

Fowler Mary E. 1902
Fulton County

WIDOW'S APPLICATION

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

County *Fulton*
Name *Mrs Mary E. Fowler*
Widow of *George E. Fowler*
Company *D.*
Regiment *1st Ohio*
Date of Husband's Death *Oct 1913*
Date of Marriage *January 1873*
Approved *[Signature]*
Commissioner

C. E. MCGREGOR,
Commissioner of Pensions.

10/27/1922

Ordinary's Certificate

STATE OF GEORGIA.

Fulton COUNTY
Thos H. Jeffers Ordinary of said County, do certify that I
know Mrs *Mary E. Fowler* 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 Minnie Gerald* the witness ~~and~~
~~and~~ and that both the foregoing were duly sworn by ~~me~~ before signing the respective affi-
davits, and that they are truthful and trustworthy and their statements are entitled to full faith
and credit.

Given under my hand and official seal of office this *16* day of *Oct*, 192^{*3*}
(SEAL OF ORDINARY) *Thos H. Jeffers* Ordinary,
Fulton 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, 1921, are entitled.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by gen-
eral reputation.
6. Widows of Disabled Pensioners must use the Blue Application Blank and state and prove full term of hus-
band's service—because Disabled Pensioners made no proof of service and were not required to do so.

For the funeral expenses of Mrs. Mary E. Fowler.

1896

IN ACCOUNT WITH
HARRY G. POOLE.
FUNERAL DIRECTOR
95 S. PRYOR STREET
ATLANTA, GA.

1926

WALNUT 6350
6350

Feb. 24th 1927	
Casket	\$ 125.00
Embalming and services	15.00
Funeral notices	4.80
Two cars	20.00
Pall bearers gloves	1.50
Box to cemetery	3.50
Hearse	15.00

	\$ 184.80

Fulton County,
Atlanta, Ga.

The above account is just due and unpaid and
due for the burial of Mrs. Mary E. Fowler who
died Feb. 24th 1927 with-out sufficient funds
to pay her funeral expenses.

Subscribed before me
Feb 16 1927 Arthur B. Macleat Harry G. Poole
Notary Public

D. 10000 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,

Fulton

COUNTY.

Personally before me comes *Mrs Mary E. Fowler* of said County, who after having been duly sworn, says that she is the widow of *Joe E. Fowler* to whom, in the County of *Alabama* she was married on the *15* day of *Jan* 18*73* and that she remained his wife, and resided with him to the date of his death in *Oct* 19*13* and that she has not since his death remarried; at the time of his death he was a resident of *Fulton* County, in said State of Georgia, and he was on the Pension Roll of the State and paid a pension of *\$100.00* in *Fulton* County for *1913* (per annum), on account of being a soldier in *E.* Regiment *1st Ala* (Volunteers or State Militia).

That she is now a bona fide resident citizen of said State of *Ga* and she has continuously resided there since *Sept* 18*91*.

Sworn to and subscribed before me, this the *16* day of *Oct*, 192*7*.
Arthur R. Marshall Ordinary
Fulton County.

Mary E. Fowler
(Applicant)

(SEAL OF THE ORDINARY)

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

STATE OF GEORGIA,

Fulton

COUNTY.

Personally before me comes *Mrs. Minnie Gerald* known to be a responsible and truthful person, residing in said County who after having been duly sworn, says that of her own personal knowledge, *Mrs Mary E. Fowler* who made the foregoing affidavit is the lawful widow of *Joe E. Fowler* who died in *Fulton* County in said State of *Ga* on the *15* day of *Oct* 19*13*. *Personally know that she resided together as husband and wife for more than forty years to the time of his death*; that she and he had resided together as husband and wife, continuously, since *1873* and that *he* was the same man who was on the pension roll of said State *Ga* from *Fulton* County when he died.

Sworn to and subscribed before me, this the *16* day of *Oct*, 192*7*.
Arthur R. Marshall Ordinary
Fulton County.

(SEAL OF ORDINARY)

Application for Pension Due to a Deceased Pensioner

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

(Under Act Approved August 15, 1904)

GEORGIA,

Fulton

County.

Personally before me, the Ordinary of said County, comes *Harry G. Poole* of said County, who, after being sworn on oath, says that he knew *Mrs Mary E. Fowler* of said County, and that said Pensioner was on the Pension Roll of said County at the time of death, which occurred in *Fulton* County, in this State, on the *15* day of *Feb*, 192*7* and that a Pension of *\$* 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 *\$184.80* per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me
William R. Marshall Ordinary
Fulton County.

Harry G. Poole

(Seal of Ordinary)

CERTIFICATE OF ORDINARY

GEORGIA,

Fulton

County.

I, *1100 H. Jeffries* Ordinary of said County, do certify that I personally know *Harry G. Poole* 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 E. Fowler* while in life and that this was the same person whose name appears on the Pension Roll of *Fulton* County, and who was paid a Pension of *\$50.00* Dollars in said County for 192*7*, 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 *16* day of *March*, 192*7*.
Wm R. Marshall Ordinary
Fulton 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.

Fowler, Mary E.

For Fulton County

1926

**Application for Pension
Due Deceased Pensioner**

(UNDER ACT 1919)

(To pay expenses of last illness and funeral)

Throth Jaffee Ordinary

For Mrs. Mary E. Fowler

Date of Death Feb. 24 1927

Amount \$100.00

Approved and ordered paid

John W. Clark
JOHN W. CLARK,
Commissioner of Pensions

MAY 27 1927

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.

02

For the funeral expenses of Mrs. Mary E. Fowler.

1896

IN ACCOUNT WITH
HARRY G. POOLE,
FUNERAL DIRECTOR
96 S. PRYOR STREET
ATLANTA, GA.

1926

VALUED 6000
6000

Feb. 24th 1927

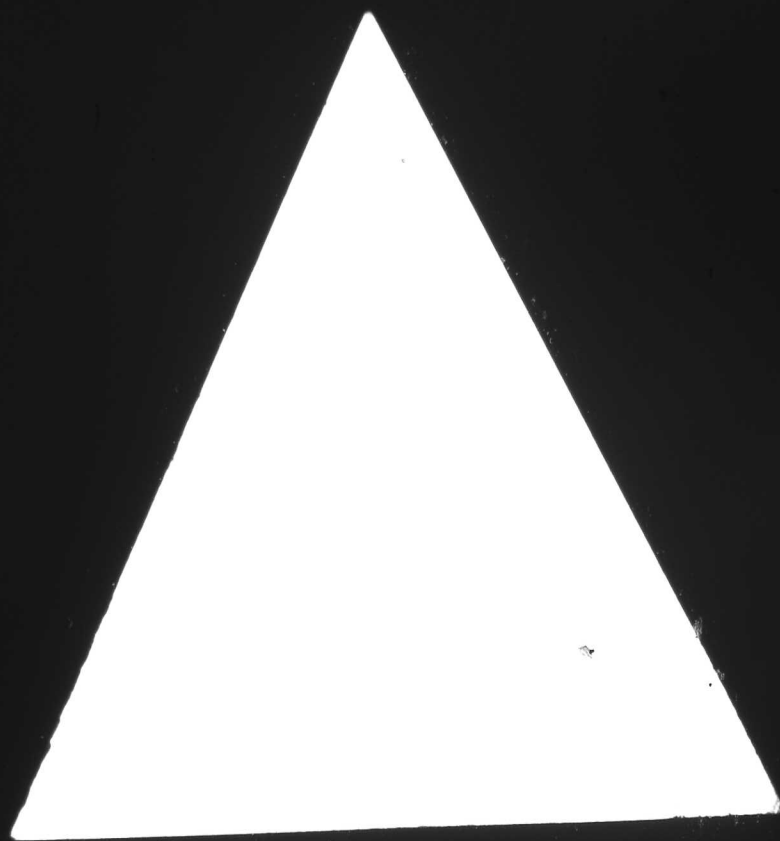
Casket	\$ 125.00
Embalming and services	15.00
Funeral notices	4.80
Two cars	20.00
Full bearers gloves	1.50
Box to cemetery	3.50
Hearse	15.00

\$ 184.80

Fulton County,
Atlanta, Ga.

The above account is just due and unpaid and for the burial of Mrs. Mary E. Fowler who died Feb. 24th 1927 with-out sufficient funds to pay her funeral expenses.

Sworn to & certified before me
this 16th day of March 1927
Harry G. Poole
Funeral Director



Director Confederate Records

RECORD O. K.
Dawson, M. C. (M. C.)
Fulton County 1936

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

AUG 19 1937

STATE OF GEORGIA.

Full copy

COUNTY

THOMAS H. JEFFRIES

that I know

Mr. H. J. Fowler

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

Mrs. V. A. Horder

the witnesses who swear to the ~~existence of said~~ 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 1 day of August 193

SEAL OF ORDINARY

Ordinary
Turon County

INSTRUCTIONS

Before any calculations are attempted the following 'check' items should be considered:

1. Are all the data available? Are there any obvious mistakes in the data?
2. Are all the data relevant? Are there any obvious mistakes in the data?
3. Are all the data relevant? Are there any obvious mistakes in the data?
4. Are all the data relevant? Are there any obvious mistakes in the data?
5. Are all the data relevant? Are there any obvious mistakes in the data?
6. Are all the data relevant? Are there any obvious mistakes in the data?
7. Are all the data relevant? Are there any obvious mistakes in the data?
8. Are all the data relevant? Are there any obvious mistakes in the data?
9. Are all the data relevant? Are there any obvious mistakes in the data?
10. Are all the data relevant? Are there any obvious mistakes in the data?

State Dept. Public Welfare,
Atlanta, Nov. 25, 1937.

T. N. Fowler was appointed
5th Sergt., Co. C., Phillips
Legion Co. Cavalry June 22,
1861. WOUNDED in foot, Benton-
ville, N. C., Sep. 25, 1863.
In hospital, wounded, close of
war.

Director Confederate Records
1901-9

RECEIVED U. S. A.

Widow's Application

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

County
Name
Widow of
Date of Marriage
Date of Husband's Death
Company
Regiment
Approved
Director

Ordinary's Certificate

STATE OF GEORGIA

Fulton

COUNTY

THOMAS H. JEFFERIES

Ordinary of said County, do certify

that I know Mrs. M. J. Fowler 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 Mrs. V. A. Holder the witness who swears to the ~~marriage~~ ^{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 August 1937
SEAL OF ORDINARY: Ordinary.

INSTRUCTIONS

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1920, are entitled.
4. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
5. Attach certified copy of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
6. Fill out the back of the application carefully.
7. Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.
8. Do not take an application from any widow who is already receiving a pension.

APPLICATION FOR PENSION BY A WIDOW OF A CONFEDERATE SOLDIER

(Under Act of 1910, as Amended by Act of 1919, and Constitutional
Amendments of 1920 and 1937.)

QUESTIONS FOR APPLICANT TO ANSWER:

STATE OF GEORGIA,

Fulton

COUNTY

Personally appears before me, Mrs. M. J. Fowler 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. M. J. Fowler, 1098 Colquitt Avenue, N.E. Atlanta, Ga. Fulton County
2. How long and since when have you been, continuously, a bona fide resident citizen of the State of Georgia?
All my life
3. Give date, or year, of your birth. May 11, 1853 Age? 79
3. (1) When, (2) where and (3) to whom were you married?
April 19th, 1891, Haralson County, Ga. T. N. Fowler
- a. Have you married since the death of first and soldier husband? No
- b. When and where did your first husband die? July 19, 1918, Buchanan, Georgia
- c. Were you residing together when he died? yes
- d. If not, how long had you resided apart?
- e. Are you now a widow? YES
- f. Have you or your husband heretofore been paid a pension by the State? Haralson County, Ga.
- g. If so, when and for what cause were you or your husband placed on the roll?

SECTION II

Answer the following questions if your husband was not a pensioner

1. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia. (Give name of Colonel and Captain.) State whether Infantry, Cavalry, Artillery, Reserves, State Guards, State Militia or State Troops.

1. When and where did the Commands of your husband surrender or discharge from the Service?
2. Was your husband personally present with his Command when it was surrendered or discharged?
3. If he was not present, state specifically and clearly where he was?
4. When did he leave the Command?
5. For what cause did he leave?
6. By whose authority did he leave?
7. For how long was his leave of absence granted? d. In what way?
8. What was his physical condition when he left his Command?
9. What effort did he make to return to his Command?
10. In what way was he prevented from going back to his Command?
11. Was he captured by the enemy at any time?
12. If so, when and where? In what prison was he held and when was he released?

Sworn to and subscribed before me, this the

27 day of July, 1937
A. B. Bates, Ordinary
of Fulton County.
(SEAL OF ORDINARY)

Mrs. M. J. Fowler Applicant.

STATE DEPARTMENT OF PUBLIC WELFARE

CURT BUILDING

ATLANTA

Honorable Thos. S. Jeffries, Ordinary,
Fulton County,
Atlanta, Georgia.

VERIFIED:

MRS. M. J. FOWLER, WIDOW OF T. N. FOWLER,

has filed in this office an application for the Georgia pension allowed to widows of Confederate veterans; and it appearing that the late husband of this applicant performed actual military service as a Confederate soldier and was honorably separated from such service; and that applicant was married to said soldier prior to January 1st, 1920, and that she was not remarried; it is, therefore,

ORDERED:

That said applicant be admitted to the pension roll of the State of Georgia for the month of January, 1938, and thereafter; and that a copy of this order be sent to the Ordinary of said County.

This, the 27th day of December 1937.

R. T. Gillen
Director, Confederate Division
State Department of Public
Welfare

State of Georgia
County of Fulton.

Personally before the undersigned authority now comes Mrs. V. A. Holder who upon oath says that she knows Mrs. M. J. Fowler and knows that she was living with her husband T. N. Fowler at the time of his death, that she has not remarried since his death and is now his dependent widow.
Sworn to and subscribed before me
this 27th day of July 1937

Mrs. V. A. Holder
A. J. Batten
O. C. Ordinary, Fulton Co. Ga.

This is to certify that T. N. Fowler, who is a member of Buchanan Camp No. 1151 has made application from Haralson County for a Pension under the Disabled Act. We recommend that said pension be granted, that he is worthy of a pension, did faithful service and is now disabled as we believe from diseases contracted during the war, and is not able to do any manual labor of any kind.

This Sept. 30th. 1909.

A. A. Hunt
Commander of Camp No. 1151 at Buchanan, Ga.
Haralson County.

Georgia Haralson County.

I, Anne Chestwood, Clerk of the Court of Ordinary in and for said State and County, do hereby certify that the within and foregoing one page of printing and typewriting contains a true and correct copy of the Marriage of T. M. Fowler and M. J. Harris as appears of record in this office in Marriage record Book (1880 - 1905), Page 88.

In Witness Whereof, I have hereunto set my hand and affixed the seal of said Court, this 10th day of July 1957.

Anne Chestwood
Clerk Court of Ordinary.

MARRIAGE LICENSE
OF

AND

Issued _____ 19____
and recorded on page _____
Book _____ of Marriage Licenses.
Ordinary.

LOCAL RESOURCES/PERSONS RETURN TO ORIGINAL IF NOT RECORDED

contains a true and correct copy of the Marriage of T. M. Fowler and M. J. Harris as appears of record in this office in Marriage record Book (1880 - 1908), Page 28.

In Witness Whereof, I have hereunto set my hand and affixed the seal of said Court, this 10th day of July 1957.

Wm. Heston
Clerk Court of Ordinary.

MARRIAGE LICENSE
OF

AND

Issued _____ 19____
and returned on page _____
Book _____ of Marriage Licenses.
Ordinary.

THIS MARRIAGE LICENSE IS RETURNED TO OFFICE OF CLERK OF COURTY

No. **Marriage License**

State of Georgia Harrison County

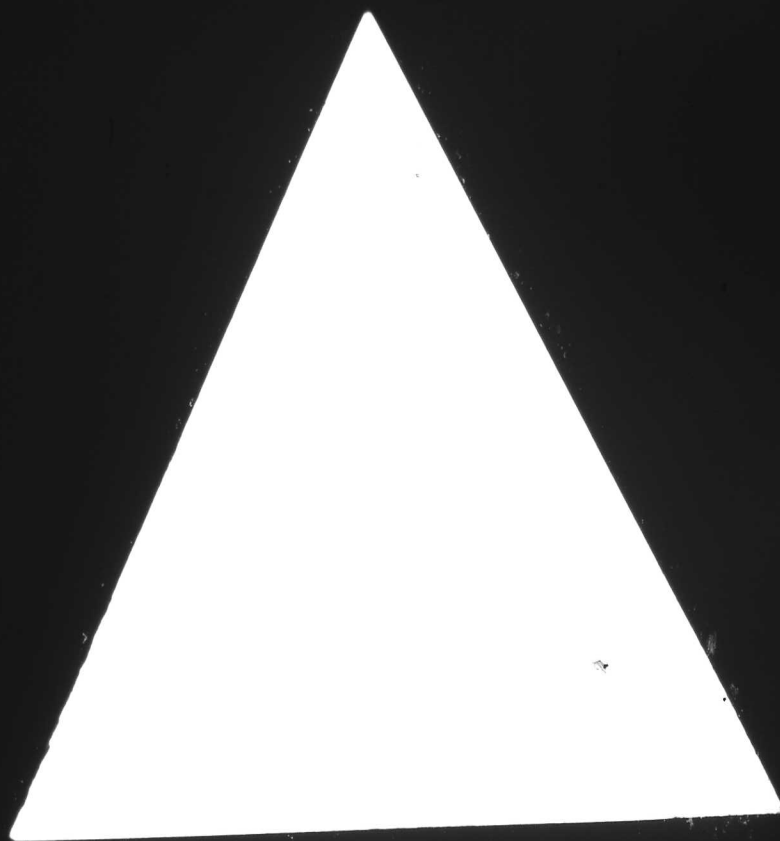
TO ANY JUDGE, JUSTICE OF THE PEACE, OR MINISTER OF THE GOSPEL.

You are hereby authorized to join
 T. N. Fowler, and M. J. Harris,
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 16th day of
 April 1891 S. M. Davenport, (L.S.)
 Ordinary

STATE OF GEORGIA ~~CERTIFICATE~~ HARRISON COUNTY.

I Certify that T. N. Fowler, *and* M. J. Harris,
were joined in Matrimony by me this 19th day of April Nineteen Hundred
 and Eighteen Hundred and Ninety One.
 Recorded 19 Rev. M. V. Mize,
 Ordinary.

LICENSE OBTAINED UNDER OATH BY



POWER OF ATTORNEY.

STATE OF GEORGIA,

Shulton

County.

P. H. Fowler

herely authentic

Geo. E. Smith

Shulton & Co. P. M.

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

Beane Hill

Witness my hand and seal this 12th day of July 1897.

W. H. Fowler

G. E. Smith

Insurance Office 5/20/1897
Answer to # 9 indicates
that applicant can earn
a support - Rich of Shulton
Am. P. Bureau

Lawler, A. K.
Shulton
No. 2987

INDIGENT PENSION
1897.

Name P. H. Fowler

County Shulton

Approved 5/9

WARRANT HANDED TO

Shulton

Jan 6 1897/8/10

POWER OF ATTORNEY.

STATE OF GEORGIA.

Fulton County.
P. H. Fowler
Jas C. Smith

hereby authorize

Fulton Co. City of Atlanta.

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

at *Clara P. R.* by

Witness my hand and seal this

12th day of *July* 1897.

Executed in presence of

M. C. Fowler
M. J. D. W. C. C. C.

From - June 5/20/1897
Answer to 2 & 3 indicates
that applicant can earn
a support - Rich of them
Amey Evans

Hawley, Ch.
Fulton Co.
No. 247

INDIGENT PENSION
 1897.

P. H. Fowler
Fulton Co.

5/9

WARRANT HANDED TO

Effect

July 6/1897

Questions for Applicant.

STATE OF GEORGIA.

Fulton County.
P. H. Fowler

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.
P. H. Fowler, State Georgia, Co. Fulton, P. O. Atlanta.
2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State?
I resided in Fulton Co. City of Atlanta, since the State since 1832.
3. When and where were you born?
See Hall Co. Ga. 14th of July 1832.
4. When and where and in what company and regiment did you enlist or serve?
I was mustered into Co. H. 18th Ga. Reg. of Cava. Big Shanty, 11th June 1861.
5. How long did you remain in such company and regiment?
I remained with it until 1863, when I went into the 3rd Ga. Battalion of Sharpshooters and was the driver with it until close of the war.
6. For how long a period did you discharge regular military duty?
Until the summer.
7. When, where and under what circumstances were you discharged from service?
I was surrendered under Gen. Robert Lee at Appomattox.
8. What is your present occupation?
I try to keep a little of Eggs & Chickens.
9. How much can you earn (gross) per annum by your own exertions or labor?
About \$ or 6 dollars.
10. What has been your occupation since 1865?
Was occupied until two years ago.
11. Upon which of the following grounds do you base your application for pension, viz.: first "age and poverty," second "infirmary and poverty," or third "blindness and poverty"?
Infirmary & 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?
I have Rheumatism and Kidney trouble, and my eyesight almost gone from Chills & fever contracted during the war in the service. I am too weak, old and infirm, to earn anything like a living.
13. What property, effects or income do you possess and its gross value?
None at all.
14. What property, effects or income did you possess in 1894, 1895 and 1896 and what disposition, if any, did you make of same?
I had no property, effects, or income except from my work up to 74 when I got too feeble and blind to earn anything more at my work.
15. In what County did you reside during those years and what property did you then return for taxation?
I resided in Fulton Co., and returned no property for taxation.
16. How were you supported during the years 1895 and 1896?
By help of friends, and what little I could earn hickling.
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 can't tell, I got poor support, and hardly knew how I was living.
18. What was your employment during 1895 and 1896? What pay did you receive in each year?
I tried to keep a little of Eggs & Chickens when I was able.
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead?
I have no family.

20. Are you receiving any pension, if so what amount and for what disability?
I am not receiving any pension & nor have I been to and subscribed before me this the
2nd day of January 1897.
P. H. Fowler
 Applicant.

of *Fulton* County.

Every Question MUST be Answered.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA.

Fulton County.

Robt. F. McDonnell of said State and County, having been presented as a witness in support of the application of R. F. Fowler 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? Robt. F. McDonnell
reside in the City of Atlanta, 396 Decatur St.
2. Are you acquainted with R. F. Fowler, the applicant, is of how long have you known him? Since 1861
3. Where does he reside, and how long has he been a resident of this State? He resides in Atlanta Fulton Co., and has to my knowledge lived in the State since 1861.
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? Yes, I know he belonged to Co. K, 18th Ga Reg. I also know that he was afterwards a member of Co. K, 5th Ga Battalion Sharpshooters.
5. When, where and in what company and regiment did he enlist? He enlisted in Co. K, 18th Ga Reg in 1861, at Big Shanty.
6. Were you a member of the same company and regiment? I was of the Regiment, not the Co.
How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? I know he performed military duty until the summer in April 1865, and he and Company came home together from Virginia.

8. What property, effects or income has the applicant? (Give your best knowledge.) I have seen and known of him since the war, and I know that he has no property, effects or income except the little he is able to get.
9. What property, effects or income did the applicant possess in 1895 and 1896, and what disposition, if any did he make of same? He did not have anything, he being crippled by frost, and suffering with a little money feeding children & eggs, very little of that.
10. What is the applicant's occupation and physical condition? He tries to pick a little when able, or eggs & chicken in the city. He has almost lost his eyesight from chronic sore eyes, and is very feeble and infirm.
11. Is the applicant unable to support himself by labor of any sort, if so, why? He is physically unable to make a living, and cannot see to work at his trade - that of a Carpenter. There is no sort of labor that he is able to do, he cannot even handle a shovel, his physical condition is so bad.
12. How was he supported during the years 1895 and 1896? He was hardly supported, he managed to live by help of friends, and by little savings.
13. What portion of his support for these two years was derived from his own labor or income? I suppose he did what he could, but that was very little, friends helped him also.
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 afflicted with Rheumatism, and some other trouble, his eyesight is almost gone from chronic sore eyes, he is old and infirm, very feeble, not able to do much, and quite helpless to prevent suffering.
15. What interest have you in the recovery of a pension by this applicant? I am for it.

Sworn to and subscribed before me, this
the 22 day of January 1897.

W. H. H. H. H. Ordinary.

R. F. McDonnell Witness.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA.

County.

Personally came before me

and

both known to me as reputable physicians

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

applicant for pension under the Act of 1894, and after

such personal examination say that his precise physical condition is as follows

He is aged, and his eyes are almost blind, and say
that he is suffering from chronic sore eyes, and is
quite helpless to prevent suffering.

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 22 day of January 1897.

W. H. H. H. H. Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

County.

I, W. H. H. H. H. Ordinary in and for said County, hereby certify that the applicant R. F. Fowler 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:

R. F. McDonnell and W. H. H. H. H. are of trustworthy character and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of Fulton County show that applicant returned for taxation in his name in 1895, that dollars of property, and in 1896, that dollars of property.

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

Witness my hand and seal of office, this 22 day of January 1897.

W. H. H. H. H. Ordinary

of Fulton County.

NOTE.

Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall answer make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God." Additional affidavits may be attached if blank space are insufficient.

POWER OF ATTORNEY.
STATE OF GEORGIA.

County }

hereby authorize

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

Witness my hand and seal, this day of 1899.

Executed in presence of (L. S.)

CODE SEC. 304
For Those Already Enrolled

No. 502

INDIGENT
SOLDIER'S PENSION,
1899.

Name *Richard Johnson*
County

WARRANT ISSUED

1899

1/18

RICHARD JOHNSON,

Commissioner of Pensions

WARRANT HANDLED TO

Robert

John W. Harrison, State Printer, Atlanta

POWER OF ATTORNEY.
STATE OF GEORGIA.

County }

hereby authorize

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

Witness my hand and seal, this day of 1900.

(L. S.)

Executed in presence of

CODE SEC. 1264
For Those Already Enrolled

NO.

65

INDIGENT

SOLDIER'S PENSION,
1900.

Name *J. R. Fowler*
County FULTON

WARRANT ISSUED

1900.

January 15

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDLED TO

John W. Harrison, State Printer, Atlanta

Wm. W. Harrison
Wm. W. Harrison

POWER OF ATTORNEY.

STATE OF GEORGIA.

County

hereby authorize

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

Witness my hand and seal, this day of

1901

[L. S.]

Executed in presence of

For Those Already Enrolled

No. 224

INDIGENT

SOLDIER'S PENSION.

1901.

Name. H. H. H. H.

County

WARRANT ISSUED

John W. Lindsey

Commissioner of Pensions

WARRANT HANDED TO

John W. Lindsey

Commissioner of Pensions

POWER OF ATTORNEY.

STATE OF GEORGIA.

County.

hereby authorize

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

by, Witness my hand and seal, this day of

1904

[L. S.]

Executed in the presence of

(FOR THOSE ALREADY ENROLLED)

No. 2

INDIGENT

SOLDIER'S PENSION

1904.

Name

County

Co. H. H. H. H.

WARRANT ISSUED

1904.

John W. Lindsey.

Commissioner of Pensions

WARRANT HANDED TO

John W. Lindsey

Commissioner of Pensions

no date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County

Personally appears

John A. Wilkerson 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 *14* day of *July* 18*32*, that he is *60* years old
and by occupation a *farmer* that he enlisted in the military service of the Con-
federate States (or of the State of *Georgia*) during the war between the
States, and served for the term of *3 1/2* years in Company *A* of *8*th Regiment
of *Georgia*; that his physical condition is as
follows: *General debility*

that his property consists of the following items:

of the value of *200* 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 *Fulton*
County been allowed a pension for the year 1*900*.

Sworn to and subscribed before me, this the
13 day of *January* 1901, *J. S. Fowler*
Ordinary.

STATE OF GEORGIA,

Fulton County

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

Given under my official signature and seal, this
day of *January* 1901

Ordinary

County

Note.—The blank spaces must be filled.
Note.—Affidavit should not be altered before January 1st, 1901.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.

Personally appears *J. A. Wilkerson* 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 *14* day of *July* 18*32*; that he is *60* years old and
by occupation a *farmer*, that he enlisted in the military service of the Con-
federate States (or of the State of *Georgia*) during the war between the
States, and served for the term of *3 1/2* years in Company *A* of *8*th Regiment
of *Georgia*; that his physical condition is as
follows: *General debility*

that his property consists of the following items:

of the value of *200* 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 *Fulton*
County been allowed a pension for the year 1*903*.

Sworn to and subscribed before me, this the
day of *January* 1904, *J. S. Fowler*
Ordinary.

STATE OF GEORGIA,

Fulton County.

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

Given under my official signature and seal, this *January 22* 1904,
day of *January* 1904.

Ordinary

Fulton County

Note.—The blank spaces must be filled.
Note.—Affidavit should not be altered before January 1st, 1901.

POWER OF ATTORNEY.

STATE OF GEORGIA.

County

hereby authorize

of

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

Witness my hand and seal, this day of

1902

18

Executed in presence of

FOR THOSE ALREADY ENROLLED

N 60

INDIGENT

SOLDIER'S PENSION

1902.

Name

P. A. Fowler

County

Fulton

Co.

18

Regiment

4th

WARRANT ISSUED

1902

114

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

4th

JOHN W. LINDSEY, Major Private, Atlanta.

note

Fowler, P. A.

