

Hinton, James C. S.
Subd. 9-1901

No. _____

**INDIGENT PENSION,
1900.**

Name Jas. C. Hinton
County Fullon
C. C. 9-1901
Approved _____ 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

John W. Lindsey, State Prison, Atlanta.

9/15/1901

STATE OF GEORGIA,

County. }

Power of Attorney.

before me, _____

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

Widow by last and only, etc. _____ day of _____ 1900.

Executed in presence of _____

[L. S.]

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 _____, 1900.

Executed in presence of _____ [L. S.]

Questions for Applicant.

STATE OF GEORGIA.

_____ County.

_____ of said State and County, desiring to avail himself of the Pension Act (Section 1284, Code), hereby submits his proofs, 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? (give State, County and post office)
James G. Fullerton, Fullerton, Georgia
2. How long and since when have you been a resident of this State? *47 years 13th Oct - 1853*
3. When and where were you born? *13th Oct - 1853, Milton County, Ga.*
4. When and where and in what company and regiment did you enlist or serve? *May 31st 1861, Milton County, Ga. Company 66 9th Ga Regt - for Volunteer*
5. How long did you remain in such company and regiment? *until 9th day of April 1865*
6. When and where was your company and regiment surrendered and discharged? *9th day of April 1865 at Appomattox Court House, Va.*
7. Were you present with your company and regiment when it was surrendered? *yes*
8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? _____
9. How much can you earn (gross) per annum by your own exertions or labor? *none*
10. What has been your occupation since 1865? *night writing up to 1895, now none*
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"? *Blindness & 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?
one of eyes not totally blind in one eye but can see much of it - but state has no means to live on
13. What property, real or personal, or income, do you possess, and its gross value? *none*
14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898 and 1899, and what disposition, if any, by sale or gift, have you made of same? *none*
15. In what County did you reside during those years, and what property did you then return for taxation?
Fullerton for Atlanta
16. How were you supported during the years 1898 and 1899? *By my grown sons*
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? *20-40 dollars none*
18. What was your employment during 1898 and 1899? What pay did you receive in each year?
nothing none
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? *yes wife and 6 sons daughter-in-law is not able to work my daughter has been in bad health for years no land*
20. Are you receiving any pension? If so, what amount and for what disability? *none*
21. Have you ever made an application for pension before? *no*
22. How many applications have you ever made and under what class? *none*

Every Question MUST be Answered

INDIGENT PENSION.

1900.

Approved _____

JOHN W. LEWIS, Jr.
Commissioner of Pensions

WARRANT IS ISSUED TO _____

Sworn to and subscribed before me this _____ day of _____, 1900.

_____ of _____ County.

Applicant.

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. R.]

Executed in presence of

Questions for Applicant.

STATE OF GEORGIA,

Hutton County.

James C. Hutton 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)
James C. Hutton of Hutton County, Atlanta
2. How long and since when have you been a resident of this State? 67 years
13th Oct - 1833
3. When and where were you born? 13th Oct - 1833 Milledgeville Ga
4. When and where and in what company and regiment did you enlist or serve? May 1861
Milledgeville Ga Company 66 9th Ga Regt
for Volunteers
5. How long did you remain in such company and regiment? until 5th day of April 1865
6. When and where was your company and regiment surrendered and discharged? 5th day of April 1865 at Appomattox Court House Va
7. Were you present with your company and regiment when it was surrendered? yes
8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority?
9. How much can you earn (gross) per annum by your own exertions or labor? none
10. What has been your occupation since 1865? night watching up to 1888 now none
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"? Blindness & 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?
one of eyes not totally blind in one eye and can see much but - can not see
has no means to live on
13. What property, real or personal, or income, do you possess, and its gross value? none
14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898 and 1899, and what disposition, if any, by sale or gift, have you made of same? none
15. In what County did you reside during those years, and what property did you then return for taxation?
Hutton Ga Atlanta none
16. How were you supported during the years 1898 and 1899? By my grown sons
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? 16.00 dollars none
18. What was your employment during 1898 and 1899? What pay did you receive in each year?
nothing none
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead?
yes wife and grows daughter - my wife is not able to work my daughter has been in bed for 6 years no health
20. Are you receiving any pension? If so, what amount and for what disability? none
21. Have you ever made an application for pension before? no
22. How many applications have you ever made and under what class? none

Every Question MUST be Answered.

Sworn to and subscribed before me this day

of Jan 1900

John R. Williamson Notary.

of Hutton County.

James C. Hutton

Applicant.

INDIGENT PENSION,

1900.

James C. Hutton

Hutton

Co. E 9th

Approved

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED TO

John W. Lindsey, Commissioner of Pensions.

4/10/00

Hutton, James C. Co. E 9th

Co. E 9th

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Holston COUNTY,

May J. Adams & J. H. Adams of said State and County, having been presented as a witness in support of the application of Jamie G. Theaters 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? May J. Adams & J. H. Adams & R. C. Chaffin
2. Are you acquainted with Jamie G. Theaters, the applicant; if so, how long have you known him? yes about fifty years
3. Where does he reside, and how long and since when has he been a resident of this State? atlanta go all his life
4. When, where and in what company and regiment did he enlist, and how do you know? may 1st 1861 Holston county Co Company G 8th Ga Volunteer
5. Were you a member of the same company and regiment? yes
6. How long did he perform regular military duty? nearly four years
7. When and where was his command surrendered? april 9th 1864
8. Were you present when it surrendered? yes
9. Was applicant present? yes
10. If he was not present, where was he? yes

When did he leave his command? For what cause? By what authority he left? How do you know all of this?

known him since he was in the company from the organization to the office of the 8th Ga Volunteer

11. What property, effects or income has the applicant? (Give your means of knowledge.) none the known him since by seeing him often

12. What property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what disposition, if any, did he make of same? none

13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? no

14. What is the applicant's occupation and physical condition? he appears to be nearly blind, being physically unable to labor

15. Is the applicant unable to support himself by labor of any sort, if so, why? yes, because of infirmities of sight & disability

16. How was he supported during the years 1898 and 1899? I think his sons supported him & wife & daughter

17. What portion of his support for these two years was derived from his own labor or income? none

18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? he appears to be nearly blind, has nothing and is not able to labor from age & infirmities of sight & disability

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

Swears to and subscribed before me, this 15th day of Jan 1900, John W. Amos Ordinary.

R. C. Chaffin Witness.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Holston COUNTY,

May J. Adams & J. H. Adams of said County, who, being severally sworn, say on oath that they have examined carefully Jamie G. Theaters, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

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 15th day of Jan 1900.

John W. Amos Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Holston COUNTY.

I, R. C. Chaffin, Ordinary in and for said County, hereby certify that the applicant Jamie G. Theaters resides in said County, and has been a bona fide resident of this State since the 15th day of Jan 1899, and that the witnesses, viz: John W. Amos & R. C. Chaffin

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 me was signed.

I further certify that the tax digests of Holston County show that applicant returned for taxation in his name in 1898 1899 Dollars of property, and in 1899 1899 Dollars of property.

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

Witness my hand and seal of office, this 15th day of Feb 1900.

R. C. Chaffin Ordinary,

John W. Amos County.

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

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Fulton COUNTY.

Personally came before me, Dr. J. M. H. H. H. and Dr. H. H. H., both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully James C. Hinton applicant for pension under Section 1284, Code, and after such personal examination say that his precise physical condition is as follows:

Loss of eye sight (partial) with Rheumatism and general debility. His general condition has been going down rapidly for the past 2 years.

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 18 day of February, 1908.
John R. Wilkinson Ordinary.

Dr. J. M. H. H. H.
Dr. H. H. H.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Fulton COUNTY.

I, John R. Wilkinson, Ordinary in and for said County, hereby certify that the applicant James C. Hinton resides in said County, and has been a bona fide resident of this State since the 13th day of Oct, 1888, and that the witnesses, viz:

are of trustworthy character, and that their statements are entitled to full faith and credit.

I further certify that before answering the foregoing questions the applicant and each witness took the oath 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 Fulton County show that applicant returned for taxation in his name in 1898 _____ Dollars of property, and in 1899 _____ Dollars of property.

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

Witness my hand and seal of office, this 13th day of April, 1908.

John R. Wilkinson Ordinary,
of Fulton County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

I, _____ hereby authorize _____

of _____

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

at _____

by _____

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

(FOR THOSE ALREADY ENROLLED.)

No. *114*

INDIGENT

SOLDIER'S PENSION

1902.

Name *J. C. Hinton*

County *Fulton.*

Co. *B* Regiment *9th*

WARRANT ISSUED

114 1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

114

JOHN W. LINDSEY, Commissioner of Pensions.

No sale
Hinton, James C.
Fulton Co

(FOR THOSE ALREADY ENROLLED)

No. *301*

INDIGENT

SOLDIER'S PENSION

1907.

Name *James C. Hinton*

County _____

Co. *B* Regiment *9th*

WARRANT ISSUED

114 1907.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

114

JOHN W. LINDSEY, Commissioner of Pensions.

not at

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.

Personally appears J. C. Hinton 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 13 day of Oct 1883, that he is 72 years old and
by occupation a farmer that he enlisted in the military service of the Con-
federate States (or of the State of Ga) during the war between the
States, and served for the term of 6 years in Company C of 9th Regiment
of Ga; that his physical condition is as
follows:

Blindness & Poverty

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 13 day of Jan 1902.

John R. Wilkinson
JAN 11 1902

Ordinary.

STATE OF GEORGIA,

Fulton County.

I, John R. Wilkinson, Ordinary of said County,
do certify that I am well acquainted with J. C. Hinton
the applicant in the foregoing affidavit, and am well satisfied that the statements made by
him in his said affidavit are true, and I know 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 31 1902
day of Jan 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 James C. Hinton 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 _____ 1883; that he is 72 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 4 years in Company C of 9th Regiment
of Ga; 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 1902. 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.

James C. Hinton
ma

State of Georgia,

County.

I, John R. Wilkinson, Ordinary of said County,
do certify that I am well acquainted with James C. Hinton
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by him in his said affidavit are true, and I know 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

County.



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

POWER OF ATTORNEY.

STATE OF GEORGIA.

County. }

I,

hereby authorize

of

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

at

by

Witness my hand and seal, this

day of

1903

Executed in presence of

[L. S.]

POWER OF ATTORNEY.

STATE OF GEORGIA.

Fulton County. }

I,

hereby authorize

James Hinton of *Atlanta Ga*

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

me by hand

at

Atlanta Ga

by

Witness my hand and seal, this *24* day of *Jan*

1904

Executed in the presence of

E R Dillingham W P
Fulton Co Ga

[L. S.]

(FOR THOSE ALREADY ENROLLED)

No. *726*

INDIGENT

SOLDIER'S PENSION
1903.

Name *J B Hinton*

County

C to Regiment *9th*

WARRANT ISSUED

1901 1903

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

44

John W. Lindsey, State Printer, Atlanta.

no date

(FOR THOSE ALREADY ENROLLED)

No. *727*

INDIGENT

SOLDIER'S PENSION
1904.

Name *J B Hinton*

County

C to Regiment *9th*

WARRANT ISSUED

1903 1904

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

James Hinton

John W. Lindsey, State Printer, Atlanta.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton.

County,

Personally appears

J. C. Kinton

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 13 day of Oct 1883; that he is years old and by occupation a , that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of in Company C., of 9th Regiment of ; that his physical condition is as follows: B + O

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 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 day of JAN 20 1903.

Ordinary.

STATE OF GEORGIA,

County.

I, John C. Williamson

Ordinary of said County,

do certify that I am well acquainted with J. C. Kinton the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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.

Ordinary

County.

Note.—The blank spaces must be filled.
Note.—Affidavits should not be attested before January 1st, 1903.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton. County.

Personally appears

J. C. Kinton 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 13 day of Oct 1883; that he is years old and by occupation a , that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of in Company C., of 9th Regiment of ; that his physical condition is as follows: B + O

that his property consists of the following items:

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

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

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

Ordinary.

STATE OF GEORGIA,

Fulton. County.

I, John C. Williamson

Ordinary of said County,

do certify that I am well acquainted with J. C. Kinton the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1904.

Ordinary

Fulton. County.

Note.—The blank spaces must be filled.
Note.—Affidavits should not be attested before January 1st, 1903.

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 _____ 1905.

[L. S.]

Executed in the presence of

*Hinton, James C.,
Fulton County*

FORM NO. 1284.

(FOR THOSE ALREADY ENROLLERS.)

No. *379*

INDIGENT

**SOLDIER'S PENSION
1905.**

Name *James C. Hinton*

County

Co. *C. Regiment 9th Inf.*

WARRANT ISSUED

48 1905.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

[Signature]

See Pensioner's Handbook and Regulations, etc., etc., etc., etc.

no date

*Hinton, James C.,
Fulton Co.*

[Signature]

FORM NO. 1284.

(FOR THOSE ALREADY ENROLLERS.)

No. *379*

INDIGENT

**SOLDIER'S PENSION
1906.**

Name *James C. Hinton*

County

Co. *C. Regiment 9th Inf.*

WARRANT ISSUED

47 1906.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

[Signature]

See Pensioner's Handbook and Regulations, etc., etc., etc., etc.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.

Personally appears James C. Hinton 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 1871; that he is 71 years old and by occupation a None, 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 Co. C, of 9th Regiment of Inf.; 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 1905. I have heretofore as a resident of Fulton County been allowed a pension for the year 1904.

I Sworn to and subscribed before me, this the 1st day of JAN 2 1905. James C. Hinton Ordinary.

STATE OF GEORGIA.

Fulton County.

I, James C. Hinton Ordinary of said County, do certify that I am well acquainted with James C. Hinton the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 2 1905.

James C. Hinton 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 James C. Hinton 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 73 years old and by occupation a Purchaser, 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 Co. C, of 9th Regiment of Inf.; 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 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 1st day of JAN 1 1905. James C. Hinton Ordinary.

State of Georgia,

Fulton County.

I, James C. Hinton Ordinary of said County, do certify that I am well acquainted with James C. Hinton the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1 1905.

James C. Hinton Ordinary Fulton County.

Note.—The blank spaces must be filled.

Note.—Affidavit 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 1906
day of _____ 1906.

[Signature]
Ordinary Fulton County.

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

by him in his said affidavit are true, and I know 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.

[Signature]
Ordinary Fulton County.

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

STATE OF GEORGIA.

Sworn under my hand and official seal of office this 27 day of Sept 1920

Ordinary

Country

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.

Under Act 1910—as Amended by Act of 1919.

Under Act 1910—as Amended by Act of 1919.

No.

County

Name _____ 7/1/2021

Widow of Lingling of Sett

Company

Regiment 1st Pa Cav

Phonetic transcription: /vəˈmɔːrj/

A. D. 12 Battle Lake

1

UNITED ROSTER OFFICE

J. W. LINDSEY,

Commissioner of Penitentiaries

Best Printing Co., State Printers, Atlanta.

10-30-1920

STATE OF GEORGIA.

Fulton

COUNTY

1. What is your name, and where do you reside? Mrs. Lucy E. Hitt, 645 Ponce de Leon
Ave.
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? April 30, 1873, Lee County, Ga. to
Virginia C. Hitt

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 Con-

federate Army or Georgia Militia? (State the arms and class of Service.) March 22, 1861
in Augusta, Ga., in Co. "D", 1st Ga. Reg Inf., under Col. Ramsey

5. When and where did the commands of your husband surrender or discharge from the army?
 Goldsboro, N. C. April 1865

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? ... Surgeon in Army of Northern Virginia

a. For what cause did he leave his command? Was ordered for duty as surgeon at hospital at Richmond, Va.

c. For how long was he granted leave of absence? Was discharged from Co. "D" and was or
dered to report to 9th Bat. Ca. Art. Alexander's Brigade

f. What effort did he make to return to his command? Was kept on duty as surgeon in the 1st Cavalry Division

g. In what way was he prevented from going back to Command Army of Northern Virginia

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

1. When and where did your first husband die? Jan. 17 1905, Atlanta, Ga.

k. Were you residing together when he died? Yes

1 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

.....
 Never applied

Sworn to and subscribed before me this the 1 day of June 1904

21 day of July 1920

Ordinary

of Fulton County.)
(SEAL)

Questions for Witnesses, as to Service of Husband and Marriage

STATE OF GEORGIA,

Fulton

COUNTY.

Personally before me comes JOSEPH T. DUFFY who, after being duly sworn, true answers to the following questions, answers as follows:

1. What is your name and where do you reside? JOS. T. DUFFY, State Capitol, City

2. How long and since when have you known MRS. LACY B. HITT applicant?
OVER FORTY YEARS

3. How long and since when has she continuously resided in this State? (Give date.)
EVER SINCE I HAVE KNOWN HER

4. When and to whom was she married? VIRGINIA G. HITT How do you know? General Re-
putation
5. How long and since when did you know Virginia G. Hitt her
husband? SINCE MARRIED

6. When and where did Virginia G. Hitt
the husband of applicant, die? Atlanta, Ga. 1905

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? Never. Remained Apart
Were they divorced? No

9. When, where and in what Company and Regiment did Virginia G. Hitt enlist?
March 22 1861, Augusta, Ga. in Co. "D" 1st Ga. Reg. Inf.

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

11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? From March 22 1861 to Feb. 1861

12. When and where did his Command surrender, and was discharged?
Goldsboro, N. C. April 1865

13. Were you personally present when it was surrendered? No If not, where
were you Camp Douglas, Ill. and how came you there? Frischner, having
been captured at Kenesaw Mountain, Ga. July 27, 1864

14. Was the husband of applicant personally present at surrender? No If not
where was he? In hospital at Richmond, Va. as sur- When, where and for what
cause did he leave Command? (Give date.) Sept. 1861 ordered to repair By whose
authority did he leave his Command? for duty as surgeon at Richmond And how
long was he granted leave? How do you know all this?

I was member of same company and saw him in service until he was
ordered to report to the Army of Northern Va. Have personally seen
his parole at Appomattox under Gen. Jno B Gordon

15. For what cause, if you know of your own knowledge, was he prevented from returning to his Com-
mand? Was kept on duty as surgeon in Richmond until after surrender

16. What effort did he make to return to his Command and how do you know this? Of your own
knowledge or how?

Sworn to and subscribed before me this the

23 day of April 1920

Joseph T. Duffy Ordinary

of Fulton County.

(SEAL)

knowledge or how?

Sworn to and subscribed before me this the
21 day of August 1920
of Fall River County.
(SEAL)

Joseph T. Dancy

Ordinary

MARRIAGE LICENSE

OF

Mr. Virginia L. Hutt

AND

Miss Lucy M. Woodfolk

Issued August 31 1924

and recorded on page 120

D. of Marriage Licenses.

James Morgan D. Clark
Ordinary.

Court of Ordinance
I Certify that the within
is a true copy of the
marriage license of Virginia
L. Hutt and Lucy M. Woodfolk
as recorded in the office
of the Clerk
July 23, 1924
Ordinary.

No. 5

Marriage License

State of Georgia

Lee County

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

Mr. Virginus G. Hitt and *Miss Lucy M. Woolfolk*
in the State of Georgia 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 *30* day of
April 18*74*. *James Morgan* (J.S.)
Ordinary

STATE OF GEORGIA

LEE COUNTY

I Certify that *Virginus G. Hitt* and *Miss Lucy M. Woolfolk*
were joined in Matrimony by me this *30* day of *April* 18*74* and
and *74*.
Awarded

Ordinary

Frank Haffey Notary
of *Lee County* Georgia



With W. H. M. M. M. M.
W. H. M. M. M. M.
W. H. M. M. M. M.

**Confederate
Soldier's Application.**

UNDER ACT 1916.

Suiter County
Wm. M. Keith
8-
12 Ga. Dist.

J. W. LINDSEY
Commissioner of Pensions

1916

Questions for Applicants to Answer.

County

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

1. What is your name and where do you reside? (Give County and Post-office.)
James M. Little, Atlanta, Fulton County
2. How long and since when have you been a continuous resident citizen of this State?
Since 1861, a resident citizen of Georgia all my life
3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865? *In the Army of the Confederate States*
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service.) *March 26, 1862, Co. 1st, 1st Georgia Light Artillery, Col. Ransom*
5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge.) *March 26, 1865, when paroled in July 1865*
6. When and where was your Company and Regiment surrendered or discharged from the Service?
Richmond, Virginia, April 9, 1865
7. Were you actually present with your Command when it was surrendered or discharged? *Yes*
8. If you were not actually present, state specifically and clearly where you were.
9. Where was your Command when you left it?
10. When did you leave the Command?
11. For what cause did you leave?
12. By whose authority did you leave?
13. For how long was your leave granted? In what way?
14. Why did you not return to your Command after leave expired?
15. In what way were you prevented?
16. What efforts did you make to return?
17. Were you captured during the war? *Yes*
18. If so, when, and where? In what prison were you held and when were you released? *Sept. 22, 1864, at Cahoon's Mill, Georgia, and captured by the Government*
19. 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. 1868? (Make list by items and value.)
Household furniture, glass, notes and accounts, black cash, 1 pair, silver and accounts, dressed in clothes
20. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov., 1908? To whom and for what price?
To my daughter, 1899
21. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemized list.)
Household furniture, glass, silver and accounts, dressed in clothes, black cash, 1 pair, silver and accounts, dressed in clothes
22. What annual or monthly income or earnings of yourself and wife and the source derived from?
23. Are you drawing a pension of any amount from this State or the United States? *No*
24. Have you ever applied for the Georgia Pension and had it refused and for what cause it was not allowed?

