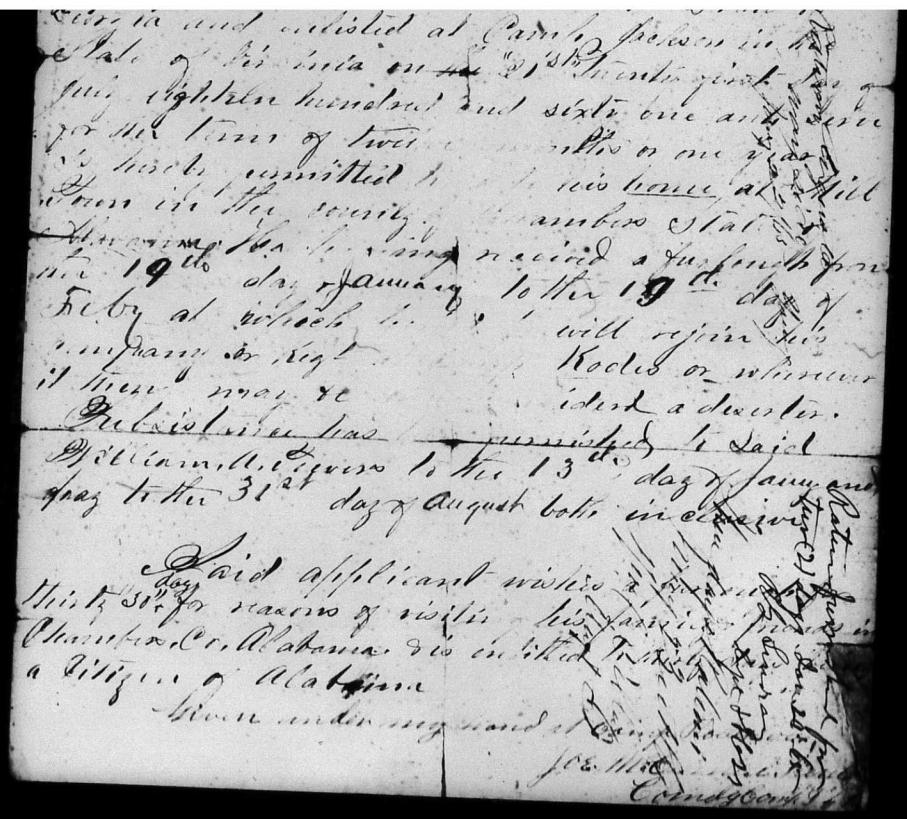


To all whom it may concern

Be it known that I William A. Travis a Private
of Capt. [illegible] Co. 2nd Regt. 2nd Brigade
Regd "Ex" Infantry Ala. Vols. do hereby certify
that I am about [illegible] years of age, five feet "8" inches
high, of [illegible] complexion, black eyes, black hair and
by occupation a Clerk. Born in the State of
Georgia and enlisted at Camp Jackson in the
State of Alabama on the "21st" [illegible]
[illegible] eighteen hundred and sixty one and served
for the term of two [illegible] months or one year and
I have never received [illegible] my home at Hill
Town in the county of [illegible] Chambers State
of Alabama [illegible] received a furlough from
the 19th day of January to the 19th day of
February at which time I will rejoin
my Company or Regt Rodes or wherever
it may be ordered and
I have [illegible] furnished by Capt
William A. Travis to the 13th day of January
next to the 31st day of August both inclusive

Said applicant wishes to [illegible]
this 30th for reasons of visiting his family in
Chambers Co. Alabama and is entitled to
a Pass to Ala.

Given under my hand at [illegible]
this [illegible]