Fulton Co

Cons. Register 1894.
(FOR THOSE ALREADY ENROLLED)

No. *370*

INDIGENT

SOLDIER'S PENSION

1907.

Name

P. A. Fowler

County

Fulton

Co.

18

Regiment

WARRANT ISSUED

1907

114

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

4th

JOHN W. LINDSEY, Major Private, Atlanta.

note

POWER OF ATTORNEY.

STATE OF GEORGIA.

County

hereby authorize

L

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

18

Executed in presence of

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.)

Fulton.

Personally appears P. K. Fowler 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 1832; that he is years old and
by occupation a that he enlisted in the military service of the Con-
federate States (or of the State of Georgia) during the war between the
States, and served for the term of 3 yrs in Company of 18th Regiment
of , that his physical condition is as
follows Amputation & General debility

that his property consists of the following items

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

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

Sworn to and subscribed before me, this day of JAN 13 1902 1902.

STATE OF GEORGIA,

County.

John R. Wilkinson

Ordinary of said County,

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

Given under my official signature and seal, this
day of JAN 13 1902 1902.

Ordinary

County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Fulton County.

Personally appears P. K. Fowler 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 1836, that he is 70 years old
and by occupation a that he enlisted in the military service of the Con-
federate States (or of the State of Georgia) during the war between the
States, and served for the term of 4 yrs in Company of th Regiment
of , that his physical condition is as
follows Age & poverty

that his property consists of the following items

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

Deponent desires to participate in the benefits of the Act approved December 15th,
1894, and the Acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 1907 I have heretofore, as a resident of
County, been allowed a pension for the year 1906

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

John R. Wilkinson Ordinary.

State of Georgia,

County.

Ordinary of said County,

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

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

Ordinary

County

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

POWER OF ATTORNEY.

STATE OF GEORGIA

County }

hereby authorize

of

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

Witness my hand and seal this

day of

1903

[L. S.]

Executed in presence of

*Fowler, P. H.
Fulton County*

CODE SECTION 154.
(FOR THOSE ALREADY ENROLLED.)

No. 22

INDIGENT

**SOLDIER'S PENSION
1903.**

Name *P. H. Fowler*

County *Fulton*

Co. *A* Regiment *18th*

Yue WARRANT ISSUED

121 1903

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Yue
Geo. Barriman, State Printer, Atlanta.

no date

POWER OF ATTORNEY.

STATE OF GEORGIA.

COUNTY }

hereby authorize

of

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

at

by

Witness my hand and seal, this

day of

1905

[L. S.]

Executed in the presence of

*Fowler, P. H.
Fulton County*

CODE SECTION 154.
(FOR THOSE ALREADY ENROLLED.)

No. 33

INDIGENT

**SOLDIER'S PENSION
1905.**

Name *P. H. Fowler*

County *Fulton*

Co. *A* Regiment *18th*

WARRANT ISSUED

416 1905

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Yue

Geo. Barriman, State Printer, Atlanta.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.)

Personally appears P. K. Fowler of Fulton.

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the day of 1832; that he is years old and by occupation a , that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of syn in Company , of 18th Regiment of Geo, that his physical condition is as follows: I & P

that his property consists of the following items:

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1904, 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 Fulton county been allowed a pension for the year 1

Sworn to and subscribed before me, this the 11 day of Jan, 1903, P. K. Fowler Ordinary.

STATE OF GEORGIA,

Fulton County.)

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

Given under my official signature and seal, this 11 day of Jan, 1903, John B. Wilkinson Ordinary, Fulton County.

NOTE.—The blank spaces must be filled.

NOTE.—Affidavit should not be attested before January 1st, 1905.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.)

Personally appears P. K. Fowler of Fulton.

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 ; 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 Georgia) during the war between the States, and served for the term of 4 yrs in Company , of 15th Regiment of Geo, that his physical condition is as follows: Age and poverty

that his property consists of the following items:

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

Deponent desires to participate in the benefits of the Act approved December 15th, 1904, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1905. I have heretofore as a resident of Fulton County been allowed a pension for the year 1904.

Sworn to and subscribed before me, this the 11 day of Jan, 1905, P. K. Fowler Ordinary.

STATE OF GEORGIA,

Fulton County.)

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

Given under my official signature and seal, this JAN 2 day of 1905, John B. Wilkinson Ordinary, Fulton 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

[8]

Executed in the presence of _____

Fowler, P. K.,
Fulton Co.,

Great Service 134.
(FOR THOSE ALREADY ENROLLED.)

No. *246*

INDIGENT
SOLDIER'S PENSION
1906.

Name *P. K. Fowler*
County *Mc.* Regiment *10th Reg.*
Co. _____

WARRANT ISSUED
117 1906

JOHN W. LINDSEY.
(Commissioner of Pensions.)

WARRANT HANDLED TO
[Signature]

no date

STATE OF GEORGIA

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

Fulton
Personally appears P. M. Fowler of Fulton
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 _____ 1836; that he is 70 years old and
by occupation a _____, that he enlisted in the military service of the Con-
federate States (or of the State of Georgia) during the war between the
States, and served for the term of 4 years in Company No., of 18th Regiment
of No.; that his physical condition is as
follows: Age and poverty

that his property consists of the following items

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

Deponent desires to participate in the benefits of the Act approved December 15th,
1894, and the Acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 1906. I have heretofore, as a resident of _____
County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the _____
day of JAN 1 1906 }
John R. Wierman Ordinary

State of Georgia,

Fulton County.

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

Given under my official signature and seal, this JAN 1 1906
day of _____ 1906.



John R. Wierman
Ordinary _____ County.

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

to be, and that he resides in this County.

Given under my official signature and seal, this JAN 1 1906

day of 1906.

Ordinary _____ County.

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



Essex, P. K.
Fulton County

No. _____

1913

Application for Pension Due Deceased Soldier

UNDER ACT 1901

To be made by the Widow or Dependent Children

BY

Mrs. P. K. Fowler
Widow of P. K. Fowler
of Fulton County
Co. _____ Regt. _____ Yrs. _____

Approved and paid

J. W. LINDSEY,
Commissioner of Pensions.

GEORGIA.

Fulton County.

I hereby authorize and constitute _____ of said county, my

lawful attorney to collect and receive for me in my name the Pension due me for 1913, through my

deceased husband, _____ who was on _____

Pension Roll and paid from _____ for 1913.

Witness my hand this _____ day of _____ 1913.

Attested before me: _____

GEORGIA, Fulton County.

1913 I hereby certify that the following is a true and correct copy of the original as filed in my office.

that I personally know _____ the applicant, and that she

is the lawful widow of _____

known _____ Pension Roll of said _____ and was on

_____ county for 1913, and at the time

of the death of the _____ 1913, there was due to

her and unpaid his Pension of _____ Dollars from the State

of Georgia, and I have _____ the within

_____ and is of a true and correct character and entitled to full credit.

Given under my hand and seal this _____ day of _____ 1913.

To certify a true and correct copy of the original as filed in my office.

_____ Ordinary _____ County.

_____ the within

_____ and is of a true and correct character and entitled to full credit.

Given under my hand and seal this _____ day of _____ 1913.

To certify a true and correct copy of the original as filed in my office.

_____ Ordinary _____ County.

_____ the within

_____ and is of a true and correct character and entitled to full credit.

Given under my hand and seal this _____ day of _____ 1913.

To certify a true and correct copy of the original as filed in my office.

_____ Ordinary _____ County.

_____ the within

_____ and is of a true and correct character and entitled to full credit.

Given under my hand and seal this _____ day of _____ 1913.

To certify a true and correct copy of the original as filed in my office.

_____ Ordinary _____ County.

_____ the within

_____ and is of a true and correct character and entitled to full credit.

Given under my hand and seal this _____ day of _____ 1913.

To certify a true and correct copy of the original as filed in my office.

_____ Ordinary _____ County.

_____ the within

_____ and is of a true and correct character and entitled to full credit.

Given under my hand and seal this _____ day of _____ 1913.

To certify a true and correct copy of the original as filed in my office.

_____ Ordinary _____ County.

_____ the within

_____ and is of a true and correct character and entitled to full credit.

Given under my hand and seal this _____ day of _____ 1913.

To certify a true and correct copy of the original as filed in my office.

_____ Ordinary _____ County.

_____ the within

_____ and is of a true and correct character and entitled to full credit.

Given under my hand and seal this _____ day of _____ 1913.

To certify a true and correct copy of the original as filed in my office.

_____ Ordinary _____ County.

_____ the within

_____ and is of a true and correct character and entitled to full credit.

Given under my hand and seal this _____ day of _____ 1913.

Application for Pension Due Deceased Soldier

To be paid to his widow or dependent children.
 UNDER ACT APPROVED OCTOBER 3, 1901

STATE OF GEORGIA Fulton County.

Personally before me comes Mrs. P. H. Fowler, of said county, after being duly sworn, on oath says that she is the widow of P. H. Fowler, who was duly enrolled as a Soldier Pensioner from the county of Fulton and was paid a Pension of \$10.00 Dollars from Fulton county for 1917, and that the said P. H. Fowler died in Fulton county on the 9 day of March 1918, and at the time of his death a Pension of \$10.00 was due him from Fulton county and unpaid for 1918.

Applicant further swears that she married the said P. H. Fowler on the 9 day of Feb 1911 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 17 day of March 1918.
John R. Williams Ordinary. W. H. P. H. Fowler
Fulton County.

AFFIDAVIT OF WITNESS.

GEORGIA, Fulton County.

Personally before me comes M. S. Haglerigo, who on oath says that he knew P. H. Fowler while in life and that he knows Mrs. P. H. Fowler the above applicant; that he knows that the said P. H. Fowler and Mrs. P. H. Fowler were in due form of law married in the county of Fulton in the State of Georgia on the 9 day of Feb 1911, and that they resided together as husband and wife from date of marriage to the day of his death on the 9 day of March 1918, and I now know that she is his dependent widow.

Sworn to and subscribed before me this 17 day of March 1918.
John R. Williams Ordinary. M. S. Haglerigo
Fulton County.

Georgia } Personally appeared
 Fulton County } before the undersigned
 Authority W. J. Armistead
 who being sworn says on oath that he
 is a citizen of said County, and resides
 near P. K. Fowler who is an applicant
 for a pension. Dependent has known said
 Fowler for many years, and he has
 always been a hard working, industri-
 ous man, until about two years ago
 when he became too feeble to work at
 his trade, and went to peddling chickens
 and eggs for a support carrying them
 about the city in his basket. Since
 April or May of the present year said
 P. K. Fowler has been, by reason of
 afflictions of rheumatism and bad
 eyesight, wholly unable to earn a
 support of any kind, and has been
 supported by charity and is now in
 a helpless and destitute condition.

Sworn to and subscribed
 before me this July 12th 1897. W. J. Armistead
 J. H. Lindrum
 J. P.

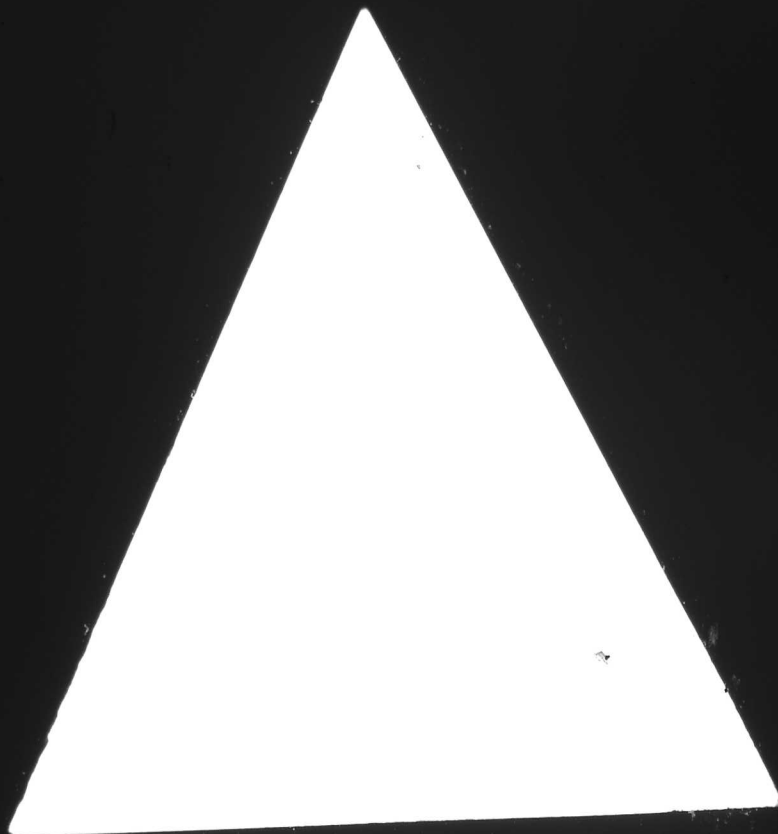
Georgia }
 Fulton County } Personally appeared before
 the undersigned authority
 P. K. Fowler, who being sworn, says on
 oath that he is afflicted with chronic
 rheumatism, and sore eyes, and that for
 past four months his condition has
 grown steadily worse until he is now
 wholly unable to do any work, and cannot
 earn anything toward a support, and
 that he is in a helpless and destitute
 condition, and wholly dependant on
 charity for the little on which he
 lives. Dependent has no property, no
 home of his own, and nothing to eat ~~and~~
 but little to wear, and will certainly suffer
 unless he gets assistance from the State.

Sworn to and subscribed
 before me this July 12th 1897. P. K. Fowler
 J. H. Lindrum
 J. P.

a receipt and answer
I have to and subscribed
before me, this July 12th 1897. W. J. armistead
Attest, Concluser
J. P.

W. J.

J. P.



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

County Tulsa
Name Mr. Don Fox
Widow of John W. Fox
Date of Marriage Aug 8 1927
Company Lat. & C. Volunteer
Regiment at Fort PC I
Approved John W. Fox
Don Fox

JOHN W. CLARK,
Commissioner of Pensions

Ordinary's Certificate

STATE OF GEORGIA.

Fuller

community

1. Thos H. Jefferson

that I know him does not know him.

Ordinary of said County, do certify

the applicant for pension; that

[illegible]

Given under my hand and official seal at the City of New York, this 19th day of August, 1929.

(SEAL OF ORDINARY)

Henry J. Higgins, Ordinary.

INSTRUCTIONS:

[illegible]

3-20-29

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

STATE OF GEORGIA.

Indon COUNTY

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

2. How long and since when have you been, continuously, a bona fide resident citizen of the State of Georgia? Twenty three years

3. When, where and to whom were you married?

AT Dealer Flr. Aug 8-187

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

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.) Edwards M. Kennedy Jr Col. Maxey 1862

5. When and where did the commands of your husband surrender or discharge from the Service? *Jan 1946 / Fort Monmouth*

6. Was your husband personally present with his command when it was surrendered or discharged? *no*

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

8. When did he leave the Command?

8. For what cause did he leave? *Mum died at Gettysburg*

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? Wounded

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

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

h. Was he captured by the enemy at any time?

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

Prisoner at Davis Island, N. Y. 40 867

j. When and where did your first husband die?

k. Were you residing together when he died?

1. If not, how long have you resided apart?...

m. Are you now a widow?.....

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?

Sworn to and subscribed before me, this the

18 day of March 1929

With Exemptions Ordinance

[Handwritten signature], Ordinary

of Tulsa County

(SEAL OF ORDINARY

STATE OF GEORGIA,

Fullton COUNTY

1. Thos H. Jeffries Ordinary of said County, do certify

that I know Wm. Dora Fox the applicant for pension; that

she is the person she represents herself to be, and that she has been, continuously, a bona fide resident of the United States.

dent citizen of said State since January 1st, 1920; that I also know Ans. Robt. Bryan

the witness ~~who swears to the service of husband~~ that both of them are now residents of said

County and were duly sworn by ^{my} ~~the~~ ^{days} before signing the foregoing affidavits, and that they are truth-

ful and trustworthy and their statements are entitled to full faith and credit.

Witness my hand and official seal of office this 19 day of March 1928.

(SEAL OF ORDINARY) *[Signature]* Ordinary.

of Golden County

1. Before any questions are answered the Ordinary shall swear solemnly and the witness in the following words: "I 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 necessary.

3. Only persons who married prior to January 1st, 1931, are entitled.

4. All affidavits must be sworn before the Ordinary of the Court in which the applicant or witnesses reside and must be certified by such Ordinary.

5. Attached 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 W. CLARK
COMMISSIONER OF PENSIONS

State of Georgia
Pension Department
Atlanta

March 28, 1929.

Hon. Thos. H. Jeffries,
Ordinary of Fulton County,
Atlanta, Ga.

My dear Judge:

I return herewith the application of Mrs. Dora Fox-Schwab for a pension as the widow of William Fox, and call your attention to the fact that it looks as if Mrs. Fox-Schwab has not signed the application with her correct name, or her present name. Please have Mrs. Schwab sign her name correctly to the application, and return all papers at your earliest convenience.

Your attention is also called to the official record of William Fox, which is attached to the papers. You will note that there is no further record of Mr. Fox after his escape in October, 1863. Kindly have his widow obtain an affidavit as to the whereabouts of William Fox from this time until the end of the War, and what effort he made to return to his command.

With kind regards,

Very truly yours,

John W. Clark
Commissioner of Pensions

By: *Margaret W. Arnold*

Carolina Yacht Club,
Charleston, S. C., March 30, 1897.

My Dear Friend:

Not since the death of my brother, who was killed on the Railway about 15 years ago, have I experienced so sad and severe a shock as that occasioned by reading, in the Ocala Banner, of the passing away of your good and devoted husband, my gallant comrade and warm personal friend- to whom I was attached by the tenderest of ties and the strongest of sympathies. I regarded him as a brother.

You knew him best, loved and lamented him most. May God console you in this the hour of your sorrow. I have often thought of your happy home, now shrouded in gloom, of the joyous hours passed around the tranquil fireside. My visit to Ocala was one of the most delightful events of my life. On the 22 February I was in the midst of gay company, at a large convivial gathering. Yet even when mirth and pleasure held sway, and laughing voices were heard, my fondest thoughts tenderly turned to the two days in Ocala and the fair, sweet friends, and cherished comrades I met there, who gladdened my heart, were present to my mind. They shall ever be enshrined in my breast.

I send you a copy of the News & Courier, containing the touching tribute from the Ocala, to which I added a few lines. When the Irish Volunteers meet they will express their sympathy, and place on record their estimate of William Fox; who was one of the most faithful and fearless of soldiers, and a patriotic and pure man. A special meeting of the Company would be called to take notice of his death, but I have to leave here for Asheville this afternoon to deliver a lecture for the benefit of Camp Z. B. Vance.

Next to you and yours, I ranked among those he valued.

With a brotherly regard,
and heartfelt sympathy,
I remain,

Yours faithfully,

(Signed) James Armstrong

I certify that the above is a true and correct copy of a letter written to Mrs. Dora Fox on the death of her husband, William Fox.

Margaret W. Arnold
Clark Pension Department
State Capitol, Atlanta

Georgia, Fulton County.

Personally appeared Mrs. Sol Benjamin, who swears that she was present at the marriage of Mrs. Dora Fox and William Fox, and that said marriage occurred in Ocala, Fla. on August 8th, 1877, and that she knows that the said William Fox, died on March 19th, 1897. She further swears that his widow married Leo Schwab in the year 1907 and that the said Leo Schwab died in August 1909, and that the said Mrs. Dora Fox is now a dependent widow.

Sol Benjamin

Sworn to and subscribed before me,
this 16th day of March, 1929.

Arthur B. Marshall
C. C. Ordinary.

Jacksonville Fla. Apr 13-1929
My dear Sister Dora -

I am glad to have your recent letter informing me of the state of your health, and hope you will soon be in much better condition. - I note your efforts to obtain a pension, if you then have, or is one, entitled to it, it is the widow of Wm Fox, who was as brave a soldier, as ever won the grey - he often related to me, his thrilling experience of being left on the battlefield on a hot summer day, badly wounded, picked up by Yankee soldiers and sent to Swan Island N. Y. when he remained a prisoner of war for more than 1 1/2 years - an uncle of his living in New York aided him in escaping, and assisted him in getting to California, in the hope that his health would be restored, wounded, and long prison life made it impossible for him to again

Sunday -

Dear Herman - Great because
you changed your schedule
I forgot to get the information
you wanted - Here it is -

Wm Fox aged 19 joined the
company known as Capt.
Edward McCady's Co. Company.
CSA Vol. organized ~~April~~
June 25th 1861 - at Charleston
SC. Captain Stephen D Lee
was the Enrolling Officer -
Wm Fox was 4th Corporal
and was wounded at Gettysburg
July 1st 1863 - He was made
a member of the United C. Vet.

his comrades, though Americans as
if you could find some of his young
comrades, they would be happy to testify to
the loyalty of Wm Fox to the Confederacy -
there is little news to write to you from
here, all of the family are well, and
join me in much love to you -

Your brother
John Benjamin

STATE OF GEORGIA.

Henry (County)

Personally appeared before me *David H. H. H.* of the county of *Henry* State of Georgia, who, being duly sworn, deposes and says that he was on the 20th day of September, 1879, a bona fide resident of this State; that he enlisted in the military service of the Confederate States, or of this State, as a *Private* in Company *F. 3d* Regiment of *Georgia* Volunteers that while engaged in such military service, to-wit: at the battle or engagement of *Red Bank, Miss.* in the State of *Georgia* on the *29th* day of *July* 1864, he was wounded in the *Right* and that the same was amputated *below the knee* that he has not received the payment allowed him for such limb under an Act entitled an Act to carry into effect the last clause of Paragraph 1, Section 1, Article 7 of the Constitution of 1877, approved September 20th, 1879; that he has *not* supplied himself with an artificial *limb* or that, not having done so, he prefers to supply himself with an artificial *limb*.

Sworn to and subscribed before me this *27th* day of *October* 1879 *David H. H. H.*
David H. H. H.
 Note.—The above affidavit must be made before some officer authorized to administer oaths, a Judge of the Superior or County Court, Justice of the Peace, Clerk of the Superior Court, or Ordinary.

COMMISSIONED OFFICER'S AFFIDAVIT

STATE OF GEORGIA,

County

Personally came before me, of the county of State of Georgia, who, being duly sworn, deposes and says that he was in Company Regiment and that the above deponent, was a in said Company, and that this deponent knows that said lost a in the military service as said in the above affidavit. Sworn to and subscribed before me this day of 18...

Note.—If the affidavit of the commissioned officer is not obtainable, the following affidavit of three responsible citizens, must be furnished.

APPLICATION FOR

For Certificate of Service

Applicant *D. M. H. H.*

County *Fulton*

Limb *Right Arm*

Amount *100*

Date of Warrant

Page

143 Oct 1879

161152

Shirley David M. # 372
Account David M. # 372
58 Muley Co

AN ACT

To carry into effect the last clause of Paragraph 1, Section 1, Article 7 of the Constitution of 1877:

SECTION 1. Be it enacted by the General Assembly of the State of Georgia, That any person now a bona fide resident of this State, who enlisted in the military service of the Confederate States, or of this State, who, while engaged in said military service, lost a limb or limbs, may furnish to the Governor of this State proof that such applicant has supplied himself with such useful artificial limb or limbs, and the Governor, on reception of such proof, is hereby authorized to draw his warrant on the Treasurer of this State in favor of such applicant for either amount hereinafter mentioned, to wit: For a leg extending above the knee, one hundred dollars; for a leg not extending above the knee, seventy-five dollars; for an arm extending above the elbow, sixty dollars; for an arm not extending above the elbow, forty dollars. Provided the said amounts of money may be allowed to any one entitled to the benefits of this Act who may prefer to supply himself with the said artificial limb.

Sec. 11. Be it further enacted by the said authority, That such application shall contain proof of such applicants being entitled to the benefits of this act and shall further state whether arm or leg has been supplied. If an arm, whether extending above the elbow or not; if a leg, whether extending above the knee or not, and the Governor shall decide the sufficiency of the proof submitted.

Sec. 12. Be it further enacted by the said authority, That no applicant shall receive the sum allowed under this act oftener than once in five years.

Sec. 13. Be it further enacted by the authority aforesaid, That all laws and parts of laws in conflict with this Act be and the same are hereby repealed.

HENRY R. GORTCHUS,
Secretary House Representatives
W. A. HARRIS,
Secretary Senate
Approved, September 6th, 1879

A. O. BACON,
Speaker House Representatives,
RUFUS E. LEWIS,
President Senate,
ALFRED H. COLQUITT, Governor.

STATE OF GEORGIA,

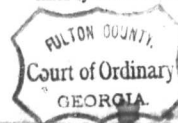
Fulton County.

Personally came, J. S. Holliday and W. R. Hau-
rick & J. N. Franklin
who, being duly sworn, depose and say they are acquainted with Samuel M. Frank-
lin and know that he lost a leg in the military service during the late war;
that said leg was amputated above the knee; that he is a bona fide
citizen of this State, and we are well satisfied that the facts stated by him in the above affidavit are true.
Sworn to and subscribed before me this 28th day of Oct, 1879. John S. Holliday
W. R. Hau-rick

STATE OF GEORGIA,

Fulton County.

I, Samuel M. Frank- Ordinary of Fulton
county, do certify that I am well acquainted with Samuel M. Frank-
the applicant for a leg, and am well satisfied that the facts stated by him in the foregoing
affidavit are true, and that I am well acquainted with J. S. Holliday & W. R.
Hau-rick & J. N. Franklin
the citizens who make their affidavit, that they are respectable citizens of this county, and that the facts
stated by them are true.



Given under my hand and official seal, this 28th
day of Oct, 1879.

Samuel M. Frank-
Ordinary J. C.

Pension office - 18 - 1 9 1910.

Must submit some testimony of the date of marriage.
This is important fact and must be proved, cannot be omitted.

J. W. LINDSEY, Sec. of Pens.

Chas. F. Smith, Sec. of Pens.

J. W. LINDSEY,
Secretary of Pension

Widow's Pension
UNDER ACT 1910

Application for Pension by a Widow Under Act of 1910.--Questions
for Applicant.

STATE OF GEORGIA,

Frederick County.

Personally before me comes Maria Hill Fraser of said State and County,
and after being duly sworn, on oath says that she desires to apply for a pension allowed under the Act
of 1910, and submit testimony to make out the same, true answers makes to the fol-
lowing questions to wit:

1. What is your name, and where do you reside? Mrs. J. M. Brown East Point Ga
2. How long and since when have you been a continuing resident in the State of Georgia? Since
November 1908
3. When, where and to whom were you married? 1888 Edgworth Ga. J. M. Brown
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Con-
federate Army or Georgia Militia? (State the arms and class of Service.) 1165 - Co. A. 2nd
Regt. Washington Me. Cavalry Co.
5. When and where did the Commands of your husband surrender or discharge from the army?
1865 near Washington Me.
6. Was your husband personally present at the time of the surrender or discharge of this Command?
yes
7. If he was not present state clearly where he was? ✓
8. Where was his Command when he left? Near Washington Me
 - a. For what cause did he leave his command? Surrender of Co
 - b. By whose authority did he leave his Command? ✓
 - c. For how long was he granted leave of absence? ✓
 - d. What was his physical condition when he left his Command? ✓
 - e. What effort did he make to return to his command? ✓
 - f. In what way was he prevented from going back to Command? ✓
 - g. Was he captured by the enemy at any time? No
 - h. If so, when and where captured and where held as a prisoner, and when and for what cause re-
leased? ✓
9. When and where did your husband die? Baltimore Md Feb 12 - 1907
- k. Were you residing together when he died? Yes
- l. If not, how long had you resided apart? ✓
10. What property of any description did you own, hold or control for your use and its cash value,
Nov. 4, 1908. (State same by items.) None
11. What property of any kind have you sold or given away since Nov. 4, 1908? What was received
for it and what did you do with the proceeds thereof? (Give items and cash value.) None
12. What property of any description of any value have you now? None
Give list and cash value? ✓
13. What are your annual earnings or income and their value? None
14. Have you heretofore been paid a pension by the State? No
If so, when and for what cause were you struck from the Roll? ✓

Sworn to and subscribed before me this the

15 day of Nov 19 10

John R. Wren Notary

Frederick County.

Maria Hill Fraser

Edgfield County.

1. What is your name and where do you reside? Shirley K. Kiser, 1001 E. 1st St., Kansas City, Mo.

2. How long and since when have you known Shirley K. Kiser applicant? all her life

3. How long and since when has she continuously resided in this State? (Give date.) all her life

4. When and to whom was she married? *9/24/84* How do you know? *Of my own knowledge*
5. How long and since when did you know *9/24/84* her
husband? *Since 1961*

6. When and where did..... *Ed. Ornes*

7 Where 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? never

Were they divorced? no

9 When, where and in what Company and Regiment did J. T. Fowler enlist?

In 1861, at Columbia, S.C. Co. 1st S.C. Cavalry

10. Were you a member of the same Company? *No but same Regiment.*

11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? Four years

12. When, and where did his Command surrender, and was discharged? In 1865, near
Wilmington N.C.

13. Were you personally present when it was surrendered? Yes If not where
were you and how came you there?

14. Was the husband of applicant personally present at surrender? Yes If no
where was he? _____ when, where and for what _____

cause did he leave Command? (Give date).....By whom
authority did he leave his Command?.....and how

long was he granted leave? How do you know all this?