Sworn to and subscribed before me, this the _____ day of _____, 20____.

20 July 1964

John R. Wilkins

Tullahoma County

UNDER ACT 1910

— Julian County
 — 7th m. North
 — 8th —
 — 12th ga Road

J. W. LINDSEY,
 Coordinator of Fisheries

CHINA, P. WITH SHAN PROVINCE, ACTUALLY

NAME **Wm. William Monticello** YEAR **1861** COUNTY **Fulton**

IN AND WHERE BORN? **Resident of Georgia all of life; does not state when born.**

July 6th 1861, AND WHERE? **April 1st 1861, Macon, Georgia.**

prisoner and exchanged August 1862, and re-enlisted, at Savannah, Ga.

Co. I, 1st Georgia Infantry - 1st enlistment. Taken prisoner July 6th 1861, then transferred August 1861, and re-enlisted at Savannah, Georgia, in the 15th Georgia Battalion. Applicant was present for duty with the Command throughout its various campaigns; in its support of Ft. Moultrie in 1862; in the Morris Island Campaign, in defense of Battery Wagner; in its occupation of Ft. Sumter, as the major part of its garrison in the Florida (or Glades) campaign; in its participation in the Florida (or Glades) campaign; in its participation as a part of Early's Corps in the defense of Lynchburg, in its movement up the valley until July

1862, as Captain and Colonel? S. D. Capers - 1st Lt. Colonel. Colonel Henry - Co. I, 1st Ga. Infantry. Major William - Quartermaster Department.

August 1862, applicant was sent to hospital at Staunton by order of the Board of Surgeons, was furloughed for 30 days, and upon expiration of furlough was assigned to the Quartermaster's Department until the end of the war.

DIED, WHEN AND WHERE?

WITNESSES.

IN AND WHERE SURRENDERED? **Witness states; Command surrendered April 1865, Appomattox Court House, Va.**

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? **By order of Brigade Surgeon applicant was sent to hospital at Staunton, was furloughed for 30 days and upon expiration of furlough was assigned to light service to the Quartermaster's Department, continued until the end of the war. Surrendering**

DIED, WHEN AND WHERE? **at Augusta, Georgia May 1865.**

DIED.

WITNESSES. **Henry D. Capers - Commander of the 15th Ga. Battn.**

No date

Supplement to Wm. M. Kitt's Statement.

As noted on the first page of application form, I enlisted on April 1st, 1861 with the 1st Georgia Volunteer Infantry. With this Command I served at the siege of Fort Pickens, Fla., and upon the transfer of the regiment to North West Virginia, served until Garnett's retreat from Laurel Hill. Upon this retreat, and upon the day following the battle of Garriek's Ford, say about July 6th, 1861, I was taken prisoner near Oakland, Md., through the North West part of which State the retreat lead. I was confined in prison for two months at Grafton, Va., (now West Virginia) and paroled at Beverly, Va., (now West Virginia) some time in Sept. 1861.

On being finally exchanged in Aug. 1862, I re-enlisted with the 15th Ga. Battalion (Lt. Colonel H.D. Capers) at Savannah, Ga., and was present for duty with the Command throughout its various campaigns; - in its support of Ft. Moultrie in 1862; in the Morris Island campaign in defense of Battery Wagner; in its occupation of Fort Sumter as the Major part of its garrison when that work was being demolished in 1865; in its participation in the Florida (or Glades) campaign; in its transfer to the Army of Northern Virginia in May 1864; in its participation in the battle of Cold Harbor at the right of the assaulting column; in its participation as a part of Early's corps in the defense of Lynchburg; in its movements up the Valley until July 1864 when, by order of Brigade Surgeon Lamar I was sent to Hospital at Staunton. In Aug. '64, by order of the Board of Surgeons I was furloughed for thirty days and upon the expiration of this time, in Sept. '64 went before the Board of Surgeons at the 3d Ga. Hospital at Augusta and being recommended for light service only was assigned to the Quartermaster's Department under Major Winmore, Q.M. In this branch I continued to serve until the close of the war, surrendering at Augusta, Ga., in May, 1865.

Wm. M. Kitt
I certify to the foregoing as being true
and correct.

Henry D. Capers
Witness
John W. Winmore
Ordinary
9/6/10

W. H. HARRIS.

Henry D. Capers - Commander of the 18th Co. Batta.

No 10th

and Cornet.
— *Henry D. Capers* —
witness
John R. Wilkinson
9/26/10
Ordinary

Ordinary's Certificate

STATE OF GEORGIA,

Fulton COUNTY

I, T. H. Duffin Ordinary of said County, do certify that I know Mrs. Louise T. Hodges 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 she now residents of said County and were duly sworn by me before signing the foregoing affidavit and that she is truthful, trust-worthy, and her statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 10 day of August 1914

(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 truly answer 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, 1861, 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 licenses if obtainable. If not, prove marriage, by some person, or by general reputation.

Widow's Pension

Under Act 1815-46 As Amended by Act of 1913

County Fulton

Name Mrs. Louise T. Hodges

Widow of Chas. T. Hodges

County 110 Ala.

Approved

J. W. LINDSEY,

Commissioner of Pensions,

Dept. Pension Co. State Prison, Atlanta.

10/10/14

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 Mrs. Louise T. Hodges 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 Atlanta Ga
2. How long and since when have you been a continuing resident of the State of Georgia? for more than thirty years
3. When, where and to whom were you married? Sept. 1870 - Jackson Ala
4. Have you married since the death of first and soldier husband? No
5. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service.) Jacksonville Ala June 4, 1861 Co. G 10. Ala. Regiment
6. When and where did the commands of your husband surrender or discharge from the army? Don't know
7. Was your husband personally present at the time of the surrender or discharge of this command? No
8. If he was not present state clearly where he was? Don't know
9. Where was his command when he left? Don't know
10. For what cause did he leave his command? " "
11. By whose authority did he leave his command? " "
12. For how long was he granted leave of absence? " "
13. What was his physical condition when he left his command? Wounded and lame
14. What effort did he make to return to his command? Was discharged
15. In what way was he prevented from going back to Command Wounded
16. Was he captured by the enemy at any time? Don't know
17. If so, when and where captured and where held as a prisoner, and when and for what cause released?
18. When and where did your first husband die? Atlanta Ga July 2, 1861
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? Yes

If so, when and for what cause were you or your husband placed on the roll? He had been on pension from Fulton Co. from 1867 to 1868

Sworn to and subscribed before me this 10 day of August 1914 } Mrs. Louise T. Hodges
of Fulton County }
(SEAL)

State of Alabama)
Stowak County)

We the undersigned hereby
certify that we were members of the
10th Alabama volunteer regiment of the
Confederate States army and further
certify that Benj. F. Hodges was a
member of Company G of said
regiment. That he was wounded at
the battle of Sharpsburg Md. that he
was mustered into service on the
4th day of June 1861 at Jacksonville,
Ala. by General John H. Forney;
he was wounded and came home
and we do not know the date of his
discharge.

L. E. Hamlin

Late 1st Lt. Co. G. 10th Ala. Reg.

J. Q. Walker Lt. Comd Co. G.

10th Ala. Regt.

S. H. Hodges Co. G. 10th Ala. Reg.

Sworn to & subscribed before me
this 27 day of March. 1913.

L. L. Kumborg.
Copy of Judge of Probate Stowak Co., Ala.



CALDWELL-SPENCE COMPANY
WHOLESALE GROCERS.

B. S. CALDWELL, President
S. B. SPENCE, Vice Pres.
A. L. DENHAM, Secretary

LET. BOX 10000, GADSDEN, ALA.

GADSDEN, ALA.

I Certify I met B F Hodges
at Gadsden Ala in February 1865.
and that he was disabled for military
service at that time. on account
of wound received at the Battle of
Sharpsburg. In 1869 I came to
Gadsden to live and have resided
there continuously ever since. I knew
Mr B F Hodges very well from the time
I came to Gadsden to reside. untill Mr
Hodges moved away from Gadsden
He was a very intimate friend of mine
Gadsden
Ala Sept 1912 J A Green

Marriage License

The State of Alabama



Every Licensed Minister of the Gospel in regular communion with the Christian Church or Society of which he is a member or Judge of the Supreme, Circuit or City Court, or Chancellor within this State or Judge of Probate or Justice of the Peace within this County, or the Minister of any religious society, according to the rules and regulations or custom established by such society.

GREETING
YOU ARE HEREBY AUTHORIZED TO SOLEMNIZE
MARRIAGE
BETWEEN

Wm. L. & Hodges

AND

Mrs. L. & Collins

and to join them together in Matrimony, and to certify the same in writing to this office as required by law.

Given under my hand this 12 day of Sept 1910

James M. Moragne
JUDGE OF PROBATE

This Certifies That I have solemnized Marriage between

Wm. L. & Hodges and Mrs. L. & Collins
according to law at

in said County and State on the 12 day of Sept 1910

J. L. Hargberg
M. L.

This Certificate must be filled out by party who marries this couple and returned to Judge of Probate within thirty days. FIFTY DOLLARS FINE FOR FAILING TO DO SO

1. L. L. Hargberg

Judge of Probate in and for said County, in said State, do hereby certify that the foregoing is a true and correct copy of a Marriage License issued by the Judge of Probate of said County to Wm. L. & Hodges and Mrs. L. & Collins on the 12 day of Sept 1910, with the certificate who performed the Marriage Ceremony, as same appears in Marriage Record & Page 150, in my office. Given under my hand and official seal, this 12 day of Sept 1910.

J. L. Hargberg
JUDGE OF PROBATE

The State of Alabama | I the undersigned T. J. Walker hereby certify that I
Etowah County was a member of the 10th, Alabama, Volunteer Infantry
Regiment of the Confederate States Army, and further certify that Benj. F.
Hodges was a member of Company "G" of said Regiment. That he was wounded
at the battle of Sharpsburg Md. that he was mustered into service on the
4th day of June, 1861, at Jacksonville Alabama, by General John H. Forney
he was wounded and came home and I do not know the date of his discharge
I know that he never deserted.

T. J. Walker
Lt. Com'd Co. G 10th, Ala Regt

Sworn to and subscribed before me this 1st day of September 1919

James S. Brooks
Notary Public
My commission expires August 20th, 1921

STATE OF GEORGIA.
COUNTY OF FULTON.

Personally before the undersigned authority now comes
GEORGE W. COLLIER, who upon oath says:
That he has known Mrs. Louise T. Hodges about sixty
years and knew her husband, Benj. F. Hodges; who died in Atlanta,
Ga., in July 1888; that the said Mrs. Louise T. Hodges has not re-
married since the death of her husband and is now his lawful widow.

Sworn to and subscribed before me
this September 11, 1919.

George W. Collier
C. S. Ordinary, Fulton Co., Ga.



Every Licensed Minister of the Gospel in regular communion with the Christian Church or Society of which he is a member, or Judge of the Supreme Court or City Court, or Chancellor within this State or Judge of Probate or Justice of the Peace within this County, or the Pastor of any religious society, according to the rules ordained or custom established by such society,

GREETING:
YOU ARE HEREBY AUTHORIZED TO SOLEMNIZE
MARRIAGE
BETWEEN

Wm. L. F. Hodges AND

Mrs. L. F. Collins

and to join them together in Matrimony, and to certify the same in writing to this office as required by law.

Given under my hand this 12 day of Sept 1919

James M. Wieragale
JUDGE OF PROBATE

This Certifies That I have solemnized Marriage between

Wm. L. F. Hodges and Mrs. L. F. Collins

according to law at the day of Sept 1919

in said County and State on the 12 day of Sept 1919
J. L. Harris
M. L.

This Certificate must be filled out by party who marries this couple and returned to Judge of Probate within thirty days. Fifty Dollars fine for failing to do so.

1. L. F. Hodges Judge of Probate in and for said County, in said

State, do hereby certify that the foregoing is a true and correct copy of

a Marriage License issued by the Judge of Probate of said County

to Wm. L. F. Hodges and

Mrs. L. F. Collins on the

12 day of Sept 1919 with the certificate

who performed the Marriage Ceremony, as same appears in Marriage

Record No. Page 500, in my office Given under

my hand and official seal, this 14 day of Oct 1919

R. C. Mayhew
JUDGE OF PROBATE

The State of Alabama I the undersigned T. J. Walker hereby certify that I
Etowah County was a member of the 10th, Alabama, Volunteer Infantry
Regiment of the Confederate States Army, and further certify that Benj. F.
Hodges was a member of Company "G" of said Regiment. That he was wounded
at the battle of Sharpsburg Md. that he was mustered into service on the
4th day of June, 1861, at Jacksonville Alabama, by General John H. Forney
he was wounded and came home and I do not know the date of his discharge
I know that he never deserted.

J. J. Walker
Lt. Com'd Co. G 10th, Ala Regt

Sworn to and subscribed before me this the 1st day of September 1919

James O. Brooks
Notary Public
My commission expires August 20th, 1921

STATE OF GEORGIA.
COUNTY OF FULTON.

Personally before the undersigned authority now comes
GEORGE W. COLLIER, who upon oath says:

That he has known Mrs. Louise T. Hodges about sixty
years and knew her husband, Benj. F. Hodges; who died in Atlanta,
Ga., in July 1888; that the said Mrs. Louise T. Hodges has not re-
married since the death of her husband and is now his lawful widow.

Sworn to and subscribed before me
this September 11, 1919.

Charles D. Mason
C. S. Ordinary, Fulton Co., Ga.

George W. Collier

Marriage License

The State of Alabama



To any Licensed Minister of the Gospel in regular communion with the Christian Church or Society of which he is a member or Judge of the Supreme Court or City Court or County Court or Justice of the Peace or Justice of the Peace within this County, or the Pastor of any religious society, according to the rules established or custom established by such society

WEAVING:
YOU ARE HEREBY AUTHORIZED TO SOLEMNIZE
MARRIAGE
BETWEEN

Wm. Bay - J. Hodges
AND
Miss L. F. Collins
and to join them together in Matrimony, and to certify the same in writing to this office as required by law.
Given under my hand, this 12 day of Sept 1890

James M. Morgan
JUDGE OF PROBATE

This Certifies That I have solemnized Marriage between
Mr. Bay - J. Hodges and Miss L. F. Collins
according to law at Leedsburg
in said County and State, on the 12 day of Sept 1890
J. L. Hodges
M. G.

This Certificate must be filled out by party who marries this couple and returned to Judge of Probate within thirty days, FIFTY DOLLARS FINE FOR FAILING TO DO SO.

I, L. L. Hodges, Judge of Probate in and for said County, in said State, do hereby certify that the foregoing is a true and correct copy of a Marriage License issued by the Judge of Probate of said County to Wm. Bay - J. Hodges and L. F. Collins on the 12 day of Sept 1890, with the certificate of J. L. Hodges who performed the Marriage Ceremony, as same appears in Marriage Record 2 Page 450 in my office. Given under my hand and official seal, this 4 day of Aug 1917.
L. L. Hodges
JUDGE OF PROBATE

The State of Alabama | I the undersigned T. J. Walker hereby certify that I
Stowah County was a member of the 10th, Alabama, Volunteer Infantry Regiment of the Confederate States Army, and further certify that Benj. F. Hodges was a member of Company "G" of said Regiment. That he was wounded at the battle of Sharpsburg Md. that he was mustered into service on the 4th, day of June, 1861, at Jacksonville Alabama, by General John H. Forney he was wounded and came home and to do not know the date of his discharge I know that he never deserted.

T. J. Walker
Lt. Com'd Co. G 10th, Ala Regt

Sworn to and subscribed before me this the 1st day of September 1919
James S. Brooks
Notary Public
My commission expires August 20th, 1921

STATE OF GEORGIA.
COUNTY OF FULTON.

Personally before the undersigned authority now comes
GEORGE W. COLLIER, who upon oath says:
That he has known Mrs. Louise T. Hodges about sixty years and knew her husband, Benj. F. Hodges; who died in Atlanta, Ga., in July 1888; that the said Mrs. Louise T. Hodges has not re-married since the death of her husband and is now his lawful widow.

Sworn to and subscribed before me
this September 11, 1919.

George W. Collier
C. C. Ordinary, Fulton Co., Ga.

Sole, do hereby certify that the foregoing is a true and correct copy of
a Marriage License issued by the Judge of Probate of said County
to Charles H. Wilson
and L. L. Caffers on the
12 day of Sept 1919, with the certificate
of P. P. Haynes who
performed the Marriage Ceremony, as same appears in Marriage
Record A Page 626, in my office. Given under
my hand and official seal, this 4 day of Aug 1919.

P. P. Haynes

JUDGE OF PROBATE

Sworn to and subscribed before me
this September 11, 1919.

Charles H. Wilson
C. S. Ordinary, Fulton Co., Ga.

George H. Collins

Ordinary's Certificate

STATE OF GEORGIA,

Multon

COUNTY

I, W. H. Haynes, Ordinary of said County, do certify that I know Mrs M. G. Hodges 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 1906, that I also know W. H. Haynes the witness who swears to the service of husband, that both of them are now residents of said County and were duly sworn by W. H. Haynes 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 19 day of Oct, 1914.
(SEAL) W. H. Haynes Ordinary,
County.

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness to the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth, so help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only evidence who married prior to January 1st, 1901, are entitled.
4. All affidavits must be made before the Ordinary of the residence of the person to be sworn and attested 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 1913

County Multon

Name Mrs M. G. Hodges

Widow of M. G. Hodges

Company C

Regiment 1st Va. Reg. Cav.

Approved

J. W. LINDSEY,
Commissioner of Pensions,
Room 1000 Ch. Bldg. Prison, Atlanta.

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

Questions for Applicant

STATE OF GEORGIA,

Multon

COUNTY

Personally before me comes Mrs M. G. Hodges 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 M. G. Hodges, 206 St. Charles Ave, Atlanta
2. How long and since when have you been a continuing resident of the State of Georgia? All of my life
3. When, where and to whom were you married? Sept. 17, 1869, Elmore District of Wilkes County, to Martin Graham Hodges
4. Have you married since the death of first and soldier husband? I have not
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.) In March of 1862, in the 1st Va. Cavalry, Company B, 1st Regiment Va. Cavalry, and near Salisbury, N.C. where he was killed
6. Was your husband personally present at the time of the surrender or discharge of this command? He was present at the surrender
7. If he was not present state clearly where he was? He was left his Command at the surrender
8. Where was his command when he left? He was left his Command at the surrender
- a. For what cause did he leave his command? Good
- b. By whose authority did he leave his command? Good
- c. For how long was he granted leave of absence? Good
- d. What was his physical condition when he left his command? Good
- e. What effort did he make to return to his command? Good
- f. In what way was he prevented from going back to Command? Good
- 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?
- j. When and where did your first husband die? Virginia, Va. 1864
- k. Were you residing together when he died? Yes
- l. If not, how long had you resided apart?
- m. Are you now a widow? Yes
- n. Have you or your husband heretofore been paid a pension by the State? No
- o. If so, when and for what cause were you or your husband placed on the roll?

Sworn to and subscribed before me this

19 day of August, 1914

Charles M. Mason Ordinary

of Multon County.

(SEAL)

Mrs M. G. Hodges
206 St. Charles Ave
Atlanta Ga
Phone Humboldt 1309-10

Questions for Witnesses as to Service of Husband and Marriage

STATE OF GEORGIA,

Auton COUNTY.

Personally before me on this 27th day of Aug, 1917, W. T. Brook 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? W. T. Brook,
75 Highland View, Atlanta, Ga.
2. How long and since when have you known Mr. M. S. Hooper applicant?
all of my life
3. How long and since when has she continuously resided in this State? (Give date.)
Since 1852
4. When and to whom was she married In 1869 to M. S. Hooper How do you know? I intimately
know him both
5. How long and since when did you know M. S. Hooper her husband?
Twenty years
6. When and where did M. S. Hooper the husband of applicant, die? In 1904, Hazardsville, Troun County, Ga.
7. Were the applicant and her husband living together as husband and wife at the date of his death?
Yes
8. If not, how long did they live apart before his death?
No
9. When, where and in what Company and Regiment did M. S. Hooper enlist?
In 1862, Marietta County, in Co. B, 1st Regiment Ga. Cavalry
10. Were you a member of the same Company? No but saw him in said Company
11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? From then until the close of the war
12. When and where did his Command surrender, and was discharged? In 1865, in North Carolina
13. Were you personally present when it was surrendered? No If not, where were you In Virginia and how came you there? with my Command, Co. A, 60th Ga. Regiment, Infantry
14. Was the husband of applicant personally present at surrender? No If not where was he? Never When, where and for what cause did he leave Command? (Give date.) Never By whose authority did he leave his Command? Never And how long was he granted leave? Never How do you know all this?
I saw him and lived in the same community with both of them. I never could hear of him again and I believe he was never again in the community.
15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command?
Never
16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? Of my own knowledge, he never left it.