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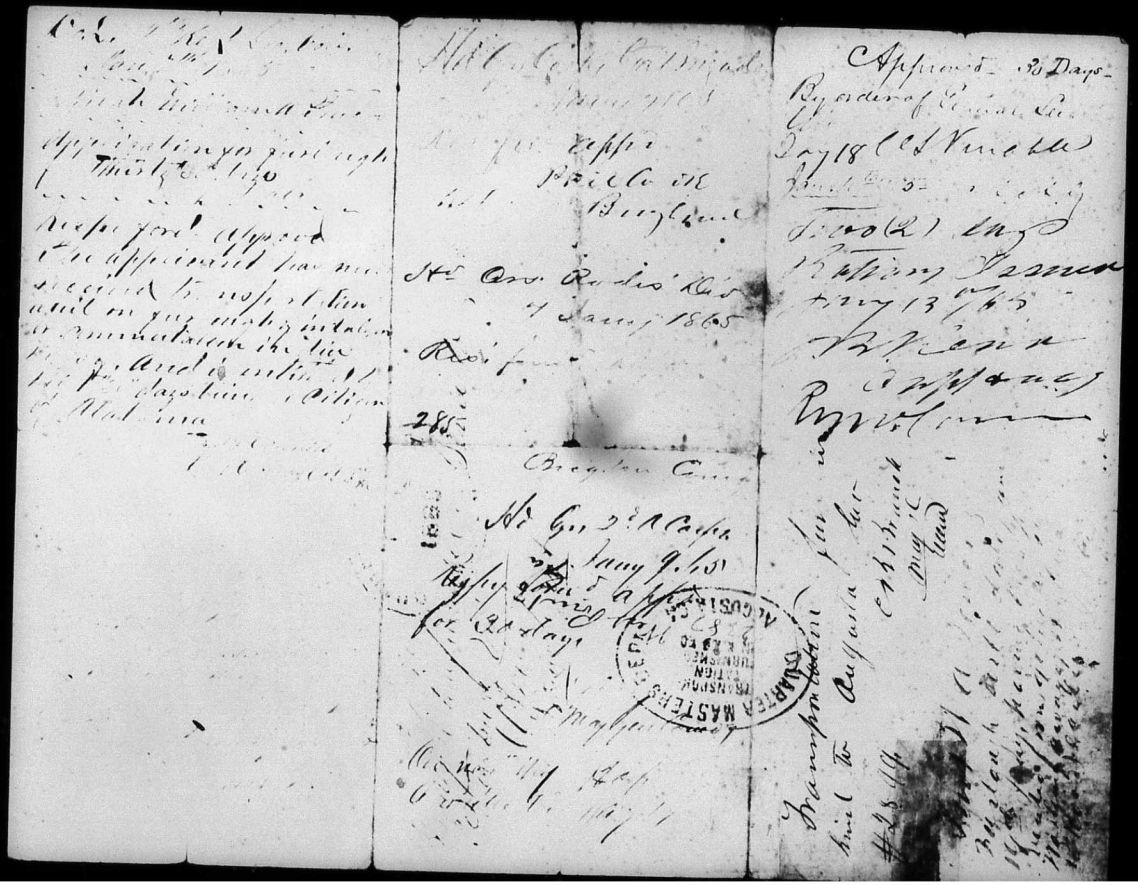
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STATE OF GEORGIA

DEKALB COUNTY:

Before me in person came Mrs. Harriet Cothran, who being duly sworn, says she is a daughter of Captain John W. Fowler, an officer of the Confederate Army, and ~~also~~ a sister of John W. Fowler, Jr., the latter being also a Confederate soldier; they all residing during the war at the family home in DeKalb County, except, of course, when Captain Fowler and his son were absent on military duty.

Deponent is a cousin of William A. Towers, who was a member of the Fourth Georgia Regiment during the war. Deponent distinctly remembers the occasion, she being over eighteen years of age at that time, on which the said Towers came South from Virginia on a thirty day furlough,- the home of the said Towers being in Chambers County, Alabama. Before his furlough expired or early in February 1865, as well as she can recollect, said Towers came to her father's house, he being an uncle of said Towers, and much older and more experienced. She heard it talked of between them that the said Towers could not rejoin his command in Virginia, although there was at that date time to do so before his furlough expired; the obstacle being that Sherman's Army had torn up the railroads and communication was cut off. Deponent's father, Captain Fowler, informed W. A. Towers that General Wofford had been put in command in Northwest Georgia, with instructions to gather up all men similarly situated who belonged to the Virginia Army and employ them in military operations in the Northern part of the State, on the Atlanta front and contiguous territory; and the said Towers, under his advice, went with Captain Fowler to see General Wofford in that behalf.

Deponent's father, Captain Fowler returned alone, stating that young Towers had taken service in obedience to those orders under General Wofford's command. The fact that he was so employed from that time until within a few weeks of the close of the war and until after Lee's Army and Johnston's Army had surrendered, was well known and talked of in the family.

After the military forces had broken up, as above stated, deponent's brother, John W. Fowler, Jr., who was also a soldier similarly situated to young Towers, went with said Towers to Chambers County Alabama, with a view of possibly crossing the Mississippi and joining the Confederate Army beyond that river, should opportunity and circumstance give encouragement for so doing.

Deponent's father and brother above named are both long since dead, and deponent can suggest no better means or more direct means for showing the facts above stated than her recital as here given; but they are all undoubtedly correct and true as stated.

3

Mrs. Harriet Cothran

Harriet Cothran

SWORN TO and subscribed before me, this 2 day of Sept. 1915.

E. M. Warnick
N. P. & Ex Off. J. P.
Dekalb Co. Ga.

NAME Towers , W. A. YEAR 1916 COUNTY DeKalb.

WHEN AND WHERE BORN? A resident of Georgia since 1905.

ENLISTED WHEN AND WHERE? June 1861 near Portsmouth, Virginia.

RANK:

COMPANY AND REGIMENT? Company D, 4th Ga. Regt. Vols.

NAME OF CAPTAIN AND COLONEL? Brig. Genl. W. T. Wofford.

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED:

WHEN AND WHERE SURRENDERED? Command Surrendered _____,
Appomattox, Virginia.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? Furloughed Jan. 19, 1865 at Petersburg, Va., and returning to Command was cut off by Sherman's Army, then joined Brigadier General W. T. Wofford's Command, in Atlanta, Georgia.