Of my own knowledge, I was present

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 12 day of Nov 1910 J. A. White

Prostate Gland. Edgewood County.

Quilley County

Personally before me, Albert J. Hest, a Justice of the Peace, who on oath says that they are freeholders of said County and that they know Miss Marion Hall Green of said County and know what property she owned on 4th Nov. 1908, and its cash value to be as set out by Schedule (A) as follows:

Personal property	8
Notes and accounts due	8
Total	8

Schedule (B).
We know the property sold or given away since Nov. 4th 1908, its cash value to be as follows

Personal property

Money, Notes and accounts

Schedule (C).

We also know what property she has now in her possession, use and control to wit:

Acres of land worth	\$
Horses and Mules	\$
Cows and Hogs	\$
Other property	\$
Income and earnings	\$
Total Value of all resources and efforts	\$

Sworn and subscribed before me this the 21st day of Nov. 1912
John R. Williamson Ordinary,
of Fulton County

Edgemoor County

I, James H. Judge, Judge of said County, do certify that, James H. Judge is the applicant for pardon. She is the same person represented heretofore to be and she is a bonafide continuing resident citizen of said County, and on the 4th Nov. 2000.

That I also know Jas White the witness who swears to the service of husband, and _____ who are freeholders. That all of them are now residents of said County and were duly sworn by me before signing the foregoing affidavit and that they all, are truthful, trustworthy, and their statements are entitled to full faith and credit.

~~That the Tax Returns~~ ~~Returned for Tax is for~~
1936 for 1936 A

Sworn under my hand and official seal of office this 12 day of Nov 1910

SEAL. *John J. [illegible]* *Ordinary,*
Probate Judge, [illegible] County
 SEAL. *[illegible]* *County*

NOTES 1. Before any questions are answered the Ordinance shall be read, and each of the witnesses in the following words shall be required to swear that you will truthfully answer each of the questions asked you and the evidence given you shall give will be the truth. So help you God."

2. If either candidate may be accused of recent crimes or offenses, the Ordinance should be read before the Ordinance.

3. Any persons who married prior to first January 1870 are entitled, and the qualified copies of marriage license is available, and, prior marriage, by some person, or by government.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

FULTON COUNTY.

I, Miss H. H. Hill Ordinary of said County do certify that,
I know Mrs. H. H. Hill the applicant for pension. She is the person
she represents herself to be and she is a bona fide resident citizen of
said County and was in the 4th, Nov., 1908

That I also know Mr. J. H. Hill the witness who swears to the
service of husband, and Mr. J. H. Hill who are freeholders.
That all of them are now residents of said County and were duly sworn by
me before signing the foregoing affidavits and that they all, are trust-
worthy, and their statements are entitled to full faith and credit.

That the Tax Returns M. H. Hill Returned for Tax is for
1908 \$ None for 1910 \$ None

Sworn under my hand and official seal of office this 15 day of Dec
1910 H. H. Hill Ordinary

Fulton County.

State of Georgia
Fulton County I personally appeared
before the undersigned Miss H. H. Hill
Hill who after being duly sworn says
she was present at the marriage of
Jas. H. Hill and Maria Hill and the
same occurred in Edgefield SC on the
26th day of November 1868. She further
says that she has known them ever since
that time & they lived together until the
date of his death 22nd day of February
1908 & that she is now his dependent
widow.

Miss Maria Hill
Sworn to and subscribed
before me February 23rd 1911
Marcellus M. Anderson
Clerk Court Ordinary

POWER OF ATTORNEY.

STATE OF GEORGIA.

COURT.

I,

of

being authorized

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

\$1.

by

Witness my hand and seal, this

day of

189

[L.S.]

Executed in presence of

Fraser, Daniel

Fulton Co.

No.

INDIGENT PENSION

To Walter 1906

Name S. H. Fraser

County Hartwell

Co. B- 11th Cal. Regt.

Approved 100

JOHN W. LINDSEY

WARRANT HANDED TO

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

Emilia F. Lindsey, Secretary of the State, S. H. Fraser, Regt.

POWER OF ATTORNEY.

STATE OF GEORGIA

COUNTY.

_____ hereby authorize

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

Witness my hand and seal: 11/18

1248

190

-[L. S.]

Fewer than 10 percent

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA

COUNT

Samuel H. Thrush 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)
W H Green, Atlanta, United States Ga

2. How long and since when have you been a resident of this State? 62 years

8. When and where were you born? OCT 12th 1844 - Hall Co Ga

4. When and where and in what company and regiment did you enlist or serve?
April 14 1864 - 2nd Cavalry Bn Company
23-11 1st Regt - Cavalry 1st S. 2nd

5. How long did you remain in such company and regiment?
April 1865 - April 1866

8. When and where was your company and regiment surrendered and discharged?
Ship 26th 1865 - (was sent to Hospital
16th April 1865, was there at time of surrender) your rat

7. Were you present with your company and regiment when it was surrendered? *Was not*

7. Were you present with your company and regiment when it was surrendered? Yes
 8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? Was in a Hospital - with Syphilis
by authority of my officers - Was unable to go home

9. How much can you earn (gross) per annum by your own exertions or labor? about \$400-
10000 - 12000 - I am not sure as to what I can make

10. What has been your occupation since 1865? Farming on rented land

11. Upon which of the following grounds do you base your application for pension, viz. first, "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? Been blind years
since - able to earn a support at anything
working in mine - in army - lost three jobs - being
given the wrong get - security clearance right now.

13. What property, real and personal, or income, do you possess, and its gross value? *None*

14. What property, real or personal, did you possess in 1901, 1902, 1903, 1904 and 1905, and what disposition, if any, by sale or gift, have you made of same? None

10. In what County did you reside during those years, and what property did you then return for taxation?
Hall - Jackson - Morgan & Sullivan Counties - No taxes

16. How were you supported during the years 1901, 1902, 1903, 1904 and 1905? *By wife and 2 step children and little work myself at times*

17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? \$100 - Contributor about \$40 -

18. What was your employment during 1901, 1902, 1903, 1904 and 1905? What pay did you receive in each year?
 Trying to learn - but nothing more -

19. Have you a family? If so, who composes such family? Give their means of support. Have they a home stand, or other property? Their ages and how employed?

Wife - means - 8 d

the family - 6 d

and 9 girls - ages. 11 yrs, training - 9 - years - 7 girls
5 years - old, none able to work. Just little

90. Are you receiving any pension? If so, what amount and for what disability? None

21. Have you ever made an application for pension before? Yes

22. How many applications have you ever made and under what class? One - Invalid - an account of a mangled knee - injured during Civil War service.

Signed and subscribed before me this 8th day of May 1907

Sworn and subscribed before me this 1st day of Sept. 1906. *John R. Wickham* Ordinary.
of *Fresno* County.

Applicant.

Every Question MUST Be Answered.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA.

Fulton COUNTY.

W. H. Harrison of said State and County, having been presented as a witness in support of the application of Samuel H. Harrison 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. H. Harrison
Fulton County, Ga
2. Are you acquainted with Samuel H. Harrison the applicant; if so how long have you known him? 50 years or more
3. Where does he reside, and how long and since when has he been a resident of this State? Fulton Co Ga - 40 years or more
4. What 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 and 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? None
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom?

14. What is the applicant's occupation and physical condition? Spent part of the time - wounded since old - infirm - nearly blind
15. Is the applicant unable to support himself by labor of any sort, if so, why? Yes - old age - infirm - wounded since
16. How was he supported during the years 1901, 1902, 1903, 1904 and 1905? By wife & children - little work at times
17. What portion of his support for those four years was derived from his own labor or income? about one half

18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code. Wounded in battle - old and feeble - partly blind - infirm
19. Who composes family? What property have they? Children's ages and their earning capacity? Wife & 5 small children - too young to earn anything
20. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this the 17th day of Sept, 1906
John W. Williams Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Fulton COUNTY.

Personally came before me A. H. Brashear and M. T. Brashear, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully

Samuel H. Harrison, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

That he has a useless leg, is almost blind, eyesight very bad. His troubles are permanent, incurable, and he is unable to earn a living by any trade or calling.

Sworn to and subscribed before me, this the 17th day of Sept, 1906
John W. Williams Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Fulton COUNTY.

I, John W. Williams Ordinary, in and for said County, hereby certify that the applicant Samuel H. Harrison resides in said County, and has been a bona fide resident of this State since the 17th day of Sept, 1896 and that the witnesses, viz: W. H. Harrison

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 Fulton County shows that applicant returned for taxation in his name in 1901 None Dollars of property; and in 1902 None Dollars of property; in 1903 None Dollars of property; in 1904 None Dollars of property; in 1905 None Dollars of property.

In my opinion the foregoing claim is None made in good faith. Witness my hand and seal of office, this 17th day of Sept, 1906
John W. Williams Ordinary.

NOTES.
1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following manner: "You do hereby swear that you will give true answers 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 witnesses, and as to the execution of the proof as shown on oath.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Hall COUNTY.

Garrett of said State and County, having been presented as a witness in support of the application of Samuel H. Fraser for pension under section 1254, Code, and after being duly sworn true answers to make to the following questions, depose and answers as follows:

1. What is your name and where do you reside?

Hall County Ga

2. Are you acquainted with Samuel H. Fraser, the applicant? If so how long have you known him?

Yes

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

Atlanta Ga. more than 40 years

4. When, where and in what company and regiment did he enlist, and how do you know?

Shant Regiment 1864 - 100 B. 11th Georgia County Hall Co

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

Yes - 100th Georgia

6. How long did he perform regular military duty?

Until April 26th 1865

7. When and where was his command surrendered?

April 26th 1865 - S.C.

8. Were you present when it surrendered?

Yes

9. Was applicant present?

Not exactly - he was in hospital closely

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

at Hospital with wounds

When did he leave his command?

About 10th April

By what authority he left?

Superior officers

How do you know all of this?

I was there with him all the time - saw him in

hospital - Campbell right after surrender - he was unable to move

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?

None

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?

He is unable to work - full of pain in arms - almost blind - right

hand

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

Yes - for

reasons above stated to Q. 14 - and because

of age - weakness & infirmity

16. How was he supported during the years 1901, 1902, 1903, 1904 and 1905?

By wife and 2 step children - now deceased

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

Not more than one half

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

None stated in Q. 14 & 15

19. Who compose family? What property have they? Children's ages and their earning capacity?

Wife - 5 - single children - oldest 11 - youngest

6 - years old - his wife is a seamstress

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

None

Sworn to and subscribed before me, this the

23 day of August 1906

W. H. Fraser Ordinary.

D. H. Garrett Witness.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

Hall COUNTY.

W. H. Fraser Ordinary, in and for said County, hereby certify

that the applicant resides in said County and has

been a bona fide resident of this State since the day of 189

and that the witnesses, viz: Garrett is

one 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 Hall County shows that applicant

appeared for taxation in his name in 1901 6 Dollars of

property, and in 1902 6 Dollars of property; in 1903

6 Dollars of property; in 1904 6 Dollars of property; in 1905

6 Dollars of property.

In my opinion the foregoing claim is made in good faith

Witness my hand and seal of office, this 23 day of August 1906

W. H. Fraser Ordinary.

of Hall County.

270533

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.

NAME **Fraser, Samuel E.** YEAR **1906** COUNTY **Fulton**

WHEN AND WHERE BORN? **Oct. 12, 1844, Hall County, Georgia**

ENLISTED WHEN AND WHERE? **April 1, 1864, Hall County, Georgia.**

RANK.

COMPANY AND REGIMENT? **Co. B, 11th Regt. Georgia Cavalry
Col. Young & Harman**

NAME OF CAPTAIN AND COLONEL?

WOUNDED? **In hospital with measles April 16, 1868.**

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? **April 24, 1868, South Carolina**

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? **In the hospital with measles. Was sent to the hospital Aug. 16, 1868.**

DIED, WHEN AND WHERE?

BURIED,

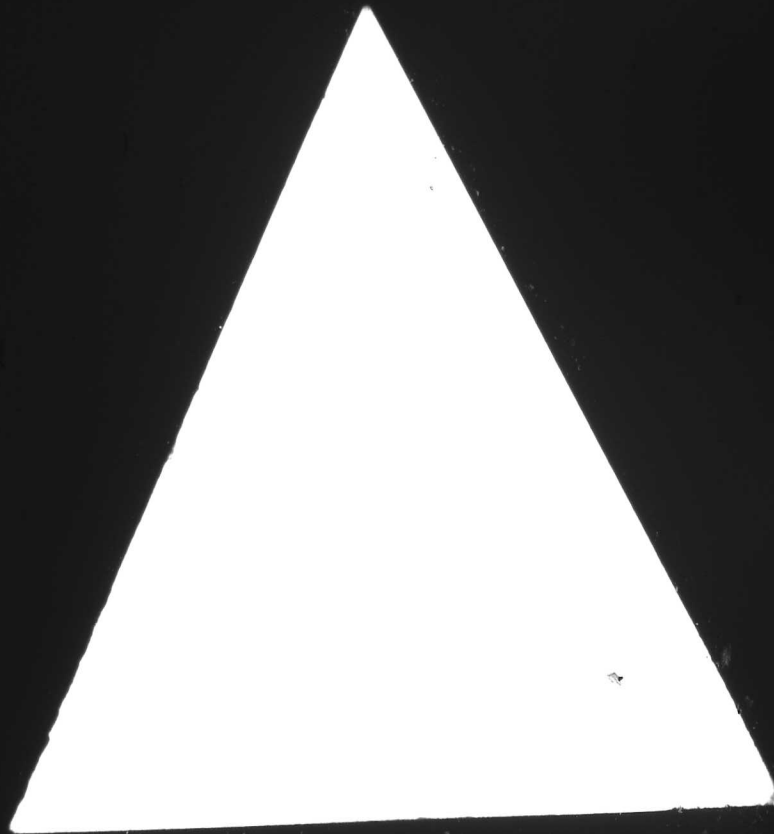
WITNESSES. **E. H. Barrett - same command -
(ordnary surgt.)**

No data

BURIED,

WITNESSES: D. H. Everett - same command -
(senior sergeant)

No date



Ordinary's Certificate

STATE OF GEORGIA.

COUNTY

Fulton

Ordinary of said County, do certify

that I know

the applicant for pension. She

is the person who represents herself to be and she is a bona fide continuing resident citizen of said County and was on the 4th November 1905 that I also know *Edith Vaughtan*

the persons who appear to be the persons of husband that both of them are now residents of said County and were duly sworn to and after signing the foregoing affidavits and that they both are truthful, true, worthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this *17* day of *Oct* 19 *1905*

(SEAL)

Ordinary.

County

NOTES: 1. Before any questions are answered the Ordinary shall read applicant and the witness in the following words: "You do solemnly swear that the answers you give to each of the questions asked you and the witness are true and that you will be the truth. So help you God." 2. Additional affidavits may be attached if that person are unable to attend. 3. Only widows who marry may be attached if that person are unable to attend. 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 *Fulton*

Name *Mrs. S. C. FRASER*

Widow of *C. M. FRASER*

Company *Vaughan's Brigade*

Regiment *11th Ga. Cav.*

Approved

#8

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

Fraser, Susan E.C. 1/2
1892
Fulton County
No. 1000

Ordinary Certificate

STATE OF GEORGIA,

Fulton COUNTY.

I, T. H. B. Officer Ordinary of said County, do certify that I know Mrs. S. C. Fraser 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 G. K. L. L. L. 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 19th day of October 1919

T. H. B. Officer Ordinary,
County.

NOTES: 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.
Additional affidavits may be attached if blank spaces are insufficient.
Only widows who married prior to January 1st, 1861, are entitled.
All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by such Ordinary.
Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

Fraser, Susan E. C. 300
140 Fulton County
Nov. 1st

Widow's Pension

Under Act 1910—as amended by Act of 1919

County Fulton
Name Mrs. S. C. Fraser
Widow of C. M. Fraser
Company Vaughan's Brig.
Regiment 13th Ga. Cav.
Approved _____

J. W. LINDSEY,
Commissioner of Pensions,
Said Pensions Co. duly sworn to.

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

Questions for Applicant

STATE OF GEORGIA,

Fulton COUNTY.

Personally before me comes Mrs. S. C. Fraser 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. S. C. Fraser, 83 W. 15th St., Atlanta, Ga.
2. How long and since when have you been a continuing resident of the State of Georgia? All my life
3. When, where and to whom were you married? Oct. 10 1872 to C. M. Fraser, Atlanta, Ga.
 - 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.) Marikita, Ga., 16th Ga. Cav., and later transferred to 13th Ga. Cav. Vol. Vaughan's Brig. Enlisted in 1862 and served three years to surrender. Joined Oct. 27 1862
 - a. When and where did the commands of your husband surrender or discharge from the army? Disbanded at Washington, Ga., April 1865
 - b. Was your husband personally present at the time of the surrender or discharge of this command? Yes
 - c. If he was not present state clearly where he was? Was escort of Pres. Davis and disbanded at Washington, Ga., where he went as escort to President
5. Where was his command when he left?
 - a. For what cause did he leave his command? Never resided apart
 - b. By whose authority did he leave his command?
 - c. For how long was he granted leave of absence?
 - d. What was his physical condition when he left his command?
 - e. What effort did he make to return to his command?
 - f. In what way was he prevented from going back to Command?
 - g. Was he captured by the enemy at any time? No
 - h. If so, when and where captured and where held as a prisoner, and when and for what cause released?
6. When and where did your first husband die? Atlanta, Ga., Aug. 25, 1902
7. Were you residing together when he died? Yes
 - a. If not, how long had you resided apart?
8. Are you now a widow? Yes
9. Have you or your husband heretofore been paid a pension by the State? No
 - a. If so, when and for what cause were you or your husband placed on the roll? Never applied

Sworn to and subscribed before me this the

19th day of October 1919

John B. B. B. Ordinary,
County.

(SEAL)

Questions for Witnesses as to Service of Husband and Marriage

STATE OF GEORGIA,

Fulton COUNTY

Personally before me comes Mrs. L. Leake who, after being duly sworn, true answers to the following questions, answers as follows:

1. What is your name and where do you reside? Mrs. L. Leake, 239 Ponce de Leon an Atlanta, Ga.
2. How long and since when have you known Mrs. L. M. Frazer applicant? Forty years
3. How long and since when has she continuously resided in this State? (Give date.) All her life
4. When and to whom was she married? Sept 18, 1873 to L. M. Frazer How do you know? Personal knowledge
5. How long and since when did you know L. M. Frazer her husband? Since 1861
6. When and where did L. M. Frazer the husband of applicant die? Aug. 28, 1907 in Atlanta Ga
7. Were the applicant and her husband living together as husband and wife at the date of his death? Yes
8. If not, how long did they live apart before his death?

- Were they divorced?
9. When, where and in what Company and Regiment did L. M. Frazer enlist? Sept 24, 1862 for 16 yrs. in the 16th Ala. Inf. in the 1st Ala. Reg. at Ft. Mifflin Pa.
 10. Were you a member of the same Company? No. He was in Co. D in the 16th Ala. Inf.
 11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? From his enlistment till the surrender
 12. When and where did his Command surrender, and was discharged? Washington Ga. after surrender
 13. Were you personally present when it was surrendered? No If not, where were you? in Rome Ga. and how came you there? On my way to them, to my own home and I had been in Georgia for some time.
 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? He told me so and did so. I looked on him as a deserter. I was constantly with him in the army for about six years and have been with him for some time before he was discharged.
 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

21st day of Oct 1907

Wm. H. Leake Ordinary

of Fulton County

(SEAL)

MARRIAGE LICENSE

State of Georgia—Fulton County.

To any Minister of the Gospel, Judge of the Superior Court, Justice of the Peace, or other Person authorized to solemnize.

You are hereby authorized and permitted to join in the honorable state of Matrimony
and

C. M. FRASER

Susie E. Cozart

According to the Rites of your Church, provided there be no lawful cause to obstruct the same, according to the Constitution and Laws of this State, and for so doing this shall be your sufficient License.

RETURN THIS LICENSE WITH YOUR CERTIFICATE THEREON TO MY OFFICE FOR RECORD

Given under my Hand and Seal this 10th day of October 1872

Daniel Pittman

L. S.
Ordinary.

I hereby certify that

C. M. Fraser

and

Susie E. Cozart

were joined together in the HOLY BANS OF MATRIMONY

on the 10th day of October 1872 by me Alex M. Thigpen

State of Georgia.

Fulton County.

ORDINARY'S OFFICE

ATLANTA, GA. Sept. 27th 1899

CLAUDE C. MASON

Clerk Court of Ordinary of said County, hereby certify

that the foregoing is a true copy of the Marriage License and Certificate of Marriage of

C. M. Fraser

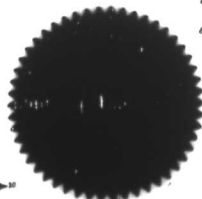
and

Susie E. Cozart.

as the same appears of record in this office.

Given under my official Signature and Seal of the Court of Ordinary,

the day and year aforesaid.



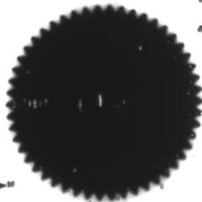
Claude C. Mason
Clerk Court of Ordinary.

STATE OF GEORGIA,
FULTON COUNTY.

Personally appeared before the undersigned,
A. C. Wadley, who being sworn and on oath says that he was well
acquainted with C. M. Fraser and his wife, of Atlanta, Ga., and
that the said C. M. Fraser died in Atlanta, Ga. Aug. 25, 1902.
That Mrs. S. C. Fraser is now his lawful widow, not having re-
married since the death of her said husband. Mr. And Mrs. C. M.
Fraser lived together as man and wife for more than twenty years,
and were living together
as man and wife at the time
of his death.

Sworn to and subscribed before me
This 9th day of October, 1919.

A. C. Wadley
C. C. Ordinary, Fulton County, Ga.



as the same appears of record in this office.

Given under my official Signature and Seal of the Court of Ordinary,

the day and year aforesaid.

Charles C. Mason
Clerk Court of Ordinary.

STATE OF GEORGIA,
FULTON COUNTY.

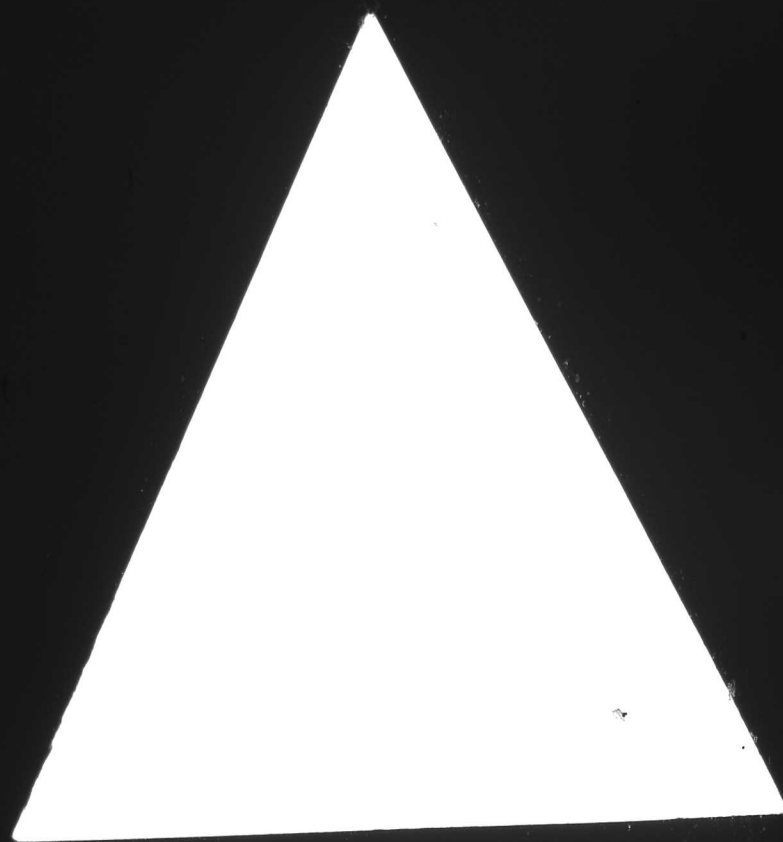
Personally appeared before the undersigned,
A. C. Woolley, who being sworn and on oath says that he was well
acquainted with C. M. Fraser and his wife, of Atlanta, Ga., and
that the said C. M. Fraser died in Atlanta, Ga. Aug. 25, 1902.
That Mrs. S. C. Fraser is now his lawful widow, not having re-
married since the death of her said husband. Mr. And Mrs. C. M.
Fraser lived together as man and wife for more than twenty years,
and were living together
as man and wife at the time
of his death.

A. C. Woolley

Sworn to and subscribed before me

This 9th day of October, 1919.

Charles C. Mason
C. C. Ordinary, Fulton County, Ga.



For Tulsa County

1929

Application for Pension Due Deceased Pensioner

(UNDER ACT 1919)

(To pay expenses of last illness and funeral)

Thos H Jeffries Ordinary

For A.B. Freeman

Date of Death June 18, 1929

Amount \$100.00

Approved and ordered paid

Oct. 15, 1929

JOHN W. CLARK,
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.

Atlanta, Ga., June 24 1925

Mr G. L. Greenman and Mr. Robert Greenman.

In Account With

BLANCHARD BROS.

FUNERAL HOME

878 Peachtree St

[illegible]

Personally appeared Henry M. Blanchard with
Blanchard Bros, who swears that the above bill
is just, true and unpaid,

Sworn to and subscribed
before me, this 24th day
of June, 1929.

G. C. Ordway

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

FULTONCounty.

Sworn to and subscribed before me,

[Signature] O.C. Ordinary
 Fulton County
 (Seal of Ordinary)

Henry M. Blomster

GEORGIA, Fulton County.

Given under my hand and official seal, this.

(Seal of Ordinary)

day of June, 1929
James H. Griffin Ordinary
Fulton 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, etc. under oath.")

"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 owing sufficient property to pay this bill.

3rd. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and property sworn to, and all attached easily 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.

Atlanta, Ga., June 24 1929

Mr C. T. Grooman and Mr Robert Grooman

In Account With

BLANCHARD BROS.

FURNERAL HOME

878 Peachtree St

The Funeral Expenses Mr. W. H. Herman	
Casket	150 00
Polish Case	15 00
Underwear and Socks	2 00
Embalming	25 00
Funeral Notice Constitution	2 50
" " Georgian	3 50
" " Patriotic	3 50
Transferring Remains	5 00
Bathing Shaving Dressing	5 00
Hearse Service	7 11 8
	150
	226 8

Personally appeared Henry M. Blanchard with
Blanchard Bros, who swears that the above bill
is just, true and unpaid,

Sworn to and subscribed
before me, this 24th day
of June, 1929.

Paul H. Mason
U. S. District Court

Approved Public Auditor
Fullton CO. Wm.
 Approved for 1927

Widow's Application

Under Act of 1910—As Amended by Act of 1916, and Constitutional Amendment of 1920.

County *Fullton*
 Name *John King, King, Keenon*
 Widow of *Wm. J. Keenon*
 Date of Marriage *Jan 15 1874*
 Company *37th Infantry*
 Regiment
 Approved *John W. Clark*
Feb 1 1926

Capt 5 Co. 37th Infantry
West, Camp Co. OK

JOHN W. CLARK,
 Commissioner of Pensions

12-8-26 E

Ordinary's Certificate.

STATE OF GEORGIA
 County

George Ordinary of said County, do certify that I know *John King, King, Keenon* the applicant for pension, that

she is the person who 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 *John King, King, Keenon* 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 truthfully and their statements are entitled to full faith and credit.

Given under my hand and official seal of office this *May 4* day of *November* 192*6*
 SEAL OF ORDINARY *John King, King, Keenon* Ordinary.
 of *George* County

Instructions:

1. Before any questions are answered, the Ordinary shall repeat applicant and the witness in the following words: "You shall give will be the whole truth. So help you God."
2. Additional affidavits may be attached to said affidavits, if such affidavits are entitled to full faith and credit.
3. Additional 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. Affidavits must be made before the Ordinary of the County in which the applicant or witness resides, or by general Attestation.
5. Fill out the back of the application (reverse).
6. Do not fill out the back of the application (reverse) if you are through with the State. A short, simple form is under attached.

Approved for 1927
Tullon Co. (No.)

Widow's Application

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

County, Tullon
Name of Soldier, Rufus Freeman
Widow of, Rufus Freeman
Date of Marriage, Jan 15, 1874
Company, 37th Militia
Residence, John W. Clark
Dec 1, 1926

Capt 5 Co. 37th Militia
Adj. Gen. Co. 37th Militia

JOHN W. CLARK
Commissioner of Pensions

12-8-26

Ordinary's Certificate.

STATE OF GEORGIA

County

I, J. Frank Johnson, Ordinary of said County, do certify that I know Mrs. Julia Sanford by reputation the applicant for pension; that she is the person she represents herself to be, and that she has been, continuously, a bona fide resident citizen of said State since January 1st, 1920, that I also know J. B. Strong, J. H. Cudde 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 29th day of November 1926.
(SEAL OF ORDINARY) J. Frank Johnson, Ordinary.
of Tullon County

Instructions:

- 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."
- Additional affidavits may be attached if blank spaces are sufficient.
- Only widows who married prior to January 1st, 1861, are entitled.
- 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.
- Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
- Fill out the back of the application carefully.
- 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.