Sworn to and subscribed before me this the

17 day of Aug, 1917
W. T. Brook Ordinary
of Auton County.

(SEAL)

Questions for Witnesses as to Service of Husband and Marriage

STATE OF GEORGIA,

Meriwether COUNTY,

County,

Personally before me comes Jama F. Taylor 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? Jama F. Taylor, Lathesville, Georgia
Meriwether County.

2. How long and since when have you known M.G. Hodges applicant?
50 years.

3. How long and since when has she continuously resided in this State? (Give date.)
All of her life since I first knew her.

4. When and to whom was she married? 1868, M.G. Hodges. How do you know? I lived with her
5. How long and since when did you know M.G. Hodges her husband?
55 years.

6. When and where did M.G. Hodges the husband of applicant, die?
Hogansville, Georgia.

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 M.G. Hodges enlist?
in 1863 in Meriwether County, Georgia, 1st Cavalry.

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

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

12. When and where did his Command surrender, and was discharged?
Near Kingston, N.C.

13. Were you personally present when it was surrendered?
No. If not, where were you At Falmouth, Va. on detached service how came you there?
On detached service

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

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

16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how?

Sworn to and subscribed before me this the

18th day of August, 1919

J. O. Neal Ordinary
of Meriwether County,

(REAL)

Questions for Witnesses as to Service of Husband and Marriage

STATE OF GEORGIA,

Fulton COUNTY,

County,

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

1. What is your name and where do you reside?
J. S. Jordan St. Atlanta, Ga.

2. How long and since when have you known Do not know her applicant?
Do not know her

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

4. When and to whom was she married? How do you know?
5. How long and since when did you know M. G. Hodges her husband?
Since 1861.

6. When and where did M. G. Hodges the husband of applicant, die?
Do not know

7. Were the applicant and her husband living together as husband and wife at the date of his death?
Do not know

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 M. G. Hodges enlist?
Co. B, 1st Ga. Cavalry in Meriwether Co. 1863.

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

11. How long within your personal knowledge did he perform actual military service with his Company and Regiment?
From surrender to surrender 1865.

12. When and where did his Command surrender, and was discharged?
Return Kingston, N. C. May 1865.

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

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

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

16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how?

Sworn to and subscribed before me this the

18th day of Oct, 1919

James M. Taylor Ordinary
of Fulton County,

(REAL)

I, W. J. Neal Ordinary of said County do hereby certify that I know James Taylor, witness hereto, and that he is truthful and trustworthy, and all his statements are entitled to full faith and credit.
Given under my hand and official seal this 18th day of August, 1919.

Ordinary Meriwether County, Georgia.

No

Widow's Pension

Under Act 1914—as Amended by Act of 1915

Density —

11

и морем

Company

1

1998

J. W. LINDELL

Consolidated & Pacific
Suez Canal & Suez Canal

that I know
is the person who represents herself to be and who is a bona fide nonresident resident alien of said County
and was on the 4th November 1908, that I also know
the witness who swears to the verity 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, true
worthy, and their statements are entitled to full faith and credit.
I do hereby certify that the foregoing affidavits were taken and sworn to by me on the _____ day of _____ 19____
before me under my hand and official seal of office this _____ day of _____ 19____
County, _____

(TVHS)

University

County

STATE OF GEORGIA,

COUNTY

is the person who represents himself to be and she is a bona fide contracting independent citizen of said County
that I know
the applicant for position. She
Ordinary of said County, do hereby
COUNTY
STATE OF GEORGIA

State of Georgia, Meriwether County.

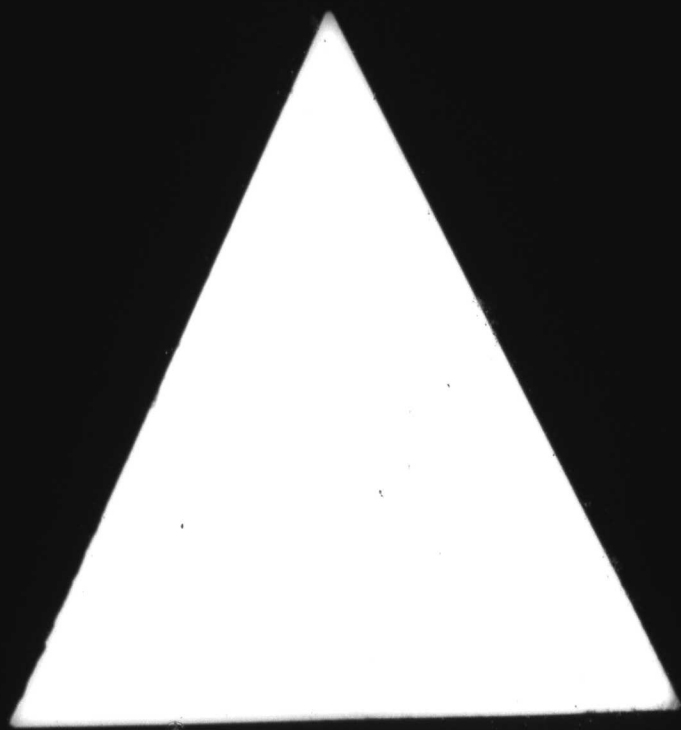
I hereby certify that Martin G. Hodges and Miss Martha V. White were
joined together in the holy bonds of matrimony on the 19th day of Sept. 1899,
by me.

William W. Fambro; M.O.

Georgia, Meriwether County.

I, M. E. O'Neal, Ordinary of said County, do hereby certify that the above
and foregoing is a true and correct copy of the marriage certificate of
Martin G. Hodges and Miss Martha V. White, as found on record in this Office,
and copied from same. Given under my hand and seal this 9th day
of August, 1919.

M. E. O'Neal
Ordinary Meriwether County, Georgia.



W. C. [unclear] [unclear]
11/3 [unclear]
1878

No. 17 Fulton Co

APPLICATION FOR

Leg

FOR CONFEDERATE SOLDIER.

Applicant W. C. [unclear]

County Fulton

Limb Left Arm

Amount 20.00

Date of Warrant 6-1-22-1878

Page

Co. E, 9th Bata
Regt. Artillery

E-1952

STATE OF GEORGIA.

Fulton County.

Personally appeared before me William R. Hodges of the county of Butts State of Georgia, who, being duly sworn, deposes and says that he was on the 30th 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 C 9th Georgia Infantry Volunteers that while engaged in such military service, to-wit: at the battle or engagement of Shannon in the State of Mississippi on the 13th day of June 1862, he was wounded in the left leg and that the same was amputated below the knee that he has not received the payment allowed him for such limb under an Act entitled an Act to carry into effect the last clause of Paragraph 1, Section 1, Article 7 of the Constitution of 1877, approved September 30th, 1879; that he has supplied himself with an artificial leg; or that, not having done so, he prefers to supply himself with an artificial leg.

Sworn to and subscribed before me this

21st day of Oct 1879 at W. R. Hodges

Now, if the above affidavit is 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,

Fulton County.

Personally came before me W. R. Hodges of the county of Butts State of Georgia, who, being duly sworn, deposes and says that he was Captain in Company 9th Georgia Infantry Volunteers and that William R. Hodges the above deponent, was a Private in said Company, and that this deponent knows that said William R. Hodges lost a leg in the military service as said in the above affidavit.

Sworn to and subscribed before me this

21st day of Oct 1879 at W. R. Hodges

Now, if the affidavit of the commissioned officer is not obtainable, the following affidavit of three responsible citizens, must be furnished.

APPLICATION FOR

leg

For Commissioned Officer.

Applicant W. R. Hodges

County Butts

Rank Captain

Amount 400.00

Date of Warrant Oct 22 1879

Co E 90th Regt
Inf
Butts

1879

AN ACT

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

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

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

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

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

HENRY R. GOSWORTHY,
Secretary House Representatives.
W. A. HARRIS,
Secretary Senate.
Approved September 10th, 1879

A. O. BACON,
Speaker House Representatives.
ROBERT C. LAYTON,
President Senate.
ALFRED H. CHAPMAN, Governor

STATE OF GEORGIA,

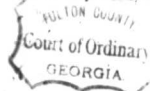
Hulton County,

Personally came L. N. Claiborne J. P. Talley +
John H. Cooper
who, being duly sworn, depose and say they are acquainted with William R. Hodgson
and know that he lost a leg in the military service during the late war; that said leg was amputated below 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 22 day of October 1879. L. N. Claiborne
Daniel Pittman J. P. Talley
"Ordinary" W. A. Harris

STATE OF GEORGIA,

Hulton County,

I, Daniel Pittman Ordinary of Hulton county, do certify that I am well acquainted with William R. Hodgson 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 L. N. Claiborne J. P. Talley and John H. Cooper 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 22 day of October 1879.
Daniel Pittman
Ordinary, H. C.

STATE OF GEORGIA,

Harrison County.

PERSONALLY appears *William R. Henson* of *Princeton* 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 *20th* day of *March* *1867*; that he enlisted in the military service of the Confederate States (as of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *E*, of *9th Georgia* Regiment of *Georgia* Volunteers *Bushnell's* Brigade; that whilst engaged in such military service, at the battle of *Chancellorsville* in the State of *Texas* on the *20* day of *June* *1863*, he was wounded as follows: *gun shot wound left leg causing amputation of the same below the knee*

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

Sworn to and subscribed before me, this the

29th day of *March* *1889*

W. B. Leachman

W. R. Henson

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

STATE OF GEORGIA,

County.

PERSONALLY comes before me

Ordinary of said county,

and

both known to

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

and after such

examination say that the applicant has been injured as follows:

Sworn to and subscribed before me, this

day of *March* *1889*

ORDINARY.

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

No 1708

APPLICATION FOR ALLOWANCE

FOR THE YEAR ENDING OCTOBER 26, 1889

W. R. Henson

Princeton

Georgia

March 29

1889

W. B. Leachman

Princeton

Georgia

March 29

1889

W. R. Henson

Princeton

Georgia

March 29

1889

W. B. Leachman

Princeton

Georgia

March 29

1889

W. R. Henson

Princeton

Georgia

March 29

1889

W. B. Leachman

Princeton

Georgia

March 29

1889

W. R. Henson

Princeton

Georgia

March 29

1889

STATE OF GEORGIA,

Fuller County.

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

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

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

Given under my official signature and seal, this *29th* day of *March* 188*9*

M. L. Leachman
Ordinary *Fuller* 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 _____ 188____ (L. S.)

Executed in the presence of us:

DIRECTION:

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

NOTES.

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

STATE OF GEORGIA,

Fulton County.

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

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

Given under my official signature and seal, this *8th* day of *February* 189*2*.

W. L. Leatham
Ordinary *Fulton* County.

STATE OF GEORGIA,

Fulton County.

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

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

Given under my official signature and seal, this *12th* day of *Feb* 189*1*.

W. L. Leatham
Ordinary *Fulton* County.

Hodgson, W. R.
Fulton Co.

1890.

Hodgson, W. R.

238

APPLICATION FOR ALLOWANCE.

SEE THIS NUMBER ENTERED IN THE

Left day below Am

Applicant, W. R. Hodgson

County, Fulton

Amount, one hundred

Date of warrant,

Entered on record

Feb 5th 1890

W. R. Hodgson

Applicant

SEE THIS NUMBER ENTERED IN THE

Applicant

Hodgson, W. R.
Fulton Co.

1891.

Hodgson, W. R.

737

APPLICATION FOR ALLOWANCE.

SEE THIS NUMBER ENTERED IN THE

Left day below Am

Applicant, W. R. Hodgson

County, Fulton

Amount, 100.00

Date of Warrant, July 12

Entered on record

July 12 1891

W. R. Hodgson

Applicant

SEE THIS NUMBER ENTERED IN THE

Applicant

SEE THIS NUMBER ENTERED IN THE

STATE OF GEORGIA.
FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

STATE OF GEORGIA.
FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

PERSONALLY appears *W. H. Hodge* of *Fulton* county, State of Georgia, who, being duly sworn, says on oath that he is a *home file* citizen and resident of said State, and has been such continually since the *Twentieth* day of *March* 1877; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *E*, of *9th* *Regiment* of *Georgia* *Volunteers*'s Brigade; that whilst engaged in such military service, at the battle of *Dexter* in the State of *Georgia*, on the *20th* day of *June* 1867, he was wounded as follows: *in the left leg which was in consequence amputated below the knee*

Deponent desires to participate in the benefits of the Act, approved October 23, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1890. I have heretofore been allowed a pension of *One Dollar* per month.

Sworn to and subscribed before me, this the

25th day of *February* 1890.

W. H. Hodge
W. H. Hodge
Notary Public for the State of Georgia.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Fulton County.

KNOW ALL MEN BY THESE PRESENTS, That I,

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *25th* day of *February* 1890.

Executed in the presence of us:

W. H. Hodge
(L. S.)

Send money to me as follows, by

to

Fulton County, Georgia.

P. O.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

PERSONALLY appears *William D. Hodge* of *Fulton* County, State of Georgia, who, being duly sworn, says on oath that he is a *home file* citizen and resident of said State, and has resided therein continuously ever since the *Twentieth* day of *March* 1877; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *E*, of *9th* *Regiment* of *Georgia* *Volunteers*'s Brigade; that whilst engaged in such military service at the battle of *Dexter* in the State of *Georgia*, on the *20th* day of *June* 1867, he was wounded as follows: *in the left leg which was in consequence amputated below the knee*

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

Sworn to and subscribed before me, this the

15th day of *Feb* 1891.

W. H. Hodge
W. H. Hodge
Notary Public for the State of Georgia.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Fulton County.

Know all Men by these Presents, That I,

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

my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of 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 *15th* day of *Feb* 1891.

Executed in the presence of us:

W. H. Hodge
(L. S.)

Send money to me as follows, by

to

Fulton County, Georgia.

P. O.

STATE OF GEORGIA.

Fulton County.

I, *M. R. Hodgson* Ordinary of said county,

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

Given under my official signature and seal, this *14* day of *March* 1892.

M. R. Hodgson
Ordinary. *Fulton* County.

POWER OF ATTORNEY.
STATE OF GEORGIA.

Know all Men by these Presents, That I, *William W. R. Hodgson* of *Fulton* County, State of Georgia, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *14* day of *March* 1892.

Executed in the presence of us:

William W. R. Hodgson
Signature of said County.

Send money to me as follows: by *State of Georgia* to *Fulton* County, Georgia.

Witness my hand and seal, this *14* day of *March* 1892.

Notary Public for the State of Georgia.

Notary Public for the State of Georgia.

Notary Public for the State of Georgia.

Notary Public for the State of Georgia.

Notary Public for the State of Georgia.

Notary Public for the State of Georgia.

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Notary Public for the State of Georgia.

Notary Public for the State of Georgia.

Notary Public for the State of Georgia.

Notary Public for the State of Georgia.

Fulton Co
Hodgson W. R.
31st Jn

SOLDIER'S PENSION.
1892.

FOR THE YEAR ENDING OCTOBER 31, 1891.

Name *W. R. Hodgson*

County *Fulton*

Disability *loss of left leg below knee*

Amount *\$ 100*

Entered on record *3/1*

W. H. HARRISON.

W. H. Harrison

AGENT.

W. H. Harrison

1893

Fulton Co

W. R. Hodgson

W. R. Hodgson

W. R. Hodgson

W. R. Hodgson

W. R. Hodgson

W. R. Hodgson

W. R. Hodgson

W. R. Hodgson

W. R. Hodgson

W. R. Hodgson

W. R. Hodgson

W. R. Hodgson

STATE OF GEORGIA.
For Applicants Herebefore Allowed Pensions.

STATE OF GEORGIA.
For Applicants Herebefore Allowed Pensions.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fullton County

PERSONALLY appears *William R. Hodgson* of *Fullton* County, State of Georgia, who, being duly sworn, says on oath that he is a *home* *free* citizen and resident of Georgia, and has been such continuously since the *25th* day of *March* 1872; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a *Private* in Company *E* of *9th* *th* *Regiment of Georgia Cavalry* Volunteers; that whilst engaged in such military service at the battle of *Applingville* in the State of *Tennessee* on the *fourteenth* day of *June* 1863, he was wounded as follows: *by a cannon shot in the left leg below the knee, and in consequence of said wound his left leg was amputated below the knee*

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 25, 1892. I have heretofore been allowed a pension of

One Hundred Dollars for *loss of left leg below knee*

Sworn to and subscribed before me this the *10th* day of *March* 1892

M. L. Calhoun Ordinary

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Fullton County

Know all Men by these Presents, That I,

County, in said State, do hereby appoint

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

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

Executed in the presence of us:

[L. S.]

DIRECTION.

Send money to me as follows, by _____

to _____

P. O.

County, Georgia.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fullton County

PERSONALLY appears *William R. Hodgson* of *Fullton* County, State of Georgia, who, being duly sworn, says on oath that he is a *home* *free* citizen and resident of said State, and has resided therein continuously ever since the *25th* day of *March* 1872; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a *Private* in Company *E* of *9th* *th* *Regiment of Georgia Cavalry* Volunteers; that whilst engaged in such military service at the battle of *Applingville* in the State of *Tennessee* on the *20th* day of *June* 1863, he was wounded as follows: *by a cannon shot in the left leg below the knee, and in consequence of said wound his left leg was amputated below the knee*

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 25, 1892. I have heretofore been allowed a pension of

One Hundred dollars, for 1892

Sworn to and subscribed before me, this the *10th* day of *March* 1892

M. L. Calhoun Ordinary

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

STATE OF GEORGIA,

Fullton County

I, *M. L. Calhoun* Ordinary of said County, do certify that I am well acquainted with *William R. Hodgson* 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 *WILLIAM R. HODGSON* is a *home* *free* citizen and resident of said County, and the said affidavit and signature thereon are genuine.

Given under my official signature and seal, this *10th* day of *March* 1892.

M. L. Calhoun Ordinary *Fullton* County.

STATE OF GEORGIA

BOMBS OF VICTORIES

POWER OF ATTORNEY.

STATE OF GEORGIA.

County.

Know all Men by these Presents. That I,

County, State of Georgia, do hereby appoint

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

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

day of

1894

[L. S.]

Executed in the presence of us

DIRECTIONS

Send money to me as follows, by

to

P. O.

County, Georgia.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

KNOW ALL MEN BY THESE PRESENTS, That I, _____ of _____

County, State of Georgia, do hereby appoint

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

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

day of _____ 1895.

[L. S.]

Executed in presence of us

DIRECTIONS.

Send money to me as follows, by

to

P. O.

County, Georgia.

Soldier's Pension.

1894.

Name William R. Hodgson

County Fulton

Disability Loss of leg

Amount, \$ 100

3/4

1894.

W. H. HARRISON,

Secretary Executive Department

WARRANT HANDLED TO

applicant

W. H. HARRISON, State Printer, Atlanta.

SOLDIER'S PENSION.

1895.

Name William R. Hodgson

County Fulton

Disability Loss of leg

Amount, \$ 100

3/4

1895.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

app

W. H. HARRISON, State Printer, Atlanta.

W. H. HARRISON

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.

Fulton County.

PERSONALLY appears William R. Hodgson 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 25th day of March 1877; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company E, of 9th Battalion of 300 Artillery Volunteers, Brigade; that whilst engaged in such military service at the battle of Knoxville in the State of Tennessee on the 20th day of June 1863, he was wounded as follows: by a cannon shot in the left leg below the knee and in consequence of said wound his left leg was amputated below the knee

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1894. I have heretofore been allowed a pension of one hundred dollars, for the year 1893

Sworn to and subscribed before me, this, the 12th day of March 1894. W. R. Hodgson
W. L. Calhoun Ordinary
Bore-State fully the nature of wound or character of disease which caused the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA.

Fulton County.

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

Given under my official signature and seal, this 12th day of March 1894.



W. L. Calhoun
Ordinary Fulton County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.

Fulton County.

PERSONALLY appears William R. Hodgson 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 25th day of March 1877; 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 G, of 9th Battalion of 300 Artillery Volunteers, Brigade; that whilst engaged in such military service at the battle of Knoxville in the State of Tenn. on the 20th day of June 1863, he was wounded as follows: by a cannon shot in the left leg below the knee and in consequence of said wound his left leg was amputated below the knee

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

Sworn to and subscribed before me, this, the 12th day of March 1895. W. R. Hodgson
W. L. Calhoun Ordinary
Bore-State fully the nature of wound or character of disease which caused the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA.

Fulton County.

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

Given under my official signature and seal, this 12th day of March 1895.



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 _____ 1890.

[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 _____ 1897.

[L. S.]

Executed in presence of _____

Hodgson W. B.
Fullerton Co.
(For Those Already Enrolled.)

No. 167

SOLDIER'S PENSION.
1896.