DIED, WHEN AND WHERE?

BURIED:

WITNESSES: William W. Heulbert------Same Command--------No data.

mt.

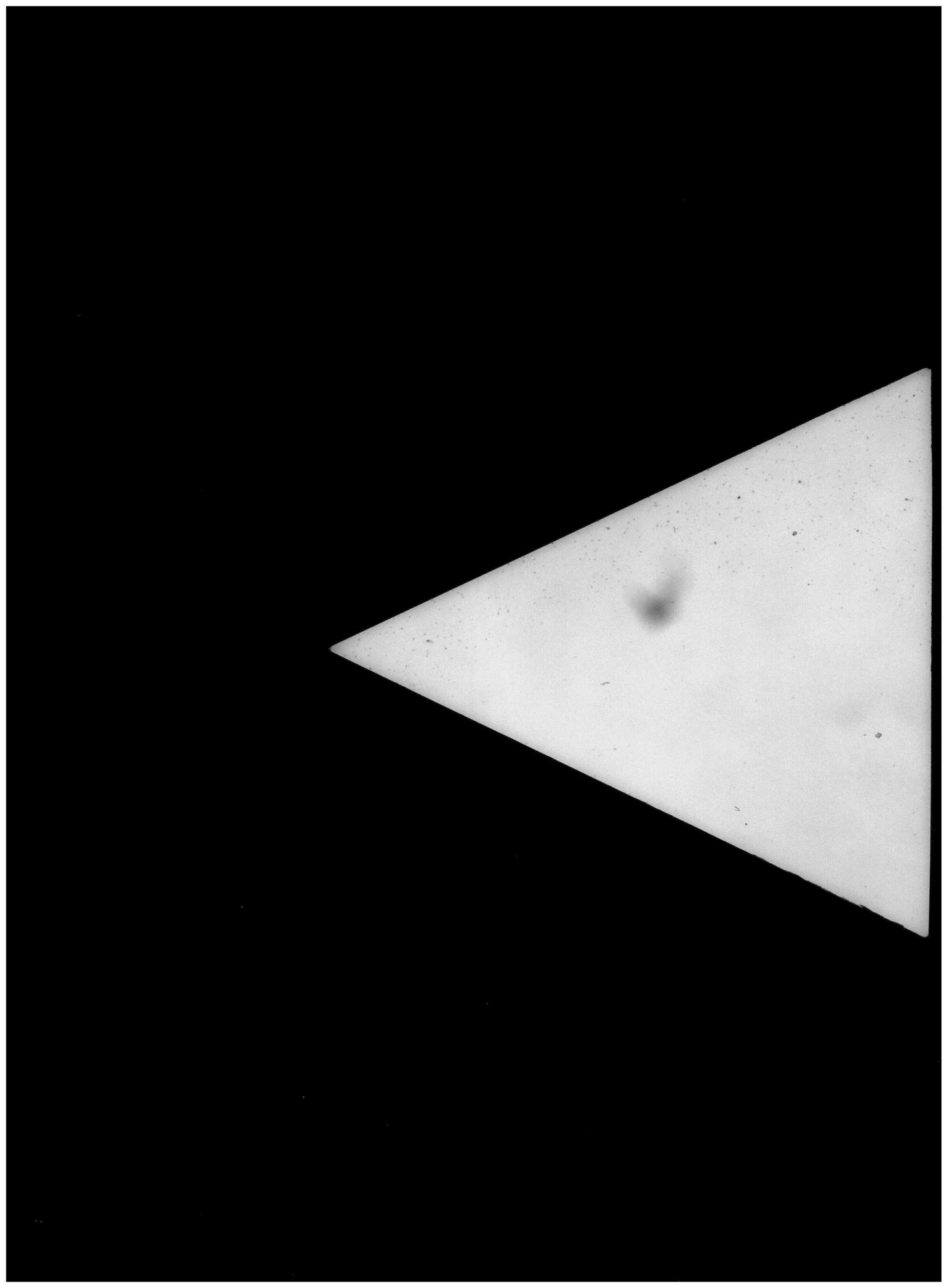
STATE OF GEORGIA, :
:
FULTON COUNTY ;

Before me in person came William A. Towers, formerly a private of Captain A.C. Frosts' Company D, Fourth Regiment Georgia Volunteers, who being duly sworn, deposes and says: That he attaches and exhibits herewith the original thirty day furlough issued to him for a visit to his home in Chambers County, Alabama; said thirty days commencing 19th of January 1865, and with the various entries of approval entered thereon, and including army headquarters. The said furlough being the document referred to in his application for pension; and the same with this affidavit to be filed and as explained in connection therewith.

William A. Towers

Subscribed and sworn to before me this
7 day of September 1915.

Logan B. Buckley
Clerk Court of Appeals of Georgia



Trimble, Susan A. (Mrs.)
DeKalb Co.