Tullon

COUNTY.

Personally appears before me, Mrs. Julia Sanford Ringer Freeman 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:

- What is your name, and where do you reside? (Give Post Office and County)
Julia Sanford Ringer Freeman 14th St. W. Albany, Ga.
- How long and since when have you been, continuously, a bona fide resident citizen of the State of Georgia?
All my life
- When, where and to whom were you married?
1874, L. A. Strong, Troop Co. 37th Militia, Georgia
- Have you married since the death of first and soldier husband?
Yes
- 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.)
March 1863, Troop Co. 37th Militia - Captain of 37th Militia
- When and where did the commands of your husband surrender or discharge from the Service?
April 1865 in N. C.
- Was your husband personally present with his command when it was surrendered or discharged?
Yes
- If he was not present, state specifically and clearly where he was?
- When did he leave the Command?
- For what cause did he leave?
- By whose authority did he leave?
- For how long was his leave of absence granted? In what way?
- What was his physical condition when he left his command?
- What effort did he make to return to his Command?
- In what way was he prevented from going back to Command?
- Was he captured by the enemy at any time? No
- If so, when and where? In what prison was he held and when was he released?
- When and where did your first husband die?
Troop Co Aug 1886
- Were you residing together when he died?
Yes
- If not, how long had you resided apart?
- Are you now a widow? Yes
- Have you or your husband heretofore been paid a pension by the State? No
- If so, when and for what cause were you or your husband placed on the roll?

Sworn to and subscribed before me, this

7th day of Dec 1926
William R. Martin, Ordinary
of Tullon County.
(SEAL OF ORDINARY)

Mrs. Julia Sanford Ringer Freeman
Applicant.

Approved for 1927
Fulton Co. (N.W.)

Widow's Application

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

County Fulton
Name Julius Langford Ringer
Widow of Julius Langford Ringer
Date of Marriage Jan 15 1874
Company 37th Infantry
Regiment 1st
Approved John W. Clark
Commissioner of Prisons
12-8-26

Ordinary's Certificate.

STATE OF GEORGIA

Troup COUNTY
I, J. F. Johnson Ordinary of said County, do certify that I know Mrs. Julia Langford Ringer the applicant for pension; that she is the person who represents herself to be, and that she has been, continuously, a bona fide resident citizen of said State since January 1st, 1920, that I also know J. B. Stung & H. C. Cude 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 24 day of November 1926
(SEAL OF ORDINARY) J. F. Johnson Ordinary,
of Troup 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, 1861, are entitled.
4. All affidavits must be made before the Ordinary of the County to 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.

Fulton COUNTY.

Personally appears before me Mrs. Julia Langford Ringer 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)
Julius Langford Ringer Freeman 145 West 4th Street
2. How long and since when have you been, continuously, a bona fide resident citizen of the State of Georgia?
All my life
3. When, where and to whom were you married?
Wm. J. Ringer, Jan 15 1874, LaGrange, Troup County, Georgia
4. Have you married since the death of first and soldier husband?
Yes
5. 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.)
March 1862, Troup Co. Ga. Captain of 37th Infantry
6. When and where did the commands of your husband surrender or discharge from the Service?
April 1865 in N.C.
7. Was your husband personally present with his command when it was surrendered or discharged?
Yes
8. If he was not present, state specifically and clearly where he was?
9. When did he leave the Command?
10. For what cause did he leave?
11. By whose authority did he leave?
12. For how long was his leave of absence granted? In what way?
13. What was his physical condition when he left his command?
14. What effort did he make to return to his Command?
15. In what way was he prevented from going back to Command?
16. Was he captured by the enemy at any time?
No
17. If so, when and where? In what prison was he held and when was he released?
18. When and where did your first husband die?
Troup Co Aug 1886
19. Were you residing together when he died?
Yes
20. If not, how long had you resided apart?
21. Are you now a widow?
Yes
22. Have you or your husband heretofore been paid a pension by the State?
No
23. If so, when and for what cause were you or your husband placed on the roll?

Sworn to and subscribed before me, this the

7 day of Dec 1926
Allen R. Marlette Ordinary
of Fulton County.
(SEAL OF ORDINARY)
Mrs. Julia Langford Ringer Applicant.

APPLICATION FOR PENSION FOR A WIDOW

Form No. 1, 1910, as amended by Act of March 3, 1911, and Act of March 3, 1915, and Act of March 3, 1917, and Act of March 3, 1919, and Act of March 3, 1921, and Act of March 3, 1923, and Act of March 3, 1925, and Act of March 3, 1927, and Act of March 3, 1929, and Act of March 3, 1931, and Act of March 3, 1933, and Act of March 3, 1935, and Act of March 3, 1937, and Act of March 3, 1939, and Act of March 3, 1941, and Act of March 3, 1943, and Act of March 3, 1945, and Act of March 3, 1947, and Act of March 3, 1949, and Act of March 3, 1951, and Act of March 3, 1953, and Act of March 3, 1955, and Act of March 3, 1957, and Act of March 3, 1959, and Act of March 3, 1961, and Act of March 3, 1963, and Act of March 3, 1965, and Act of March 3, 1967, and Act of March 3, 1969, and Act of March 3, 1971, and Act of March 3, 1973, and Act of March 3, 1975, and Act of March 3, 1977, and Act of March 3, 1979, and Act of March 3, 1981, and Act of March 3, 1983, and Act of March 3, 1985, and Act of March 3, 1987, and Act of March 3, 1989, and Act of March 3, 1991, and Act of March 3, 1993, and Act of March 3, 1995, and Act of March 3, 1997, and Act of March 3, 1999, and Act of March 3, 2001, and Act of March 3, 2003, and Act of March 3, 2005, and Act of March 3, 2007, and Act of March 3, 2009, and Act of March 3, 2011, and Act of March 3, 2013, and Act of March 3, 2015, and Act of March 3, 2017, and Act of March 3, 2019, and Act of March 3, 2021, and Act of March 3, 2023, and Act of March 3, 2025.

QUESTIONS FOR WITNESS

NAME OF WITNESS

NAME OF WITNESS

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NAME OF WITNESS

Questions for Witness as to Service of Husband and Marriage STATE OF GEORGIA.

COUNTY.

J. B. Shuford of said State and County is hereby presented as a witness in support of the application of Wid. Julia Ringer for the pension provided by the Act of 1910, as amended by the Act of 1919 and the Constitutional Amendment of 1900, 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? J. B. Shuford 244 Biddle
2. How long and since when have you known Wid. Julia Ringer applicant more than 25 years
3. Where does she now reside, and since when has she been, continuously, a bona fide, resident citizen of this State? Atlanta Ga.
4. When and to whom was she married? 16 January 1876 to J. B. Ringer How do you know? Public Records of
5. How long and since when did you know J. B. Ringer her husband? about 15 years from his birth as husband
6. When and where did W. J. Ringer the husband of applicant, die? in 1886
7. Were the applicant and her husband living together as husband and wife at the date of his death? yes

8. If not, how long did they live apart before his death? No
Were they divorced?

9. When, where and in what Company and Regiment did W. J. Ringer enlist? in 1862
(Give date and place) He was Captain in 27th Ga. Infantry

10. How did you obtain your information of this service? J. B. Shuford was with him

11. How long within your personal knowledge did he perform actual military service with this Company and Regiment? (Give date.) up to the close of the war

12. When and where was his Command surrendered or discharged? (Give date and place.) in April 1865 at the close of the war

13. Were you personally present with this Command when it was surrendered? J. B. Shuford was
If not, where were you with regular army and how came you there? along to the Command

14. Was the husband of applicant personally present with his Command at its surrender? Yes
If not where was he? and how came him there?

When, where and for what cause did he leave his Command? (Give date.) He went to the close
By whose authority did he leave his Command? was closed

and how long was he granted leave?

How do you know all that you have stated to be true? (If of your own knowledge, state clearly and specifically) J. B. Shuford was with him in some military service

J. B. Shuford was with him until the close

15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command? He was present

16. What effort did he make to return to his Command and how do you know that?

17. Was he 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 13 day of June 1881.

J. B. Shuford County DeKalb
(SEAL OF ORDINARY)

Widow's Application

Under Act of 1919, as Amended by Act of 1915, and Constitutional Amendment of 1920.

County _____
 Name _____
 Widow of _____
 Date of Marriage _____
 Company _____
 Regiment _____
 Approved _____

JOHN W. CLARK,
 Commissioner of Pensions.

Ordinary's Certificate.

STATE OF GEORGIA,

Fulton COUNTY.

I, Thos H. Jeffries, Ordinary of said County, do certify that I know Mrs Julia Mary Long Ringer 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 Charles the witness who came 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 affidavit, 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 22 day of Dec, 1926.
 (SEAL OF ORDINARY) Thos H. Jeffries, Ordinary.
Fulton 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 sufficient.
3. Only widows who married prior to January 1st, 1921, 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.

1. Only widows who married prior to January 1st, 1901, are exempt.
2. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
3. Attach certified copies of marriage license obtainable. If not, prove marriage, by some person, or by general reputation.
4. Fill out the back of the application carefully.
5. Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.

CERTIFICATE OF DEATH
GEORGIA STATE BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH Registered No. **1295**

County **Fulton** Municipal District (Number and Name) **1061** State of Georgia

City or Town **Atlanta** Length of residence in this city or town: Yrs. **10** Mos. **10** Days **10** HOMESTEAD (Yes or No) **Yes**

Street and Number (No. **1425** Street) **Lee St. S.W.** (If death occurred in a hospital, give its name, location of street and number)

2. FULL NAME **Julia Langford Freeman**

Residence (City or Town) **1425 Lee St. S.W.** (Street and Number) (State)

PERSONAL AND STATISTICAL PARTICULARS			
1. SEX Female	2. COLOR OF HAIR White	3. MARRIAGE STATUS Widowed	4. DEATH STATUS Widowed
5. DATE OF BIRTH (Month, Day, Year) June 5, 1849			
6. AGE 85	7. SEX Female	8. DATE March 18, 1935	9. TIME 1:20 A.M.
10. OCCUPATION			
(a) Trade, profession or particular kind of work done, or position, office, occupation, etc.			
None			
(b) Industry or business in which work was done, or nature of work, or kind of work.			
None			
(c) Date deceased last worked at this occupation (month and year)			
None			
(d) Total years spent in this occupation			
None			
11. BIRTHPLACE Alexander Langford			
(P. O. Address)			
12. BIRTHPLACE Georgia			
(P. O. Address)			
13. MARRIAGE NAME Ann Norman			
14. BIRTHPLACE Georgia			
(P. O. Address)			
15. INFORMANT Mrs. Helen Ringer Goodwin			
(Signed)			
1425 Lee St. S.W.			
(Address)			
16. BURIAL PLACE Westview			
(Cemetery)			
Atlanta (Date) 3/20/35			
(Funeral)			
17. UNDERTAKER H. M. Patterson & Son			
(Signed)			
By J. E. Bowen			
(Address)			

OFFICE OF THE REGISTRAR OF VITAL STATISTICS
For the City of Atlanta

Atlanta, Ga. **3/22/35**

GEORGIA,
FULTON COUNTY.

I hereby certify that the foregoing is a true and correct copy of the record of death Number **1295** of the series of **1935** for **Julia Langford Freeman** as appears on file in the office of the Registrar of Vital Statistics of the City of Atlanta.

SEAL

(Signed)

L. Shonerton

LOCAL REGISTRAR

MAY 10 1935

Freeman, Julia L.R. 6472

For Fulton County

Application for Expenses of Last Illness and Funeral

(UNDER ACT OF 1919)

Wm. R. Ruffin, Ordinary

For: Mrs. Julia L.R. Freeman
(Name of Deceased)

Date of Death: March 18, 1935

Amount: \$ 60.00

PAID TO ORDINARY ON THIS CLAIM:

1935 FUND FROM WHICH PAID

60.00

60.00

60.00

60.00

60.00

60.00

60.00

60.00

60.00

60.00

60.00

60.00

60.00

60.00

Approved, and ordered paid,

A. E. Henson
A. E. HENSON,
Director, Veterans Service Office.

Established 1882

H. M. PATTERSON & SON

Spring Hill at Tenth

ATLANTA, GA.

Sold to for services of Mrs. Julia Langford Ringer Freeman Mch. 20, 1935

To Our Complete Service Including Casket \$587.00

SPECIAL DISBURSEMENTS FOR YOUR CONVENIENCE

Grave 20.00
Cement Vault 40.00
Certified Certificate .50

\$647.50

State of Georgia)
County of Fulton)

The above and foregoing account is rendered for funeral expense of Mrs. Julia Langford Ringer Freeman who died without owning sufficient property to pay this bill.

Shewn to this 23rd Mch 1935
Charles M. Mason
cc Ordinary

H. M. PATTERSON & SON

By W. H. Patterson

Member of Firm

J. Forrest Johnson
 Ordinary of Troup County
 Tallapoosa, Georgia

Georgia, Troup County.

Personally comes before me,
 the undersigned Officer, J. H. Freeman Jr.,
 who, on oath says that he knows
 the date of the death of John H. Freeman
 which happened in said state and County,
 Sept. 19th 1906.

Sworn to and subscribed
 before me, this Nov 29, 1926.
 J. Forrest Johnson, Ordinary,
 Troup County.

J. H. Freeman Jr.

State of Georgia, Troup County

ORDINARY'S OFFICE--ss.

Isabel Johnson Ordinary and ex-officio Clerk of the Court
 of Ordinary of said County, do hereby certify that I have compared the foregoing copy of

*Margaret Leimer of H. Ringer and
 Julia Langford.*

with the original record thereof, now remaining in this office, and the same is a correct transcript
 therefrom, and 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 29th day of November 1926.

J. Forrest Johnson
 Ordinary and ex-officio C. C. O.

Application for Payment of Expenses of Last Illness and Funeral (Under Act of 1919) (To be disbursed by the Ordinary)

GEORGIA, *Talton* County.

Before me, the Ordinary of said County, comes *J. E. Brown*
N. M. Patterson for of said County, who, after being duly sworn, on oath says
 that he knew *Mrs. Julia L. R. Freeman* late of said County, a Confed-
 erate 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 \$ *647*, as shown by sworn statements FULLY and COMPLETELY
 ITEMIZED, hereto attached.

Sworn to and subscribed before me,
 this the 22 day of *March*, 1935.

Isabel Johnson, Ordinary.

CERTIFICATE OF THE ORDINARY

GEORGIA, *Talton* County.

I certify that *J. E. Brown* 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. Julia L. R. Freeman* 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 de-
 ceased 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 23 day of *March*, 1935.

(Seal of 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 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.

therefrom, and 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 29th day of November 1926

Thomas H. Jeffries
Ordinary and ex-officio, C. C. Cl.

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.

MARRIAGE LICENSE

Wm. J. Ringer
AND
Julia L. Freeman
Issued 1710 187X
and recorded on page 435
Book 3 of Marriage Licenses
L. C. H.
Ordinary

Waiver of Parent or Guardian for Marriage License.

TO THE ORDINARY OF

We, the parent

or guardian

of the age of

hereby consent to issuance of marriage license to her and

and waive the posting of same as required by law

COUNTY GEORGIA

(Seal)

19

Witness

Parent

Parent

Received of Thomas H. Jeffries, Ordinary, \$ 150.00
to apply on account of Mrs. Julia L.R. Freeman

I certify that this account has not been paid and is now owing to me.

This 2 day of Sept. 1926.

H. M. Patterson
J. E. Bowen

Received of Thomas H. Jeffries, Ordinary, the sum of
\$ 60.00 for funeral expense of JULIA L.R. FREEMAN

I further certify that this account has not been paid and is now
owing to me.

This 10th day of MAY 1926.

H. M. Patterson
J. E. Bowen

No. 583

Marriage License

THE STATE OF NEW YORK.

IN SENATE,

JANUARY 11, 1883.

REPORT

OF THE

COMMISSIONER OF THE LAND OFFICE,

IN RESPONSE TO A RESOLUTION PASSED BY THE SENATE,

APRIL 11, 1882.

ALBANY:

ANDREW FLETCHER, PRINTER,

1883.

Troup County

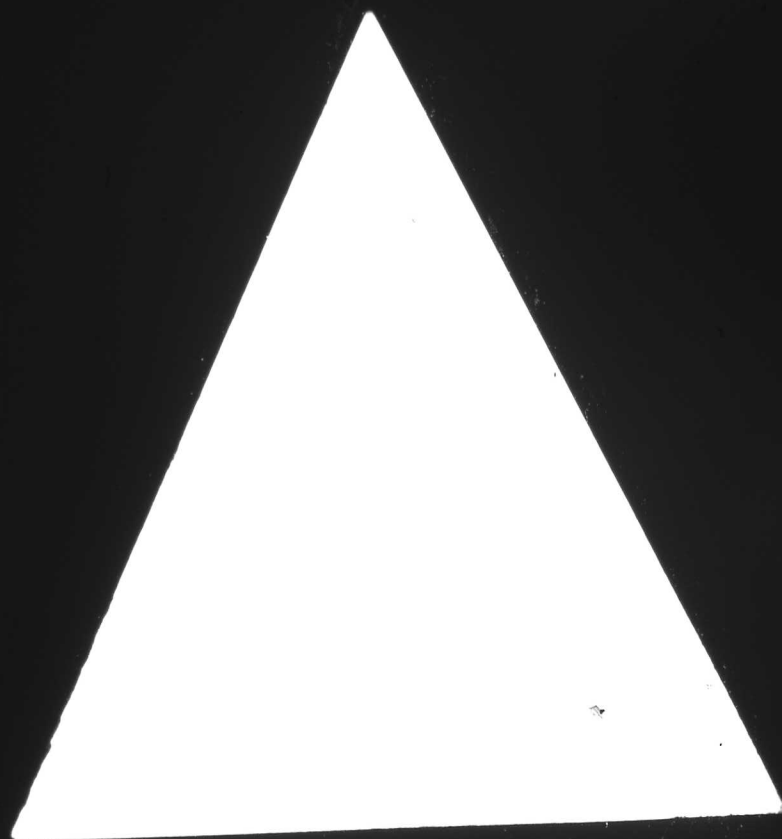
Wm J Ringer
You are hereby authorized to join
and Julia Langford
in the State of Maryland according to the Constitution and
Laws of this State and for so doing this shall be your license
And you are hereby required to return that license to me with your
affidavit herein of the fact and date of the Marriage
Given under my hand and seal this 10th day of
January 1874 L. Catts

LICENSE OBTAINED UNDER OATH BY

TROY COUNTY

I Certify that W. Kinger and Lelia Gifford
were joined in Matrimony by me this 15 day of January 1874
and Saml. J. Fox
Minister of the Gospel.
Attest: Moh. 5 1874
L. Felt Ordinary
Brookman Hammett J.P.
HARRISBURG, PA.

PARTY PERFORMING C. ONLY RETURN TO ORDINARY WITHIN 30 DAYS TO BE RECORDED



[illegible]

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.

Fulton County.

Personally before me comes J. H. Little 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.) nothing

property, if any, has been sold or given away by the applicants or his wife since 4 Nov 1908. (State it fully by items.) Nothing

2. When and to whom was it sold or given to? X
3. What was the price paid or stated to be paid? X
4. What relation is the party to applicant? X
5. What disposition was made of the proceeds of the sale? X
6. Was the disposition of this property made in good faith and full value? X

or was it made to obtain a pension? X
Sworn to and subscribed before me, this the 7th day of Nov 1910, J. H. Little Ordinary of Fulton County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

Fulton County.

John R. Williamson Ordinary of said County, certify that I know the applicant J. H. Little for Pension is the person he represents himself to be and resides in said County. That I also know J. H. Little who are freeholders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavits and that they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Receipt of Fulton shows that J. H. Little and wife value for tax is in 1908 \$ same for 1909 \$ same for 1910 \$ 3.50

Sworn under my hand and official seal of office this 7th day of Nov 1910. John R. Williamson Ordinary of Fulton County.

NOTES: Before any questions are answered the Ordinary shall read applicant and all witnesses in the following words: "I am an ordinary under oath and you will read answers made to each question asked you and the witnesses you call." The Ordinary shall also read the following words to each witness: "You are sworn to tell the truth, the whole truth and nothing but the truth." All answers must be made before the Ordinary and certified by him. If applicant has no property at all in the possession, use or control of said wife, affidavits or freeholders unnecessary.

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA.

Fulton County.

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

1. What is your name and where do you reside? (Give County and Post-office) J. H. Little, Fulton Co. Ga.
2. How long and since when have you been a continuous resident citizen of the State? from year 1905
3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865? enlisted Co. S 7th Reg. Confederate Inf.
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) Feb 1862, Indian Creek Co. S 7th Reg.
5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge) from 1862 to summer of April 1865
6. When and where was your Company and Regiment surrendered or discharged from the Service? Apr 1865 near Uniontown Pa.
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? summers
- b. When did you leave the Command? same
- c. For what cause did you leave? same
- d. By whose authority did you leave? same
- e. For how long was your leave granted? In what way? same
- f. Why did you not return to your Command after leave expired? same
- g. In what way were you prevented? same
- h. What effort did you make to return? same
- i. Were you captured during the war? same
- j. If so, when, and where? In what prison were you held and when were you released? same
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? 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.) none

12. What annual or monthly income or earnings of yourself and wife and the source derived have you? nothing, I am dependent on government pension

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 7th day of Nov 1910, J. H. Little Ordinary of Fulton County.

1. 161-1116

Newville Workman
 Coomington Ga
 for James Coomington

Widow's Pension
 UNDER ACT 1910

NAME Mrs. M. E. Coomington
 RESIDENCE Coomington Ga
 COUNTY Wilkes

Sworn to and subscribed before me this the 20 day of October 1911
 of Wilkes County

Application for Pension by a Widow Under Act of 1910--Questions for Applicant.

STATE OF GEORGIA,

Wilkes County.

Personally before me comes Mrs. M. E. Coomington of said State and County and after being duly sworn on oath says that she desires to apply for a pension allowed under the Act of 1910, and submit testimony to make out the same. True answers makes to the following questions to-wit:

1. What is your name, and where do you reside? Mrs. M. E. Coomington Atlanta Ga
2. How long and since when have you been a continuing resident of the State of Georgia? 70 years
3. When, where and to whom were you married? 1847 - Dr. Martin Co. Ga
4. When, where and in what Company and Regiment did your husband enter as a soldier in the Confederate Army of Georgia Militia? State the arms and class of Service
53rd Ga Regiment Company 'E' Capt T. B. Hanks Co -
State of Ga
When and where did the command of your husband surrender or discharge of this Command?
He was in Prison at Elmira N.Y. at Dec 1864
If he was not present state clearly where he was
Where was his command when he left
For what cause did he leave his command?
By whose authority did he leave his command?
For how long was he granted leave of absence?
What was his physical condition when he left his Command?
What effort did he make to return to his Command?
In what way was he prevented from going back to Command?
Was he captured by the enemy at any time?
If so, when and where captured and where held as a prisoner, and when and for what cause released?
Am. Ga. in May 1867
When and where did your husband die?
in Martin Co. Ga 1901
Were you residing together when he died?
Yes
If not, how long had you resided apart?
What property of any description did you own, hold or control for your use and the use of your family in 1908? State same by items
None

10. What property of any kind have you sold or given away since Nov. 1, 1908? What was received for it and what did you do with the proceeds thereof? (Give items and cash value)

11. What property of any description of any value have you now? Give list and cash value

12. What are your annual earnings or income and their value?

13. Have you heretofore been paid a pension by the State? If so, when and for what cause were you struck from the Roll?

Sworn to and subscribed before me this the 20 day of October 1911
 of Wilkes County

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,

County.

Personally before me comes _____ who on oath says that they are freeholders of said County and that they know _____ of said County and know what property she owned on 4th Nov. 1908, and its cash value to be as set out in Schedule (A) as follows:

Personal property \$
Notes and accounts due \$
Total \$

We know the property sold or given away since Nov. 4th, 1908, its cash value to be as follows:

Personal property \$
Money, Notes and Accounts \$

We know the property she has now in her possession, use and control to-wit:

Real Estate \$
Personal property \$
Notes and Accounts \$
Total Value of all property and effects \$

Sworn and subscribed before me this the _____

day of _____ 19__

Ordinary.

of _____ County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

County

Ordinary of said County do certify that I know _____ the applicant for pension. She is the person she represents herself to be and she is a bona fide continuing resident citizen of said County and was on the 4th Nov. 1908 _____ the witness who swears that I so know _____ who are in the service of husband, and freeholders. That all of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they all are truthful, trustworthy, and their statements are entitled to full faith and credit.

That the Tax Returns _____ Returned for Tax is for 1908 \$ _____ for 1910 \$ _____

Sworn under my hand and official seal of office this _____ day of _____ 19__

Ordinary.

County.

(SEAL)

NOTES 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God?" 2. Additional affidavits may be attached if blank spaces are insufficient. 3. All affidavits must be made before the Ordinary. 4. Only widows who married prior to first January 1870 are entitled. 5. Attach certified copies of marriage license if obtainable. If not prove marriage by some person, or by general reputation.

Questions for the Witnesses as to Service of Husband and Marriage.

STATE OF GEORGIA,

County.

Personally before me comes _____ who after being duly sworn true answers to make, to the following questions, answers as follows:

1. What is your name and where do you reside? _____

2. How long and since when have you known _____ applicant?

3. How long and since when has she continuously resided in this State? (Give date) _____

4. When and to whom was she married? _____

5. How long and since when did you know _____ her husband?

6. When and where did _____ husband of Applicant die?

7. Were the applicant and her husband living together as husband and wife at the date of his death?

8. If not, how long did they live apart before his death?

9. When, where and in what Company and Regiment did _____

10. Were you a member of the same Company? _____

11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? _____

12. When and where did his Command surrender, and was discharged?

13. Were you personally present when it was surrendered? _____ If not where were you _____ and how came you there? _____

14. Was the husband of applicant personally present at surrender? _____ If not where was he? _____ when, where and for what cause did he leave Command? (Give date.) _____ By whose authority did he leave his Command? _____ and how long was he granted leave? _____ How do you know all this? _____

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 _____ day of _____ 19__

Ordinary.

County.

Form 30-1

Figure 1

Sec Ex Department.

Form No. 10

In person, came before me, the undersigned 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 to the Army and not from any other cause.

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

Form No. 2.

STATE OF GEORGIA, County of

Fullton

W. L. Latham Ordinary in and for said County of
Fullton hereby certify that I am acquainted with Mrs.
Charlotte F. Freeman the applicant for a pension in this case, and
know from personal knowledge, or from competent proof presented to me by reputable witnesses, that she
resides in the County of *Fullton*, State of Georgia, on December 23, 1890, and has not lived
in the State of Georgia since the death of *John F. Freeman*
deceased, and as such is entitled to a pension for the year ending February 15th, 1895.

Witness my hand and seal of my office, this
21st day of *January*, 1891.

W. L. Latham Ordinary

POWER OF ATTORNEY.

STATE OF GEORGIA

County

I, *W. L. Latham* hereby authorize
of *Charlotte F. Freeman* to receive and receipt for the pension paid hereon and request
that he remit same to *Charlotte F. Freeman* at

In WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of *January*, 1891.

(L.S.)

Executed in the presence of

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

Form No. 2.

STATE OF GEORGIA, County of

Fullton

W. L. Latham Ordinary in and for said County of
Fullton hereby certify that I am acquainted with Mrs.
Charlotte F. Freeman the applicant for a pension in this case, and
know from personal knowledge, or from competent proof presented to me by reputable witnesses, that she
resides in the County of *Fullton*, State of Georgia, on December 23, 1890, and has not lived
in the State of Georgia since the death of *John F. Freeman*
deceased, and as such is entitled to a pension for the year ending February 15th, 1895.

Witness my hand and seal of my office, this
21st day of *January*, 1891.

W. L. Latham Ordinary

POWER OF ATTORNEY.

STATE OF GEORGIA

County

I, *W. L. Latham* hereby authorize
of *Charlotte F. Freeman* to receive and receipt for the pension paid hereon and request
that he remit same to *Charlotte F. Freeman* at

In WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of *January*, 1891.

Executed in the presence of

W. L. Latham Ordinary of *Fullton* County

WIDOW'S PENSION,

No. 3891

1890.

PAID TO *Charlotte F. Freeman*

for year ending February 15th, 1891.

WARRANT ISSUED

AND REMITTED TO *Charlotte F. Freeman*

21st day of *January*, 1891.

WARRANT ISSUED

AND REMITTED TO *Charlotte F. Freeman*

21st day of *January*, 1891.

W. L. Latham Ordinary of *Fullton* County

WIDOW'S PENSION,

No. 1057

1897.

PAID TO *Charlotte F. Freeman*

for year ending February 15th, 1897.

WARRANT ISSUED

AND REMITTED TO *Charlotte F. Freeman*

21st day of *January*, 1897.

WARRANT ISSUED

AND REMITTED TO *Charlotte F. Freeman*

21st day of *January*, 1897.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Fulton

Personally Comes, Mrs.