Name William C. Hodgson
County Fulton
Disability Loss of leg
Amount \$100

1896

RICHARD JOHNSON,

Secretary Executive Department

WARRANT HANDED TO

Fullerton Co.

No date

Hodgson W. B.
Fullerton Co.
(For Those Already Enrolled.)

No. 632

INVALID
SOLDIER'S PENSION.
1897.

Name *Wm B Hodgson*
County *Fulton*
Disability *Loss of leg*
Amount, \$ *100-*

1897.

RICHARD JOHNSON,

Commissioner of Pensions

WARRANT HANDED TO

Fullerton Co.

No date

STATE OF GEORGIA

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton

County.

Personally appears William F. Hodgson 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 25th day of March 1877; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a private in Company C., of 9th Regiment of Artillery Volunteers, _____'s Brigade; that whilst engaged in such military service in the State of Tennessee, on the 20th day of June 1862, he was wounded, injured or diseased as follows: by a cannon shot in the left leg below the knee and in consequence of said wound his left leg was amputated below the knee.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1890. I have heretofore as a resident of Fulton county been allowed a pension of One hundred dollars, for the year 1889.

Sworn to and subscribed before me, this, 26th day of July 1890.
W. L. Ballou
Notary Public for Georgia.
Here—State fully the nature of wound or character of disease which caused the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA,

Fulton

County.

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

Given under my official signature and seal, this 26th day of July 1890.



W. L. Ballou
Notary Public for Georgia.

1890

Ordinary

Fulton

County.

LOMBARD VILLORENA

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton

County.

Personally appears W. F. Hodgson 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 25th day of March 1877; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a private in Company C., of 9th Regiment of Artillery Volunteers, _____'s Brigade; that whilst engaged in such military service in the State of Tennessee, on the 20th day of June 1862, he was wounded, injured or diseased as follows:

By a cannon shot in the left leg below the knee and in consequence of said wound his left leg was amputated below the knee

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1890. I have heretofore under said law as a resident of Fulton county been allowed an invalid pension of One hundred Dollars, for the year 1889.

Sworn to and subscribed before me, this, 26th day of July 1890.
W. L. Ballou
Notary Public for Georgia.
Here—State fully the nature of wound or character of disease which caused the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA,

Fulton

County.

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

Given under my official signature and seal, this 26th day of July 1890.



Ordinary

Fulton

County.

Given under my official signature and seal, this _____ day of _____ 1886.



Comptroller General
Ordinary W. L. Ballou Fulton County.
LOMBARD VILLORESA

Given under my official signature and seal, this _____ day of _____ 1887.



Comptroller General
Ordinary W. L. Ballou Fulton County.

Audited

1889.

COMPTROLLER GENERAL

Fulton
Maimed Soldiers.
Voucher No. 1708
Amount \$ 100
Paid to Wm R Hodgson
For Loss of
Left leg
March 29 1889

Included in Warrant No.
Issued to Treasurer

1889

WARRANT CLERK

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

Wm R

Audited

18

COMPTROLLER GENERAL

Maimed Soldiers.
Voucher No. 238

Amount \$ 100

Paid to W R Hodgson
For Loss of left
leg
July 5 1890

Included in warrant No.
Issued to Treasurer

18

WARRANT CLERK

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

Applicant

No. 1708

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga. March 29 1889

Mr. William R. Hodgson 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, 1888, and the same having been allowed for

Loss of left leg
He is entitled to receive the sum of One Hundred & 00/100 Dollars
for such disability, the same being the allowance due up to the year ending October 24, 1889

The Treasurer will pay the same and hold it in this voucher, and return same to
Executive Department for warrant



By the Governor

W. H. Harrison

CLERK EXECUTIVE DEPARTMENT

100.00

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

One Hundred & 00/100 Dollars.

per above voucher, this 29 of March 1889.

W. R. Hodgson

No. 238

STATE OF GEORGIA.

EXECUTIVE DEPARTMENT.

Atlanta, Ga. Feb. 5 1890

Mr. W. R. Hodgson 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,
approved, Dec. 24, 1888, and the same having been examined and allowed for

Loss of left leg
He is entitled to receive the sum of One Hundred Dollars
for such disability, the same being the allowance due up to the year ending October 24, 1889

The Treasurer will pay the same and hold it in this voucher, and return same
to Executive Department for warrant.

By the Governor,

W. H. Harrison

CLERK EXECUTIVE DEPARTMENT.

100

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

One Hundred & 00/100 Dollars,
per above voucher, this 5 of Feb. 1890

W. R. Hodgson

Audited _____ 1891.

CHIEF TOLLER-GENERAL.

is
A
no

Hodgson, W. P.
J. L. Lutton

1891.

Maimed Soldiers.

Voucher No. 131

Amount \$ 100.

Paid to W. N. Horgsen

For Loss of

Ac 4 July 12 1891.

Included in warrant No.

issued to Treasurer.

1891.

WARRANT CLERK

Gen. W. Harrison, State Prisoner, A. G. S. S.

Applicant.

1891.

No. 737

STATE OF GEORGIA.

EXECUTIVE DEPARTMENT.

Atlanta, Ga. July 12 1891.

Mr. M. R. Hosgren of the County
of Dublin having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Acts
approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for
Loss of leg Dollars
He is entitled to receive the sum of.

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

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

H. J. Wadsworth
GOVERNOR

By the Governor.

W. H. Harrison
SECY. EXECUTIVE DEPARTMENT

100

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

One Hundred and 00/100 Dollars.
per above voucher, this 12 of July 1891.

W. H. Harrison

A large, solid white equilateral triangle is centered on a solid black background. The triangle's base is at the bottom, and its apex points towards the top of the frame. The edges of the triangle are sharp and well-defined against the black background.

POWER OF ATTORNEY.

STATE OF GEORGIA.

County }
}

Notary Public

I hereby certify that the within and foregoing is a true and correct copy of the original as the same appears to me.

Witness my hand and seal this _____ day of _____ 1908.

[L. S.]

Witnessed by presence of _____

Handwritten: H. S. Jones Jr. / J. S. Jones Jr.

Handwritten: O. H. Jones 1908.

INDIGENT PENSION.

1908

Name *John W. Lindsey*

County *Fulton*

On to *3rd Cr.* 200

Approved _____ 1908

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO

Handwritten: E. W.

Handwritten: 12/2/08

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 _____ 1908.

[L. S.]

Executed in presence of _____

INDIGENT PENSION.

1908

JOHN W. LINDSEY

WARRANT SIGNED BY

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA.

COUNTY.

I, John W. Haddo of said State and County, desiring to avail myself of the Pension Act (Section 1254, Code), hereby submit the proof, and after being duly sworn true answers to make to the following questions, I depose and swear as follows:

1. What is your name and where do you reside? (City, State, County and Postoffice)
John W. Haddo - Atlanta Fulton Co Ga
2. How long and since when have you been a resident of this State? 68 years
3. When and where were you born? March 14th 1840 - Harris County Tex
4. When and where and in what company and regiment did you enter service? April 1862 - Harris Guards - Co. A 10 D - 6th Regt. Texas Cavalry
5. How long did you remain in such company and regiment? until April 26th 1865
6. When and where was your company and regiment surrendered and discharged? April 26th 1865 - Sherman's Ark.
7. Were you present with your company and regiment when it was surrendered? I was there
8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whom authority to be discharged - surrendered - dis - charged and Paroled.
9. How much can you earn (gross) per annum by your own exertions or labor? Nothing
10. What has been your occupation since 1865? Nothing - up to 2 years old, nothing
11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmary and poverty," or third, "blindness and poverty"? 1st 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. about 6 years since left to earn & support - all eye - hardly - from broken vision - cannot see
13. What property, real and personal, or income, do you possess, and its gross value? Nothing
14. What property, real or personal, did you possess in 1901, 1902, 1903, 1904, 1905, 1906 and 1907, and what disposition, if any, by sale or gift, have you made of same? Have had nothing
15. In what County did you reside during those years, and what property did you then return for taxation? Atlanta - No Tax
16. How were you supported during the years 1901, 1902, 1903, 1904, 1905, 1906 and 1907? By my own children
17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? about \$100 - contributed nothing
18. What was your employment during 1901, 1902, 1903, 1904, 1905, 1906 and 1907? What pay did you receive in each year? Not employed for last 6 years - nothing
19. Have you a family? If so, who sustains such family? Give their names of support. Have they a home - what or other property? Their age and how employed? Self and wife - 4 children - 3 sons - 1 daughter - all unable to do anything
20. Are you receiving any pension? If so, what amount and for what disability? None
21. Have you ever made an application for pension before? None
22. How many applications have you ever made and under what class? None

Every Question MUST Be Answered.

Sworn to and subscribed before me this _____ day of _____ 1908.
John W. Haddo
Ordinary, _____ County.

When he turns some one in on the radio? *William Sullivan County Ga*

2. Are you acquainted with *James M. Hinkle* the applicant? If so, how long have you known him? *Since 1963 - Hinkle was in Sullivan County Ga - all during 68 and April 1969 - Hinkle taught at school - 68*

3. Where does he reside, and how long and since when has he been a resident of this State? *He lives in Sullivan County Ga - all during 68 and April 1969 - Hinkle taught at school - 68*

4. When, where and in what company and regiment did he enlist, and how do you know? *He enlisted in the 1st Cavalry Division in April 1968 - Hinkle taught at school - 68*

5. Were you a member of the same company and regiment? *Yes, I was in the 1st Cavalry Division in April 1968 - Hinkle taught at school - 68*

6. How long did he perform regular military duty? *He was in the 1st Cavalry Division in April 1968 - Hinkle taught at school - 68*

7. When and where was he captured or surrendered? *He was captured in Vietnam - 68*

8. Were you present when it surrendered? *No*

9. Was applicant present? *Yes, I was in the 1st Cavalry Division in April 1968 - Hinkle taught at school - 68*

10. If he was not present, where was he at a capture or surrender? *He was in the 1st Cavalry Division in April 1968 - Hinkle taught at school - 68*

When did he learn he captured? *At the time of the capture - 68*

By what authority he led? *He was in the 1st Cavalry Division in April 1968 - Hinkle taught at school - 68*

11. What property, effects or income has the applicant? (Give an estimate of the value) *He has a car and some furniture - 68*

12. What property, effects or income did the applicant possess in 1961, 1962, 1963, 1964, 1965, 1966 and 1967, and what disposition, if any, did he make of same? *He has a car and some furniture - 68*

13. Has he conveyed away any of his property in the last five years, if so, what was it, and to whom? *He has a car and some furniture - 68*

14. What is the applicant's occupation and physical condition? *He is a teacher - 68*

15. Is the applicant capable to support himself by labor of any sort, if so, why? *Yes, because of old age and disability - 68*

16. How was he employed during the years 1961, 1962, 1963, 1964, 1965, 1966 and 1967? *He was a teacher - 68*

17. What portion of his report for same five years was derived from his own labor or income? *He was a teacher - 68*

18. Give a full and complete statement of the applicant's physical condition that section how in a positive order Section 1804, Code *He is a teacher - 68*

19. Who occupies his home? What property have they? Children's ages and their attending expenses? *He has a wife and two children - 68*

20. What business have you in the territory of a parent by this applicant? *He is a teacher - 68*

21. Name an individual, Indian, non-Indian, who did the *He is a teacher - 68*

22. *He is a teacher - 68*

I, J. H. Kennedy, Physician,
 well known to me as a reputable physician
 do hereby certify that John M. Burke, my ex-cousin, that they have examined carefully him
John M. Burke applicant for pension under Section 1284, Civil, and after
 and personal examination say that his present physical condition is as follows:
Letter from agent
with a general description of
the disease and a general description of the
various symptoms and the results of the same and
a summary of the history of the disease.
 and that we have no interest in said pension being allowed.
 Witness my hand and signature before me, this 2nd
 day of April, 1904.
J. H. Kennedy Physician
 Official

I, Philip W. Harrison, Ordinary, in and for said County, hereby certify
 that the within and foregoing is a true and correct copy of the original
 as the same appears from the records of said County, and has
 been a true and correct copy of the same as the same appears from the
 and that the witness is Wm. H. Hall, a Deputee W. H. Harrison
 one of the undersigned, and that their signatures are entitled to full faith and credit.

I further certify that before answering the foregoing questions the applicant and each witness took the oath before mentioned 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 figure of _____ County shows that applicant returned for taxation in his name in 1905 _____ Dollars of _____ Dollars of property in 1906 _____ Dollars of property in 1904 _____ Dollars of property in 1905 _____ Dollars of property in 1906 _____ Dollars of property in 1907 _____ Dollars of property.

In my opinion the foregoing claim is _____ and _____

Witness my hand and seal of office _____ 1905

John W. Breckinridge _____
County Clerk

NOTE

1. Before any questions are answered, the Officiary shall advise witnesses that the witnesses in the following words:

"You shall first answer made to each of the questions asked of you, and the answers you shall give shall be the whole truth as they are."

2. The answers shall not be admitted if they appear to be false.

3. If they ask the Officiary what duty is the obligation of the witness, and so to the satisfaction of the grand jury where the case is tried.

2. Are you acquainted with James M. Hall the applicant, if so, how long have you known him? Since 1863 - have known him since
 3. Where does he reside, and how long and from what time has he been a resident of this State? Fullon County, Ga. - all his life
 4. When, where and in what company and regiment did he enlist, and how long? April 1862 - Harris's Georgia - 1 year 8 mos
 5. Were you a member of the same company and regiment? Yes - 10 months
 6. How long did he perform regular military duty? 2 years 10 months
 7. When and where was he wounded? South Carolina

8. When you present when it occurred? No
 9. Was applicant present? Don't know - he was with the band to King
 10. If he was not present, where was he at the time? Suppose he was there
 When did he leave his regiment? At Anderson for what reason? Discharged

- By what authority he left? Discharged How do you know all of this? He was there in company of his Co. - he left in 1864 - he was 1st Lieut - I was there at the time
 11. What property, where or to whom has the applicant? (Give your names of knowledge)

12. What property, where or to whom did the applicant possess in 1861, 1862, 1863, 1864, 1865, 1866 and 1867? None
 and what disposition, if any, did he make of same? None

13. Has he recovered any part of his property in the last five years, if so, what was it, and in what? None

14. What is the applicant's occupation and physical condition? By occupation - Old Merchant and repairs

15. Is the applicant unable to support himself by labor of any sort, if so, why? No - because of old age and disability - infirmity

16. How was he occupied during the years 1861, 1862, 1863, 1864, 1865, 1866, 1867 and 1868? As his private business

17. What action or actions against him these four years was derived from any law or laws? Perhaps he was a candidate for members
 18. Give a full and complete statement of the applicant's physical condition that certifies him to be a pauper under Georgia 1864, Code. Old infirmity

19. Who occupies land? What property have they? Children's ages and their parents' property? No family - no children - no property
11 years old - no land anywhere

20. What interest have you in the recovery of a pauper by this applicant? None
 Name of and residence of the person who has the right to recover? Wm. M. Hall - Fullon County, Ga.
James M. Hall Fullon County, Ga.

Fullon County, Ga. Fullon County. James M. Hall the applicant, if so, how long have you known him? Since 1863 - have known him since
 3. Where does he reside, and how long and from what time has he been a resident of this State? Fullon County, Ga. - all his life
 4. When, where and in what company and regiment did he enlist, and how long? April 1862 - Harris's Georgia - 1 year 8 mos
 5. Were you a member of the same company and regiment? Yes - 10 months
 6. How long did he perform regular military duty? 2 years 10 months
 7. When and where was he wounded? South Carolina

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA, Fullon County.

James M. Hall Ordinary, in and for said County, hereby certify that James M. Hall is a pauper in said County, and has been a pauper since the 1st day of January 1868, and that the witnesses, Wm. M. Hall and James M. Hall

are of trustworthy character, and that their statements are material in full faith and credit.

I further certify that before swearing the foregoing statement the applicant and each witness took the oath before provided, 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 of said County shows that applicant received no taxation in his name in 1865, 1866, 1867, 1868, 1869, 1870, 1871, 1872, 1873, 1874, 1875, 1876, 1877, 1878, 1879, 1880, 1881, 1882, 1883, 1884, 1885, 1886, 1887, 1888, 1889, 1890, 1891, 1892, 1893, 1894, 1895, 1896, 1897, 1898, 1899, 1900, 1901, 1902, 1903, 1904, 1905, 1906, 1907, 1908, 1909, 1910, 1911, 1912, 1913, 1914, 1915, 1916, 1917, 1918, 1919, 1920, 1921, 1922, 1923, 1924, 1925, 1926, 1927, 1928, 1929, 1930, 1931, 1932, 1933, 1934, 1935, 1936, 1937, 1938, 1939, 1940, 1941, 1942, 1943, 1944, 1945, 1946, 1947, 1948, 1949, 1950, 1951, 1952, 1953, 1954, 1955, 1956, 1957, 1958, 1959, 1960, 1961, 1962, 1963, 1964, 1965, 1966, 1967, 1968, 1969, 1970, 1971, 1972, 1973, 1974, 1975, 1976, 1977, 1978, 1979, 1980, 1981, 1982, 1983, 1984, 1985, 1986, 1987, 1988, 1989, 1990, 1991, 1992, 1993, 1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 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2678, 2679, 2680, 2681, 2682, 2683, 2684, 2685, 2686, 2687, 2688, 2689, 2690, 2691, 2692, 2693, 2694, 2695, 2696, 2697, 2698, 2699, 2700, 2701, 2702, 2703, 2704, 2705, 2706, 2707, 2708, 2709, 2710, 2711, 2712, 2713, 2714, 2715, 2716, 2717, 2718, 2719, 2720, 2721, 2722, 2723, 2724, 2725, 2726, 2727, 2728, 2729, 2730, 2731, 2732, 2733, 2734, 2735, 2736, 2737, 2738, 2739, 2740, 2741, 2742, 2743, 2744, 2745, 2746, 2747, 2748, 2749, 2750, 2751, 2752, 2753, 2754, 2755, 2756, 2757, 2758, 2759, 2760, 2761, 2762, 2763, 2764, 2765, 2766, 2767, 2768, 2769, 2770, 2771, 2772, 2773, 2774, 2775, 2776, 2777, 2778, 2779, 2780, 2781, 2782, 2783, 2784, 2785, 2786, 2787, 2788, 2789, 2790, 2791, 2792, 2793, 2794, 2795, 2796, 2797, 2798, 2799, 2800, 2801, 2802, 2803, 2804, 2805, 2806, 2807, 2808, 2809, 2810, 2811, 2812, 2813, 2814, 2815, 2816, 2817, 2818, 2819, 2820, 2821, 2822, 2823, 2824, 2825, 2826, 2827, 2828, 2829, 2830, 2831, 2832, 2833, 2834, 2835, 2836, 2837, 2838, 2839, 2840, 2841, 2842, 2843, 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3508, 3509, 3510, 3511, 3512, 3513, 3514, 3515, 3516, 3517, 3518, 3519, 3520, 3521, 3522, 3523, 3524, 3525, 3526, 3527, 3528, 3529, 3530, 3531, 3532, 3533, 3534, 3535, 3536, 3537, 3538, 3539, 3540, 3541, 3542, 3543, 3544, 3545, 3546, 3547, 3548, 3549, 3550, 3551, 3552, 3553, 3554, 3555, 3556, 3557, 3558, 3559, 3560, 3561, 3562, 3563, 3564, 3565, 3566, 3567, 3568, 3569, 3570, 3571, 3572, 3573, 3574, 3575, 3576, 3577, 3578, 3579, 3580, 3581, 3582, 3583, 3584, 3585, 3586, 3587, 3588, 3589, 3590, 3591, 3592, 3593, 3594, 3595, 3596, 3597, 3598, 3599, 3600, 3601,

13. Who occupies home? What property have they? Children's ages and their schooling attending?
My family, wife, two children, ages 11 and 10. - Can't read anything.

14. What interest, service in the military of a position by the applicant?
None.

15. Name, as all indicated before and after the
John H. Anderson Hall County, Georgia

In my opinion the foregoing claim is valid and legal.
 Witness my hand and seal of office this 10th day of February, 1907.
John H. Anderson
 Ordinary.
John H. Anderson
 County.
 Before my commission and signature, my Ordinary shall examine applicant, and the witnesses to the following
 facts: That the facts herein stated in each of the foregoing claims of fact, and the evidence presented, shall be
 as indicated otherwise may be obtained if these claims are fraudulent.
 To enter and the Ordinary must comply to the signature of the witness, and so as the witnesses of the grant
 or otherwise.

QUESTIONS FOR WITNESS

STATE OF GEORGIA.

John H. Anderson County Hall
J. L. Davidson of Hall County and County, having been presented
 as a witness in support of the application of John H. Anderson for pension
 under section 1304, Code, and other being duly sworn, they answer to make in the following questions, Deposed and
 answers to follow:

1. Do you know the person named above?
Yes, I know him.

2. Are you acquainted with John H. Anderson the applicant; if so, how
 long have you known him?
About 45 years.

3. Where does he reside, and how long and since when has he been a resident of this State?
Atlanta, Ga. Over 20 years.

4. What service and in what company and regiment did he make, and for how long?
Confederate Army, 1st Georgia Infantry, 1st Regt. Co. A. He was with me from the start.