1921

Application for Pension Due Deceased Pensioner

Under Act 1904

(To pay expenses of last illness or funeral)

James R George Ordinary

To Susan Trimble

of DeKalb County

of Co. ..... Regiment

Died Nov 4th 1921

Amount $ 217.00

Approved and ordered paid. 125

Day out of Cold Vault 1921

..... 1921.

J. W. LINDSEY,
Commissioner of Pensions.

J. W. Lindsey

Ordinary: Fill out above in full and send this blank to Pension Office for approval before you pay out the money.

Atlanta Printing Co., Atlanta, Ga.

DECATUR, GA., Dec. 17, 1921

Mrs Susan A. Trimble Est.

IN ACCOUNT WITH

TURNER & EVERITT

FUNERAL DIRECTORS AND EMBALMERS

A. S. TURNER — PHONE DECATUR 98 — GEO. E. EVERITT

NIGHT AND SUNDAY CALLS DECATUR 99

1921

Nov 4	To Casket	175 00
"	Embalming	20 00
"	Hearse Service	15 00
"	Car Hire	$ 7 00
		217.00

Georgia
DeKalb County,

Personally appeared before me, A.S.Turner, a member of the firm of Turner & Everitt, who being duly sworn say on oath; That the above account is just, true due and remains unpaid.

A S Turner

Sworn to and subscribed beofre me, this th. day) of December 1921.

James R George
Ordinary

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, DeKalb County.

Personally before me, the Ordinary of said County, comes Geo. L. Trimble of said County, who, after being sworn, on oath says that he knew Mrs. Susan A. Trimble of said County, and that he/she was on the 1921 Pension Roll DeKalb County at the time of her death, which occurred in DeKalb County, in this State, on the 4th day of November 1921, and that a Pension of One Hundred and Twenty Five Dollars was due her and unpaid at the time of her 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 $217.00 Dollars, as per sworn statement itemized, hereto attached.

Sworn to and subscribed before me this 29th day of December 1921.

James P. George Ordinary.
DeKalb County.

Geo. L. Trimble

AFFIDAVIT OF ORDINARY

GEORGIA, DeKalb County.

I, James P. George Ordinary of said County, do certify that I personally know Geo. L. Trimble, 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. Susan A. Trimble while in life; that he/she was the same person whose name appears on the 1921 Pension Roll of DeKalb County, and was paid a Pension of One Hundred Dollars in said County for 19 20, and I now believe him to be dead.

Given under my hand and official seal, this 29th day of December, 1921.

(SEAL)

James P. George Ordinary.
DeKalb County.

NOTE.—For use in all cases where pensioner died after Jan. 1st, had not been out of State longer than twelve months and died without owning sufficient property to pay such expenses. Require those claiming accounts for expenses of last illness and for funeral expenses, to make out the account in itemized form, giving value for each item and for what. Running accounts, other than those connected with last illness before death, cannot be paid. All acounts must be made out and sworn to before the Ordinary, 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 payment, 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, write to this Office for instructions. Do not pay out any money in these cases until the completed voucher—this blank and the bills attached hereto have first been sent to the Pension Office and approved and sent back to you as your authority to pay out the money.

DECATUR, GA. Dec. 17 1921

Mrs Susan A. Trimble, Est.

IN ACCOUNT WITH

TURNER & EVERITT

FUNERAL DIRECTORS AND EMBALMERS

A. S. TURNER — PHONE DECATUR 98 — GEO. E. EVERITT

NIGHT AND SUNDAY CALLS DECATUR 99

1921

Nov 4	To Casket	175 00
"	Embalming	20 00
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		$ 217.00