Phoebe F. Freeman

who being sworn, says on oath, that she is a bona fide resident of said county of Fulton State of Georgia, and that she has married in said State continuously ever since 15th May 1882. That she is the Widow of Mrs. F. Freeman who was a Soldier in Company F. of the 28th Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of August 1861 and served in the Army up to Apr 1865. That he lost his life on the 8th day of June 1866 (State here full particulars of the husband's death, when, where and from what cause.)

he received on the 14th Sept 1862 at the battle of South Mountain a wound through the chest which produced the form which he died in the day above mentioned

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 1861, 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 Fulton County for the year ending February 15th, 1896, and now apply for the pension provided by law for the year ending February 15th, 1896.

Sworn to and subscribed before me, this 2 day of May 1896. Phoebe F. Freeman Post-office Maule Ordinary.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Fulton

Personally Comes Mrs.

Phoebe F. Freeman

who being sworn, says on oath, that she is a bona fide resident of said county of Fulton State of Georgia, and that she has resided in said State continuously ever since 15th May 1882. That she is the Widow of Mrs. F. Freeman who was a Soldier in Company F. of the 28th Regiment of Georgia Volunteers, that enlisted in said regiment on or about the month of August 1861 and served in the Army up to Apr 1865. That he lost his life on the 8th day of June 1866 (State here full particulars of the husband's death, when, where and from what cause.)

He received on the 14th Sept 1862 at the battle of South Mountain a wound through the chest which produced Consumption from which he died on the day above mentioned

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 1861, 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 Fulton 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 15 day of July 1897. Phoebe F. Freeman Post-office Maule Ordinary.

Application for Pension Due to a Deceased Pensioner

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

(Under Act Approved August 15, 1904)

GEORGIA, Fulton County.

Personally before me, the Ordinary of said County, comes A. R. Greenberg of Greenberg, Bond & Co. of said County, who, after being sworn, on oath says that he knew Mrs. P. M. Freeman of said County, and that said Pensioner was on the Pension Roll of said County at the time of death, which occurred in Fulton County, in this State, on the 17 day of Dec, 1926, and that a Pension of (\$ 50.00) 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 \$ 256.25 per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me

William R. Marshall Ordinary
Fulton County

(Seal of Ordinary)

A. R. Greenberg

CERTIFICATE OF ORDINARY

GEORGIA, Fulton County.

I, Thos. H. Jeffries Ordinary of said County, do certify that I personally know A. R. Greenberg 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. P. M. Freeman while in life and that this was the same person whose name appears on the Pension Roll of Fulton County, and was paid a Pension of Fifty (\$50.00) 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 5 day of Jan, 1927.

(Seal of Ordinary)

Thos. H. Jeffries Ordinary
Fulton County

INSTRUCTIONS:

- 1st. Reimburse those claiming expenses of last illness and funeral, to make out their accounts in full 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 leaving 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 the 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 or your authority to make the payment.
- 5th. The Ordinary signs pay roll, as Ordinary, for the pension and then delivers the money himself and takes receipt.
- 6th. Return this application, and attached bills, with your final statement, to the Pension Department.
- 7th. Ordinary should see that the back of this blank, when filled, is filled out.

Gauvin
Fulton County

An person came before me the undersigned Ordinary, in and for said County, witnesses Amaziah South, William D. Taff, and Clark V. Taff each known to said attesting officer as truthful, reliable and reputable citizens who solemnly say under oath that from their own personal knowledge Mrs. Phoebe M. Freeman of the County of Fulton and State of Georgia is the widow of William T. Freeman who was a Soldier in Company F of the 28th Regiment of Georgia Volunteers. That said soldier enlisted in the service of the Confederate States on or about the 29th day of August 1861. That while in said service or by reason of said service in the Army he lost his life as follows: That he William T. Freeman was shot through the body and lung with a Minnie Ball at the Battle of South Mountain on the 14th day of September 1862. From which he never recovered although he lived 72 years afterwards.

V

Mr William T Freeman incessantly
suffered with Hemorrhages of the
lungs (which was caused from the
Wound in the lung) Nor was
he ever able to do manual labor
Although he did do small jobs
of light work (but this would
bring on a Hemorrhage) He being
a poor man with no means of
support. For ten or twelve years
prior to his death he was almost
incapable of being able
to do scarcely anything
continually suffering with Hem-
orrhages of the lungs and
himself and family dependent
on the charity of his neighbors
for something to eat and wear
That for seven months prior
to his death He was confined
to his Room and bed And
that he had constant Hemorrhages
during this seven months.
That a day or two before his
death he vomited a considerable
amount of corrupt Blood
(resembling a Hog's liver)
And that it was in one of these
spells that he died on the 8th

M

day of June 1886 as we know
from the direct affects of said
Wound, Our opportunity for know-
ing the facts stated in reference
to the death of applicant's husband
were that we were near neighbors
of his and with him often and
heard him complain of and
often saw his wound. Was at
his house when he died and
before for several days heard him
complain just before he died
And know that he had no
other disease and in a position
that said Wound was the direct
cause of his death. For several
years prior to his death if he performed
any labor at all it would bring
on a spell of Coughing and
Hemorrhages of the lungs. We
further swear that Mrs Phoebe M Freeman
was the wife of soldier during the war and
that she has not remarried since his death
and that she resides in Fulton County
of the State of Virginia. We further swear that
within the period stated in the Pension
application

Attest the Subscribed before me
this 11th day of June 1895
and signed before me and witnessed
by the following persons
W. E. Caldwell
B. M. G. South
R. D. D. J. J. J.
C. P. J. J. J.

And that it was in one of these
spells that he died on the 8th

asked for
Amount subscribed for
The January 11th 1895
and sent to the Library of the
University of the South
+ Amory at South
+ L. P. J. app
+ C. P. Japp

Ga. } In fusion affidavit before
Fulton County } the undersigned Dr John M.
Roberts known to me
as a truthfull and reliable Physician
of said County who on oath says that
to the best of his knowledge and belief William
J. Freeman came to his death from
the direct effect of a Gun shot
Wound received in the Confederate Army
in 1862,

My opportunity for knowing the facts
stated in reference to the death of
William J. Freeman are. That in the
absence of an attending Physician I
a regular licensed Physician of said
do swear that from the testimony
of five reputable witnesses (who tell
of his wounds and death) that a
Gun shot wound through the lung
would cause Hemorrhage such as is
sworn to by the other witnesses and

that it would eventually cause death
that would be the direct result
of said wound. This from our skill
and knowledge of the Human
System as a Physician. I further
swear that I have no interest in
the Pension claim of Mrs Robert M.
Freeman.

Sworn to & subscribed
before me Jan 30th
1895

W. L. Cochran
Clerk

John M. Roberts M.D.

14 Sept 62

Georgia } In person appeared
Walker County } before the undersigned
 } W. H. H. Simmons &
 } H. Hood. who on oath say that
they knew H. J. Freeman and know
that he was a member of Co. F. 20th
Regiment - Ga. Vol. Colquhoun Brigade
Kills Division - H. J. Freeman was
wounded at the Battle of South
Mountain Md. by Gun Shot striking
him in left arm glancing & entering
his breast. And he complained of said
wound in Breast until his death
We know the above are facts are
true because we were members of
the same Co. & Regiment & were
neighbors of the said H. J. Freeman
after the surrender & until his
death

W. H. H. Simmons

H. Hood

Sworn to & subscribed before me
this February 17th 1894

H. B. Foster Ordinary

Georgia, Fulton County.

Personally appeared W. M. Duke, known to me to be a reputable physician of DeKalb County, who being duly sworn, deposes and says:

Affiant was well acquainted with William T. Freeman, formerly husband of Phoebe M. Freeman; that he had known Freeman previous to his death for about or nearly two years, and that said Freeman died in DeKalb County, Ga., some time about the month of June and about the year 1886.

That as an attending physician affiant had treated said Freeman for disease or injury of the lungs up to within a week prior to his death. At that time and when affiant treated the said Freeman it was affiant's opinion that Freeman's death would and did result from said diseased lungs, which condition of disease, in affiant's opinion, was brought about and caused by a gunshot wound or other violent injury inflicted some years previous.

During the treatment affiant examined the lungs of said Freeman and he discovered general ulceration resulting from a broken down general system, which, in affiant's opinion, resulted from this old wound or injury.

In affiant's opinion said Freeman had been a man of very strong constitution and for a long time his constitution had been able to resist the effects of his injury, but that it gradually broke down from it and that his death resulted from this injury in affiant's opinion, and in affiant's opinion there was no trace of cancer about said Freeman.

Such suggestions as may have entered affiant's mind as to the cancerous condition he is now satisfied from more mature reflection and observation on this class of disease were not correct, and it is his opinion that the death resulted from the old wound as above stated in this affidavit.

W. M. Duke

Sworn to and subscribed before

me this 17th day of Feb. 1894.

W. H. H. Simmons & H. Hood

GEORGIA)

FULTON COUNTY)

Personally, before me, Jno. R. Wilkinson, Ordinary of said County, came John T. Pope, who, being duly sworn, deposes and says: That sometime in the month of June, 1862, he was at the house of J. C. Freeman, in Cherokee County, Georgia, and was a witness to the marriage of W. T. Freeman to Miss P. M. Jones, and that the marriage ceremony was performed by Samuel Hillhouse, J. P. of Cherokee County, Georgia.

He further states that he saw the marriage license, and that the said W. T. Freeman and Miss P. M. Jones, lived together as man and wife, and that after the war Freeman and his wife went to Tennessee to live. He further states that ~~therein~~ Mrs. P. M. Freeman is the identical person mentioned above, and that she is now and has been for sometime past in a destitute condition. Deponent further states that the only witnesses to said marriage were Miss S. S. Pope, Mrs. S. S. Pope, J. C. Freeman and wife, at whose house the ceremony was performed, Samuel Hillhouse, J. P., and himself, John T. Pope, and that all of said parties are now dead, except himself, Mrs. S. S. Pope and Mrs. P. M. Freeman.

John T. Pope

Subscribed and sworn to before me
this 21st day of November, 1895.

John R. Wilkinson
Ordinary.

I certify that John T. Pope is a
citizen of Fulton Co. and his
statement is submitted w/ full credit
& relief. *John R. Wilkinson*
Ordinary
Fulton Co.

Mrs. P. M. Freeman was on ____ day of May 1895 placed upon the State Pension roll as the widow of W. T. Freeman and drew sixty dollars per annum for the years 1895, 1896 and 1897. In 1898 the Pension commissioner demanded of her a marriage certificate, which she produced from the Ordinary of Cherokee County, Georgia, which certificate was dated 1878, which, under the ruling of the Pension commissioner, excluded her from the Pension roll. It appears from the records that her first marriage license was never returned; if so, the record was destroyed during the war, and the last marriage, which was only to please her father, who could not persuade her to leave her husband, was the only one recorded, when, in fact, she was already his lawful wife and at that time the mother of three children.

*Record shows - that Mrs. Freeman
was admitted to the Roll April 1895
1896 - 1897. Then dropped by Pension
Commissioner. On the ground that marriage
certificate showed wrong Jun 1878*

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 _____

Freeman, S. A.
Fulton County

CODE SEC. 1584.
(For Those Already Enrolled.)

NO. *1215* 1899
In Re Enroll

INDIGENT
SOLDIER'S PENSION,
1900.

Name *S. A. Freeman*
County *Fulton*

WARRANT ISSUED

July 12th 1900.

JOHN. W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO _____

Geo. W. Hardison, State Printer, Atlanta.

No Data

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, _____ hereby authorize

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

at _____
by _____

Witness my hand and seal, this _____ day of _____ 1900.

[L. S.]

Executed in presence of _____

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, _____ hereby authorize

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

at _____
by _____

Witness my hand and seal, this _____ day of _____ 1901.

[L. S.]

Executed in presence of _____

*Spelman, S. A.
Fulton County*

CODE REG. 1884.
(For Those Already Enrolled.)

NO. 1214 1899

INDIGENT

SOLDIER'S PENSION,

1900.

Name *S. A. Spelman*
County *Fulton*

WARRANT ISSUED

Jan 13/01

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

No later

*Spelman, S. A.
Fulton County*

CODE REG. 1884.
(For Those Already Enrolled.)

No. *403*

INDIGENT

SOLDIER'S PENSION.

1901.

Name *S. A. Spelman*
County *Fulton*

WARRANT ISSUED

Jan 14 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Spelman
Gen. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears S. A. Freeman of Fulton 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 53 years old and by occupation a _____; 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 15 months in Company L of 16th Regiment of Col. Cal.; that his physical condition is as follows: _____

that his property consists of the following items: _____

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1900. I have heretofore as a resident of Lawrenceville county been allowed a pension for the year 1899.

Sworn to and subscribed before me, this the 22 day of January 1900. S. A. Freeman Ordinary.

State of Georgia,

Fulton County.

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

Given under my official signature and seal, this 22nd day of January 1900.

W. H. Huley Ordinary Fulton County.



Note.—The blank spaces must be filled.
Note.—A Affidavit should not be returned before January 1st, 1901.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears S. A. Freeman of Fulton 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 5 day of Oct 18____; that he is 53 years old and by occupation a _____; 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 15 months in Company L of 16th Regiment of Col. Cal.; that his physical condition is as follows: Nearly blind

that his property consists of the following items: _____

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1901. I have heretofore as a resident of Fulton county been allowed a pension for the year 1899.

Sworn to and subscribed before me, this the 15th day of January 1901. S. A. Freeman Ordinary.

STATE OF GEORGIA,

Fulton County.

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

Given under my official signature and seal, this 15th day of January 1901.

John R. Wilkerson Ordinary Fulton County.



Note.—The blank spaces must be filled.
Note.—A Affidavit should not be attested before January 1st, 1901.

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 _____

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 _____

*Freeman, S. A.
Fulton G.*

(FOR THOSE ALREADY ENROLLED.)

No. *396*

INDIGENT

SOLDIER'S PENSION
1902.

Name *S. A. Freeman*
County *Fulton*
Co. *D* Regiment *16th*
Ya

WARRANT ISSUED

1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO

JA
S. W. Lindsey, State Printer, Atlanta.

no data
*Freeman, S. A.
Fulton G.*

(FOR THOSE ALREADY ENROLLED.)

No. *449*

INDIGENT

SOLDIER'S PENSION
1907.

Name *S. A. Freeman*
County *Fulton*
Co. *D* Regiment *16th*
Ya

WARRANT ISSUED

1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO

JA
S. W. Lindsey, State Printer, Atlanta.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Fulton County.

Personally appears S. A. Freeman of Fulton 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 Oct 1886; 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 Georgia) during the war between the States, and served for the term of 18 months in Company D, of 16th Regiment of Infantry; that his physical condition is as follows: Nearly blind

that his property consists of the following items:

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

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1902. I have heretofore as a resident of Fulton county been allowed a pension for the year 1 901

Sworn to and subscribed before me, this 13 day of JAN 1902, 1902 S. A. Freeman Ordinary.

STATE OF GEORGIA,
Fulton County.

I, John R. Williamson Ordinary of said County, do certify that I am well acquainted with S. A. Freeman the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1902, 1902 John R. Williamson Ordinary Fulton County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Fulton County.

Personally appears S. A. Freeman 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 _____ 1886; 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 Georgia) during the war between the States, and served for the term of 18 months in Company D, of 16th Regiment of Infantry; that his physical condition is as follows: Definitely poverty & age

that his property consists of the following items:

of the value of _____ Dollars. I am now earning _____ 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 Fulton County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this 13 day of JAN 1907, 1907 John R. Williamson Ordinary.

State of Georgia,

Fulton County.

I, John R. Williamson Ordinary of said County, do certify that I am well acquainted with S. A. Freeman the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1907, 1907 John R. Williamson Ordinary Fulton County.

NOTE.—The blank spaces must be filled.
NOTE.—This affidavit should not be attested before 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 1903.

[L. S.]

Executed in 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

at

by

Witness my hand and seal, this day of 1904.

[L. S.]

Executed in the presence of

Chas. D. A. Fulton

(FOR THOSE ALREADY ENROLLED.)

No. 182

INDIGENT

SOLDIER'S PENSION
1903.

Name *S. A. Freeman*
County *Fulton.*

Co. *L* Regiment *16th*

you WARRANT ISSUED

1/20 1903

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

you

See Section 1284, Act of 1903.

no data

Chas. D. A. Fulton

(FOR THOSE ALREADY ENROLLED.)

No. 344

INDIGENT

SOLDIER'S PENSION
1904.

Name *S. A. Freeman*
County *Fulton.*

Co. *L* Regiment *16th*

you WARRANT ISSUED

1/20 1904

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

you

See Section 1284, Act of 1903.

no data

STATE OF GEORGIA

FOR APPLICANTS HERETOFORE ATTORNEY

STATE OF GEORGIA

FOR APPLICANTS HERETOFORE ATTORNEY

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton.

County.

Personally appears S. A. Freeman of Fulton.

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 5th day of Oct 1881; that he is 23 years old and by occupation a Blacksmith, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 18 mos in Company L, of 10th Regiment of Geo Cav; that his physical condition is as follows: B + P

that his property consists of the following items:

of the value of 2 Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1903. I have heretofore as a resident of Fulton. county been allowed a pension for the year 1

Sworn to and subscribed before me, this the 20th day of JAN 1903.

Ordinary.

STATE OF GEORGIA,

Fulton.

County.

I, John R. Williamson,

Ordinary of said County,

do certify that I am well acquainted with S. A. Freeman the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 JAN 1903.

John R. Williamson Ordinary.

County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton.

County.

Personally appears S. A. Freeman 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 5th day of Oct 1881; that he is 23 years old and by occupation a Blacksmith, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 18 mos in Company L, of 10th Regiment of Geo Cav; that his physical condition is as follows: B + P

that his property consists of the following items:

of the value of 2 Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1904. I have heretofore as a resident of Fulton. County been allowed a pension for the year 1

Sworn to and subscribed before me, this the 20th day of JAN 1904.

Ordinary.

STATE OF GEORGIA,

Fulton.

County.

I, John R. Williamson,

Ordinary of said County,

do certify that I am well acquainted with S. A. Freeman the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 JAN 1904.

John R. Williamson Ordinary.

County.

Note.—The blank spaces must be filled.
Note.—Affidavit should not be attached 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 _____

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 _____

Freeman, D. A.
Fulton County

(FOR THOSE ALREADY ENROLLED)

COUS. SERVICE 1904.

No. *205*

INDIGENT
SOLDIER'S PENSION
1905.

Name *D. A. Freeman*
County *Fulton*
Co. *D. Regiment 16th Reg*

WARRANT ISSUED

1/15 1905.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

[Signature]

THE FULTON COUNTY SHERIFF'S OFFICE, FULTON, GA.

no date

Freeman, D. A.
Fulton Co.

(FOR THOSE ALREADY ENROLLED)

COUS. SERVICE 1904.

No. *329*

INDIGENT
SOLDIER'S PENSION
1906.

Name *D. A. Freeman*
County *D.*
Co. *Regiment 16th Reg*

WARRANT ISSUED

1/17 1906.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

[Signature]

THE FULTON COUNTY SHERIFF'S OFFICE, FULTON, GA.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Fulton County.

Personally appears J. A. Freeman of Fulton County.

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 60 years old and by occupation a Dealer, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 12 months in Company 2, of 16th Regiment of Co. Cav.; that his physical condition is as follows: infirmity, poverty and 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 Fulton County been allowed a pension for the year 1904.

Sworn to and subscribed before me, this 2 day of JAN 2 1905.

J. A. Freeman
his
mark

STATE OF GEORGIA.

Fulton County.

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

Given under my official signature and seal, this JAN 2 1905 day of 1905.

J. P. Wilkinson
Ordinary Fulton County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,
Fulton County.

Personally appears J. A. Freeman of Fulton County.

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 Oct 1845; that he is 60 years old and by occupation a Dealer, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 12 months in Company 2, of 16th Regiment of Co. Cav.; that his physical condition is as follows: infirmity, poverty and 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 Fulton County, been allowed a pension for the year 1904.

Sworn to and subscribed before me, this 1 day of JAN 1 1905.

J. P. Wilkinson
his
mark

State of Georgia,

Fulton County.

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

Given under my official signature and seal, this JAN 1 1905 day of 1905.

J. P. Wilkinson
Ordinary Fulton County.

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

by him in his said affidavit are true, and I know he is the individual he represents himself
to be, and that he resides in this County.

Given under my official signature and seal, this JAN 2 1905
day of _____ 1905.

J. P. Richardson
Ordinary Fulton County.

NOTE.—The blank spaces must be filled.

NOTE.—Affidavit should not be attested before January 1st, 1905.



to be, and that he resides in this County.

Given under my official signature and seal, this JAN 1 1906
day of _____ 1906.

J. P. Richardson
Ordinary _____ County.

NOTE.—The blank spaces must be filled.

NOTE.—Affidavit should not be attested before January 1st, 1906.



Pr. 2d Lieut. May
7/1862. Pres. 2d
Lieut. Feb. 5/1863.
Surrendered, Greens
boro, N.C. Apr 26/64.
Witnesses A. B.

Freeman, S. A.
Fulton County

Apr 1913

Confederate
Soldier's Application

UNDER ACT 1910.

County Fulton
Name S. A. Freeman
Company 70
Regiment 22d Regt.
Approved _____

J. W. LINDSEY

Commissioner of Pensions

CHAS. B. STROD, SAN FRANCISCO, CALIF.

10/18/13

ENTERED ROYAL OFFICE

QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA.

Talbot County.

William Blanton of said State and County is hereby presented as a witness in support of the application of S A Freeman 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? William Blanton-- Talbot County, Ga.
2. How long and since when have you known S A Freeman the applicant? About 30 years
3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State and how do you know? Atlanta, Ga., All his life
4. When, where and in what Company and Regiment did S A Freeman enlist during war from 1861 to 1865? (Give date and place). October, 1861 - Savannah, Ga. Company "B" State Troops. When he enlisted in April, 1862 in the 1st Ga. Inf. Regt. Co. 1st Regt.
5. How did you obtain your information of this Service? I was there (interview).
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (Give date). From April 1862 to April 25, 1865
7. When and where was his Command surrendered or discharged (give date and place). April 25th, 1865 at Appomattoch, Va.
8. Were you personally present at the Surrender? I was
9. If not, where were you and how came you there? XXXXXX
10. Was the applicant personally present with his Command at surrender? He was
11. If not where was he and how came him there? XXXXXX
12. When did he leave his Command? XXXX Where was his Command when he left it? XXXX for what cause did he leave? XXXXXX By whose authority did he leave? XXXXXX and how long was he granted leave? XXXXXX How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically). I was present
13. In what way was he prevented from returning to his Command? XXXXXX How do you know? I know that he was not absent at surrender on my own personal knowledge.
14. What claim did he make to return to his Command and how do you know? XXXXXX
15. Was applicant captured as a prisoner? No If so, when and where? XXXX In what prison was he held? XXXXXX and when released? XXXXXX

Sworn to and subscribed before me, this the 16th day of September, 1915.

Ordinary.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.

Talbot County.

Personally before me come R Leonard and T F Matthews who on oath says that they are freeholders residing in said County and we know S A Freeman 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 hundred and sixty five acres of land with sixteen hundred dollars (\$16,000.00)

1. What property, if any, has been sold or given away by the applicant or his wife since 1 Nov 1906? (State fully by items). None
2. What and to whom was it sold or given to? XXXXXX
3. What was the price paid or stated to be paid? XXXXXX
4. What relation is the party to applicant? XXXXXX
5. What disposition was made of the proceeds of the sale? No sale or gift
6. Was the disposition of this property made in good faith and full value? or was it made to obtain a pension? No sale or gift

Sworn to and subscribed before me, this the 16th day of Sept 1915

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

Fulton County.

John P. Wilkinson Ordinary of said County, certify that I know the applicant S A Freeman for Pension is the person he represents himself to be and resides in said County. That I also know S A Freeman the witness residing to the service and S A Freeman who are freeholders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavits and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Records of Fulton Co show that S A Freeman wife value for tax in 1906 XXXX for 1909 XXXX for 1910 37 Sworn to and subscribed at my official seat of office this 16 day of Oct 1915

John P. Wilkinson Ordinary, Fulton County.

NOTES: 1. Before any questions are asked the Ordinary shall arrest applicant and all witnesses in the following words: "You are under oath and you will give answers true to each question asked you and the affidavits you will make and the value given to you will be sworn to." 2. All affidavits must be made before the Ordinary and certified by him. 3. If applicant has no property to sell for pension, he or widow of said and wife, affidavits of freeholders of said County.

Georgia-Talbot County: 1. S A Matthews, Ordinary of said County, do certify that I know William Blanton, the witness who testifies to the service of S A Freeman, the applicant, that I also know R Leonard and T F Matthews who testifies to the worth of S A Freeman, the applicant, that they are freeholders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavits, that they are all truthful and trustworthy and their statements are entitled to full faith and credit.

13. In what way was he prevented from returning to his Command? *****
How do you know? I know that he was not absent at surrender on my own personal knowledge.

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 16th day of September, 1912.

580

Ordinary

Walton

County

Georgia-Walton County

I, N. F. Smith, Ordinary of said County, do certify that I know William Blanton, the witness who testifies to the service of E. A. Freeman, the applicant; that I also know E. Leonard and T. F. Matthews who testify to the worth of E. A. Freeman, the applicant; that they are freeholders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavits, that they are all truthful and trustworthy and their statements are entitled to full faith and credit.

E. A. Freeman returned for taxation in 1908-044, 1909-044, 1910-044. Given under my hand and seal of office, this 16th day of September, 1912.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

I, _____, hereby authorize _____

of _____ County to receive and receipt for the pension allowed

and that he mail the same to me at _____ by his check or registered mail.

Witness my hand this _____ day of _____, 190_____.

Executed in presence of _____

Ordinary,

County, _____

[SEAL]

Freeman, S. O.
Fulton, County

No. _____

**WIDOW'S
INDIGENT PENSION.**

Name *May S. O. Freeman*

County *Fulton*

Widow of *Thomas Freeman*

Approved _____

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO _____

U. S. 5122, STATE PRINTER, ATLANTA, GA.

9-23-09

STATE OF GEORGIA
JAN 21 1910
RECEIVED

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.

County.

[SEAL]

WIDOW'S
INDIGENT PENSION.

May S. O. Freeman

John W. Lindsey

JOHN W. LINDSEY,

WARRANT RETURNED TO

122-09

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA

Fulton County

Mrs. S. O. Freeman 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 goods, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. When and where were you born? *November 5th, 1849, Government County, Georgia*
2. How long and how far have you been a resident of this State? *all my life*
3. When and where were you married? *November 10th, 1862, in Fulton County, Georgia*
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.) *November 10th, 1862, in Fulton County, Georgia. Thomas H. Freeman*
5. When and where in what Company and Regiment did your husband enlist or serve during the war between the States? *May 7th, 1862, at Andersonville, Georgia, in Co. I, 55th Ga. Inf. served in Madison, Army*
6. How long did your husband serve in said Company and Regiment? *all the war*
7. When and where did your husband's Company and Regiment surrender and was discharged? *Sept 2nd, 1865, at Cumberland Gap, Tenn. Thomas H. Freeman*
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 his command*
10. When and where did your husband die? *February 23rd, 1901, in St. Paul, Georgia*
11. Which of the following grounds do you base your application for pension, viz: First—Age and Poverty; Second—Infirmary and Poverty; or Third—Blindness and Poverty? *On all—born poor, and my husband is now blind*
12. If upon the first ground, state how long you have been in such a condition that you cannot earn your support. If upon the second, give a full and complete history of the infirmity and its extent. If upon the third, state whether you are totally blind, and when and where you lost your sight. *Have been unable to earn a support since husband's death, one eye lost sight in 1874, other eye went*
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? *None*
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 1900, 1901, 1902, and what disposition, if any, by sale or gift have you made of the same? *None*
17. In what counties did you reside in 1900, 1901, 1902, and what property did you return for taxation? *Fulton County*
18. How have you been supported since death of husband, and especially for 1900, 1901, 1902 and 1903? *None*
19. How much did your support cost for each of these years, and how much did you contribute by your own labor or income? *None*
20. What was your employment during 1900, 1901, 1902 and 1903—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? *Children all grown, none of them have any property*
22. Have you ever made application for pension before? *No*
23. How many applications have you made for a pension, and under what class? *None*

Sworn to and subscribed before me, this the _____ day of _____ 190_____

John W. Lindsey Ordinary, _____ County.

QUESTIONS FOR WITNESSES.

STATE OF GEORGIA,

Fullon County, John H. Freeman and J. S. A. Freeman of said County, having been present as a witness in support of the application of Mrs. John H. Freeman 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? John H. Freeman resides at De Kalb Co. Ga. and J. S. A. Freeman in Atlanta
 2. Are you acquainted with the applicant? Yes
 If so, how long have you known her? all her life
 3. Where does she reside, and how long since when has she been a resident of this State? in Atlanta for 1842
 4. When and where was she born? Don't know exact date, was born in Ga.
 5. Were you ever acquainted with her husband? Yes
 6. Where did she reside in 1861? in Ga.
 7. When and to whom was he married? in 1842, in Ga.
 8. When and where was he born? in 1842, in Ga.
 9. How long have you known him? know him all his life
 10. When and where did Freeman H. Freeman enlist in the war between the States, and in what Company and Regiment did he enlist, and how do you know this? in 1862, in Co. I, 2nd Ga. Inf., 3rd Div., 1st Army, and was a member of the same Company and Regiment.