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

6. How long did he perform regular military duty?
Over 20 years.

7. When and where was he discharged or released?
1865 - April 16 - Emancipation.

8. Where you present when it surrendered?
Yes.

9. Was applicant present?
Yes.

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

11. How did he serve his country?
For what cause?

By what authority he left?
How do you know all of this?

11. What property, estate or income has the applicant? (Give your means of knowledge.)
12. What property, estate or income did the applicant possess in 1901, 1902, 1903, 1904, 1905, 1906 and 1907,
 and what disposition, if any, did he make of same?
13. Has he conveyed away any of his property in the last four years; if so, what worth, and to whom?
14. What is the applicant's occupation and physical condition?
15. Is the applicant capable to support himself by labor of any sort; if so, why?
16. How was he supported during the years 1901, 1902, 1903, 1904, 1905, 1906 and 1907?
17. What portion of the property for these four years was derived from the sale of his property?



Ticket & Box.	\$ 40.00
Decorating & Services.	10.00
Funeral Expenses.	1.50
Use of 4 caskets.	20.00
Reburial.	10.00

Georgia
Fulton Co.
Personally appeared \$ 51.00
before me Harry G. Poole who after being
sworn says that the above is a
correct statement of the funeral expenses
of John W. Hoods and that he died on
Jan 26th 1910. Harry G. Poole
Sworn to and subscribed before me
this 7 day of May 1910
Harry G. Poole
Ordinary of County

Application for Pension Due to a Deceased Pensioner

UNDER THE ACT OF AUG. 15, 1904, TO BE PAID TO THE ORDINARY FOR
FUNERAL EXPENSES AND EXPENSES OF LAST ILLNESS.

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 John W. Hoods of said County, and that he was on
the Indigent Pension Roll of Fulton County at the
time of his death, which occurred in Fulton County, in this
State, on the 26 day of January 1910 and that
a Pension of Eighty Dollars was due him and
unpaid at the time of his death. That he left no widow or dependent children surviving him, and no estate
of any value sufficient to pay his funeral expenses, which amounted to the sum of \$ 51.00 Dollars.
as per sworn statement, itemised, hereto attached.

Sworn to and subscribed before me
this 7 day of May 1910
Wm. Robinson Clark Ordinary
Fulton County

Georgia, Fulton County.
Wm. Robinson Clark Ordinary of said County, do certify
that I personally know Harry G. Poole who is a resident
citizen of said County, and that he is of a truthful and trustworthy character, entitled to full faith and credit.
I also know John W. Hoods while in life; that he
was the same person whose name appears on the Indigent Pension
Roll of Georgia Fulton County, and was paid a pension
of Eighty Dollars in said county for 1910 and
I now believe him to be dead.

Given under my hand and official seal, this 7 day of May 1910
Wm. Robinson Clark Ordinary,
Fulton County.

NAME **Bede, John W.**

YEAR **1868** COUNTY **Fulton**

WHEN AND WHERE BORN? **March 17, 1840, Harris County, Georgia.**

ENLISTED WHEN AND WHERE? **April 1862, Harris County Georgia.**

RANK.

COMPANY AND REGIMENT? **Co. B, 8rd. Regt. Ga. Cav.**

NAME OF CAPTAIN AND COLONEL? **Hollis A. Doughton, Sgt. Major,**

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

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

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. **Hollis A. Doughton, Sgt. Major, 8th Regiment -**
T. L. Davidson, 1st Sigsbee **Co. Art.**

20.

WITNESSED,

WITNESSES. William A. Dayton, Sgt. Major, Sam Hightower, Dr. John,
W. L. Davidson, Sam C. C. C.

the

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY,

I, _____, hereby authorize

to execute and verify for the purpose aforesaid and request that he execute same to

at _____ by _____

Witness my hand and seal, this _____ day of _____, 1908.

(U. S.)

Witnessed in presence of _____

*Wanted to have a better of any
made on calling.*

Hogues, James B.
OK for 1909
Sutton
No. _____

INDIGENT PENSION.
1908

Name *James B. Hogues*
County *Sutton*
on *A. W. Harris* Act, No. _____
Approved _____ 1908.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Ordinary will verify names of Applicants, Clerks and Registrars on each as indicated above.
Printed and Published by the State of Georgia, at the State Printing Office, Savannah, Georgia.

8/26/08

QUESTIONS FOR WITNESS.

STATE OF GEORGIA.

John COUNTY. }
J. W. Allygood of said State and County, having been presented
as a witness in support of the application of Jacob B. Hogue 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? Jacob C. Hogue, Rockmart,
2. Are you acquainted with Jacob B. Hogue the applicant? If so how
long have you known him? Have known him more than 60 years
3. Where from he resided, and how long, and since when has he been a resident of this State?
Atlanta, Ga. Has resided all of his life in Georgia.
4. When, where and in what company and regiment did he enlist, and how long you know?
Don't know where he enlisted. He came to 1864. He was in Co. I of the 1st Ga. Cavalry.
5. Were you a member of the same company and regiment? Yes.
6. How long did he perform regular military duty? From May 1864 to May 1865.
7. When and where was his command surrendered? About May 1865. in Ga. of Atlanta, Ga.

8. Were you present when it surrendered? Yes
9. Was applicant present? Yes
10. If he was not present, where was he? Was present
11. When did he leave his command? in For what cause? in

By what authority he left? in How do you know all of this?
As reason of having known applicant all of his life. He being
Capt. of Co. I of the 1st Ga. Cavalry, which Co. he was transferred to in 1864.

12. What property, effects or income has the applicant? (Give your means of knowledge.)
None - I have not seen him since he left home. He has no property.
13. 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? He had about 40 acres of land. He sold it
to pay Doctor's bills - done so.
14. Has he conveyed away any of his property in the last four years? If so, what was it, and to whom?
No

15. What is the applicant's occupation and physical condition?
His physical condition is very bad. He is quite
old & badly diseased & is living a completely disabled
life. He is unable to support himself by labor of any sort. He is unable
to support himself by reason of old age & the diseased
condition above named.

16. How was he supported during the years 1901, 1902, 1903, 1904 and 1905?
By selling
the 40 acres of land above referred to.
17. What portion of his support for those four years was derived from his own labor or income?
He was totally dependent on the sale of said land.
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 about 70 years old - & is now
completely disabled & unable to support himself.
19. Who composes his family? What property have they? Children's ages and their earning capacity?
He has no family.

20. What interest have you in the recovery of a pension by this applicant? None whatever.
Sworn to and subscribed before me, this 19th day of August, 1908.
J. W. Allygood Notary Public for Ga.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA.

John COUNTY. }
Personally came before me J. W. Allygood and
H. Jay Dece M.D., both known to me as reputable physicians
of said County, who being severally sworn, say on oath that they have examined carefully Mr.
Jacob B. Hogue applicant for pension under Section 1254, Code, and after
such personal examination say that his present physical condition is as follows:

Partially blind
and almost deaf. His general
nerve system is deranged and physical
powers all gone. Can not even see living
by any means. is suffering what is
and that we have no interest in said pension being allowed.

Sworn to and subscribed before me, this 19th day of August, 1908.
John W. Allygood Ordinary H. Jay Dece M.D.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

John COUNTY. }
John W. Allygood Ordinary, in and for said County, hereby certify
that the applicant Jacob B. Hogue resides in said County, and has
been a bona fide resident of this State since the _____ day of _____ 189____
and that the witness, viz.: _____

are of trustworthy character, and that their statements are entitled to full faith and credit.
I further certify that before answering the foregoing questions the applicant and each witness took the oath
herein prescribed, and that the full text of the affidavit was read to the applicant and witness before same was signed.
I further certify that the tax digest of _____ County shows that applicant
retirped for taxation in the name of 1901 _____ Dollars of
property, and in 1902 _____ Dollars of property; in 1903
_____ Dollars of property; in 1904
_____ Dollars of property; in 1905
_____ Dollars of property.

In my opinion the foregoing claim is _____ made in good faith.
Witness my hand and seal of office, this 19th day of August, 1908.
John W. Allygood Ordinary.
of Quincy County.

NOTES.
1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following
words: - "You shall true answers make to each of the questions asked of you, and the evidence you shall give will be
the whole truth, so help you God."
2. Additional affidavits may be attached if black spaces are furnished.
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.

Contract with state of Virginia, Company
and Employees to work on railroad lines,
between Richmond and Petersburg, Va., & between
Richmond and Norfolk, Va.

WARRANT HANDED TO

JOHN W. LINDSEY,
Commissioner of Pensions.

Approved: 1908

Approved: 1908

Approved: 1908

Approved: 1908

Approved: 1908

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Approved: 1908

Approved: 1908

Pension Office, 10/1/07.

If this man and the witnesses were in the Confederate Navy showed what war
ship at they were in service, or, his last work service in work
in Government Naval Shipyard State clearly and prove what naval
service they performed, and when it ended and prove all to be true.
J. W. Lindsey,
Com. of Pensions.

Respected in presence of

[L.S.]

190

Witness my hand and seal, this

at

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

of

hereby authorize

COUNTY.

STATE OF GEORGIA.

POWER OF ATTORNEY.

Columbus naval & Iron Works QUESTIONS FOR APPLICANT.

STATE OF GEORGIA.

County.

to avail himself of the Pension Act (Chapter 1204, Acts of 1906) submit his proofs, and after being duly sworn
true answers to make to the following questions, depose and answer as follows:

1. What is your name and where do you reside? (Give, State, County and Postoffice.)
James B. Hogue, Columbus Ga Fulton Co.
2. How long and since when have you been a resident of this State?
in the State of Ga 1872-1899
3. When and where were you born?
in the State of Ga 1872-1899
4. When and where and in what company and regiment did you serve?
in the State of Ga 1872-1899
5. How long did you serve in each company and regiment?
in the State of Ga 1872-1899
6. When and where did you receive your discharge?
in the State of Ga 1872-1899
7. Were you present with your company at the battle of Gettysburg?
in the State of Ga 1872-1899
8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority?
in the State of Ga 1872-1899
9. How much can you earn (gross) per annum by your own exertions or labor?
Nothing
10. What has been your occupation since 1865?
in the State of Ga 1872-1899
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"?
in the State of Ga 1872-1899
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 when you lost your sight?
in the State of Ga 1872-1899
13. What property, real and personal or income, do you possess, and its gross value?
in the State of Ga 1872-1899
14. What property, real or personal, do you possess in 1901, 1902, 1903, 1904 and 1905, and what disposition, if any, by sale or gift, have you made of same?
in the State of Ga 1872-1899
15. In what County did you reside during those years, and what property did you then possess for taxation?
in the State of Ga 1872-1899
16. How were you supported during the years 1901, 1902, 1903, 1904 and 1905?
in the State of Ga 1872-1899
17. How much did your support cost for each of those years, and what period did you contribute thereto by your own labor or income?
in the State of Ga 1872-1899
18. What was your employment during 1901, 1902, 1903, 1904 and 1905? What pay did you receive in each year?
in the State of Ga 1872-1899
19. Have you a family? If so, who composes such family? Give their names and ages. Have they a home-
stead, or other property? Their ages and how employed?
in the State of Ga 1872-1899
20. Are you receiving any pension? If so, what amount and for what disability?
in the State of Ga 1872-1899
21. Have you ever made an application for pension before?
in the State of Ga 1872-1899
22. How many applications have you ever made and under what class?
in the State of Ga 1872-1899

Sworn to and subscribed before me this 10th

day of Sept 1906
John B. Hogue

Ordinary.

at Fulton

County.

Applicant.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Fulton COUNTY.

John A. Corbally of said State and County, having been presented as a witness in support of the application of Jacob B. Hague for pension under section 1254, Code, and after being duly sworn true answers to make to the following questions, deposes and swears as follows:

1. What is your name and where do you reside? John A. Corbally
Atlanta Ga. Fulton County

2. Are you acquainted with Jacob B. Hague the applicant? If so how long have you known him? Twenty five years

3. Where born, and how long and where has he been a resident of this State? In Atlanta Ga. and in the State all his life

4. When, where and in what capacity did he enlist, and how do you know? 1862 joined the Confederacy Capt. 1st Regt. Georgia

5. Were you a member of the same company and regiment? I was in the 1st Regt.

6. How long did he perform regular military duty? Two years in the army

7. When and where was his command surrendered? At Appomattox Va. April 9th 1865

8. Where you present when it surrendered? Yes

9. Was applicant present? Yes

10. If he was not present, where was he? When did he leave his command? In the fall of 1864 For what cause? Discharged

By what authority he left? Had a discharge How do you know all of this? I was present and saw his discharge

11. What property, effects or income has the applicant? (Give your means of knowledge.) I have no knowledge of it

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? I do not know

13. Has he conveyed away any of his property in the last four years? If so, what was it, and to whom? I do not know

14. What is the applicant's occupation and physical condition? Was kept of a Carpenter
but physically able to support himself

15. Is the applicant unable to support himself by labor of any sort? If so, why? He is kept
born age and general debility

16. How was he supported during the years 1901, 1902, 1903, 1904 and 1905? I do not know

17. What portion of his support for those three years was derived from his own labor or income? I do not know

18. Give a full and correct statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code. His physical condition is not on trial
He is able to support himself

19. Is he married? What property have they? Children's ages and their earning capacity? He has no family

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

Sworn to and subscribed before me, this 24th day of September 1907

John P. Corbally Witness

John P. Corbally Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Fulton COUNTY.

Personally came before me Dr. J. P. Bigg and Chas. D. Smith, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully

Jacob B. Hague applicant for pension under Section 1254, Code, and after such personal examination say that his

present physical condition is as follows:

Chronic Rheumatism & Prostatitis

History of Rheumatism during war service

Exaggerated Cervical vertebrae

Deficient vision

General infirmities - unable to do labor

and that we have no interest in said pension being allowed.

Sworn to and subscribed before me, this 24th day of September 1907

John P. Bigg Ordinary.

Chas. D. Smith Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Fulton COUNTY.

John P. Bigg Ordinary, in and for said County, hereby certify that the applicant Jacob B. Hague resides in said County, and has

been a bona fide resident of this State since the day of 190

and that the witness, viz. John A. Corbally

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 County shows that applicant returned for taxation in his name in 1901

Dollars of property, and in 1902

Dollars of property; in 1903

Dollars of property; in 1904

Dollars of property; in 1905

Dollars of property.

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

Witness my hand and seal of office, this 24th day of September 1907

John P. Bigg Ordinary.

Chas. D. Smith Ordinary.

200000

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."

NAME **Wagon, Robert E.**

YEAR **1900** COUNTY **Fulton**

WHEN AND WHERE BORN? **Sept. 12, 1880, Clarke County, Georgia.**

ENLISTED WHEN AND WHERE? **1900, Columbus, Georgia.
(In Capt. Wagon's Co., Does not remember
Co. or Regiment.)**

RANK.

COMPANY AND REGIMENT?

**30 months - then with
about 1894, transferred**

**Captain White's Co.,
Co. B. Wagon's Reg.**

Militia

NAME OF CAPTAIN AND COLONEL? **J. H. Allgood, Captain,**

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? **May 1900, Atlanta, Georgia.**

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED,

WITNESSES. **J. H. Allgood, Captain, Co. B. Wagon's Reg.**

No date.

200

RECEIVED,

WITNESSES. J. B. Allgood, Captain, Co. B, Tenthers' Regt. To date,

1864



STATE OF GEORGIA.

COUNTY

1. This is difficult

Mr. Jao D. Hogans

the applicant for this position, and that she is the

on the 15 day of May 1913

19

That I also know W. Fraser on the grounds, and I also know

before signing the respective affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

(SRL)

Ordinary.
County.

County

1. before questions are answered the Ordinary and some applicants and the witness in the following order:
 - a. the applicant; b. the witness; c. the first answers made to each of the questions asked by the witness;
2. the applicant; provided that the witness is not a party to the proceedings;
3. additional affidavits may be admitted if such persons are non-parties;
4. All affidavits must be made before the Ordinary of the county of residence;
5. (b) evidence may be accepted prior to the hearing, that is, on affidavit;
6. (b) evidence of marriage taken by affidavit. If not, prior marriage, by some person, or by general affidavit, may be accepted;
7. Affidavits of Undischarged Prisoners must use the form appended thereto and state and give full particulars of husband's service before he made no proof of service and no application for a writ of habeas corpus.

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.

Country

Name Muhammad S. Hogue

Widow of Jas. D. Hogan

Company A.....

Regiment 1st Ga

Approved: _____

Transducer Functions

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

Byrd Printing Co., State Printers, Atlanta

10/27/1923

ORDINARY'S CERTIFICATE

STATE OF GEORGIA.

Fulton COUNTY.

I, Thos H. Jeffries Ordinary of said County, do certify that I know Mrs. Jas. S. Hogue 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 13 day of Aug 1923

That I also know she was that she was duly sworn by myself

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 16 day of Oct 1923

(SEAL.)

Thos H. Jeffries
Fulton

Ordinary.

County.

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2. Additional affidavits may be obtained if such space 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, 1861, are entitled.
5. Akin's certified copies of marriage licenses if obtainable. If not, prove marriage, by some person, or by general reputation.
6. Widows of Disabled Pensioners must use the Widow Application Blank and state and prove full term of husband's service—hence be made no proof of service and was not required to be so.

State of Georgia,
County of Clarke.

Personally appeared before me, an officer of said State authorized by law to administer oaths, Mrs. Julia F. Foster, who being duly sworn depose and say:

- 1st. That she was personally acquainted with Capt. J. A. Regue, and Miss Porter Sarnett, and was present at the time of the marriage of said Capt. J. A. Regue and Miss Porter Sarnett on January 17th, 1866, at Madison, Ga.
- 2nd. That since the date above named Capt. and Mrs. J. A. Regue have continued to live together as husband and wife until the recent death of said Capt. J. A. Regue on March 19th, 1923.
- 3rd. That said Mrs. Porter Sarnett Regue is the true and lawful widow of said Capt. J. A. Regue, who was a Confederate Soldier.

Mrs. Fred C. Foster

Sworn to and subscribed before me this the 17 day of July 1923.

Robert H. Clarke
Notary Public for Georgia

San L

Widow's Application

To be filled out by the widow of a Confederate Soldier who was killed in the War of 1861-65, and who was a member of the United States Army or Navy, and who was a resident of this State at the time of his death.

As required by Act of 1868

Fulton

Mrs. Jas. S. Hogue

Mrs. Jas. S. Hogue

Comptroller

Wm. S. G. G.

Wm. S. G. G.

Wm. S. G. G.

Wm. S. G. G.

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Wm. S. G. G.

OFFICE OF
COURT OF ORDINARY
MORGAN COUNTY
A. H. WINTER, Ordinary

MADISON, GA. July 28th 1918

Mr E W Bigelow
Atlanta Ga

Dear Sir:

I am enclosing Affidavit from
Mrs Foster. She is in Atlanta & desires
the Affidavit to be taken for her to
make Oath before the Ordinary.
Tell Miss Porter to go to Judge's Office
the Ordinary and make her application
for pension as that is her place of
residence. Capt Hogue was 1st
Lieutenant of the 2nd Co. and by
Regimental State Guard. And was paid
a pension. Tell her to go to the Soldiers
House as her application must be in person
before the Ordinary the first
which you will send me from Atlanta

WIDOW'S AFFIDAVIT

STATE OF GEORGIA,

Fulton COUNTY.

Personally before me comes Mrs. J. Hogue of said County,
who, after being duly sworn, says that she is the widow of Joseph Hogue
to whom, in the County of Morgan State of Ga. she was married on
the 17 day of Jan 1880, and that she remained his wife, and resided with him to the
date of his death in March 1893 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 \$8.00 in Morgan County for 1912 per annum, on account of being a soldier in
Company A Regiment 2nd Ga. (Volunteers or State Militia)

That she is now a bona fide resident citizen of said County of Fulton and she
has so continuously resided since day of July 1880, and in Ga all
of her life

Sworn to and subscribed before me, this the

28 day of Aug 1918

Arthur B. Mearns
Ordinary

of Fulton County.

(SEAL)

Mrs. J. Hogue

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

STATE OF GEORGIA,

_____ COUNTY.

Personally before me comes _____ 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. _____ who made the foregoing
affidavit, is the lawful widow of _____ who died in _____
County in said State of _____ on _____ day of _____ 19____
and that she has not since remarried. That she became the wife of _____ on
the _____ day of _____ 18____, and that she and he had resided together as man and
wife continuously since _____ day of _____ 18____, and that the _____ was
the same man who was on the pension roll of said State _____ from _____
County _____ when he died.

Sworn to and subscribed before me, this the

_____ day of _____ 19____

Ordinary

of _____ County.