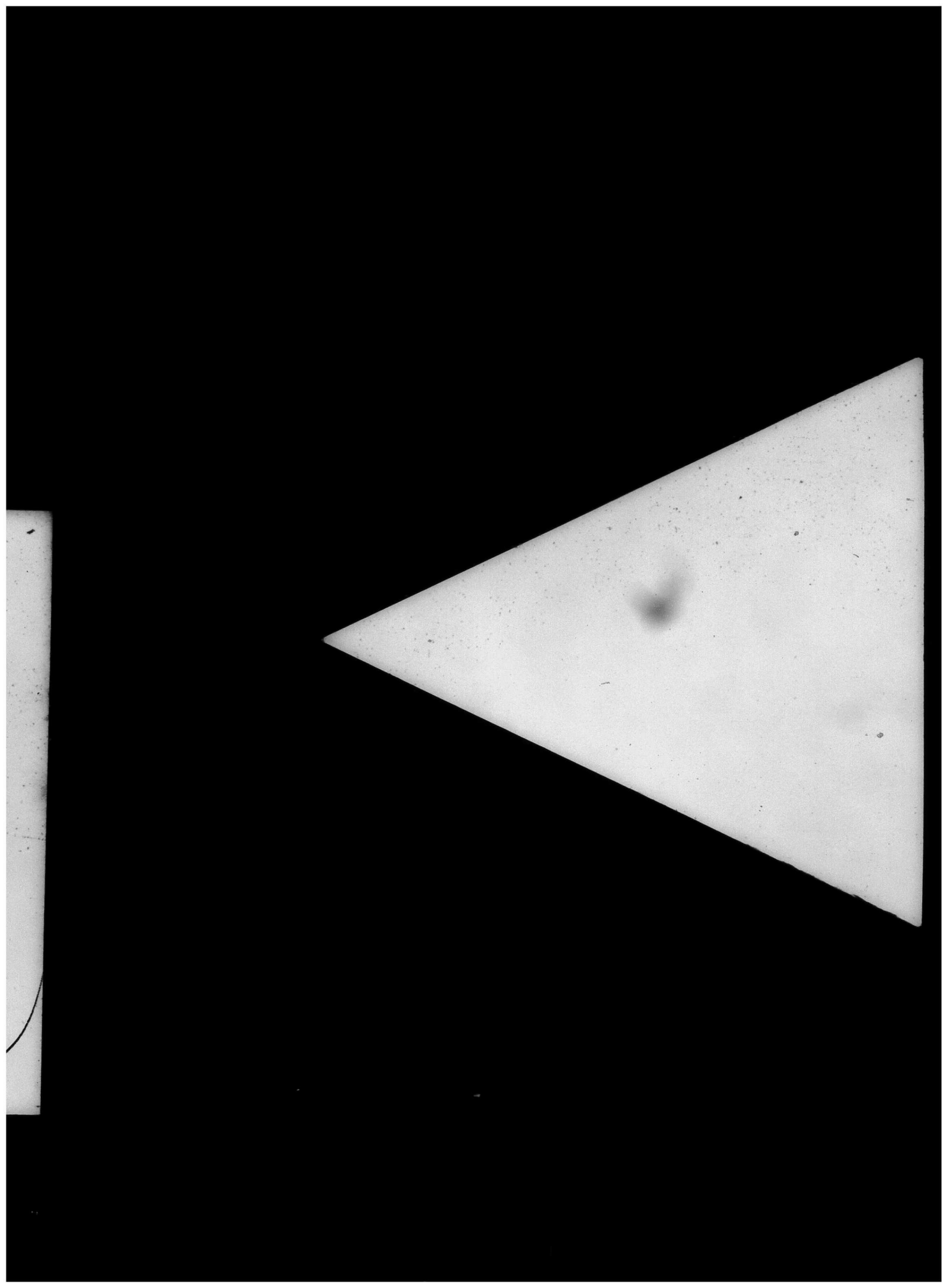
Georgia
DeKalb County,

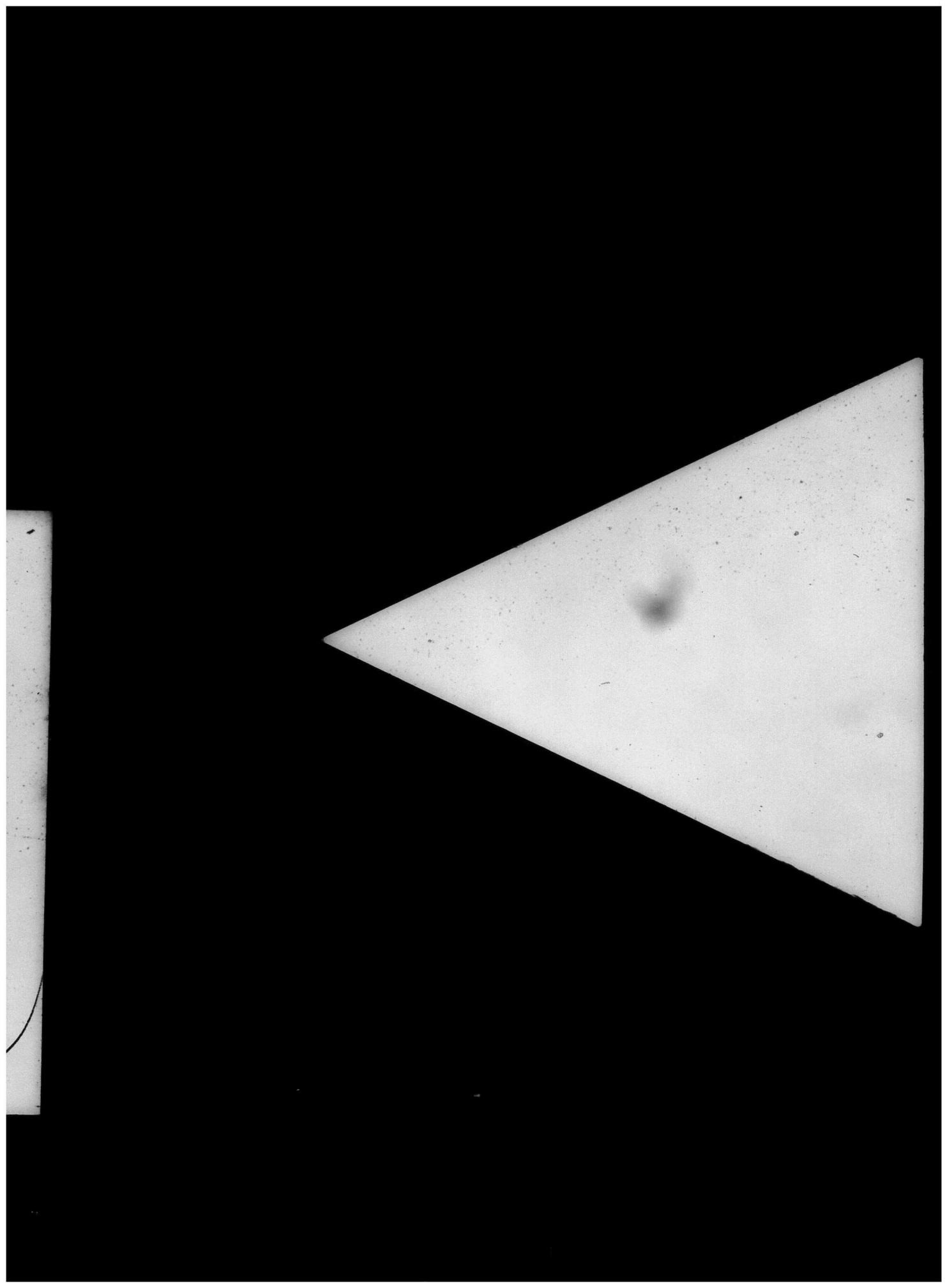
Personally appeared before me, A.S.Turner, a member of the firm of Turner & Everitt, who being duly sworn say on oath; That the above account is just, true due and remains unpaid.