11. Were you a member of the same Company and Regiment? Yes
 12. How long did he perform regular military duty? until capture at Antietam, Sept. 1862, until close of war
 13. When and where was his Company and Regiment surrendered and discharged from service? at Antietam, Sept. 1862, at Washington, D.C.
 14. Was you with the Company when it surrendered? Yes
 15. Was Freeman H. Freeman the husband of applicant present? Yes

16. If not present, where was he? in Ga.
 17. When and where did he leave his Command? in Ga.
 For what cause? discharged at end of war
 By whose authority he left? discharged at end of war

How do you know all this? (State fully and clearly.) John H. Freeman resided with him, a business partner, released with him, and J. S. A. Freeman knew of the facts.

18. When and where did Freeman H. Freeman die? Feb. 1st, 1901, in De Kalb Co. Ga.
 19. Where did he reside at his death and how long had he been a resident of Georgia at his death? in De Kalb Co. Ga. lived in Ga. all his life.

20. Do you or your own knowledge know that applicant is the lawful widow of Freeman H. Freeman? Yes
 21. Has she remained unmarried since her soldier husband's death, and is now his widow? Yes

22. What property, effects or income has the applicant, if any, and how do you know this of your own knowledge? nothing

23. What property, effects or income did applicant possess in 1905, 1906, 1907 and 1908, and what disposition did she make of it? nothing

24. Has applicant conveyed any property in last two years or given any away, if so, what was it, and to whom? no property

25. What is applicant's physical condition and her chances and ability to earn a support? she is old and feeble and unable to work and wholly unable to earn a support

26. Is applicant able to earn a support at labor of any sort, if not, why?

27. How was she supported for 1905, 1906, 1907 and 1908? By her children

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

29. Give a full and complete statement of applicant's physical condition? General disability

30. What interest have you in the recovery of this pension by the applicant? None, as retired except that John H. Freeman is applicant's father-in-law

Sworn to and subscribed before me this 22nd day of Sept. 1909 at Fullon County, Georgia.

James R. Griffin Ordinary, Fullon County, Georgia.

John H. Freeman and J. S. A. Freeman AFFIDAVITS OF PHYSICIANS.

STATE OF GEORGIA, Fullon County, Georgia.

Personally before me comes John H. Freeman and J. S. A. Freeman, both known to me to be reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully Mrs. John H. Freeman applicant for a pension under Act of 1900, and after such personal examination say that her physical condition is this General disability

from severe pleurisy and other conditions which have been about constant, but which are not also in very bad condition due to age.

and we have no interest in said pension if allowed. Sworn to and subscribed before me this 22nd day of Sept. 1909 at Fullon County, Georgia.

John H. Freeman Ordinary, Fullon County, Georgia.

W. B. Spain M.D. and Ansley Griffin M.D. ORDINARY'S CERTIFICATE.

STATE OF GEORGIA, Fullon County, Georgia.

I, Ansley Griffin Ordinary, in and for said County, hereby certify that the applicant, Mrs. John H. Freeman resides in said County, and has been a bona fide resident of this State since the 22nd day of Sept. 1909.

18. and that the witnesses, Mr. John H. Freeman and J. S. A. Freeman 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 were signed and subscribed.

I further certify that the tax digest of Fullon County shows that applicant returned for taxation in her own name in 1905 nothing dollars worth of property, and in 1906 nothing dollars worth of property, and in 1907 nothing dollars worth of property, and in 1908 nothing dollars worth of property.

Witness my hand and official seal this 22nd day of Sept. 1909 at Fullon County, Georgia.

(SEAL.) Ansley Griffin Ordinary, Fullon County, Georgia.

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 witness 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 not sworn. Those married since the 6th of April, 1863, 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.

25. What is applicant's physical condition and her chances and ability to earn a support?
 She is old and feeble and possibly blind and wholly unable to earn a support.

NOTES—1. Before any questions are answered, the Ordinary shall examine and apply 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 indicated.

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 new 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 to show why it cannot be obtained.

A. Q. O 72-11

Application for Payment of Expenses of Last Illness and Funeral

(Under Act of 1919)
(To be disbursed by the Ordinary)

GEORGIA, Fulton County;

Before me, the Ordinary of said County, comes Mrs. J. W. Robinson

of said County, who, after being duly sworn, on oath says that he knew Mrs. S. O. Freeman 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~~ WIDOW ESTATE OF ANY KIND OR VALUE sufficient to pay the expenses of last illness and funeral, which amounted to the sum of \$ 425.00, as shown by sworn statements FULLY and COMPLETELY ITEMIZED, hereto attached.

Sworn to and subscribed before me,

this the 12 day of Jan, 1937.
C. E. Bartlett Ordinary.

Mrs. J. W. Robinson
1690 Cowley Ave SW
Ra 7192

CERTIFICATE OF THE ORDINARY

GEORGIA, Fulton County.

I certify that Mrs. J. W. Robinson

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. S. O. Freeman 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 12 day of Jan, 1937.

(Seal of Ordinary)

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 receipt, 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 carried 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.

STATEMENT Of Mrs. J. W. Robinson
1690 Cowley Ave., S.W.
Atlanta, Ga.

Sept. 1st, 1936

To S. N. Freeman, Sr., and Mrs. T. A. Tison, Agents for Mrs. Susan O. Freeman

Expenses; Nursing, Medicines, and boarding of Mrs. Susan O. Freeman during her last illness, 425 days at \$1.00 per day,

\$ 425.00

STATE OF GEORGIA.
COUNTY OF FULTON.

Personally appeared Mrs. J. W. Robinson, who upon oath says that Mrs. Susan O. Freeman at the time of her death was indebted to her in the above amount; that said amount is just, true, due and unpaid.

Sworn to and subscribed before me
this Jan 12 1937

Mrs. J. W. Robinson

Geo. W. Lindsey,
Commissioner of Pensions,
Atlanta, Ga.

Oct. 14th 1909.

Gen. F. C. Ainsworth,
Washington, D.C.

Dear Sir:-

Please furnish me the prison record of Thomas N. Freeman of Co. "I" 88th Ga. Infantry, who was captured at Cumberland Gap Sept. 9th 1863 and held a prisoner at Camp Douglas Ill.

His widow is an applicant for a pension before the Georgia Pension Department and she has no other way to prove his record and imprisonment.

Yours respectfully,

Geo. W. Lindsey
Commissioner of Pensions



CERTIFICATE OF DEATH
GEORGIA STATE BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH		County <u>Fulton</u> Milleda District (Number and Name) <u>1061</u> State of Georgia	
City or Town <u>Atlanta</u>		Length of residence in this city or town: Yrs. <u> </u> Mos. <u> </u> Da. <u> </u> NON-RESIDENT (Yes or No.) <u> </u>	
Street and Number (No.) <u> </u> (Street) <u>Ga. Bapt. Hosp.</u> Ward <u> </u>		(If death occurred in a hospital, give its name instead of street and number)	
2. FULL NAME <u>Mrs. Susan Ollie Freeman</u>			
Residence (City or Town) <u>1690 Cowley Ave., S.W.</u> (State) <u>GA</u> and Number <u> </u>			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Female</u>	4. COLOR or RACE <u>White</u>	5. MARRIAGE <u>Widowed</u>	6. DATE OF DEATH <u>May 28, 1936</u> at <u>6:20 A.M.</u>
7. DATE OF BIRTH (month, day, year) <u>Nov. 5, 1949</u>			8. I HEREBY CERTIFY That I attended the deceased from <u>5/23/1936</u> to <u>5/28/1936</u>
9. AGE <u>86</u> Years <u> </u> Months <u> </u> Days <u> </u> Hours <u> </u> Minutes <u> </u>			10. I last saw the deceased alive on <u>5/28/36</u> death is said to have occurred on the date and hour stated above.
11. OCCUPATION (a) Trade, profession or particular kind of work done, as spinner, weaver, bookkeeper, etc. <u>None</u>			12. The principal cause of death and related causes of importance in the order of onset and duration of each: <u>Pneumonia, hypostatic - oedema of lungs.</u>
(b) Industry or business in which work was done, as cotton mill, sawmill, bank, etc.			13. Other contributory causes of importance: <u>Fracture left hip - surgical neck of femur</u>
(c) Date deceased last worked at this occupation (month and year) <u> </u>			14. What test confirmed diagnosis? <u>X-Ray & clinical</u>
(d) Total years spent in this occupation <u> </u>			15. If death was due to external causes (violence) fill in also the following: <u>accident</u>
16. BIRTHPLACE <u>Dacula, Ga.</u>			16. Was injury an accident, suicide, or homicide? <u>accident</u>
17. NAME <u>Unknown</u>			17. Where did injury occur? <u>At home, Atlanta, Ga.</u>
18. BIRTHPLACE <u>Ga.</u>			18. Did injury occur in a home, public place or industry? <u>Slipped on floor</u>
19. MAIDEN NAME <u>Betty Hinton</u>			19. Manner of injury <u>Fracture of femur</u>
20. BIRTHPLACE <u>Ga.</u>			20. Nature of injury <u>W. Earl Quillian</u>
21. INFORMANT <u>S. N. Freeman</u>			21. (Signed) <u>W. Earl Quillian</u> M.D.
(Address) <u>1690 Cowley Ave. S.W.</u>			22. (Address) <u>906 Medical Arts</u>
23. BURIAL PLACE <u>Pleasant Hill Cem.</u>			23. (Address) <u>June 2, 1936</u>
(Cemetery) <u>Gwinnett Co.</u> (Date) <u>5/29/36</u>			24. FILED <u>Loe Horner</u>
24. UNDERTAKER <u>H. M. Patterson & Son</u>			25. (Signed) <u>Loe Horner</u> (Local Registrar)
(Address) <u>by J. E. Bowen</u>			

OFFICE OF THE REGISTRAR OF VITAL STATISTICS
For the City of Atlanta

GEORGIA,
FULTON COUNTY.

Atlanta, Ga. 1/11/1937

I hereby certify that the foregoing is a true and correct copy of the record of death Number 2775
of the series of 1936 for Mrs. Susan Ollie Freeman
as appears on file in the office of the Registrar of Vital Statistics of the City of Atlanta.

(Signed)

J. P. Kennedy M.D.
HEALTH OFFICER.

SEAL

Atlanta, Ga. May 3 1937.

Received of S. H. Jeffries, Ordinary of Fulton County,
Georgia, check for \$120.00 to apply on funeral expenses of
Mrs. S. O. Freeman. I certify that this amount has not heretofore been paid and is now owing to me.

Mrs. J. W. Robinson

STATE OF GEORGIA,

Fulton County

PERSONALLY appears *Joseph Friddell* of *Fulton* 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 *9th* day of *March* 1843; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *C*, of *Regiment of South Legion Volunteers* *Col. R. R. Cobb's* Brigade; that whilst engaged in such military service, at the battle of *South Mt. Brampton* *Co.* in the State of *Maryland*, on the *1st* day of *September* 1862, he was wounded as follows: *Shot with Minnie ball between the left nipple and arm pit going through the body and coming out at lower point of the shoulder blade also of same arm and place - wounded in the left leg between the knee and ankle, which renders applicant incompetent to perform ordinary manual avocations of life*

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

10th day of *January* 1888

J. Henry Smith

Notary Public *Fulton Co. Ga*

COMMISSIONED OFFICER'S AFFIDAVIT.

STATE OF GEORGIA,

Fulton County

PERSONALLY came before me *Capt A. G. Guen* of the county of *Fulton* State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company *C*, of *Cobb's 9th* Regiment of *Legion Infantry* Volunteers, and that deponent knows *Joseph Friddell* 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 *Joseph Friddell*, as stated by him in said affidavit. Deponent further states that said *Joseph Friddell* is a *bona fide* citizen of this State, and resides in *Atlanta* *Fulton* county. *A. G. Guen* *Capt C. C. Guen* *1888*

Sworn to and subscribed before me, this *6* day of *June* 1888

J. Henry Smith
Notary Public
Fulton Co. Ga

The foregoing affidavit, changed to suit the facts, should be made by a commissioned officer of the State. If the affidavit of such an officer is not obtainable, the following affidavit of three responsible citizens should be furnished:

Application for Allowance

1887

Joseph Friddell
Fulton Co.

Amount *205*
County *Fulton*

Date of Warrant *Jan 9/88*
Entered on Record,

Jan 9
1888
J. Henry Smith
Notary Public

STATE OF GEORGIA,

County.

PERSONALLY CAME

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

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

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

STATE OF GEORGIA,

Fulton County.

PERSONALLY COMES BEFORE ME

W. C. Asher

and

J. T. Key

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: _____

body, ball entering between the left nipple and axilla, coming out through the scapula, then tearing all the muscles of the shoulder, rendering him incompetent to perform the ordinary duties of life.

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

9th day of January 1888

W. L. L. album

ORDINARY.

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

Sworn to & subscribed before me
9th day of January 1888
Specimens of
Fulton Co. Ga.

STATE OF GEORGIA,

Fulton County.

W. L. L. album

Ordinary of said county,

do certify that I am well acquainted with _____ the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this county. I also certify that the foregoing witnesses are persons of respectability, and that their statements are worthy of full credit and belief.

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

Given under my official signature and seal, this _____ day of _____ 1888

W. L. L. album
Ordinary Fulton County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

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

In witness whereof I have hereunto set my hand and seal, this _____ day of _____ 1888

Executed in the presence of us: _____

Ex Dept Atlanta
 April 13 1889,
 The physician,
 are asked to state
 under oath if
 the wound described
 renders applicant
 permanently, perma-
 nently incompetent
 for performance of
 the ordinary manual
 avocations of life.
 Explain fully how
 & extent of disability
 W. H. Harrison

Furdell, Joseph

Furdell, Joseph

1903
 APPLICATION FOR ALLOWANCE
 FOR YEAR ENDING OCTOBER 26, 1888.

Disability from body
 Applicant Joseph Furdell
 County Fulton
 Amount 50
 Date of Warrant April 13
 Entered on record April 13 1889
 W. H. Harrison
 No additional disability
 Applicant

STATE OF GEORGIA

STATE OF GEORGIA

Fulton County, Ga.
 Personally appears Joseph Furdell, of said 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 1863; that he enlisted in the military service of the Con-
 federate States (or of the State of Georgia) during the war between the
 States, and served as a Private in Company C of Cobb's Regiment
 of Georgia Volunteers in Hoffer's Brigade; that whilst engaged
 in such military service at the battle of South Mountain in the State
 of Maryland, on the 14th day of September, 1863, he was
 wounded as follows: He received a gunshot wound in the left breast the ball entering
 near the top of the breast, passing through the lungs, and
 passing through the shoulder of the shoulder blade
 partially passing by the tip of the left arm
 & shoulder, remaining and came down outstretched
 & was actually disabled.

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

Sworn to and subscribed before me, this 12th day of April 1889.
 W. H. Harrison
 Not a fully sworn or wound or character of disease which causes the disability, and explain particularly
 the extent of the disability.

STATE OF GEORGIA

Fulton County, Ga.
 Personally comes before me W. H. Harrison, Ordinary of said county,
 and W. B. Baker, both known to
 me as reputable physicians of said county, who, being severally sworn, say on oath that
 they have carefully examined Joseph Furdell, and after such
 examination say that the applicant has been injured as follows: By reason of a gun
 shot wound entering left side of left nipple
 passing through the muscles of the chest front and
 coming out of the lower end of the shoulder blade.
 The wound containing a large foreign body
 the muscles of the chest which renders the upper part of the
 arm & shoulder useless, and renders him incompetent
 for any kind of manual labor.
 Sworn to and subscribed before me, this 13th day of April 1889.
 W. B. Baker, Notary Public

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

NOTES.

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

STATE OF GEORGIA,

Franklin County.

W. B. Leachman Ordinary of said county, do certify that I am well acquainted with *John P. Smith* 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: *P. K. Miley and*

W. B. Leachman

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

I further certify that *P. K. Miley* before whom the foregoing affidavits were made and power of attorney was signed, is a *True Person & Good* of said county, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this *13* day of *June* 188*9*

W. B. Leachman
Ordinary *Franklin* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Franklin 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 *June* 188*9*

Executed in the presence of us:

DIRECTION:

Send money to me as follows, by

to *John P. Smith* *P. O.*
County, Georgia.

STATE OF GEORGIA,

Fulton County.

I, *W. L. Calhoun* Ordinary of said county, do certify that I am well acquainted with *Joseph F. Milledge* 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 *before* of said county, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this *9th* day of *June* 189*0*

W. L. Calhoun

Ordinary

Fulton

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

1905.

[L. S.]

Executed in the presence of

Milledge, Joe
Fulton, Ga.

1890.

Fulton, Ga.

No. *2903*

APPLICATION FOR ALLOWANCE

FOR THE YEAR BEGINS JANUARY 1, 1905.

Dis by body wound

App'd by J. F. Milledge

County, Fulton

Amount, *\$50*

Date of Warrant, *June 9*

Entered on record, *June 9 1890*

Warrant

Warrant

Warrant

Warrant

Milledge, Joe
Fulton County

FOR THOSE ALREADY ENROLLED
1890-1891

No. *138*

DISABLED
SOLDIER'S PENSION
1905.

Name *Joseph F. Milledge*

County *Fulton*

Co. *Co. 10th Regiment*

Disability *Body Wounds*

Amount, *\$50.00*

1/19 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

1891

no data

For Applicants Heretofore Allowed Pensions.
STATE OF GEORGIA,

Fulton County.
PERSONALLY appears *Joseph Griddell* *Fulton* 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 *birth* day of
18; that he enlisted in the military service of the Con-
federate States (or of the State of *Georgia*) during the war between the
States, and served as a *Private* in Company *C*, of *th* Regiment
of *Cobb's* *Georgia* Volunteers *Cobb's* Brigade; that whilst engaged
in such military service at the battle of *South Mountain* in the State
of *Maryland*, on the *14* day of *September* 1863, he was
wounded as follows:

*Received a gun shot wound
entering the left side of the breast
between the nipple and shoulder,
coming out at the lower point of the
left shoulder blade, rendering
Griddell unable to perform manual
labor*

Deponent desires to participate in the benefits of the Act, approved October 26, 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 *Fifty* dollars.

Sworn to and subscribed before me this the

9th day of *June* 1890

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

POWER OF ATTORNEY.
STATE OF GEORGIA,

Know all Men by these Presents, That I,

county, in said State, do hereby appoint

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

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

9th day of *June* 1890

Executed in the presence of us:

Dr. L. Eastman

Send money to me as follows, by

STATE OF GEORGIA to P. O.

County, Georgia.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Fulton COUNTY.

Personally appears *Joseph Griddell* of *Fulton*.
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 *all his life* 18; that he enlisted in the military service of the Con-
federate States (or of the State of *Georgia*) during the war between the
States, and served as a *Sgt* in Company *C*, of *th* Regiment
of *Cobb's* *Georgia* Volunteers *Mr Cobb*'s Brigade; that whilst engaged
in such military service in the State of *Ind*, on the *14* day
of *Sept* 1864, he was wounded, injured or diseased as follows:

Wounded Crampston Cap., Ind.

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
Douglas County, been allowed an invalid pension of

Fifty Dollars, for the year 1904.

Sworn to and subscribed before me, this the

9th day of *JAN 2* 1905

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,
Fulton COUNTY.

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

Given under my official signature and seal, this *JAN 2* 1905
day of *1905*.



John P. Wierinson
Ordinary *Fulton* County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA.

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 the presence of _____

Fiddell, Joseph
Fulton Co.
 Cross Service 1861
 (FOR THOSE ALREADY ENROLLED)
 No. *97*
**DISABLED
 SOLDIER'S PENSION
 1906.**
 Name *Joseph Fiddell*
 County *Fulton.*
 Co. *C*
 Regiment *3rd Regt*
 Disability *Insane*
 Amount, \$ *468* 1906.
 JOHN W. LINDSEY,
 Commissioner of Pensions.
 WARRANT HANDLED TO
W
 No date

FOR APPLICANTS HEREFORE ATTORNEY PENSIONS

POWER OF ATTORNEY.

STATE OF GEORGIA.

COUNTY. }

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____
 day of _____ 1907.

[L. S.]

Executed in presence of _____

Fiddell, Joseph
Fulton Co.
 Cross Service 1861.
 (FOR THOSE ALREADY ENROLLED)
 No. *41*
**DISABLED
 SOLDIER'S PENSION
 1907.**
 Name *Joseph Fiddell*
 County *Fulton.*
 Co. *C*
 Regiment *3rd Regt*
 Disability *Insane*
 Amount, \$ *40.00* 1907.
 JOHN W. LINDSEY,
 Commissioner of Pensions.
 WARRANT HANDLED TO
W
25

State of Georgia

FOR APPLICANTS HEREFORE ATTORNEY PENSIONS

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Fulton County.

Personally appears Joseph Griddell of Fulton County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of 1843 that he enlisted in the military service of the Confederate States, (or of the State of Ga) during the war between the States, and served as a 1st Sgt in Company C of Volunteers of Ga Volunteers' Brigade; that whilst engaged in such military service in the State of Ga, on the 14 day of Sept 1863, he was wounded, injured or diseased as follows:

Shot in left side

got no record.

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 Fulton County, been allowed an invalid pension of Fifty Dollars, for the year 1905.

Sworn to and subscribed before me, this the

day of JAN 1 1906 1906.

Post-Office

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

State of Georgia,

Fulton County.

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

Given under my official signature and seal, this JAN 1 1906

day of

Ordinary

Fulton County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Fulton County.

Personally appears Joseph Griddell of Fulton 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 all his life 18; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Sergeant in Company C of th Regiment of Co Volunteers McPherson's Brigade; that whilst engaged in such military service in the State of Georgia, on the 14 day of September 1862, he was wounded, injured or diseased as follows: Was wounded at Battle of Smith Mountain, State of Maryland
Shot through body.

Trans from Douglas Co. (No record)

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 Fulton County, been allowed an invalid pension of Fifty Dollars, for the year 1906.

Sworn to and subscribed before me, this the

day of JAN 1907.

John R. Wilkinson

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,

Fulton County.

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

Given under my official signature and seal this JAN 2 1907.

day of

John R. Wilkinson

Ordinary of Fulton County.

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

Given under my official signature and seal, this
 day of 1908
John R. Williams
 Ordinary
Fulton County.
 Note.—Fill all blanks and of Company and Regiment.
 Note.—All vouchers and affidavits must bear date after January 1st, 1908.

John R. Williams
 Ordinary Fulton County.
 Note.—Fill all blanks and of Company and Regiment.
 Note.—All vouchers and affidavits must bear date after January 1st, 1907.



H. T. COOPER, ORDINARY,
 DOUGLAS COUNTY.

Douglasville, Ga. 190

Georgia } I, H. T. Cooper, Ordinary, certify that
 Douglas County } Joseph Fiddell was on the Pension
 roll of this County and drew an Annu-
 al Pension of \$50.00 for the year 1904, and he is now
 a citizen of the County of Fulton.
 Given under my hand and seal of office
 this 12th day of March, 1904.
 H. T. Cooper
 Ordinary of Douglas County.

Audited

1889.

COMPTROLLER GENERAL.

Fulton

Maimed Soldiers.

Voucher No 1953

Amount \$ 50

Paid Joseph Fiddell

For Disability

from boyhood

Cpl 1st 1889.

Included in Warrant No.

issued to Treasurer

1889.

WARRANT CLERK

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

Applicant

Audited

189

COMPTROLLER-GENERAL

Maimed Soldiers.

Voucher No. 2903.

Amount \$ 50.

Paid to Joseph Middel

For Dis: by body

mound

June 9 1890

Included in Warrant No.

issued to Treasurer.

189

WARRANT CLERK.

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

Applicant.

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

No. 1953

Atlanta, Ga. April 13 1889.

Mr. Joseph Middel of the County
of Fulton having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Act,
Dec. 24, 1883, and the same having been allowed for

Disability from body mound
He is entitled to receive the sum of Fifty 00/100 Dollars
for such disability, the same being the allowance for the year ending October 24, 1889.

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

By the Governor.

W. N. Hansen

CLERK EXECUTIVE DEPARTMENT.

GOVERNOR.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN.

Fifty 00/100

Dollars.

per above voucher, this 13 of April 1889.

Joseph Middel

No. 2903

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga., June 9 1890

Mr. *Joseph Inadell* of the County
of *Spalding* having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Act,
approved Dec. 24, 1888, and the same having been examined and allowed for

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

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



By the Governor,

W. H. Harrison

CLERK EXECUTIVE DEPARTMENT.

J. B. Gordon
GOVERNOR.

\$50.00
RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty
per above voucher, this *9*

Dollars,

of *June* 1890

Joseph Inadell

ORDINARY'S CERTIFICATE

STATE OF GEORGIA,

Fulton COUNTY.

I, Thos H Jeffries Ordinary of said County, do certify that I know Mrs Sarah L. Traylor 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 31 day of June 1922.

That I also know R. P. Davis 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 29 day of Sept 1922.
(SEAL) Thos H Jeffries Ordinary.
Fulton 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, 1921, 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.

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 1912.

County Fulton
Name McDonald L. Traylor
Widow of Thos H. Jeffries

Company
Regiment
Approved

J. W. LINDSEY,
Commissioner of Pensions.
Burl Printing Co., State Printer, Atlanta.

1/27/22

ORDINARY'S CERTIFICATE

STATE OF GEORGIA,

Fulton COUNTY.

I, Thos. H. Jeffries Ordinary of said County, do certify that I know Mrs. Sarah L. Truerson 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 31 day of Jan 1922.

That I also know A. P. Davis witness as to marriage, and I also know

that both of the foregoing were duly sworn by me before signing the respective affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 10 day of Apr 1922.

(SEAL)

Ordinary.

Fulton 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 give 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, 1921, 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.

Widow's Application

To be put on Roll in Her Own Right When
Married Was on the Indigent Roll or
Put on Under Act of July 11, 1910—
As Amended by Act of 1912.

County Fulton

Name Sarah L. Truerson

Widow of Thos. H. Jeffries

Company

Regiment

Approved

J. W. LINDSEY,
Commissioner of Pensions.

Rec'd Pension Co. State Prison, Atlanta.

1/28/22

MARRIAGE LICENSE

State of Georgia--Fulton County

To any Minister of the Gospel, Judge of the Superior Court, Justice of the Peace, or other Person authorized to Solemnize.

You are hereby authorized and permitted to join in the honorable state of Matrimony

Thomas Dickey Frierson

and

Sarah Louise McKinley

According to the Rites of your Church, provided there be no lawful cause to obstruct the same, according to the Constitution and Laws of this State, and for so doing this shall be your sufficient License.

RETURN THIS LICENSE WITH YOUR CERTIFICATE THEREON TO MY OFFICE FOR RECORD

Given under my Hand and Seal this 25

day of October, 1871

Daniel Pittman Ordinary L.S.

I hereby certify that

Thos. Dickey Frierson

and

Sarah Louise McKinley

were joined together in the HOLY BANS OF MATRIMONY

on the 25 day of October, 1871, by me.

J. S. Wilson, D.D.

State of Georgia,
Fulton County.

S. S.

ORDINARY'S OFFICE

ATLANTA, GA., January 31st 1922.

I, CLAUDE C. MASON

Clerk Court of Ordinary of said County, hereby certify

that the foregoing is a true copy of the Marriage License and Certificate of Marriage of

Thos. Dickey Frierson

Sarah Louise McKinley

the same appears of record in this office.

Given under my official Signature and Seal of the Court of Ordinary,
the day and year aforesaid.

Clerk Court of Ordinary.

WIDOW'S AFFIDAVIT

STATE OF GEORGIA,

Fulton

COUNTY.

Personally before me comes Mrs. Sarah L. Frierson of said County, who, after being duly sworn, says that she is the widow of T. D. Frierson to whom, in the County of Fulton State of Georgia she was married on the day of Oct. 18. 71, and that she remained his wife, and resided with him to the date of his death in March 1901 and that she has not since his death remarried. At the time of his death he was a resident of Fulton 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 Fulton County for 1901 per annum, on account of being a soldier in Company (Volunteers or State Militia) Regiment.

That she is now a bona fide resident citizen of said County of Fulton and she has so continuously resided since 1871 day of 19--

Sworn to and subscribed before me, this the

31 day of January 1922

Claude C. Mason Ordinary

of Fulton County.

(SEAL)

Sarah L. Frierson
84 Orleans St.

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

STATE OF GEORGIA,

Fulton

COUNTY.

Personally before me comes A. P. Davis 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. Sarah L. Frierson, who made the foregoing affidavit, is the lawful widow of T. D. Frierson who died in Fulton County in said State of Georgia on day of March 1901, and that she has not since remarried. That she began the widow of T. D. Frierson over twenty years ago, and that she and he had resided together as man and wife continuously since x x day of x x x x 18 x x, and that the T D Frierson was the same man who was on the pension roll of said State from Fulton County when he died.

Sworn to and subscribed before me, this the

2nd day of Feb 1922

Claude C. Mason Ordinary

of Fulton County.

(SEAL)

A. P. Davis

POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

herby authorize

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

at

by

Witness my hand and seal, this

day of

1896.