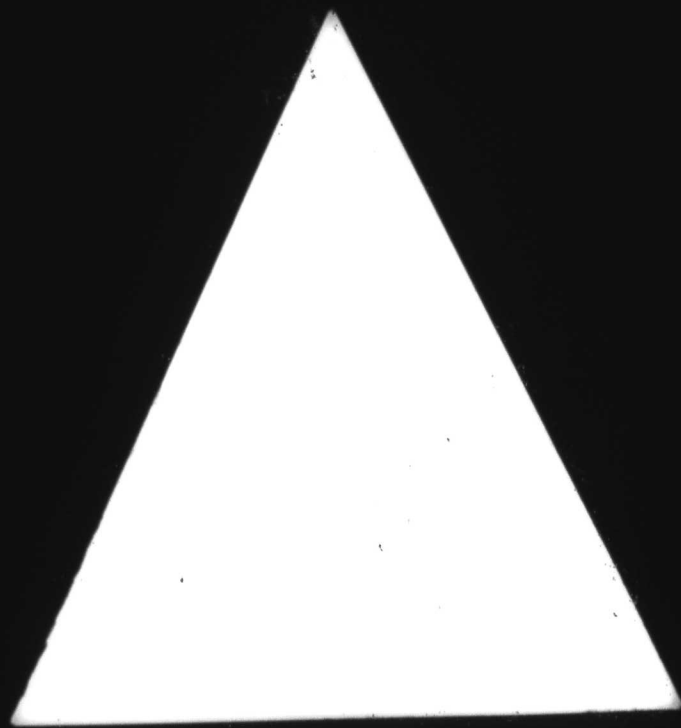
(SEAL)

(SUAL)

1. "I do not doubt, however, that the *Journal* will find the volume in the following number of the *Journal* to be a most valuable addition to the literature of the subject, and I am sure that it will be of great service to the public in general, and to the public in particular, in the study of the subject of the *Journal*. The *Journal* will find the volume in the following number of the *Journal* to be a most valuable addition to the literature of the subject, and I am sure that it will be of great service to the public in general, and to the public in particular, in the study of the subject of the *Journal*.

Byrd Printing Co., State Printers, Atlanta

10/27/1923



Revised 10/10, 11/11/10.

Attention must be given to this application for discharge from Federal Prison at New Orleans, La., and return with all statements from the War Department to this office.

J. H. Lindsay, Chgo. of relations.

Fullbrook, Augustus

Fullbrook, Ga.

OK for 1912

7
**Confederate
Soldier's Application.**

UNDER ACT 1910.

Fullbrook

Ad. H. H. H. H.

1.

432 1/2

ENTERED UNDER OFFICE

J. H. Lindsay

Chgo. of relations

Fullbrook, Ga.

NAME **Hallbrook, Augustus L.** YEAR **1918** COUNTY **Fulton**

WHEN AND WHERE BORN? Does not state when or where born.

ENLISTED WHEN AND WHERE? **February 1888, Cumming, Georgia.**

RANK

COMPANY AND REGIMENT? **Co. I, 48th Georgia Vol. Infantry.**

NAME OF CAPTAIN AND COLONEL? **A. M. Rienhardt, Capt. Co. A.**

WOUNDS?

CAPTURED, WHEN AND WHERE? **Captured 1st at Vicksburg, Miss. in 1863,
and in North Alabama, south of Chattanooga, Tenn.
Imprisoned in Camp Douglas, Ill.**

RELEASED **From Camp Douglas, June 17, 1863.**

WHEN AND WHERE SURRENDERED? **Witness states, Command surrendered
in North Carolina. Does not state
when.**

IF NOT IN PRISON AT SURRENDER, WHERE WERE YOU? **In prison, Camp Douglas, Ill.**

DIED, WHEN AND WHERE?

BURIED,

A. M. Rienhardt - Captain of Co. A, 48th Ga. Regt. Vol.
WITNESSES.

No date:

WITNESSES.

Be do to.



Power of Attorney.

Form No. 6.

STATE OF GEORGIA.

County, _____

I, _____, hereby authorize _____

to receive and receipt for the pension allowed and
payable to me as to _____ by _____

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

day of _____, 1900.

[L. S.]

Executed in the presence of _____

No. _____

INVALID

Soldier's Pension,
1900.

Name, J. W. Lindsey

County, Wilkes
Disability, General

Amount, \$ 50.00 - Quota

1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO _____

Wm. F. Hamilton, State Printer & Engr.

4/1-1901
11/26-1901

Power of Attorney.

Form No. 5.

STATE OF GEORGIA.

County.

I.

hereby authorize

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

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

day of 1900

[L. S.]

Executed in the presence of

For Use of Applicants Who Have Not Heretofore Drawn.

STATE OF GEORGIA.

County.

PERSONALTY appears

J. H. Kaelbrook

of mid

County, State of Georgia, who being duly sworn says on oath that he was born on the 6th day of

1837, that he is a bona fide citizen and resident of Georgia, and has been

continuously since the day of 1877, that he enlisted

in the military service of the Confederate States (or) on the

day of September 1862, during the war between the States, and

served in Company M, of 38th Alabama Infantry, Volunteers

at the battle of the Wilderness, and was honorably discharged on the 15th day of

1865, that whilst engaged in such military service, and in line of duty in

the State of Georgia, on the 15th day of 1864

he was disabled or wounded as follows: *He was shot in the right arm of his right hand by a rebel*

and was taken to the hospital at the Georgia Island, a rebel

and was taken to the hospital at the Georgia Island, a rebel

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The Instructions as set out in the Notes must be Observed.

Dependent desires to participate in the benefits of Section 1250 of the Code, and the Acts amendatory thereof, and make application for the pension to which he is entitled for the year thereafter, ending October 26th, 1899.

Sworn to and subscribed before me, this

18 day of Sept- 1900.

J. H. Kaelbrook

Ordinary.

Post Office

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

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

Note—The Ordinary will see that all blank spaces are filled when the affidavits are signed.

INVALID

Soldier's Pension,

1900.

JOHN W. LINDSEY

WARRANT HANDED TO

4/1-1901

4/26-1901

Form No. 2

Foster

County

PERSONALLY appears before me, the undersigned Ordinary in and for said County

Charles Deanna

222

to, to myself.

personally known to me to be trustworthy citizens, each of whom, being duly sworn according to law, severally say, under oath, that they are personally and well acquainted with J. E. Kuehn

whose application is herewith presented for a pension, that he has resided in this State continuously since the
6th day of March 1835 that he served in Company of the

Regiment of 10th Light Brigade, and from our personal knowledge, he

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

Alfred Damon says that he knows of his own personal knowledge that J. H. Haskins was hurt in 1864 as he states in his affidavit and was confined in a hospital for a fortnight waited in vain at the Hospital at Ball's Bluff for his return and he never recovered from a rupture of the abdomen. He knew him ever since and feels quite certain that he differs in the appearance and is recognized particularly unsuited to perform the ordinary or manual regular work of life suffered was in the same circumstances J. H. Haskins from August 1863, until December 1864.

document of the Bureau was in New York County
and that with said Hallmark and former of his
own knowledge that he was sent the way to the
and document known that he has been released from
the influence and trust of the office and is quite
sure that he is certainly probably in compliance
to perform the ordinary medical services of a
doctor of the County of New York through inability
any one else to do the same. (Hallmark says that because of his
inability that he has been sent and required to be sent
to the County of New York and has been appointed
to perform the ordinary medical services of a doctor of the
County of New York through inability any one else to do the same.
We personally saw him with him in the Army and Navy. He is a very
kind and gentle man and is a very good man.

He was honorably discharged or retired from the service on 16th day of March 1965 and he was back before the hearing was held.

144 Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 18 6/7

Secure to and subscribed before me, this

26 day of Feb - 1900.

Ordinary.

NOTE 1.—The Ordinary will see that the full text of the Affidavit is understood by the witnesses, and is qualified to the same.

2. Witnesses are asked to make their statements full and explicit, tracing disability to its true cause.
3. All blank spaces must be filled when signed.
4. Three witnesses are required.

Form No. 9

Frank

County

PERSONALLY comes before me M. J. McLaughlin Ordinary of said County

Dr. Smith and *John A. White*, both known
me as reputable physicians of said County, who being severally sworn, say on oath, that they have carefully examined

J. G. Holbrook and after such personal examination, say that the present

condition or applicant is as follows: *He has a lower inguinal
hernia. Has a chronic strain
of back.*

Has also defect of sight and
hearing in the ^{left} hand and chemi str.

rendered said soldiers practically incompetent to perform the ordinary vocations of life

and that such condition is permanent. Said condition arises from the following facts: His knee is of long standing and was caused from

blow or strain, on right side intestine

islands and across the back span from
ignudis at Strines, falls &c. His defect of having right
eye.

We have treated applicant professionally for 16 years, and his condition, as above stated, does not arise from hereditary or congenital causes, nor from indulgence in intemperate habits.

Sworn to and subscribed before me, this 14th day of June, 1964, at New York, New York.

12 day of Nov 1900. } John H. White M.D.
Wm. H. White

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

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

Fuller

County

Ordinary of said County.

do certify that I am well acquainted with J. H. Borker the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are

true, and he is disabled, as he claims, and I know he is the individual he represents himself to be, and that he resides in this County and has been a bona fide residence since the *and the wife* *1880*

I also certify that the witnesses, to-wit: E. B. McDonald Charles E. ...

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

Given under my official signature and seal this 14 day of June 1900.

[Signature]
Ordinary *[Signature]*

Ordinary W. A. Allen County.

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

We have no interest in the recovery of a judgment.

Heure to and subscribed before me, this

26 day of April 1900.

M. H. King

Ordinary.

Here I, The Ordinary will see that the full text of the Affidavit is understood by the witnesses, and that they are legally

qualified to the same.

3. Witnesses are asked to make their statements full and explicit, treating disability to its true cause.

4. All blank spaces must be filled when signed.

4. These witnesses are required.

resides in this County and has been a bona fide residence since the 5 day of 1900.

I also certify that the witnesses, to-wit: E. B. McDonald, Charles E. Egan

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

Given under my official signature and seal this 14 day of June 1900.

M. H. King

Ordinary Franklin County.

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

Georgia, Ocmulgee County.
 I, J. G. Johnson, Ordinary of said County,
 certify that Thomas Holbrook was on the pension roll of this County
 when he died, on account of being a soldier in Company "G", 66th Reg't
 given under my hand and seal, of office, this
 the 13th day of April 1926.

J. G. Johnson
 Ordinary

ms 2-14 1926 4775 4110
 Approved *(initials)*
 Holbrook's name
 WIDOW'S APPLICATION
 h-56 *(initials)*
 To Be Put on Roll in Her Own Right
 When Husband Was on the Pension
 Roll of Georgia
 Name *John A. Adams*
 County *Ocmulgee*
 Widow of *Thomas Holbrook*
 Company *"G" 56 Co*
 Regiment
 Date of Husband's Death *Feb. 11 - 1866*
 Date of Marriage *26 July 1860*
 Approved *John A. Adams*
J. G. Johnson
 Commissioner of Pensions

4-19-26-3

Ordinary's Certificate

SEAL OF OCMULGEE

J. G. Johnson

COUNTY

James Holbrook

Ordinary of said County, certify that I know
 the applicant for pension, that he is the person he repre-
 sents himself to be, and that he has been, continuously, a bona fide resident citizen of said State since
 January 1st, 1890; that I also know *Wm. Holbrook* the witness as to
 marriage, and that both the foregoing were duly sworn by before signing the respective affidavits,
 and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and official seal of office this *13th* day of *April* 1926

(SEAL OF ORDINARY)

John A. Adams
 Ordinary
 County

Instructions:

1. Before any questions are answered the Ordinary shall answer applicant and the witness in the following order:
 a. Test do solemnly swear that you will true answers make to each of the questions asked you and the evidence you
 b. Additional evidence may be introduced if such answer are sufficient.
 c. All affidavits must be made before the Ordinary of the County of residence.
 d. Affidavits must be made before the Ordinary of the County of residence.
 e. Affidavits must be made before the Ordinary of the County of residence.
 f. Affidavits must be made before the Ordinary of the County of residence.
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 m. Affidavits must be made before the Ordinary of the County of residence.
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 o. Affidavits must be made before the Ordinary of the County of residence.
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 u. Affidavits must be made before the Ordinary of the County of residence.
 v. Affidavits must be made before the Ordinary of the County of residence.
 w. Affidavits must be made before the Ordinary of the County of residence.
 x. Affidavits must be made before the Ordinary of the County of residence.
 y. Affidavits must be made before the Ordinary of the County of residence.
 z. Affidavits must be made before the Ordinary of the County of residence.

Georgia, Winnett County.

I, Thos. H. Jeffries, Ordinary of said County, certify that Thos. H. Jeffries was an old pensioner of this County when he died. An account of said pensioner is contained in the report given under my hand and seal of office, this the 13th day of April 1928.

Ordinary

Holbrook, Jage (Mrs.)
(Holbrook) ✓

For Fulton County

1928

Application for Pension Due Deceased Pensioner

(UNDER ACT 1919)
(To pay expense of last illness and funeral)

Thos. H. Jeffries Ordinary
For Jane Holbrook

Date of Death Jan 10 1928

Amount \$ 100.00

Approved and ordered paid OK

John W. Clark
20 April 1928
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 receipt to be permanently filed with them. Do not keep this application in your office.

Ordinary's Certificate

STATE OF GEORGIA.

Fulton COUNTY.

I, Thos. H. Jeffries, Ordinary of said County, certify that I know Jane Holbrook, the applicant for pension; that he is the person he represents himself to be, and that he has been, continuously, a bona fide resident citizen of said State since January 1st, 1880; that I also know W. M. Holbrook, the witness as to marriage, and that both the foregoing were duly sworn before 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 16 day of April, 1928.

(SEAL OF ORDINARY.)

Fulton County.

Instructions:

- Before any questions are answered the Ordinary shall swear applicant and the witness to the following: "I do solemnly swear that you will true answers make to each of the questions asked you, and the witness you give shall be the whole truth. So help you God."
- Additional affidavits may be presented if such answer are sufficient.
- All affidavits must be made before the Ordinary of the County of residence.
- Only witnesses who are married prior to Jan. 1st, 1919, are admitted.
- Official certified copies of marriage license if obtainable. If not, sworn statements, by some person, or by personal observation.
- Witness of Disabled Pensioners must use the Blue Application Blank and state and prove full name of husband's service—Name Disabled Pensioners made by proof of service not were not required to do so.

APPLICATION FOR PENSION BY A WIDOW

Whose Deceased Husband Was on the Pension Roll of Georgia. (Not to be Used by the Widow of a Disabled Soldier Pensioner.)

STATE OF GEORGIA,

Fulton COUNTY.

Personally before me came Jane Hollbrook of said County, wife, after having been duly sworn, says that she is the widow of John Hollbrook who was in the County of Forsyth State of Ga she was married on the 10 day of July 1910, and that she remained his wife, and resided with him to the date of his death in Fulton 1918 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 \$ 6.00 in Quinn County for 1918 (per annum), on account of being a soldier in Company "G" 54 th Regiment (Volunteers in State Militia).

That she is now a bona fide resident citizen of said State of Georgia, and she has continuously resided there since day of Jan 1918.

Sworn to and subscribed before me, this

10 day of April 1918.

Arthur R. Marshall Ordinary

of Fulton County

(SEAL OF ORDINARY.)

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

STATE OF GEORGIA,

Fulton COUNTY.

Personally before me came Jane Hollbrook known to be a responsible and truthful person, residing in said County, who after having been duly sworn, says that of deponent's own personal knowledge, John Hollbrook who made the foregoing affidavit, is the lawful widow of John Hollbrook who died in Fulton County in said State of Ga on the 10 day of July 1910, and that she has not since married; that she became the wife of John Hollbrook on the 10 day of July 1910 and she and he had resided together as husband and wife, continuously, since day of Jan 1918, and that John Hollbrook was the same man who was on the pension roll of said State of Georgia from day of Jan 1918 when he died.

Sworn to and subscribed before me, this

10 day of April 1918.

Arthur R. Marshall Ordinary

of 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 H. B. Baulston with Avery Sounders & Co of said County, who, after being sworn, on oath says that he knew Jane Hollbrook 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 10 day of Jan 1918, and that pensioner left no widow surviving, and no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of \$ 70.81, per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me,

Arthur R. Marshall Ordinary

Fulton County

(Seal of Ordinary)

H. B. Baulston
With Avery & Sounders Co

CERTIFICATE OF ORDINARY

GEORGIA, Fulton County.

I, Thos H Jeffries Ordinary of said County, do certify that I personally know H. B. Baulston of Avery Sounders & Co 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 Jane Hollbrook 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 Two Hundred (\$ 200) Dollars in said County for 1917, 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

20 day of Jan 1918

(Seal of 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: "last, 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 Jane Hollbrook, 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 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.

and wife, continuing, when day of 1928 was the same date who was on the pension roll of said State of Georgia from County when he died.

Sworn to and subscribed before me, this the day of 1928 Ordinary of County

(SEAL OF ORDINARY.)

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 hereto 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 filed out.

JOB. W. AWTRY, Pres. & Treas.

FRANK R. LOWNDES, Vice-Pres. & Sec.

ATLANTA, GA. Jan-13-1928. 192

M. Miss. Minnie Holbrook,
421 Woodward Ave., S.E.

TO AWTRY & LOWNDES CO., DR.

Phone 7066
7067

FUNERAL DIRECTORS

AMBULANCE SERVICE
17 WEST CAIN STREET

For the funeral of Mrs. Elizabeth Jane Holbrook.

Jan 10/28/ Casket.	100.00
Burial case.	10.00
Embalming.	15.00
Hearse.	32.00
Two Limousines.	36.00
Constitution.	4.50
Journal.	4.00
Georgian.	4.50
	<u>\$206.10</u>

Georgia, Fulton County.

Personally appeared H. B. Bankston, who swears that the above bill is just and true, and was for funeral expenses of Mrs. Elizabeth Jane Holbrook, deceased.

Sworn to and subscribed before me, this 17th day of Jan. 1928.

H. B. Bankston
L. B. O.

H. B. Bankston
with Awtry & Lowndes Co.

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

STATE OF GEORGIA.

Fulton COUNTY.

Personally before me comes W. M. Holbrook known to be

a responsible and truthful person, residing in said County, who after having been duly sworn, says that of deponent's own personal knowledge, Mrs. Jane Holbrook, who made the foregoing affidavit is the lawful widow of Thomas Holbrook who died in Fulton County in said State of Georgia on the day of February 1926, and that she has not since remarried; that she became the wife of Thomas Holbrook on the day of 1880; that she and he had resided together as husband and wife, continuously, since day of 1880 and that Thos. Holbrook was the same man who was on the pension roll of said State from Swainett County when he died.

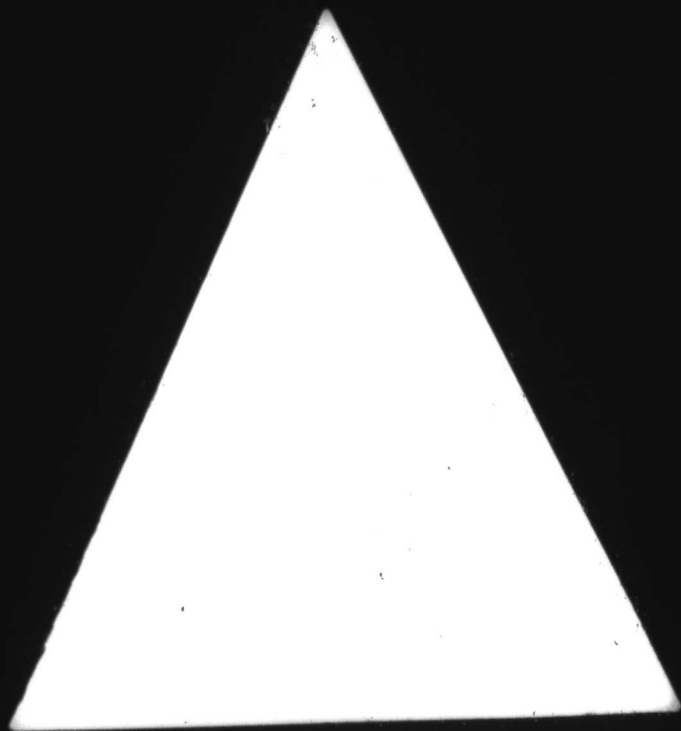
Sworn to and subscribed before me, this the

1st day of April 1928

Thos. A. Jeffries Ordinary *Wm. Holbrook*

of Fulton County,

(SEAL OF ORDINARY)



POWER OF ATTORNEY.

STATE OF GEORGIA.

CONSENT.

Notary Public

do receive and receipt for the goods allowed and require that he shall serve to

by

Witness my hand and seal, this

day of

1893.

[L. R. 3]

Remitted in the presence of

Handwritten signature
No. *11113*

INDIGENT PENSION.
1903.

Name *John Colbrook*
County *Fulton*

On *24th* *Sept*
Approved *1903*

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Ordinary will serve Warrant of Appointment, Oath and Return to the State in indicated places.
W. W. Lindsey, State Printer, Atlanta.

9/24/03

Handwritten notes:
This man, having been
admitted to the Pension
by the Pension Commission
in 1903, is now in
possession of the same.
It is made that he has
been and is now in
possession of the same.
The Pension Commission
has been notified of the
same.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA.