A S Turner

Sworn to and subscribed beofre me, this th. day) of December 1921.

James P. George
Ordinary





W. H. Trimble, Williamitt.
DeKalb Co

C. N. No.

INDIGENT PENSION.
1903.

Name W H Trimble

County DeKalb

Co. B *18* Georgia *Regt.*

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.

9/15/03

POWER OF ATTORNEY.

STATE OF GEORGIA,
COUNTY. }

I, _____ hereby authorize

_____ of _____

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

_____ at _____ by _____

Witness my hand and seal, this _____ day of _____ 1903.

Executed in the presence of _____ [L. S.]

_____

STATE OF GEORGIA,

_____ COUNTY.

I, _____ hereby authorize

_____ of _____

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

_____

_____ at _____ by _____

Witness my hand and seal, this _____ day of _____ 1903.

_____ [L. S.]

Executed in the presence of

_____

Trimble, William H.
Co. DeKalb

O. N. No. _____

INDIGENT PENSION. 1903.

Name W H Trimble

County DeKalb

Co. B 18 Georgia Regt.

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.

9/5/03

STATE OF GEORGIA,

DeKalb COUNTY.

William H Trimble 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)
William H Trimble Georgia DeKalb County Clarkston

2. How long and since when have you been a resident of this State? 62 years or all my life

3. When and where were you born? Nov 24 1840 Ga Rockdale County

4. When and where and in what company and regiment did you enlist or serve? June 26 1861 at Lawyers Rockdale County Ga Company B 18 Ga regiment Infantry

5. How long did you remain in such company and regiment? during the war. or until Captured April 6 1865

6. When and where was your company and regiment surrendered and discharged? Captured at Sayers Creek Virginia April 6 1865 and a prisoner ~~until~~ June 13 1865 discharged on taking oath of allegiance at Point Lookout Md

7. Were you present with your company and regiment when it was surrendered? I was

8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? I was present and on the battle line My Company was all captured

9. How much can you earn (gross) per annum by your own exertions or labor? very little

10. What has been your occupation since 1865? Farmer & Carpenter

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? I first Contracted Rheumatism while in federal prison which prostrated me quite a while and I think I never recovered. I have for the last five years been returned in an acute form ~~unable to stand on my feet long at a time and rendering me~~ unable to do manual labor & rendering me much more ~~so~~ helpless

13. What property, real and personal, or income, do you possess, and its gross value? ~~Nothing~~ I Income

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? I have owned a Cow & horse or mule at one time in the years named all worth about 40 Dollars and applied to living

15. In what County did you reside during those years, and what property did you then return for taxation? DeKalb County Cow Mule or Horse

16. How were you supported during the years 1899, 1900, 1901 and 1902? I had two sons who contribute to my support who have now left me & I owned a small amt

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 Sixty dollars I Contributed about 1/4 of it.

18. What was your employment during 1898, 1899, 1901 and 1902? What pay did you receive in each year? I assisted my sons & got my support No pay

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? Have a Wife age 54 years No other family, no homestead, No support except did from our grown Children

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

Every Question MUST be Answered.

Sworn to and subscribed before me this the 23 day of August 1903.

Jos R Lyndsey
Ordinary of DeKalb County.

W H Trimble
Applicant.

STATE OF GEORGIA,

Fulton COUNTY.