Executed in presence of

Thomas D. Johnson
No. *Thomas D. Johnson*
Freeman Co
INDIGENT PENSION
1895.

Name *Thomas D. Johnson*

County *Freeman*

Given

July 1 1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

appet

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

hereby authorize

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

Witness my hand and seal this

day of

1896.

Executed in presence of

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

Fulton County.

Thomas D. Emerson 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)
Thomas D. Emerson, Fulton Co. 1822 North St -
2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State?
In Atlanta Ga. Twenty four years.
3. When and where were you born? *In Sumter Co. In 1815.*
4. Did you volunteer in the Confederate Army or in the Georgia Militia? *Confederate Army*
5. When and where did you enlist? *In Sumter Co. 1861*
6. In what company and regiment did you enlist? *Company K 38 Reg. in 1861*
7. How long did you remain in that company and regiment? *Twelve months*
8. If you were discharged from same and joined another, or if you were transferred to another, give an account of such discharge or transfer? *Being over age I resigned by office as Capt & left the Regiment.*
9. For how long a period did you discharge regular military duty? *Eighteen months*
10. When, where and under what circumstances were you discharged from service? *In 1861 at Charleston S.C. I resigned as Capt & left the Company & Regiment. I then served 18 months in S.C. Militia & then was again discharged from service.*
11. What is your present occupation? *I have none*
12. How much can you earn per annum by your own exertions or labor? *Nothing*
13. What has been your occupation since 1865? *I have been employed in different ways*
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? *\$150. I am not able to contribute any thing*
15. What is your present physical condition and how long have you been in such condition? *Very poor. I cannot think of any more. I have a tumor on my arm which disables it.*
16. Upon which of the following grounds do you base your application for pension, viz.: first, "age and poverty," second "infirmity and poverty" or third "blindness and poverty"?
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?
First. I have been unable to earn my support in the last few years. Second. I have a tumor on my arm which disables it.
18. What property, effects or income do you possess? *none*
19. What property, effects or income did you possess in 1893 and in 1894 and what disposition, if any, did you make of same? *I had none*
20. In what County did you reside during those years and what property did you then return for taxation?
I resided in Fulton Co. Ga. I have no property to return
21. How were you supported during the years 1893 and 1894? *By my Pension*
22. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? *I do not know. I had nothing*
23. What was your employment during 1893 and 1894? What pay did you receive in each year?
I had no employment during those years

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.
My wife is living. I have four sons & three daughters. Ages ranging from thirty to fifty years. All are supporting themselves by their labor, with the exception of one daughter, who is in the Lunatic Asylum at Milledgeville.

OFFICE OF THE SECRETARY OF THE
INDIGENT PENSION
1896.

Name Thomas D. Emerson

County Fulton

July 1 1896

RICHARD JOHNSON,

Secretary Executive Department

WARRANT ISSUED TO
OFFICE

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

No

Sworn to and subscribed before me this the

9th day of August 1895.

W. L. Calhoun Ordinary

of *Fulton* County.

Thomas D. Fournon
Applicant.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Fulton County

Robert Emory of said State and County, having been presented as a witness in support of the application of *T. D. Fournon* for pension under the Act approved December 5th, 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? *Albert Emory, Condeco in Atlanta Ga.*
2. Are you acquainted with *T. D. Fournon*, the applicant, if so how long have you known him? *About 40 years*
3. Where does he reside, and how long has he been a resident of this State? *In Atlanta has been a resident of Ga. twenty four years*
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? *I do know of his having served in the Confederate Army. I was a member of the Company organized by him*
5. When, where and in what company and regiment did he enlist? *In the Fall of 1862 one in Hunter Co. Ga. in Co. K. 23rd Regiment, N.C.V.*
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? *About twelve months, when he left the Company & Regiment*

8. What property, effects or income has the applicant? (Give your means of knowledge.) *I know of none.*

9. What property, effects or income did the applicant possess in 1893 and 1894, and what disposition, if any, did he make of same? *I do not know*

10. What is the applicant's occupation and physical condition? *He has no occupation that I know of & is quite feeble being eighty years old*

11. Is the applicant unable to support himself by labor of any sort, if so, why? *I think so on account of his age*

12. How was he supported during the years 1893 and 1894? *I do not know*

13. What portion of his support for these two years was derived from his own labor or income? *I do not know*

14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 15th, 1894? *I have given it above*

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

Sworn to and subscribed before me, this

the 27th day of July 1895.

W. L. Calhoun

Ordinary

Albert Emory
Applicant.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Fulton County.

Personally came before me *John G. Earnest* and *J. S. Todd*, both known to me as reputable physicians

of said county, who being severally sworn, say on oath that they have examined carefully *left*

T. D. Fournon, applicant for pension under the Act of 1894, and after such personal examination, say that his precise physical condition is as follows:

He is unable to work on account of the debility incident to his time of life being now eighty years old and on account of a tumor on the left elbow. He is also afflicted with enlargement of the prostate gland that causes an impediment to him greatly.

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 6th day of August 1895.

W. L. Calhoun Ordinary

John G. Earnest, M.D.
J. S. Todd, M.D.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Fulton County.

I, *W. L. Calhoun*, Ordinary in and for said County, hereby certify that the applicant *Thomas D. Fournon* 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: *Robert Emory, John G. Earnest & J. S. Todd* 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 *Fulton* County show that applicant returned for taxation in his name in 1893, *nothing* dollars of property, and in 1894, *nothing* dollars of property.

Witness my hand and seal of office, this 9th day of August 1895.

W. L. Calhoun Ordinary

of *Fulton* County.

NOTE.

Before any questions are answered, the Ordinary shall swear applicant and the witnesses to 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 _____

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 _____

Richard Johnson
Fulton Co

ACT OF 13 DEC. 1884.
(For Those Already Enrolled.)

No. *33*

INDIGENT

Soldier's Pension.

1897.

Name *Richard Johnson*
County *Fulton*

1897.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

affet

SEE THE COMMISSIONER OF PENSIONS, ATLANTA.

No data

Richard Johnson
Fulton Co

ACT OF 13 DEC. 1884.
(For Those Already Enrolled.)

No. *347*

INDIGENT

SOLDIER'S PENSION,

1898.

Name *Richard Johnson*
County *Fulton*

WARRANT ISSUED

1/13

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

affet

SEE THE COMMISSIONER OF PENSIONS, ATLANTA.

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Fulton County.

Personally appears T. D. Trivison of Fulton 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 1872 day of 1872; that he is 32 years old and by occupation Laborer; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of One Year in Company K, of 22th Regiment of South Carolina; that his physical condition is as follows: Spender trouble and general debility incident to his time of life. that his property consists of the following items: None

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1897. I have heretofore as a resident of Fulton county been allowed a pension for the year 1896.

Sworn to and subscribed before me, this, the 11th day of January, 1897. } Thomas D. Trivison
W. H. Hulsey Ordinary.

STATE OF GEORGIA,
Fulton County.

I, W. H. Hulsey Ordinary of said County, do certify that I am well acquainted with T. D. Trivison the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 January, 1897.
W. H. Hulsey
Ordinary Fulton County.

Note—The blank space must be filled.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Fulton County.

Personally appears T. D. Trivison of Fulton 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 1872 day of 1872; that he is 33 years old and by occupation Laborer; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of One Year in Company K, of 22th Regiment of S. C. Volunteers; that his physical condition is as follows: Kidney trouble and general debility incident to his time of life. that his property consists of the following items: _____

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

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

Sworn to and subscribed before me, this, the 13th day of January, 1898. } T. D. Trivison
W. H. Hulsey Ordinary.

State of Georgia,
Fulton County.

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

Given under my official signature and seal, this 13th day of January, 1898.
W. H. Hulsey
Ordinary Fulton County.

Note—The blank spaces must be filled.

RECEIVED FOR ALLOTTMENT

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
FULTON County.

Personally appears T. D. Frierson of FULTON 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 _____ 1872; that he is 84 years old and by occupation a Labourer; 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 1 year in Company K, of 23th Regiment of S. C. Volunteers; that his physical condition is as follows:

Kidney trouble all General Debility

that his property consists of the following items _____

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1899. I have heretofore as a resident of FULTON county been allowed a pension for the year 1898.

Sworn to and subscribed before me, this, the 20 day of Jan, 1899.
T. D. Frierson Ordinary.

State of Georgia,
FULTON County.

I, W. H. HULSEY, Ordinary of said County, do certify that I am well acquainted with T. D. Frierson the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Jan, 1899.



W. H. Hulsey Ordinary FULTON County.

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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
FULTON County.

Personally appears T. D. Frierson of FULTON 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 _____ 1872; that he is 85 years old and by occupation a Labourer; 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 1 year in Company K, of 23th Regiment of S. C. Volunteers; that his physical condition is as follows:

Kidney trouble old age

that his property consists of the following items _____

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1900. I have heretofore as a resident of FULTON county been allowed a pension for the year 1899.

Sworn to and subscribed before me, this, the 16 day of Jan, 1900.
P. W. Hulsey Ordinary.

State of Georgia,
FULTON County.

I, W. H. HULSEY, Ordinary of said County, do certify that I am well acquainted with T. D. Frierson the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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.



P. W. Hulsey Ordinary FULTON County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Galloway County.

I, J. D. Grierson hereby authorize Mrs
J. D. Grierson of Atlanta

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

by _____ at _____

Witness my hand and seal, this 15 day of January 1901.

J. D. Grierson [L. S.]

Executed in presence of

John R. Wilkinson
Ordinary

John R. Wilkinson
Ordinary

CODE SECTION 124.
(For These Already Enrolled.)

No. 887

INDIGENT
SOLDIER'S PENSION.
1901.

Name J. D. Grierson
County Galloway

WARRANT ISSUED
Jan 14 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
M. S. D. Davis

Geo. W. Harrison, State Printer, Atlanta.

No date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears J. D. Garrison of Fulton 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 _____ 1873; that he is 26 years old and by occupation a _____ 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 1 year in Company K, of 28th Regiment of S. C. Volunteers; that his physical condition is as follows:

Kidney trouble and age

that his property consists of the following items:

_____ 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 Fulton county been allowed a pension for the year 1900.

Sworn to and subscribed before me, this the

15 day of January 1901.

John R. Wilkinson Ordinary.

STATE OF GEORGIA,

Fulton County.

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

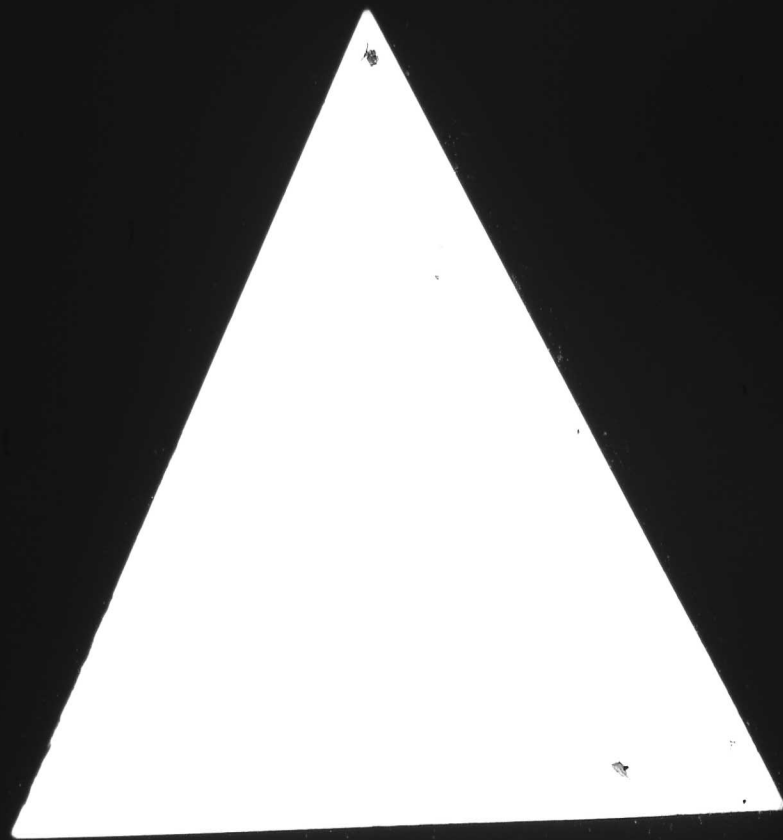
Given under my official signature and seal, this 15th

day of January 1901.



John R. Wilkinson Ordinary Fulton County.

NOTE—The blank spaces must be filled.
NOTE—Affidavits should not be attested before January 1st, 1901.



For the use of the
Fulton County
Office

No. _____

Widow's Pension

UNDER ACT 1910.

County *Fulton*

Name *Mr. H. G. Fryer*

Widow *J. P. Fryer*

Columbia Ave

J. W. LINDSEY,
Commissioner of Pensions.

Chas. F. Byrd, State Printer.

1/3

Application for Pension by a Widow Under Act of 1910.--Questions for Applicant.

STATE OF GEORGIA.

Bush County.

Personally before me comes Mrs. H. B. Foye of said State and County, and after being duly sworn, on oath says that she desires to apply for a pension allowed under the Act of 1910, and submit testimony to make out the same, true answers makes to the following questions to wit:

1. What is your name, and where do you reside? H. B. Foye Atlanta Ga.
2. How long and since when have you been a continuing resident in the State of Georgia? all my life 65 years all lived
3. When, where and to whom were you married? 15th of Oct. 1868 to H. B. Foye, 1st Corp. 1st Regt. 1st Div. 1st Army.
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.) 1st Corp. 1st Regt. 1st Div. 1st Army.
5. When and where did the Commands of your husband surrender or discharge from the army? April 1865. Newbern 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? X
8. Where was his Command when he left? X
9. For what cause did he leave his command? X
10. By whose authority did he leave his Command? X
11. For how long was he granted leave of absence? X
12. What was his physical condition when he left his Command? X
13. What effort did he make to return to his command? X
14. In what way was he prevented from going back to Command? X
15. Was he captured by the enemy at any time? Yes. May 1864
16. If so, when and where captured and where held as a prisoner, and when and for what cause released? X

j. When and where did your husband die? Were you residing together when he died? If not, how long had you resided apart? did pass 27 1876 in Bush Co. living together.

9. What property of any description did you own, hold or control for your use and its cash value, Nov. 4, 1908. (State same by items.) No property

10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received for it and what did you do with the proceeds thereof? (Give items and cash value.) Not any

11. What property of any description of any value have you now? None

12. What are your annual earnings or income and their value? Nothing

13. Have you heretofore been paid a pension by the State? No

If so, when and for what cause were you struck from the Roll?

Sworn to and subscribed before me this the 15th of Oct. 1910 by Mrs. H. B. Foye of Bush County.

Questions for the Witnesses as to Service of Husband and Marriage.
STATE OF GEORGIA.

Bush County.

Personally before me comes J. M. Ward who after being duly sworn true answers to the following questions, answers as follows:

Widow's Pension
UNDER ACT 1910.

No.

Widow's Pension

Bush

Mrs. H. B. Foye

Widow

15th of Oct. 1868

J. W. LINDSEY,
Commissioner of Pensions.

State of Georgia

1. What is your name and where do you reside? John Thos. Wilkinson, Sr.
 2. How long and since when have you known John Thos. Wilkinson, Jr. applicant?
 3. How long and since when has she continuously resided in this State? (Give date.) Don't know
 4. When and to whom was she married? How do you know? about 1869 or 67
 5. How long and since when did you know John Thos. Wilkinson, Jr. her husband?
During the war from 1862 to 1865
 6. When, where and in what Company and Regiment did John Thos. Wilkinson, Jr. collect?
1862 - 1865 - 1st Co. 1st Regt. Col. 1st Div. 1st Army Corps.
 7. Were you a member of the same Company? Yes
 8. How long within your personal knowledge did he perform actual military service with his Company and Regiment? about 17 weeks 1862
 9. When, and where did his Command surrender, and was discharged? Apr. 1865 - Vicksburg - 1st Div. 1st Army Corps.
 10. Were you personally present when it was surrendered? Yes If not where were you
 11. Was the husband of applicant personally present at surrender? Yes If not where was he?
 12. For what cause, if you know of your own knowledge was he prevented from returning to his Command?
 13. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how?
 Sworn to and subscribed before me this the 12th day of Oct, 1910
John Thos. Wilkinson, Jr.
 of Burke County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.

Burke County.
 Personally before me comes C. J. Zeller, who on oath swears that they are freeholders of said County and that they know John Thos. Wilkinson, Jr. of said County and know what property she owned on 4th Nov. 1906, and its cash value to be as set out by Schedule (A) as follows:

No Personal property \$
No Notes and accounts due \$
 Total \$

Schedule (B).
 We know the property sold or given away since Nov. 4th 1906, its cash value to be as follows:

No Personal property \$
No Money, Notes and accounts \$

Schedule (C).
 We also know what property she has now in her possession, use and control to wit:

No Acres of land worth \$
No Horses and Mules \$
No Cows and Hogs \$
No Other property \$
No Income and earnings \$

Total Value of all property and effects \$

Sworn and subscribed before me this the 10th day of Nov, 1910
John Thos. Wilkinson, Jr.
 of Burke County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

Burke County.
John P. Wilkinson Ordinary of said County do certify that I know John Thos. Wilkinson, Jr. the applicant for pension. She is the person she represents herself to be and she is a bonafide continuing resident citizen of said County and was in the 4th Nov., 1906.
 That I also know John Thos. Wilkinson, Jr. the witness who swears to the service of husband, and John Thos. Wilkinson, Jr. who are freeholders. That all of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they all are truthful, trustworthy, and their statements are entitled to full faith and credit.
 That the Tax Returns John Thos. Wilkinson, Jr. Returned for Tax is for 1908 \$ None for 1910 \$ None day Nov
 Sworn under my hand and official seal of office this 11th day of Nov
John P. Wilkinson Ordinary.
 SEAL Burke County.
 (SEAL.)

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 truth. So help you God."
 2. Additional affidavits may be attached if blank spaces are insufficient.
 3. All affidavits must be made before the Ordinary.
 4. Only widows who married prior to first January 1870, are entitled.
 5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

State of Georgia)

County of Burke) I, W. G. Green Ordinary of said County do hereby certify that, I Know the witness who swears to the service of the husband. That he is a resident of said County and was duly sworn by me before signing the foregoing affidavit and that he is truthful, trustworthy, and his statement is entitled to full faith and credit.

Witness my hand and official seal,
 this the 12th day of Oct. 1910.

W. G. Green
 Ordinary, Burke County, Ga.

1. What is your name and where do you reside? George J. Lively
 2. How long and since when have you known Smith 1867 applicant?
 3. How long and since when has she continuously resided in this State? (Give date) George J. Lively and Marie Cardella
 4. When and to whom was she married? How do you know all of her life
 5. How long and since when did you know all of her life her husband?
 6. When, where, and in what Company and Regiment did he enlist?
Company C 5th La Cavalry
 7. Were you a member of the same Company? No
 8. How long within your personal knowledge did he perform actual military service with his Company and Regiment? 2 years
 9. When, and where did his Command surrender, and was discharged? Company 5th La Cavalry
Marie Cardella
 10. Were you personally present when it was surrendered? Yes If not where were you? I was there and how came you there? Cause they wanted me
 11. Was the husband of applicant personally present at surrender? Can't remember where was he? Don't know when, where and for what cause did he leave Command? (Give date) Can't remember By whose authority did he leave his Command? Don't know and how long was he granted leave? Can't remember How do you know all this? By my own knowledge Do you state if of your own personal knowledge? (State all you know fully, and how you know it.)
 12. For what cause, if you know of your own knowledge was he prevented from returning to his Command? always heard he was dead
 13. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? Don't know
 Sworn to and subscribed before me this the 7th day of Nov 1910
Geo. J. Lively
 Ordinary,
Bartow County.

AFFIDAVIT OF TWO FREEHOLDERS. STATE OF GEORGIA.

County. Bartow
 Personally before me comes George J. Lively who on oath says that they are freeholders of said County and that they know of said County and know what property she owned on 4th Nov. 1908 and its cash value to be as set out by Schedule (A) as follows
 Personal property \$
 Notes and accounts due \$
 Total \$
 Schedule (B)
 We know the property sold or given away since Nov. 4th 1908, its cash value to be as follows:
 Personal property \$
 Money, Notes and accounts \$
 Schedule (C).
 We also know what property she has now in her possession, use and control to wit:
 Acres of land worth \$
 Horses and Mules \$
 Cows and Hogs \$
 Other property \$
 Income and earnings \$
 Total value of all property and effects \$
 Sworn and subscribed before me this the 7th day of Nov 1910
Geo. J. Lively
 Ordinary,
Bartow County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Bartow County.

Ordinary of said County do certify that I know George J. Lively the applicant for pension. She is the person who represents herself to be and she is a female continuing resident citizen of said County and was in the 4th Nov. 1908.

That I also know Geo. J. Lively the witness who swears to the service of husband, and Marie Cardella the wife of said husband. That all George J. Lively and Marie Cardella are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that George J. Lively is truthful, trustworthy, and his statements are entitled to full faith and credit.

That the Tax Return Returned for Tax is for 1908 Returned for 1910 Sworn under my hand and official seal of office this 7th day of Nov.

1910 Geo. J. Lively Ordinary,
 SEAL. Bartow County.

(SEAL.)

NOTES 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
 2. Additional affidavits may be attached if blank spaces are insufficient.
 3. All affidavits must be made before the Ordinary.
 4. Only widows who married prior to first January 1870, are entitled.
 5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

Personal property \$
Money, Notes and accounts \$
Schedule (C).
We also know what property she has now in her possession, use and control to wit:.....
Acres of land worth \$
Horses and Mules \$
Cows and Hogs \$
Other property \$
Income and savings \$
Total value of all property and effects \$
Sworn and subscribed before me this the
day of 10
..... Ordinary. County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

herely authorize

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

at

Witness my hand and seal, this

day of

1907.

[L.S.]

Executed in presence of

Once Before 1864.
FOR THOSE ALREADY ENROLLED

Fulton, Harris
Fulton Co
Ed. C. Harris
**INDIGENT
SOLDIER'S PENSION
1907.**

Name *Harris, Fulton*

County *Fulton*

Co. *A* Regiment *4th Ala*

Harris
WARRANT ISSUED

4/16 1907
JOHN W. LINDSEY,
Commissioner of Pensions

WARRANT HANDED TO

Ed. C. Harris
Ed. C. Harris, Agent Fulton, Ga.

E. R. O.
1737 *no date*

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Fulton County.

Personally appears Harris Fuller of Fulton 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 _____ 1882; that he is 72 years old and by occupation a _____ that he enlisted in the military service of the Confederate States (or of the State of Alabama) during the war between the States, and served for the term of 18 mo. in Company A, of 4th Regiment of Ala. Cav.; that his physical condition is as follows: Age & poverty

that his property consists of the following items:

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

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1907. I have heretofore, as a resident of Carroll County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the _____ day of JAN 2 1907.

John R. Wilkinson Ordinary.

State of Georgia,

Fulton County.

I, John R. Wilkinson Ordinary of said County,

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

Given under my official signature and seal this _____ day of JAN 2 1907.

John R. Wilkinson Ordinary Fulton County.



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

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

Given under my official signature and seal this

day of JAN 14 1907.

CLERK OF COUNTY



John R. Wilkinson.

Ordinary Fulton County.

NOTE.—This blank space must be filled.
NOTE.—Affidavits should not be attested before January 1st, 1907.

Georgia, Corroil County.

I, the undersigned do certify that

now of the County of Corroil is the same person who as

an Indigent pensioner was on the pension rolls of this county.

and has a pension of no dollars for 1906, and the bearer is same man.

Given under my hand and official seal of office Jan 10 1907.

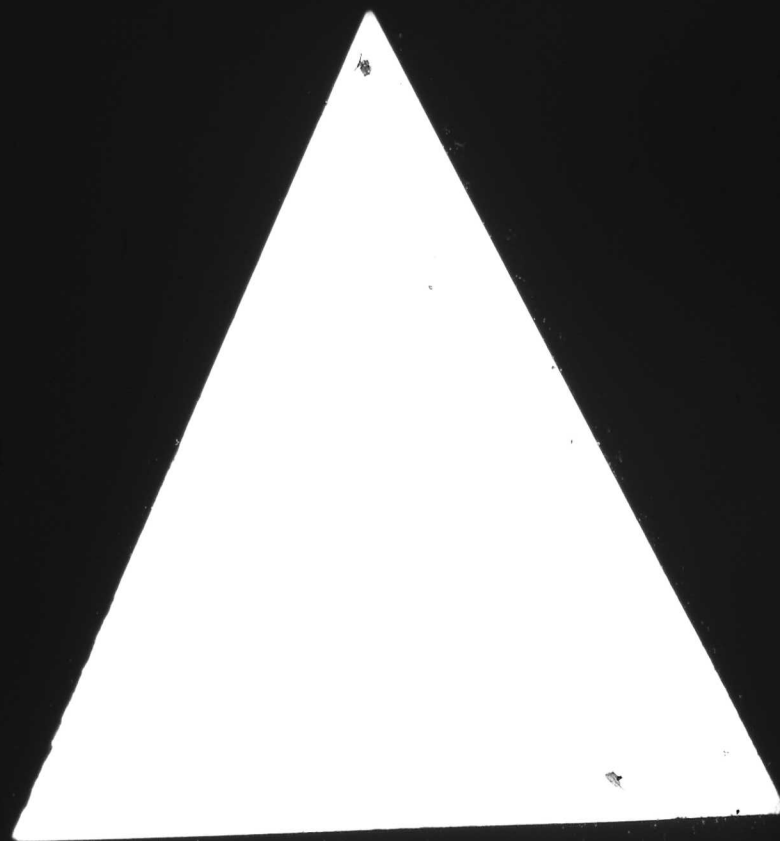
J. H. Barron Clerk.

Corroil County.

Record

Norris Fuller Company A. 4th Ala. Cav.
Enlisted Aug 1862. Age 19 years.
Witnesses Jno Dumas & J. R. Chambers. Discharged
June 1863. on account of disability.

J. H. Barron Clerk.



POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

I, _____, hereby authorize

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

Witness my hand and seal this _____ day of _____, 1900.

Executed in presence of _____ (L. S.)

Business Office 7/10/00
Applicant must state
when received, authorized to
application for which he
has been been the
changed when he was the
with his business with
explain to me the change
who & by what authority
has the change been
made
In deposit when
in deposit when
present showing the
for deposit when
first - but our old
the Pension & deposit
must be being with
from
John Lindsey
Comptroller of Pension

Fuller, James
Fuller, James

O.K. No. _____

So Pensioner's

INDIGENT PENSION

Name *James V. Fuller*
Co. 1st Regt. Ala.
 County *Fuller, Ala.*
Palmer

Approved _____ 1900

JOHN W. LINDSEY,

Comptroller of Pension

WARRANT HANDED TO



John W. Lindsey, State Printer, Albany

249-1900
1/11/7900

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Sutton COUNTY.

Joe J. Pelt of said State and County, having been presented as a witness in support of the application of James H. Tucker for pension under Section 1254, after being duly sworn true answers to make to the following questions,

1. What is your name and where do you reside? Joe J. Pelt
Dicksville, Sutton County, Georgia.
2. Are you acquainted with Joe H. Tucker, the applicant; if so how long have you known him? Yes. For fifty years.
3. Where does he reside, and how long and since when has he been a resident of this State? Dicksville, Sutton County, Georgia. Since 1878.
4. When, where and in what company and regiment did he enlist, and how do you know? He was in the 1st Georgia Cavalry, 1st Regiment, Confederate States Army, at Savannah, Georgia, in 1862.
5. Were you a member of the same company and regiment? I was not.
6. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? He was discharged in 1864, after being wounded in the leg, and he was discharged as a private.
7. What property, effects or income has the applicant? (Give your means of knowledge.) He has no property, effects or income.
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? He had no property, effects or income.
9. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? He has nothing to convey.
10. What is the applicant's occupation and physical condition? He is a good farmer, and has a good farm.
11. Is the applicant unable to support himself by labor of any sort, if so, why? He is unable to support himself by labor of any sort.
12. How was he supported during the years 1898 and 1899? He was supported by his family.
13. What portion of his support for these two years was derived from his own labor or income? None.
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? He is a good farmer, and has a good farm.
15. What interest have you in the recovery of a pension by this applicant? None.

Sworn to and subscribed before me, this 15 day of July, 1900.

W. H. Pelt Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Sutton COUNTY.

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

Totally deaf left ear, and hearing in right ear. Cutting blind in right eye also a rupture from which attacks are often coming causing pain in his stomach and he is permanently increasing.

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 15 day of July, 1900.

W. H. Pelt Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Sutton COUNTY.

I, W. H. Pelt, Ordinary in and for said County, hereby certify that the applicant Joe H. Tucker resides in said County, and has been a bona fide resident of this State since the 25 day of June, 1898, and that the witnesses, viz: W. H. Pelt & W. H. Pelt 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 digests of Sutton County show that applicant returned for taxation in his name in 1898 nothing Dollars of property, and in 1899 nothing Dollars of property.

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

Witness my hand and seal of office, this 15 day of July, 1900.

W. H. Pelt Ordinary.

NOTE.
1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall here 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 black issues are justified.
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.

NAME Fuller, James H.