Fulton COUNTY.

John M. Hallbrook of said State and County, having been presented as a witness in support of the application of Jesse L. Hallbrook for pension under section 1254, Code, and after being duly sworn true answers to the following questions, deposes and swears as follows:

1. What is your name and where do you reside? John M. Hallbrook, Savannah, Georgia
2. Are you acquainted with Jesse L. Hallbrook, the applicant; if so, how long have you known him? Yes, all his life
3. Where does he reside, and how long and since when has he been a resident of this State? Atlanta, Hall County, Ga. - all his life
4. When, where and in what company and regiment did he enlist, and how do you know?

5. Were you a member of the same company and regiment? No
6. How long did he perform regular military duty? Was on detached service as a health officer, the entire time between the States, from 1861 to 1865
7. When and where was he discharged?

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?

He was discharged by the proper authorities, to the command of the 1st Georgia Infantry, and was with me at the time.

11. What property, effects or income has the applicant? (Give your means of knowledge.)

None except a claim of land - Montgomery, Ga. - 1000 acres.

12. What property, effects or income did the applicant possess in 1860, 1867, 1868, 1869, 1870, 1901 and 1902, and what disposition, if any, did he make of same? None except the land.

13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom?

No

14. What is the applicant's occupation and physical condition? Blacksmith & miller, but on leave of absence from the mill - his physical condition is very bad - often confined to his bed.

15. Is the applicant unable to support himself by labor of any sort, if so, why? Yes - because physically, unable to work.

16. How was he supported during the years 1860, 1869, 1900, 1901 and 1902? By his mother & his daughter & what little he made.

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

Very little.

18. Give a full and complete statement of the applicant's physical condition that explains him to a pension under Section 1254, Code? He is a member of the 1st Georgia Infantry, and was with me at the time.

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

His wife, an invalid - she has a small natural feeble child - the daughter, Mary, 45 years, grandchild, 10 years, and a son, 10 years.

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

None.

Sworn to and subscribed before me, this the

24th day of Sept, 1903. John R. Wilkinson Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA:

COUNTY.

Personally came before me, C. R. King M.D. and C. B. Sewell M.D., both known to me as reputable physicians

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

J. C. Hallbrook applicant for pension under Section 1254, Code, and after

due personal examination say that his present physical condition is as follows:

We find J. C. Hallbrook a physical wreck. Have known him many years and know he has not been a man affected as he has been. We find him entirely unable to work, and that we have no interest in him.

Sworn to and subscribed before me, this the

24th day of Sept, 1903. C. R. King M.D. Ordinary.

John R. Wilkinson Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

Fulton COUNTY.

I, John R. Wilkinson Ordinary, in and for said County, hereby certify

that the applicant, J. C. Hallbrook, resides in said County; and has

been a bona fide resident of this State since the 10th day of Nov, 1860

and that the witness, viz., John M. Hallbrook

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 Fulton County show that applicant returned for taxation in his name in 1899 _____ Dollars of

property, and in 1900 _____ Dollars of property, in 1901

_____ Dollars of property, in 1902

_____ Dollars of property.

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

Witness my hand and seal of office, this 24 day of Sept, 1903.

John R. Wilkinson Ordinary.

of Fulton County.

NOTE.

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

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

3. In every case the Ordinary must certify to the character of the witness, and as to the execution of the proof as above set out.

***LIGHT PRINT AND. OR BAD COPY ***

18. Give a full and complete statement of the decedent's physical condition that entitles him to a pension under Section 1224, Code? *He is a member of the Army General*
break down to his mouth to work
 19. Who comprises family? What property have they? Children's age and their earning capacity?
His wife an invalid - she has a small income
his said 6 sons - the daughter being 45 years of age
and the said 6 sons are all in the Army
 20. What interest have you in the recovery of a pension by said applicant?

Subscribed and sworn to before me, this the
 24th day of Sept 1903.
John P. Wilkinson Ordinary.

John P. Wilkinson
 Witness.

In my opinion the foregoing claim is made in good faith
 Witness my hand and seal of office, this 24 day of Sept 1903.
John P. Wilkinson Ordinary.
 of Fulton County.

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

LIGHT PRINT AND, OR BAD COPY

CITY PASS.

Military Post, Provost Marshal's Office

Atlanta, Ga., July 14, 1903.

For *J. C. Holbrook* in City *500* days.

By Command of Brig. Gen. Marcus J. Wright, Commanding.

Forwards *J. C. Holbrook*

CHARLES W. PEDER
 Captain and Provost Marshal.

Detail of Persons Granted in Form 3.

Attended to April 15, 1903

J. C. Holbrook is hereby detailed from the 1st day of *July*
 until the 16th day of *June* 1904, and will report to
J. C. Holbrook *Atlanta Ga*

J. C. Holbrook
 Detailing Officer for the *1st*



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.

L. S.

[SEAL]

*Hallbrook, James
Fulton, Ga.*

No. _____

WIDOW'S
INDIGENT PENSION

Name *James A. Hallbrook*

County *Fulton*

Widow of *James A. Hallbrook*

Approved _____

JOHN W. LINDSEY,
Commissioner of Pensions

WARRANT HANDED TO

RECEIVED

U. S. BANK, FULTON, GEORGIA

8-22-07
129-107

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

County.

I, Mrs. Mary A. Hatcher, 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, 1906, hereby submits her proofs, and after being duly sworn true answers in make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? Giva State, County and Postoffice.
Mrs. Mary A. Hatcher, 262 North 1st St., Atlanta, Ga.
2. How long and since when have you been a resident of this State? 61 Years
3. When and where were you born? Genevieve, Ill., Aug 12, 1840
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.) Genevieve, Ill., Ga., April 19, 1858
James Alvin Hatcher, Merced, Sept 12, 1858, Merced Co., Ca.
5. When and where and in what Company and Regiment did your husband enlist or serve during the war between the States? Enlisted Aug 12, 1862, Co. B, 1st Regt. Cal. Inf., 1st Div., 1st Army, U.S.A.
6. How long did your husband serve in said Company and Regiment? Corresponding to 1862-1865, 1st Regt. Cal. Inf., 1st Div., 1st Army, U.S.A.
7. When and where did your husband's Company and Regiment surrender and was discharged? April 12, 1865, Merced Co., Ca.
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? Merced Co., October 22, 1865

11. Which of the following grounds do you base your application for pension, viz: First—Age and Poverty; Second—Infirmary and Poverty; or Third—Blindness and Poverty?

Age, Infirmary and Poverty.
12. If upon the first ground, state how long you have been in such a condition that you cannot earn your support. If upon the second, give a full and complete history of the infirmity and its extent. If upon the third, state whether you are totally blind, and when and where you lost your sight?
I have been unable to earn my living at least eight or ten years, my health gradually growing weaker, so that I am unable to get my health better.

13. What has been your occupation since your husband's death? Keeping boarder.

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?
Nothing, except my children's property, which is not mine.

16. What property, real or personal, did you possess at death of husband or he left you, and of the years 1902, 1904, 1907 and 1908, and what disposition, if any, by sale or gift have you made of the same?
20 acres land, Merced Co., Ca., valued at \$1,000, which I sold to support.

17. In what counties did you reside in 1902, 1904, 1907 and 1908, and what property did you return for taxation? Merced Co., Ca., 20 acres land, Merced Co., Ca.

18. How have you been supported since death of husband, and especially for 1902, 1904, 1907 and 1908? By children as my land was not little help to me.

19. How much did your support cost for each of those years, and how much did you contribute by your own labor or income? None.

20. What was your employment during 1902, 1904, 1907 and 1908—how much did you receive for each year? Nothing, with children's property, which is not mine.

21. Have you a family? If so, who composes such family? Give their means of support? Have they any lands or other property? No.

22. Have you ever made application for pension before? No.

23. How many applications have you made for a pension, and under what class? None.

Sworn to and subscribed before me, this the 14th day of July, 1909, at Merced, Merced County.

Notary Public for California.

WIDOW'S
INDIGENT PENSION

Applicant must state the letter of Co and the number of Regiment as the law requires do not give individual name of Captain and the Co. also state the whole service, then prove all by a witness that knows it is true.

POWER OF ATTORNEY.

STATE OF GEORGIA.

County.

hereby authorize

of County to receive and receipt for the pension allowed

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

Witness my hand this _____ day of _____ 190_____

Respected in presence of _____

County.

L. S.

36. Is applicant able to earn a support at labor of any sort, not why? *Not because of age and infirmity*

37. How was she supported for 1905, 1906, 1907 and 1908? *By husband*

38. How much did applicant contribute to her support for last two years? *Not known*

39. Give a full and complete statement of applicant's physical condition? *She is aged 45 years and has Rheumatism in her legs*

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

Sworn to and subscribed before me this 26 day of May, 1904
Franklin County, Georgia Witnesses: W. R. Turley

AFFIDAVITS OF PHYSICIANS.

STATE OF GEORGIA, Franklin County.

Personally before me comes William Paulk Pearce and

physician of said County, being severally sworn, say on oath that they have examined carefully Mrs. Henry Holbrook applicant for a pension under Act of 1900, and after

personal examination say that her physical condition is this *She is suffering from Rheumatism in her legs and from old age all of which prevents her physically making to earn a living support.*

and we have no interest in said pension if allowed

Sworn to and subscribed before me this 26 day of May, 1904
Franklin County, Georgia Witnesses: Dr. W. M. Powell W. R. Turley

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA, Franklin County.

I, Franklin Ordinary, in and for said County, hereby certify that the applicant, Mr. Henry Holbrook resides in said County, and has been a bona fide resident of this State since the 26 day of May, 1904, and that the witnesses, Mr. W. R. Turley and Dr. W. M. Powell are of true birth, of legal age, and that their statements are made on oath, faith and credit.

I do further certify that before answering the foregoing questions, the applicant and said witnesses took the oath herein prescribed, and that all true of the affidavits contained in the applicant and witnesses before the name was signed and subscribed.

I further certify that the tax digest of Franklin County shows that applicant returned for taxation in her own name in 1905, 26 dollars worth of property, and in 1906, 26 dollars worth of property, and in 1907, 26 dollars worth of property, and in 1908, 26 dollars worth of property.

Witness my hand and official seal this 26 day of May, 1904.
Franklin Ordinary.

NOTE—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 Oath 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 witnesses who were the wife of the said husband while they were within said County—and are now widows. These married since the 9th of April, 1900, not entitled.

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

6. Attach certified copy of marriage license in every case, or show why it cannot be obtained.

QUESTIONS FOR WITNESSES.

STATE OF GEORGIA.

Franklin County.

W. R. Turley of said State and County, having been present as a witness in support of the application of Mrs. Henry Holbrook for a Pension under the Act of 1900, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? W. R. Turley Franklin County, Georgia

2. Are you acquainted with the applicant, Mrs. Henry Holbrook?

If so, how long have you known her? About 10 years

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

4. When and where was she born? Franklin County, Georgia

5. Were you ever acquainted with her husband? Yes

6. Where did she reside in 1861? Franklin County, Georgia

7. When and to whom, was he married? Henry Holbrook

8. When and where was he born? Not known of my knowledge

9. How long have you known him? Since 1888

10. When and where did Henry Holbrook enlist in the war between the States, and in what Company and Regiment did he enlist, and how do you know this? He enlisted in the 1st Georgia Cavalry, 1st Regiment, and was with the 1st Georgia Cavalry, 1st Regiment, until he was discharged.

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

12. How long did he perform regular military duty? About one year

13. When and where was his Company and Regiment surrendered and discharged from service? Franklin County, Georgia

14. Were you with the Company when it surrendered? Yes

15. Was Henry Holbrook the husband of applicant present? Yes

16. If not present, where was he?

17. When and where did he leave his Command? Franklin County, Georgia

For what cause? Discharged

By whose authority he left? By his own authority

How do you know all this? (State fully and clearly) By Henry Holbrook's statement

18. When and where did Henry Holbrook die? Franklin County, Georgia

19. Where did he reside at his death and how long had he been a resident of Georgia at his death? Franklin County, Georgia

20. Do you of your own knowledge know that applicant is the lawful widow of Henry Holbrook? Yes

21. Has she remained unmarried since her soldier-husband's death, and is now his widow? Yes

22. What property, effects or income has the applicant, if any, and how do you know this of your own knowledge? None

23. What property, effects or income did applicant possess in 1905, 1906, 1907 and 1908, and what disposition did she make of it? None

24. Has applicant conveyed any property in last two years or given any away, if so, what was it, and to whom? None

25. What is applicant's physical condition and her chances and ability to earn a support? She is suffering from Rheumatism in her legs and from old age all of which prevents her physically making to earn a living support.

and in 1906.

(SEAL.)

NOTICE.—Before any questions are answered, the Ordinary shall swear solemnly and the witnesses in the following words: "I do solemnly swear that I will true answers make to each of the questions asked of you, and the answers you shall give will be the whole truth; so help you God."

1. Additional affidavits may be attached, if blank spaces are insufficient.

2. All affidavits must be made before Ordinary.

3. Only witnesses who were the wives of the dead decedent while they were soldiers and apply—and are now widows. Those married since the 1st of April, 1861, are excluded.

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

5. Attach certified copy of marriage license in every case, or show why it cannot be obtained.

Ordinary, County.

23. What property, effects or income did applicant possess in 1903, 1906, 1907 and 1908, and what disposition did she make of it? *No real estate.*

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

25. What is applicant's physical condition and her chances and ability to earn a support? *Declines to answer. That she is unable to support herself.*

Howbrook, Nancy Jones
1919 Fulton Co.
1818

**Application for Pension Due
Deceased Pensioner**
Under Act 1904

Ordinary.
For *Nancy Jones Howbrook*
of *Fulton* County
of *Barclay & Brandon Co.* Regiment

Approved and ordered paid
4/27 1919
J. W. LINDSEY,
Commissioner of Pensions.

Red Jan. 18, 1919.

Od

H. H. BEIDSON, PRESIDENT AND MANAGER
H. H. BRANDON, VICE PRESIDENT

Atlanta, Ga. February 13 1919.

M Mrs. Nancy Jane Holbrook, deceased,

The Barclay & Brandon Co., D.
246 IVY STREET
Bell Phone: Ivy 788 and 188
Atlanta Phone 708

Jan. 18	To Casket	\$ 125 00
	" Embalming	15 00
	" Tailorers' Gloves	5 00
	" Grave Fee	25 00
	" Concrete Vault	10 00
	" Hearse	32 00
	" 4-Limousines	2 50
	" Constitution Notice	2 50
	" Journal Notice	2 50
		\$ 231 50

Personally appeared G. H. Brandon, Secy of The Barclay & Brandon Co. who swears that the above list is just and unpaid

sworn to and subscribed before me this Feb. 13-1919 G. H. Brandon

Application for Pension Due to a Deceased Pensioner

Under the Act of August 15, 1904.

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

GEORGIA, Fulton County

Personally before me, the Ordinary of said County, comes
E. H. Brandon of said County, who, after being sworn, on oath says that
 he knew Mrs Nancy Hoolbrook of said County, and that she was on
 the Independent Pension Roll Fulton County at the
 time of her death, which occurred in Fulton County, in this
 State, on the 18 day of January 1919, and that
 a Pension of Ninety Dollars was due her
 unpaid at the time of her death. That she left no widow, no dependent children surviving her, and no
no estate of any value sufficient to pay her funeral expenses, which amounted to the sum of \$36.50
 Dollars, as per sworn statement, itemized, hereto attached.

Sworn to and subscribed before me
 this 13 day of February 1919
Arthur R. Mearns Ordinary
Fulton County.
 GEORGIA, Fulton County

March 17 1919
 I, Arthur R. Mearns Ordinary of said County, do certify
 that I personally know E. H. Brandon, who is a resident
 citizen of said County, and that he is of a truthful and trustworthy character, entitled to full faith and
 credit.
 I also know Mrs Nancy Hoolbrook while in life; that he
 was the same person whose name appears on the Widows Pension
 Roll of Fulton County, and was paid a Pension
 of Ninety Dollars in said County for 1918, and
 I now believe him to be dead.

Given under my hand and official seal, this 17 day of March 1919
Arthur R. Mearns Ordinary,
Fulton County.

State of Georgia
 Hills County } Personally appeared before
 the undersigned Mr. Henry Holbrook & by
 amendment to her application for a Census
 says that her husband, James A. Holbrook
 enlisted during 1864 (exact date unknown)
 in Co. D of Baden Regiment of Ga. Cavalry
 and served in this Company & Regiment until
 the time of Surrender at Kingston May 24th 1865
 & that she was kept for service in accordance
 to this application, but he served for a
 period longer than his months -
 & that she is unable to give the number of the
 Regiment to which his Company was
 attached for as was & is unknown to
 her & none of his papers disclose this fact
 as will be shown by parole attached

Subscribed before me
 Apr 30th 1909
 John W. Wilkinson
 Ordinary

State of Georgia } Personally appeared before
 Hills County } the undersigned W. R. Trinsley who after being
 duly sworn says that he knew William A.
 Holbrook from 1855 up to the date of his
 death and he knows that said Holbrook
 enlisted in the Co. D of Baden
 Regiment, Wofford Brigade, the Holbrook
 enlisted in 1862 in Troop Co. E and served
 in said Command until the surrender at
 Kingston Ga. - said Holbrook was present with
 his Command at the Surrender and I was also
 present and know the above from my own
 personal knowledge. The applicant is
 unable to give the number of the Regiment to
 which the Company was attached, having
 never learned of the number & is of the
 opinion & belief that said Regiment in
 fact had no number but was generally &
 typically known as Baden Regiment as will
 be shown by his parole book attached.
 W. R. Trinsley

Subscribed before me
 Apr 30th 1909
 John W. Wilkinson
 Ordinary

I hereby certify that the above witness known
 to me to be a trustworthy character his statements
 entitled to full faith & credit
 John W. Wilkinson
 Ordinary

State of Georgia Dade County:

To any Minister of the Gospel,
Judge, Justice of the Superior Court,
or Justice of the Peace.

You are hereby authorized to join
Jos. A. Halbrook and Nancy J. Pringley in the Holy state of Mat-
rimony according to the Constitution
and laws of this State, and for
so doing this shall be your suf-
ficient license.

Given under my hand and seal
this 10th Sept. 1858.

Hubbard Porter
(Ordinary)

Georgia Dade County:

I do certify that Jos. A. Halbrook
and Nancy J. Pringley were duly
joined in Matrimony by me this 10th
day of Sept. this ~~month~~ 1858

Alberty Brewster

Georgia Dade County:

I H. Jones Ordinary in and for said County
hereby certify that the foregoing is a
true copy of the marriage record of
Jos. A. Halbrook and Nancy J. Pringley
as appears of record in my office.
Given under my hand and seal of
office, this 2 day of May 1863.

H. Jones
(Ordinary)

hereby certify that the foregoing is a
true copy of the marriage record of
Jos. A. Stalborn and Nancy J. Pringle
as appears of record in my office
given under my hand and seal of
office, this 2 day of May 1903.

H. J. Jones

Ordinary.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

I, _____, hereby authorize _____

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

by _____

at _____

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

day of _____, 1908.

Executed in presence of _____

[L. S.]

Valbrook, S. J.
Fulton County
YOUR SERVICE 1864
(FOR THOSE ALREADY ENROLLED.)
20 Oct 1864

DISABLED SOLDIER'S PENSION 1903.

Name *S. J. Valbrook*
County *Fulton*
Co. *A 42* Regiment *14th*
Disability *Captured*
Amount, \$ *10.00*
1/21 1908.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

1864
AND W. B. BARNES, STATE PRINTER, ATLANTA.

no data

Georgia, Cobb County.

I, the undersigned do certify that J. J. Halbrook now of the County Fulton is the same person who as an Invalid pensioner was on the pension rolls of this county, and drew a pension of \$2.00 dollars for 1902, and the bearer is name Person

Given under my hand and official seal of office Jan 22 1903 [Signature] [L. S.]

Ordinary

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.

from Cobb

Personally appears, J. J. Halbrook 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 August 1861; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company I, of 42nd Regiment of Ga Volunteers Brigade's Brigade; that whilst engaged in such military service in the State of Ga, on the 1st day of 1864, he was wounded, injured or diseased as follows:

Captured

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1903. I have heretofore, under said law, as a resident of Cobb County, been allowed an invalid pension of 50 Dollars, for the year 1902.

Sworn to and subscribed before me, this 21st day of Jan 1903. J. J. Halbrook Post-office Person

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

Given under my official signature and seal, this 21st day of Jan 1903.



John K. Wilkinson Ordinary Fulton County.

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

FORMER OF ALLOKWEA

NAME Bellbrook, Thomas J.

YEAR 1908 COUNTY Fulton

WHEN AND WHERE BORN? 1888 - Resident of Georgia continuously since birth

ENLISTED WHEN AND WHERE? March 4, 1908

RANK.

COMPANY AND REGIMENT? Company I, 42nd Regt Ga. Vols.
(Horton and Stovall's Brigade)

NAME OF CAPTAIN AND COLONEL?