F S Treadwell of said State and County, having been presented as a witness in support of the application of W H Trimble 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? F S Treadwell I reside in Fulton County Atlanta Georgia
2. Are you acquainted with Yes, the applicant; if so, how long have you known him? forty years
3. Where does he reside, and how long and since when has he been a resident of this State? Dekalb Caunty Since I Knew him
4. When, where and in what company and regiment did he enlist, and how do you know? June 26 1861 Conyers Ga Co B 18 Ga Regiment
5. Were you a member of the same company and regiment? I was
6. How long did he perform regular military duty? during the war
7. When and where was his command surrendered? Cpt Lee at Saylors Creek in Virginia May 6th 1865
8. Were you present when it surrendered? I was
9. Was applicant present? He was
10. If he was not present, where was he? He was present When did he leave his command? When Captured For what cause? Prisoners in By what authority he left? command in question. How do you know all of this? I applicant Served in the Company which I Commanded during the war
11. What property, effects or income has the applicant? (Give your means of knowledge.)
12. What property, effects or income did the applicant possess in 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, did he make of same? dont Know
13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? dont know
14. What is the applicant's occupation and physical condition? dont know
15. Is the applicant unable to support himself by labor of any sort, if so, why? dont know
16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902? dont know
17. What portion of his support for these four years was derived from his own labor or income? dont know
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? Cannot answer
19. Who composes family? What property have they? Children's age and their earning capacity? dont know
20. What interest have you in the recovery of a pension by this applicant?

Sworn to and subscribed before me, this the 25th day of Aug 1903.

F S Treadwell Witness.

John R Wilkinson Ordinary.

I certify that the witness is of trustworthy character and his testimony is entitled to full faith and credit

John R Wilkinson Ordinary

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

DeKalb COUNTY.

Personally came before me W S Ansley and D H Ramsaur, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully Wm H Trimble, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

Sixty two years of age received two flesh wounds in the left arm & right leg but did not cause him his greatest trouble is from lumbago & rheumatism of the muscles in the lumbar region which disables him from walking to a great extent or standing on his feet for any length of time. His disability is quite permanent in degree and that we have no interest in said pension being allowed.

W S Ansley MD

Sworn to and subscribed before me, this the 29 day of August 1903.

Jas R George Ordinary. D H Ramsaur MD

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

COUNTY.

I, Jas R George Ordinary, in and for said County, hereby certify that the applicant W H Trimble resides in said County, and has been a bona fide resident of this State since the 24 day of Nov 1840 and that the witnesses, viz.: G W Means

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 DeKalb County show that applicant returned for taxation in his name in 1899 $57.00 Dollars of property, and in 1900 $57.00 Dollars of property, in 1901 $55.00 Dollars of property, in 1902 $25.00 Dollars of property.

In my opinion the foregoing claim is made in good faith.

Witness my hand and seal of office, this 29 day of August 1903.

Jas R George Ordinary, of DeKalb County.

NOTE.

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

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Dekalb COUNTY.

George N. Neems of said State and County, having been presented as a witness in support of the application of William H. Trimble 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? George N. Neems

2. Are you acquainted with W. H. Trimble, the applicant; if so, how long have you known him? Ten Years

3. Where does he reside, and how long and since when has he been a resident of this State?
He resides at Clarkston, DeKalb Co. Ga has no knowledge of age of boys

4. When, where and in what company and regiment did he enlist, and how do you know?
[illegible] Dont Know

5. Were you a member of the same company and regiment? No

6. How long did he perform regular military duty? Dont Know

7. When and where was his command surrendered? Dont Know

8. Were you present when it surrendered? No

9. Was applicant present? Dont Know

10. If he was not present, where was he? Dont Know
When did he leave his command? Dont Know For what cause? Dont Know
By what authority he left? Dont Know How do you know all of this?

11. What property, effects or income has the applicant? (Give your means of knowledge.) none known to me, he is without property, I was Bailiff in his Dist for Years.

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? Never owned any & never disposed of any within said Years to for as I know or heard

13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom?
None at all

14. What is the applicant's occupation and physical condition? formerly and Carpenter in small way, at times he is wholly unable to work at any thing — not physically strong.

15. Is the applicant unable to support himself by labor of any sort, if so, why? I dont think so. he is not physically able to do so.

16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902? he was supported by three sons, who are now married & have left him

17. What portion of his support for these four years was derived from his own labor or income? very little if any, he could not & did not earn 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 weak and feeble & in his old age is unable to support himself this is very patent.

19. Who composes family? What property have they? Children's age and their earning capacity?
No family now except wife, who is also very feeble. has no children with him or under his control.

20. What interest have you in the recovery of a pension by this applicant? None whatever.

Sworn to and subscribed before me, this the 25 day of August 1903.

G. N. Neems
Witness.

Jas. R. George Ordinary.

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb COUNTY.

I, W H Trimble hereby authorize
Jas R Gurge of DeKalb County
to receive and receipt for the pension allowed and request that he remit same to
at
by

Witness my hand and seal, this 19 day of June 1904.
W H Trimble [L. S.]