YEAR 1861 COUNTY Fulton

WHEN AND WHERE BORN? 1848 - Menden, Putnam County, Georgia

ENLISTED WHEN AND WHERE? 1861 - Mount Selig, Alabama

RANK

COMPANY AND REGIMENT? Co H, 24th Regt Alabama Volunteers (Lyr, 6 mos)
then did Camp duty, joined Home Cavalry Service.

NAME OF CAPTAIN AND COLONEL? Lieut. F. M. Cobb

WOUNDED? Suffered loss of hearing during the war, and was discharged on account of same.

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? At Tallahassee, Florida, discharged December 1862 on account of loss of hearing.

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. Joseph J. Follet - same army, but not same Co and Regt. - No date.

18

The State of Alabama
Montgomery County

Before me John B. Fuller, a Justice of the Peace in and for said County & State comes Fred W. Cobb, who is known to me, and who being duly sworn, on oath says, that he is acquainted with James H. Fuller who was private in Company K, 34th Ala. Vols at the late war between the States. Appoint was a Lieutenant of said Company during a part of the year 1862, and while he was in command of said Company, and while said Regiment and Company was at Tallahassee, Florida, said James H. Fuller was honorably discharged from the service of the Confederate States because of his said Fuller, permanent disability. Said disability consisted of deafness of ears. Fuller, his said discharge was made and ordered by Genl. Franklin M. Magg, who was at that time in command of the Army of Tennessee.

F. W. Cobb

Sworn to & subscribed before

me 25th day of January 1901.

John B. Fuller

Justice of Peace

for Montgomery Co., Ala.

BURIED.

WITNESSES. Joseph J. Pelet - same army, but not same Co and Regt. - No date.
1w

Sworn to & subscribed before

me 25th day of January 1901.

J. H. Fuller

Justice of Peace

for Montgomery Co., Ala

Fuller, J. W.
Fulton County

CODE GEO. 1884.
(For Those Already Enrolled.)

NO. 515

**INDIGENT
SOLDIER'S PENSION,
1900.**

Name J. W. Fuller
County Fulton

WARRANT ISSUED

January 17 1900.

JOHN. W. LINDSEY,

Commissioner of Pensions

WARRANT HANDS TO

J. W. Fuller

Dep. W. Lindsey, 2000 Prison, Albany.

certified

**POWER OF ATTORNEY.
STATE OF GEORGIA,
County, }**

I, _____ hereby authorize

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

Witness my hand and seal, this _____ day of _____ 1900.

Executed in presence of

[L.S.]

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.

Personally appears J. W. Fuller of Fulton County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 5th day of Oct 1836; that he is 71 years old and by occupation a Blacksmith 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 2 yrs in Company C, of 4th Regiment of Phillips Legion Ga; that his physical condition is as follows

General debility

that his property consists of the following items

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

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

Sworn to and subscribed before me, this

day of JAN 13 1902

STATE OF GEORGIA,

Fulton County.

John R. Wilkinson

Ordinary of said County,

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

Given under my official signature and seal, this

day of JAN 13 1902

John R. Wilkinson
Ordinary
Fulton 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,

Fulton County.

Personally appears J. W. Fuller of Fulton 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 all life 18____; that he is 71 years old and by occupation a Blacksmith that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 2 yrs in Company C, of 4th Regiment of Phillips Legion; that his physical condition is as follows Infirmary poverty & Age

that his property consists of the following items. No property

of the value of _____ Dollars. I am now earning _____ 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 Fulton County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this

day of JAN 2 1907

John R. Wilkinson Ordinary.

State of Georgia,

Fulton County.

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

Given under my official signature and seal this

day of JAN 2 1907

John R. Wilkinson
Ordinary
Fulton County.

Note.—The blank spaces must be filled.

Note.—Affidavit should not be attested before 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 _____ 1903.

[L. S.]

Executed in 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 _____

at _____

by _____

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

[L. S.]

Executed in the presence of _____

Fulton & W.
Fulton County
COOPERATION 1904
(FOR THOSE ALREADY ENROLLED.)

No. 38

INDIGENT

SOLDIER'S PENSION
1903.

John W. Lindsey

County Fulton.

Regiment

Philip Legum
WARRANT ISSUED

1/20 1903

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

John W. Lindsey

Geo. W. Hoffman, State Printer, Atlanta.

no date

Fulton & W.
Fulton Co.

(FOR THOSE ALREADY ENROLLED.)

No. 389

INDIGENT

SOLDIER'S PENSION
1904.

John W. Lindsey

Name

Fulton Co.

County

Philip Legum

Co.

Philip Legum

WARRANT ISSUED

1/20 1904

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

John W. Lindsey

Geo. W. Hoffman, State Printer, Atlanta.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton. County.)

Personally appears J W Fuller of Fulton County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 5th day of Oct 1886; that he is 18 years old and by occupation a farmer, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 2 yrs in Company C, of 1st Regiment of Phillips Legion; that his physical condition is as follows: Good

that his property consists of the following items:

of the value of 200 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 Fulton county been allowed a pension for the year 1

Sworn to and subscribed before me, this the 20th day of JAN 20 1903 1903.

STATE OF GEORGIA,

Fulton. County.)

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

Given under my official signature and seal, this day of JAN 20 1903 1903.



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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton. County.)

Personally appears J W Fuller of Fulton County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 5th day of Oct 1886; that he is 18 years old and by occupation a farmer, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 2 yrs in Company C, of 1st Regiment of Phillips Legion; that his physical condition is as follows: Good

that his property consists of the following items:

of the value of 200 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 Fulton County been allowed a pension for the year 1

Sworn to and subscribed before me, this the 20th day of JAN 20 1904 1904.

STATE OF GEORGIA,

Fulton. County.)

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

Given under my official signature and seal, this JAN 20 1904 day of JAN 20 1904.



Ordinary John R. Wilkinson County. Fulton

NOTE.—The blank spaces must be filled.
NOTE.—Affidavits 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 _____

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 _____

Fuller, J. W.
Fulton County

COSS SECTION 134.

(FOR THOSE ALREADY ENROLLED.)

No. *311*

INDIGENT

SOLDIER'S PENSION
1905.

Name *J. H. Fuller*
County *Fulton*

Co. *C.* Regiment

Phillips Legion
WARRANT ISSUED
1/18 1905.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO
C. H. H.

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

no date

Fuller, J. W.
Fulton Co.

COSS SECTION 134.

(FOR THOSE ALREADY ENROLLED.)

No. *393*

INDIGENT

SOLDIER'S PENSION
1906.

Name *J. W. Fuller*
County *Fulton*

Co. *C.* Regiment

Phillips Legion
WARRANT ISSUED
4/2 1906.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO
C. H. H.

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

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.

Personally appears J. H. Fuller of Fulton.

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 Georgia) during the war between the States, and served for the term of 2 yrs in Company C, of _____th Regiment of Phillips Legion; that his physical condition is as follows: Infirmary, poverty and 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 Fulton County been allowed a pension for the year 1904.

Sworn to and subscribed before me, this _____ day of JAN 2 1905 1905. J. W. H. Fuller Ordinary.

STATE OF GEORGIA,

Fulton County.

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

Given under my official signature and seal, this JAN 2 1905 day of _____ 1905.

J. W. H. Fuller Ordinary Fulton County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Fulton County.

Personally appears J. H. Fuller of Fulton.

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 all his life 18____; that he is 71 years old and by occupation a mechanic, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 2 yrs in Company C, of _____th Regiment of Phillips Legion; that his physical condition is as follows: Infirmary, poverty and 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 _____ County, been allowed a pension for the year 1905.

Sworn to and subscribed before me, this _____ day of JAN 1 1906 1906. J. W. H. Fuller Ordinary.

State of Georgia,

Fulton County.

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

Given under my official signature and seal, this JAN 1 1906 day of _____ 1906.

J. W. H. Fuller Ordinary Fulton County.

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

ORDINARY'S CERTIFICATE

STATE OF GEORGIA,

Fulton COUNTY

I, J. W. Lindsey

Ordinary of said County, do certify that I

know Mahala Fuller 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 17 day of Oct 1919

That I also know W. H. Fuller witness as to marriage, and that she is

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 on the 17 day of Oct 1919

(SEAL)

J. W. Lindsey 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 witnesses you shall give will be the truth. So help you God." 2. All affidavits must be made before the Ordinary of the county of residence. 3. Only witnesses who married prior to this January 1, 1919, shall serve. If not, prove marriage, by some person, or by general affidavit certified copies of marriage license if applicable. 4. Affidavits must be made before the Ordinary of the county of residence. 5. Witnesses of Disability Pensioners must use the Dis. Application Blank and attach and prove full name of husband's service—because he made no proof of service and was not required to do so.

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 Fulton

Name Mrs. Mahala Fuller

Widow of Harris Fuller 1909

Company A

Regiment 42nd

Approved _____

J. W. LINDSEY,
Commissioner of Pensions.

Revd. Printing Co., State Printers, Atlanta.

10-31-1919

ORDINARY'S CERTIFICATE

STATE OF GEORGIA,

Fulton COUNTY }

I, T. H. Fuller Ordinary of said County, do certify that I know Mrs. Mahala Fuller 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 27 day of Oct 1919

That I also know W. H. Fuller witness as to marriage, and I also know

that both of the foregoing were duly sworn by me, Clark 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 27 day of Oct 1919

SEAL

Ordinary.

County.

- NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. 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.

Fuller, Mahala
1919
No. 7 Fulton County

Widow's Application

To be filled out by the Widow or the Indigent or the State of Georgia, under Act of July 11, 1910—
As amended by Act of 1913.

County Fulton
Name Mahala Fuller
Widow of Thomas H. Fuller 1909
Company A
Regiment 42nd
Approved _____

J. W. LINDSEY,
Commissioner of Pensions.

State of Georgia, State Prison, Atlanta.

10-31-1919

Application for
Married Pension
Mrs. Fuller's
Fuller, Mahala (Mrs.)
For Fulton County

1926

Application for Pension Due Deceased Pensioner

(UNDER ACT 1919)

(To pay expenses of last illness and funeral)

For Thos H. Jeffries Ordinary

For Mahala Fuller

Date of Death Nov 28 1914

Amount \$ 100.00 OK

Approved and ordered paid

John W. Clark
JOHN W. CLARK,
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 payroll to be permanently filed with them. Do not keep this application in your office.

OK

363 Gordon St
WIDOW'S AFFIDAVIT

STATE OF GEORGIA,

Fulton COUNTY

Personally before me comes Mrs Mahala Fuller of said County, who, after being duly sworn, says that she is the widow of Harris Fuller to whom in the County of Fulton, State of Ala, she was married on the 30 day of July 1874 and that she remained his wife, and resided with him to the date of his death in July 1890 and that she has not since his death remarried. At the time of his death he was a resident of Fulton 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 Fulton County for 1929 per annum, on account of being a soldier in Company 12 Regiment 4th Ala (Volunteers or State Militia)

That she is now a bona fide resident citizen of said County of Fulton and she has continuously resided since day of April 1902

Sworn to and subscribed before me, this the

17 day of Oct 1919
Arthur R. Marlett Ordinary
of Fulton County

Mrs Mahala Fuller

SEAL

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

STATE OF GEORGIA,

Fulton COUNTY

Personally before me comes W. H. Fuller 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 Mahala Fuller who made the foregoing affidavit is the lawful widow of Harris Fuller who died in Fulton County in said State of Ala on 25 day of July 1900 and that she has not since remarried. That she became the wife of Harris Fuller on the 30 day of July 1874 and that she and he had resided together as man and wife continuously since 30 day of July 1874 and that the he was the same man who was on the pension roll of said State Ala from Fulton County when he died.

Sworn to and subscribed before me, this the

17 day of Oct 1919
Arthur R. Marlett Ordinary
of Fulton County

W. H. Fuller

(SEAL)

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, Fulton County

Personally before me, the Ordinary of said County, comes A. T. Carmichael of said County, who, after being sworn, on oath says that he knew Mrs Mahala Fuller of said County, and that said Pensioner was on the Pension Roll of said County at the time of death, which occurred in Henry County, in this State, on the 28 day of Nov 1924, and that a Pension of (\$) 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 \$115.00 per sworn statements fully and completely ITEMIZED hereto attached

Sworn to and subscribed before me

Arthur R. Marlett Ordinary
Fulton County

A. T. Carmichael

(Seal of Ordinary)

CERTIFICATE OF ORDINARY

GEORGIA, Fulton County

I, Thos. H. Jeffries Ordinary of said County, do certify that I personally know A. T. Carmichael 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 Mahala Fuller while in life and that this was the same person whose name appears on the Pension Roll of Fulton County, and was paid a Pension of One Hundred (\$100.00) 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 28 day of April 1926
(Seal or Ordinary) Thos. H. Jeffries Ordinary
Fulton 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 owing 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 form, so that it can be properly completed as instructed.

4th. The completed voucher, with bills 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 fully authorized to make the payment.

5th. The Ordinary signs my bill, to Ordinary, for the pension and then disburses the money himself and takes receipt.

6th. Before the completion, and attached bills, with your Seal attached to the Pension Department.

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

Cal - July 12-61
 Capt. Fuller in
 1st Regt. 4th Pa.
 Cav. 3rd Div. 1st Ind.
 1st Div. 1st Regt.

Fuller Margaret
11/12/1919
 No. 7 Fulton County

Widow's Pension
 Under Act 1910—as Amended by Act of 1919.

County Fulton

Name Mrs. Margaret Fuller

Widow of J Calhoun Fuller

Company B Jackson Blue

Regiment 2nd Ge. Reg

Approved _____

J. W. LINDSEY,
 Commissioner of Pensions.

Burd Printing Co., State Printers, Atlanta.

10-31-1919

Ordinary's Certificate

STATE OF GEORGIA

Fuller

COUNTY

I, *Margaret Fuller*, 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 *16 June 1919*

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

were duly sworn by *myself* signing the foregoing affidavit and that they both are truthful, trust

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

Sworn under my hand and official seal of office this *19th* day of *July* 19*19*.

(SEAL) _____ Ordinary, _____ County

NOTES: 1. Before any questions are answered the Ordinary shall read applicant and the witness in the following words: "You are sworn to answer the questions asked you and the witness you shall give will be the truth. So help you God."

2. Additional affidavits may be obtained if the applicant is unable to appear in person. The Ordinary shall be satisfied with the evidence of the applicant if he is satisfied with the evidence of the applicant.

3. All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by him.

4. A certified copy of marriage license is obtainable if such prove marriage by some person, or by general reputation.

Ordinary's Certificate

STATE OF GEORGIA,

Fulton

COUNTY.

I, *T. H. Deffen*, Ordinary of said County, do certify that I know *Mrs. Margaret Fuller*, the applicant for pension. She is the person she represents herself to be and she is a bona fide continuing resident of said County and was on the 4th November 1908, that I also know *R. B. Jones*, *W. B. Brantley*, the witness who swears to the service of husband; that both of them are now residents of said County and were duly sworn by *myself* 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 *27* day of *Oct*, 1919

(SEAL)

T. H. Deffen Ordinary,
Fulton 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.

Fuller Margaret
1919
No. 7 Fulton County

Widow's Pension

Under Act 1910-as Amended by Act of 1919

County *Fulton*
Name *Mrs. Margaret Fuller*
Widow of *J. Calhoun Fuller*
Company *Co. B. 1st Regt. Cavalry*
Regiment *2nd Ga. Reg. Inf.*
Approved _____

J. W. LINDSEY,
Commissioner of Pensions
Post Office Box 100, State Prison, Atlanta.

10-31-1919

Call July 12-61
Receipt - 17 December
May 6-64 Re-
ceived Oklahoma Ind.
May-65 (C.R.P.)

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

Questions for Applicant

STATE OF GEORGIA,

Fulton

COUNTY.

Personally before me comes *Mrs. Margaret Fuller* 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. Margaret Fuller, 31 W. Fair St., Atlanta*
2. How long and since when have you been a continuing resident of the State of Georgia? *All my life*
3. When, where and to whom were you married? *Dec. 6, 1865, Meriwether Co., Ga. to J. Calhoun Fuller*
- 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.) *Spring of 1861 Meriwether Co., Ga. Jackson Blues. 2nd Ga. Reg. Inf. under Capt. Estor and then under Capt. Lewis*
5. When and where did the commands of your husband surrender or discharge from the army? *Don't know*
6. Was your husband personally present at the time of the surrender or discharge of this command? *No*
7. If he was not present state clearly where he was? *At home in Meriwether Co., Ga.*
8. Where was his command when he left? _____
- a. For what cause did he leave his command? *Captured*
- b. By whose authority did he leave his command? _____
- c. For how long was he granted leave of absence? _____
- c. What was his physical condition when he left his command? _____
- f. What effort did he make to return to his command? *Held a prisoner at Ft. Lookout*
- g. In what way was he prevented from going back to Command _____
- h. Was he captured by the enemy at any time? *Yes*
- i. If so, when and where captured and where held as a prisoner, and when and for what cause released? *In 1864 and held as prisoner at Ft. Lookout, Md. Exchanged only a short while before surrender and came home on Furbush and Army surrendered*
3. When and where did your first husband die? *April 6, 1902, Coweta Co., Ga.*
- k. Were you residing together when he died? *Yes*
- l. If not, how long had you resided apart? *Never resided apart*
- 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? _____

Never applied

Sworn to and subscribed before me this the

27 day of *Oct*, 1919

Charles M. Murrell Ordinary,
Fulton County.

(SEAL)

Mrs. Margaret Fuller

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY, }

I, _____ hereby authorize

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

at _____

Where my hand and seal, this _____ day of _____, 190____.

(L.S.)

Executed in presence of _____

Fuller, P. L.
Fulton County

No. _____ *012*

INDIGENT PENSION.

190X

Name *P. L. Fuller*

County *Fulton*

Co. *E. 10th. also* Regt.

Approved _____ 190____

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Quincy will write return of Applicant, Company and Regiment as back as indicated above.

John W. Lindsey, Commissioner of Pensions, Augusta, Ga.

E. R. O. 9/21/04
1948

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 _____

[14.8.]

Executed in presence of _____

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

County.

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

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

Philip S. Fuller - Atlanta Fulton Co. Ga.

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

65 years

3. When and where were you born?

Henry County Nov. Fulton.

4. When and where and in what company and regiment did you enlist or serve?

"E" 10th Confederate Cavalry - Ala. Feb 22 1861

5. How long did you remain in such company and regiment?

Until the surrender

6. When and where was your company and regiment surrendered and discharged?

At Talladega Alabama May 1865

7. Were you present with your company and regiment when it was surrendered?

Yes

8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority?

I was present

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

\$25.00 or 30.00

10. What has been your occupation since 1865?

laborer

11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty,"

second, "infirmary and poverty," or third, "blindness and poverty"?

Infirmary & 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 unable to earn a living for myself & family for 15 years. I was shot in the hip & thigh from the hands of one in the post & I have a permanent wound.

13. What property, real and personal, or income, do you possess, and its gross value?

none

14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, by sale or gift, have you made of same?

I owned a lot of land in the city of Atlanta, Ga. I sold it for \$100.00 in 1903.

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

In Fulton County & returned the above property for tax.

16. How were you supported during the years 1899, 1900, 1901 and 1902?

Family & what I could do at a general store.

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 \$50.00 I earned about \$10.00

18. What was your employment during 1899, 1899, 1901 and 1902? What pay did you receive in each year?

I have been a general store clerk & a house painter.

19. Have you a family? If so, who compose such family? Give their means of support? Have they a homestead, or other property? Their ages and how employed? Give their means of support? Have they a homestead, or other property?

Yes, I have a wife & three children. My wife is a housewife. My boys are 12 and 10 years old.

20. Are you receiving any pension? If so, what amount and for what disability?

No

21. Have you ever made an application for pension before?

No

22. How many applications have you ever made and under what claim?

none

Sworn to and subscribed before me this the _____ day of _____, 190 _____

John W. Lindsey, Ordinary.

of _____ County.

Applicant.

Every Question Must Be Answered.

Fuller, P. S.
Fulton County

No. _____

INDIGENT PENSION.

190 _____

Philip S. Fuller

Fulton

Co. E 10th. Ala. Reg.

Approved

190 _____

JOHN W. LINDSEY,
Ordinary of Fulton

WARRANT HANDED TO

Ordinary of Fulton County, Georgia, to whom the Applicant has been referred above.

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

John W. Lindsey

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Butt COUNTY.

I, John D. Sanders of said State and County, having been presented as a witness in support of the application of Philip D. Fuller for pension under section 1254, Code, and after being duly sworn true answers to the following questions, depose and answers as follows:

1. What is your name and where do you reside? John D. Sanders
Marion Ga. R. F. D. Box 27
2. Are you acquainted with Philip D. Fuller, the applicant; if so, how long have you known him? 60 Years
3. Where does he reside, and how long and since when has he been a resident of this State? In Atlanta Ga. All his life
4. When, where and in what company and regiment did he enlist, and how do you know? At Crossville Ala. Company B. 1st Cavalry I served there.
5. Were you a member of the same company and regiment? Yes
6. How long did he perform regular military duty? until November 1865
7. When and where was his command surrendered? At Talladega Alabama

8. Were you present when it surrendered? Yes
9. Was applicant present? Yes
10. If he was not present, where was he? He was there
- When did he leave his command? At surrender For what cause? War
- By what authority he left? Honorably discharged How do you know all of this? I was there

11. What property, effects or income has the applicant? (Give your means of knowledge.) None I know him to associate with him
12. What property, effects or income did the applicant possess in 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, did he make of same? None that I know of
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom? Can not say

14. What is the applicant's occupation and physical condition? He can in a grocery store & his physical condition is very bad.
15. Is the applicant unable to support himself by labor of any sort; if so, why? no as he suffers from nervous debility & weakness incurred during the war.
16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902? By aid of his family & what he could do.
17. What portion of his support for these four years was derived from his own labor or income? Can not say probably \$20.00 or \$30.00
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 greatly debilitated from the causes mentioned above
19. Who compose family? What property have they? Children's age and their earning capacity? Wife & three children - Cannot say as to their earning capacity or age, only the words for their lives
20. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this the 18 day of September 1904.

John D. Sanders Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Butt COUNTY.

Personally came before me, Elwyn M. Young and W. J. Hutton, both known to me as reputable physicians

of said County, who, being severally sworn, say on oath that they have examined carefully Philip D. Fuller, applicant for pension under Section 1254, Code, and after

such personal examination say that his precise physical condition is as follows: On careful examination of Philip D. Fuller, that he suffers from a wound in the front & back on left side. The one in the back evidently producing spinal & nervous trouble. He also suffers from indigestion all of which disables him from doing physical labor.

and that we have no interest in said pension being allowed.

Sworn to and subscribed before me, this, the

19th day of Sept 1904.

John D. Sanders Ordinary.

ORDINARY'S CERTIFICATE.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Butt COUNTY.

I, John D. Sanders Ordinary, in and for said County, hereby certify that the applicant Philip D. Fuller resides in said County, and has

been a bona fide resident of this State since the 18th day of Sept 1898 and that the witnesses, viz.: J. D. Sanders

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

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

I further certify that the tax-digest of Butt County shows that applicant returned for taxation in his name in 1899 1898 Dollars of property, and in 1900 1898 Dollars of property; in 1901 1898 Dollars of property; in 1902 1898 Dollars of property.

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

Witness my hand and seal of office, this 18th day of Sept 1904.

John D. Sanders Ordinary, of Butt County.

NOTE.

1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall give answers made 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 subscription may be attached if blank space are insufficient.
3. In every case the Ordinary must certify to the character of the witnesses, and as to the execution of the proof as above set out.

POWER OF ATTORNEY.

STATE OF GEORGIA

COUNTY }

hereby authorize

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

WITNESS my hand and seal, this

day of

1905

[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 at

by WITNESS my hand and seal, this day of

1906

[L. S.]

Executed in the presence of

Fulton, P. D.
Fulton County

(FOR THOSE ALREADY ENROLLED.)

No.

348

INDIGENT
SOLDIER'S PENSION
1905.

Name *P. D. Fulton*
County *Fulton*
Co. *2d* Regiment *10th Cav.*

WARRANT ISSUED

118 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

[Signature]
THE FRANKLIN PRINTING AND PUBLISHING CO., ATLANTA, GA.

Fulton, P. D.
Fulton County

(FOR THOSE ALREADY ENROLLED.)

No.

346

INDIGENT
SOLDIER'S PENSION
1906.

Name *P. D. Fulton*
County *Fulton*
Co. *2d* Regiment *10th Cav.*

WARRANT ISSUED

117 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

[Signature]
THE FRANKLIN PRINTING AND PUBLISHING CO., ATLANTA, GA.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.

Personally appears P. L. Fuller of Fulton.

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 1839; that he is 66 years old and by occupation a farmer, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 3 yrs in Company C, of 10 th Regiment of Confederate Cal. Ala., that his physical condition is as follows: infirmity and poverty

that his property consists of the following items:

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

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 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 _____

day of Jan 1905.

Ordinary.

STATE OF GEORGIA.

County.

I, P. L. Fuller Ordinary of said County,

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

Given under my official signature and seal, this JAN 2 1905

day of Jan 1905.

Ordinary

County.

NOTE.—The blank spaces must be filled.

NOTE.—Affidavit should not be attested before January 1st, 1905.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Fulton County.

Personally appears P. L. Fuller of Fulton.

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 1842; 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 3 yrs in Company C, of 10 th Regiment of Confederate Cal. Ala., that his physical condition is as follows: infirmity and poverty

that his property consists of the following items:

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

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 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 _____

day of JAN 1 1905.

Ordinary.

State of Georgia,

County.

I, P. L. Fuller Ordinary of said County,

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

Given under my official signature and seal, this JAN 1 1905

day of Jan 1905.

Ordinary

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.

hereby authorize

of

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

at

by

WITNESS my hand and seal this

day of

1907

[L. S.]

Executed in presence of

FOR THOSE ALREADY ENROLLED

Class Service 1204

No 3 to 2

INDIGENT
SOLDIER'S PENSION
1907.

Name

County

Co.

Regiment

WARRANT ISSUED

1907

JOHN W LINDSEY

Commissioner of Pensions

WARRANT HANDED TO

Gen. W. HAMMOND STATE PRINTER, ATLANTA.

no data

STATE OF GEORGIA.

County.

I, John P. Wilkinson Ordinary, in and for said County, hereby certify that the applicant, Mrs. P. S. Fuller resides in said County, and has been a bona fide resident of this State since the 6th month of years 1899 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, and in 1901 dollars worth of property, and in 1902 dollars worth of property.

Witness my hand and official seal this 13th day of Sept 1907 Ordinary.

SEAL

- NOTES 1 Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth; So help you God."
- 2 Additional affidavits may be attached, if blank spaces are insufficient.
- 3 All affidavits must be made before Ordinary.
- 4 Only widows who were the wives of the dead husbands while they were soldiers need apply—and are now widows. Those married since 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.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Fulton.

County.

Personally appears P. L. Fuller of Fulton

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 _____ 1860; that he is 67 years old and by occupation a _____ that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 3 years in Company C, of 10th Regiment of Co. 1st; 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 Fulton County, been allowed a pension for the year 1906.

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

John R. Wilkinson Ordinary.

State of Georgia,

Fulton.

County.

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

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

John R. Wilkinson Ordinary Fulton County.



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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, _____ hereby authorize _____ of _____ County to receive and receipt for the pension allowed and that he remit the same to me at _____ by his check or registered mail.

Witness my hand this _____ day of _____ 190____

Executed in presence of

Ordinary,

L. S.

County.

SEAL

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

County.

I, Sarah Fuller 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 submit her proof, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (Give, State, County and Postoffice.)
Sarah Fuller
2. How long and since when have you been a resident of this State?
All my life
3. When and where were you born?
Feb 22 1842 Ga. Ga. 17 Jan 1842
4. When and where was your husband born, state the full name, and when were you and he married? (Attach copy marriage license in every case.)
In Paulding Co. Ga. 22 May 1863
5. When and where and in what Company and Regiment did your husband enlist or serve during the war between the States?
1861 in Company 4 2d Ga. Regt 8
6. How long did your husband serve in said Company and Regiment?
Until Sumner
7. When and where did your husband's Company and Regiment surrender and was discharged?
At Appomattox April 9 1865
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?
10. When and where did your husband die?
Aug 14 1904. Paulding Co. Ga.
11. Which of the following grounds do you base your application for pension, viz: First—Age and Poverty; Second—Infirmary and Poverty, or Third—Blindness and Poverty?
On first two
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?
After 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?
One Elmwood estate in 55 acres. sold by his adv. used my clothing
17. In what counties did you reside in 1901, 1902, 1903, 1904, 1905, 1906 and 1907, and what property did you return for taxation?
In Paulding Co. Ga. to none
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?
I don't know I didn't contribute anything
20. What was your employment during 1901, 1902, 1903, 1904, 1905, 1906 and 1907—how much did you receive for each year?
No employment
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 claim?
None

Sworn to and subscribed before me, this the

24 of November 1907 at Paulding Co. Ga.
I, John W. Lindsey Ordinary, County.

WIDOW'S

INDIGENT PENSION

Name Mrs Sarah Fuller

County Paulding

Witness John W. Lindsey

John W. Lindsey

Approved

JOHN W. LINDSEY,

WARRANT HANDED TO