Executed in presence of
James R Gurge
Ordinary

Trimble W. H.
DeKalb County

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. ~~607~~ 607

INDIGENT
SOLDIER'S PENSION
1904.

Name W. H. Trimble
County DeKalb
Co. 18 Regiment 18

WARRANT ISSUED
~~June~~ 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
[illegible]

Geo. W. Harrison, State Printer, Atlanta.

no date

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 1905.
[L. S.]

Executed in the presence of

Trimble W. H.
DeKalb County

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 626

INDIGENT
SOLDIER'S PENSION
1905.

Name W. H. Trimble
County DeKalb
Co. 18 Regiment 18 Ga

WARRANT ISSUED
1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
[illegible]

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

no date

STATE OF GEORGIA,
DeKalb County.

Personally appears W.H. Trimble of DeKalb 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 62 years old and by occupation a Farmer Carpenter, that he enlisted in the military service of the Confederate States (or of the State of ____) during the war between the States and served for the term of ____ in Company B, of 18 th Regiment of Ga Regt.; that his physical condition is as follows: Infirmity and Poverty

that his property consists of the following items: None

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1904. I have heretofore as a resident of DeKalb County been allowed a pension for the year 1____

Sworn to and subscribed before me, this the ____ day of Jany 1904. W.H. Trimble

____ Ordinary.

STATE OF GEORGIA,
DeKalb County.

I, James R George Ordinary of said County, do certify that I am well acquainted with W.H. Trimble the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Jany 1904.

Affix your Seal here.

____ Ordinary DeKalb County.

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

STATE OF GEORGIA,
DeKalb County.

Personally appears W.H. Trimble of DeKalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 24 day of Nov 1840; that he is 64 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 4 years in Company B, of 18 th Regiment of Ga Regt; that his physical condition is as follows: Infirmity & poverty

that his property consists of the following items: 1

of the value of 00 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 DeKalb County been allowed a pension for the year 1904.

Sworn to and subscribed before me, this the 19 day of Jany 1905. W.H. Trimble

James R George Ordinary.

STATE OF GEORGIA,
DeKalb County.

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

Given under my official signature and seal, this 19 day of Jany 1905.

Affix your Seal here.

James R George Ordinary DeKalb County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1905.

POWER OF ATTORNEY.

STATE OF GEORGIA,

_____ COUNTY.

I, _____ 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

_____

Trimble, W. H.
Dekalb Co.

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 497

INDIGENT
SOLDIER'S PENSION
1906.

Name W. H. Trimble
County De Kalb
Co. B Regiment 55th Ga

WARRANT ISSUED
12 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
a Hall

THE FRANKLIN PRINTING AND PUBLISHING CO.—GEO. W. HARRISON, MGR.

nor dr Tr

Trimble, W.H.
Dekalb Co.

POWER OF ATTORNEY.

STATE OF GEORGIA,

DeKALB 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 _____ 1907.

_____ [L. S.]

Executed in presence of

_____

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED)

No. 774

INDIGENT
SOLDIER'S PENSION
1907.

Name W. H. Trimble
County D[illegible]
Co. B Regiment 55th Ga

WARRANT ISSUED
1/21 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
C Hall

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

State of Georgia,

De Kalb County.

Personally appears W H Trimble of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, ~~and~~ has resided in said State continuously ever since the 24 day of Mar 1848; that he is 66 years old and by occupation a _____, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of _____ in Company B, of 18 th Regiment of Georgia; that his physical condition is as follows: Infirmity & 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 De Kalb County, been allowed a pension for the year 1905.

Sworn to and subscribed before me, this the 6 day of January 1906. W H Trimble

James R George Ordinary.

State of Georgia,

De Kalb County.

I, James R George Ordinary of said County, do certify that I am well acquainted with W H Trimble the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 January 1906.

James R George
Ordinary De Kalb County.

Affix your seal here

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

DeKALB County.

Personally appears W. H. Trimble of _____ County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 18____; that he is _____ years old and by occupation a _____, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of _____ in Company B., of 18 th Regiment Ga of _____; that his physical condition is as follows: Infirmity & 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 17 day of Jany 1907. W. H. Trimble

James R George Ordinary.

State of Georgia,

DeKALB County.

I, James R George Ordinary of said County, do certify that I am well acquainted with W. H. Trimble the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 _____ 1907.

James R George
Ordinary D. County.

Affix your seal here

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

NAME Trimble, William H. YEAR 1903 COUNTY DeKalb

WHEN AND WHERE BORN? Nov. 24, 1840, Rockdale County, Georgia

ENLISTED WHEN AND WHERE? June 26, 1861, Conyers, Rockdale County, Ga.

RANK

COMPANY AND REGIMENT? Co. B, 18th Regt. Georgia Inf.

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Contracted rheumatism while in federal prison

CAPTURED. WHEN AND WHERE April 6, 1865, Saylor's Creek, Va.

RELEASED. June 28, 1865,

WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? In prison

DIED. WHEN AND WHERE?

BURIED.

WITNESSES. F. S. Treadwell - same command - No data

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