WOUNDED? December 18, 1864 - in battle at Nashville, Tennessee badly wounded by the explosion of a shell striking a rock and causing the same to fall upon applicant causing rupture.

CAPTURED, WHEN AND WHERE?

RELEASED.

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

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. W. L. Grubbs, W. L. Wilson, R. F. Roberts - state they were in the service with applicant. -- No data.

WITNESSES. W. L. Grubbs, W. L. Wilson, E. F. Roberts - state they were
in the service with applicant. -- No data.

*Penalty not under
Served through me*

Penalty office 11-17-13
Let applicant ascend and state when he was taken sick. Give date,
where was command when he left it, with what was he sick and in
what way he was effected, and how he was prevented from returning
to the command, tenderly accounting for himself away from command
and how he was prevented from returning to the command. Let the
applicant state when he was taken sick, the date and year, her husband treated him.
Let the applicant state when he was taken sick, the date and year, her husband treated him.
Let the applicant state when he was taken sick, the date and year, her husband treated him.

Hobbs
Fulton
OK for 11/17

Confederate
Soldier's Application
UNDER ACT 1810

Fulton
William C. Holbrook
Company *D*
Regiment *4th Ga. Inf.*
Approved *Wm. L. Lindsey*
Commissioner of Pension
11/24/13 125-1914
ENTERED ROSKOPF OFFICE

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA.

Dutton County.

William L. Holbrook 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)
William L. Holbrook Atlanta Fulton Co. 27 Peten St.

2. How long and since when have you been a continuous resident citizen of this State? 20 years

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

4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) Atlanta Co. Company 42nd Inf. Reg. Infantry

5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge) 4 years. Was home sick when war closed

6. When and where was your Company and Regiment surrendered or discharged from the Service? Don't know

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

8. If you were not actually present, state specifically and clearly where you were Was home. Spent 8 miles from Atlanta on railroad in yard for Dr. Hargrett Com. Post office

9. Where was your Command when you left it? Don't know

b. When did you leave the Command? last of 1863

c. For what cause did you leave? Sick

d. By whose authority did you leave? Dr. John Wilson of 42nd Inf. Reg.

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

f. Why did you not return to your Command after leave expired? Unable to walk and was discharged

g. In what way were you prevented? Being sick could not return to Reg.

h. What effort did you make to return? Made no effort to return

i. Were you captured during the war? No, was unable to move

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

10. 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. 1907 (Make list by items and value.)

Nothing was owned by me, had no wife

11. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov. 1907. To whom and for what price? None

12. 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

13. What annual or monthly income or earnings of yourself and wife and the source derived have you? Pay for by myself about 4.50 per month

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

15. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? Yes, but failed to show why I was not with my command

Sworn to and subscribed before me, this the

3rd day of Oct. 1908
John H. Lindsay
of Dutton County.

William L. Holbrook

Ordinary
of Dutton County.

27 Peten St

Pension office 11-17-18
Let applicant amend and state when he was taken sick, give date, where was command when he left it, with what was he sick, and in what way he was effected, and how he was prevented from returning to his command, honorably accounting for himself away from command to the end of the war, the above all statements to be true. Let the witness Mrs Gilbert amend her statements and state with what applicant was sick, the date and year her husband treated him.
J. V. Lindsay Com of Pensions

Confederate

Soldier's Application

UNDER ACT 1910

Dutton

William L. Holbrook

2

42nd Inf. Reg.

Atlanta

11-17-18

11-17-18

11-17-18

ENTERED PENSION OFFICE

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.

County.

Personally before me comes _____ who on oath

says that they are freeholders residing in said County and we know _____ the applicant for pension and we know the property that is now in the use, possession and control of himself and wife and of its cash value to wit: (Make list by items and values.)

1. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov 1908? (State it fully by items.)

2. When and to whom was it sold or given to?

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

4. What relation is the party to applicant?

5. What disposition was made of the proceeds of the sale?

6. Was the disposition of this property made in good faith and full value? or was it made to obtain a pension?

Sworn to and subscribed before me, this the

day of _____ 191__

Ordinary,

County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

County.

I, _____ Ordinary of said County, certify that I know the applicant _____ in person is the person he represents himself to be and resides in said County. That I also know _____ the witness swearing to the

service and _____ who are freeholders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and their statements are entitled to full faith and credit. That the Tax Returns of _____ shows that _____ and wife

value for tax is in 1908 \$ _____ for 1909 \$ _____ for 1910 \$ _____ for 1911 \$ _____ for 1912 \$ _____ for 1913 \$ _____

Sworn under my hand and official seal of office this _____ day of _____ 191__

NOTE 1. Before any questions are answered the Ordinary shall direct applicant and all witnesses in the following words: "I am so solemnly sworn that you will give answers made to each question asked you and the applicant you shall give about the whole truth as fully as you can."

QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA.

County.

_____ of said State and County is hereby presented as a witness in support of the application of _____ for the pension provided by the Act of 1910, in said State, and after being sworn true answer to make to the questions propounded answers as follows:

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

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

3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State and how do you know? _____

4. When, where and in what Company and Regiment did _____ enlist during war from 1861 to 1865? (Give date and place) _____

5. How did you obtain your information of this Service? _____

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

7. When and where was his Command surrendered or discharged (Give date and place) _____

8. Were you personally present at the surrender? _____

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

10. Was the applicant personally present with his Command at surrender? _____

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

12. When did he leave his Command? _____ Where was his Command when he left it? _____ for what cause did he leave? _____

By whose authority did he leave? _____ and how long was he granted leave? _____ How do you know

all that you have stated to be true? If of your own knowledge (Tell clearly and specifically)

By being in same Co. & Regiment, and acquainted

13. In what way was he prevented from returning to his Command? _____

How do you know?

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

15. Was applicant captured as a prisoner? _____ If so, when and where?

In what prison was he held? _____ and when released

Sworn to and subscribed before me, this the

_____ day of _____ 191__

_____ Ordinary,

_____ County.

GEORGIA, FULTON COUNTY.

Personally came before me W. H. Hallbrook who being duly sworn says on oath in addition to what is said in his claim to what is mentioned. The opponent further says he left home command the last of October 1863. The opponent further says in the state of Kentucky at that time he was very sick and had to be carried from Cumberland Gap to Knoxville Tenn. to get to a hospital and after staying there for some time was furloughed from that place to go home. The opponent says that he made an effort to go back to his command and that he was unable to go or be of any service to the army. He had his furlough from time to time. Sometimes it would run out. He sent surgeons certificates to the authorities of the Confederate army at different times. The opponent said that he was very unable to do service after he went home, he then remained sick to the close of the war.

When the armies passed through Atlanta in 1864 he was at home sick and could not get about, he was right in the path of the armies on the Confederate and on the Federal side. He was about 10 or 12 miles from Atlanta. The Federal army some of the soldiers came to his house to carry him to prison, but he was unable to go, and was left there. He remained under treatment and was unable to do any kind of work. He remained very feeble since that time. The opponent further says he cannot give the exact date when he was taken sick but it was some time in October but he cannot state the exact date, any way he was at the command at Perryville Kentucky. He is positive that it was as soon after the battle of Perryville he was sick of Brights disease and Kidney trouble, after this he was finally affected and could not work at all. He was prevented from returning to his command on account of his inability to go there. The opponent further says that he called attention to the statement of Mrs Gilbert. She says

"That Dr. Gilbert the husband of Mrs Gilbert was his physician and when the armies passed through he had to leave home to keep from being captured from the Yankees and did not return before the close of the war."

Sworn to and subscribed before me this the 20th day of Jan. 1914.

John R. Wilkinson
Ordinary, D.

NAME Helbrook, Wilson L. 1918. Fulton.
YEAR COUNTY

A resident of Georgia 80 years.
WHEN AND WHERE BORN?

March 4, 1882, Atlanta, Georgia.
ENLISTED WHEN AND WHERE?

RANK?

Co. I, 484 Co. Regt. Inf.
COMPANY AND REGIMENT?

NAME OF CAPTAIN AND COLONEL?

Left command the last of October 1943, in Kentucky, was
transported from Cumberland Gap to Knoxville, Tenn. to get to a hospital.
After staying there for some time was furloughed home. Furlough was
extended. Was sick until close of the war, had Brights Disease and
Kidney trouble.

CAPTURED, WHEN AND WHERE?

RELEASED:

WITNESS STATES:- Command surrendered in 1943,
Greensboro, North Carolina.
WHEN AND WHERE SURRENDERED?

Was home 8 miles from
Atlanta on unlimited furlough
from Saint. Maxwell Com. Post
of Atlanta.
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED:

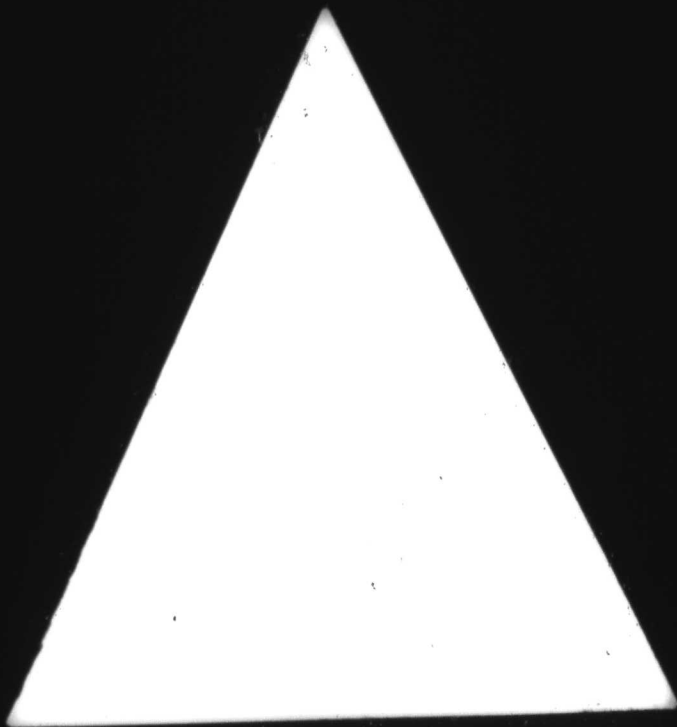
Thomas J. Helbrook-- Same Command-- No data.
WITNESSES:
By.

WITNESSES:
RE.

Thomas J. Hallbrook--

Sans Command--

No date.



POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

herely authorize

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

Witness my hand and seal this

day of

1895.

Executed in presence of

App't Richard Johnson
Halecomb, F. S.
Richard Johnson
F. S.

No. 733
Halecomb, F. S.
F. S.

INDIGENT PENSION

1895.

Name *Elyah S. Halecomb*

County

Andover

Ground

July 11 1896
RICHARD JOHNSON,

Secretary Executive Department

WARRANT HANDED TO

App't

Geo. W. Jackson, State Printer, Atlanta

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

1895.

Executed in presence of

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

Fulton County.

Elijah S. Holcomb 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) *Elijah S. Holcomb, Oak Shade P.O., Fulton Co., Georgia*
2. Where did you reside on January 1st, 1864, and how long have you been a resident of this State? *Oak Shade in said County & State. Resided in this State all my life*
3. When and where were you born? *January 28 1831 in Sumner Co. Mo.*
4. Did you volunteer in the Confederate Army or in the Georgia Militia? *Yes in the Confederate Army*
5. *Was not engaged in military service in the Georgia Militia in 1864*
6. In what company and regiment did you enlist? *9th Ga. Battalion of Artillery*
7. How long did you remain in that company and regiment? *Until close of the war*
8. If you were discharged from same and joined another, or if you were transferred to another, give an account of such discharge or transfer? *Was not discharged, as there was no discharge in Confederate Army after fall of our Army in State of Ga.*
9. For how long a period did you discharge regular military duty? *About three years*
10. When, where and under what circumstances were you discharged from service? *Discharged at Macon May 1 1865 by Capt. H. B. Borrell, Major, 9th Ga. Inf.*
11. What is your present occupation? *Farming in a very small way*
12. How much can you earn per annum by your own exertions or labor? *Cannot afford to say*
13. What has been your occupation since 1865? *Farming in a small way*
14. What sum would be necessary for your support for this pension year, and how much are you able to contribute thereto either in labor or income? *\$75.00 - Probably can do more*
15. What is your present physical condition and how long have you been in such condition? *Am disabled, contracted during War - Bronchitis - occasional attacks - infirmity of old age - General disability - Have been able to do some work for the year*
16. Upon which of the following grounds do you base your application for pension, viz.: first "age and poverty," second "infirmity and poverty" or third "blindness and poverty"? *Age 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? *Am not able to earn my support for several years on account of infirmity - infirmity in lungs, cough & bronchitis trouble began during the war - became very much worse late in 1865 - in 1866 I was unable to do any work*
18. What property, lands or income do you possess? *No land, no income - some small property worth twenty dollars, Oak Shade, Fulton Co., Ga.*
19. What property, lands or income did you possess in 1893 and in 1894 and what disposition, if any, did you make of same? *Nothing more than I now have*

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

Fulton - Returned to Oak Shade for taxation

21. How were you supported during the years 1893 and 1894? *Partly by my work - partly by others*

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? *Expenses for food, clothing, etc. about \$100.00 and what I could earn by my own labor*

23. For how long a period were you unemployed during 1893 and 1894? What day did you receive in each year? *Farming - Paid by part of the wife - cannot say exactly what I receive in the money - but it was used up in my food*

24. Are you married and have you a family? If so, in your wife and how many children have you? Give age and sex of children and their means of support? *Married, Wife & 3 children in all*

3 boys ages 16, 24 & 18 - The two oldest farming on Oak Shade in Sumner Co. Ga.

3 girls - 11, 15 & 8 - Oldest in two families at home with me & 2 sons of support

at Oak Shade, Fulton Co. Ga.
No 113
Holcomb, E. S.
INDIGENT PENSION
1895.
Elijah S. Holcomb
Fulton
July 1896
RICHARD JOHNSON,
Secretary, Pension Department
WARRANT ISSUED TO
Apply

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

None
Sworn to and subscribed before me this the
30th day of March 1895.
M. L. Holcomb
Ordinary
d. Fulton County.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA.

Fulton County.
John H. Williams of said State and County, having been presented as a witness in support of the application of E. S. Holcomb 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?
John H. Williams, Buckhead, N. H., Fulton Co. Ga.
2. Are you acquainted with E. S. Holcomb, the applicant, if so how long have you known him?
Since 1862.
3. Where does he reside, and how long has he been a resident of this State?
Fulton County, since service of his war.
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know that?
I know he served in Confederate Army.
5. When, where and in what company and regiment did he enlist?
in Atlanta, Company D, 9th Ga. Artillery.
6. Were you a member of the same company and regiment?
Same Battalion & Company.
7. How long did he perform regular military duty, and what did you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service?
From Feb 10th of 1865. About time of surrender & emancipation of the ending of the war.
8. What property, effects or income has the applicant? (Give your means of knowledge.)
He has no property - no income.
9. What property, effects or income did the applicant possess in 1893 and 1894, and what disposition, if any, did he make of same?
None - He spent a little, household stuff.
10. What is the applicant's occupation and physical condition?
He is disabled - He is - Cannot support himself - old age - appears to have long health.
11. Is the applicant unable to support himself by labor of any sort, if so, why?
Unable - on account of old age - general weakness - no capital - long health.
12. How was he supported during the years 1893 and 1894?
Family charity - a little from the county.
13. What portion of his support for those two years was derived from his own labor or income?
Made a little by labor - family charity - no other.
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 has infirmity & old age - most deadly. He was a good soldier - he is unable to take care of himself - it is dependent on others for his support.
15. What interest have you in the recovery of a pension by this applicant?
None whatever.

Sworn to and subscribed before me, this
the 30th day of March 1895.
M. L. Holcomb
Ordinary
M. L. Williams
Witness

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA.

Fulton County.
Personally came before me
G. J. Pierce
both known to me as reputable physicians.

of said county, who being severally sworn, say on oath that they have examined carefully E. S. Holcomb applicant for pension under the Act of 1894, and after such personal examination, say that his precise physical condition is as follows:

*Chronic Bronchitis & Asthma.
Old age Poverty and general debility.*

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

Sworn to and subscribed before me, this
the 19th day of April 1895.
G. J. Pierce
W. L. Holcomb
Ordinary
R. L. Hope
W. L. R.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

Fulton County.
I, M. L. Holcomb, Ordinary in and for said County, hereby certify that the applicant E. S. Holcomb resides in said County, and was a bona fide resident of this State on the first day of January, 1894, and that the witnesses, viz: J. H. Williams, G. J. Pierce and R. L. Hope are of trustworthy character and that their statements are entitled to full faith and credit.

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

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

Witness my hand and seal of office, this 19th day of April 1895.
M. L. Holcomb
Ordinary
of Fulton County.

NOTE.

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

- George - Long Foster*
12. How was he supported during the years 1893 and 1894? *By his parents & friends - I am a little from the County*
13. What portion of his support for these two years was derived from his own labor or income? *Made a little by day farming & his father. Perhaps half of his support*
14. Give a full and complete statement of the applicant's present condition that entitles him to a pension under the Act of December 15th, 1891? *He was infirmity & old age most decidedly. He was a good soldier - He is unable to take care of himself; it is dependent on others for his support*
15. What interest have you in the recovery of a pension by this applicant? *None whatever*

Sworn to and subscribed before me, this
the 30th day of March 1895.

W. L. Bachman

Ordinary

J. W. Williams

Applicant

Witness

I further certify that the tax digests of
returned for taxation in his name in 1893,
of property, and in 1894,

Fullton County show that applicant
nothing dollars
nothing dollars of property.

Witness my hand and seal of office, this 19th day of April 1895.

W. L. Bachman Ordinary

of *Fullton* County.

NOTE.

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

STATE OF GEORGIA.

County.)

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

Witness my hand and seal this

-day of

1500

Executed in presence of

(18)

[illegible]

N

INDIGENT PENSIO

1900.

Name: Robert A. Plecovich

County Orinda

Q. K. 42 Jan 1

Approved _____ 1107

JOHN W. LINDSEY

WARRANT HANDED TO

4-5-1967

423-12

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.

Executed in presence of _____ (L. S.)

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

County.

H. H. Halcomb of said State and County, having been presented as a witness in support of the application of J. D. Halcomb for pension under Section 1264, 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? H. H. Halcomb
Franklin County Ga.

2. Are you acquainted with J. D. Halcomb, the applicant; if so how long have you known him? all his life 830

3. Where does he reside, and how long and since when has he been a resident of this State? Franklin Co. This year but over this County yet a few

4. When, where and in what company and regiment did he enlist, and how do you know? In 1862 at Decatur Water Ga. - Company K. 62 - 1st Regt.

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

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? 3 years
He was good soldier; at surrender 1865 -

at surrender close

7. What property, effects or income has the applicant? (Give your means of knowledge.) a few house things He has land right at
home at present

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? Nothing except a few
house things about 1898 - 1899

9. Has he conveyed any any of his property in the last four years, if so, what was it, and to whom? Had nothing to convey away

10. What is the applicant's occupation and physical condition? trying to farm when
he is old. Cannot do any thing scarcely. Has rheumatism
if long standing. Not able to get a horse

11. Is the applicant usually to support himself by labor of any sort, if so, why? He is unable to support himself by labor of any sort
if long standing. Not able to get about at all, thing
supported during the years 1898 and 1899? by his family

12. What portion of his support for these two years was derived from his own labor or income? Very little if any thing

13. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1264, Code? He has Rheumatism of long
standing. Not able to do any
kind of manual labor. Has
disability in fact and in law. Not able to get about at all, thing

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

Sworn to and subscribed before me, this _____ day of _____, 1900.

H. H. Halcomb Witness
J. D. Halcomb Ordinary: S. A. Foster

Pension Office, the 1st of Nov. 1900. Mr. Halcomb and Mr. Foster have been paid from their pay for the month of Nov. 1900. and a letter has been sent to the Pension Office of the Government of the State of Georgia. Mr. Halcomb is by a pensioner only and has not sold him and known the fact of his return of his pension. Mr. Foster is by a pensioner only and has not sold him and known the fact of his return of his pension.

INDIGENT PENSION 1900.

J. D. Halcomb
P. H. Halcomb
Franklin County
Nov. 1900

JOHN W. LESTER, Notary Public.

420-13

COUNTY.

such personal examination may that his present physical condition is as follows:

*Spontaneous Eruptions Constantly
in the form of small vesicles,
forming a ring about the mouth or the nose - also
about the chest & back & abdomen.*

Sworn to and subscribed before me this the

20 day of July 1900.
M. M. M. Ordinary

COUNTY.

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 each witness before same was signed.

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

Witness my hand and seal of office, this 27 day of 2 1900.

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

County

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

8. How long and since when have you been a resident of this State? *Since*

8. When and where were you born? March 7 - 1934 (1936)

4. When and where and in what company and regiment did you enlist or serve? 1962

~~And Walter Young has 15. and 16. and 17.~~
~~Tom Pearson~~

8. How long did you remain in such company and regiment? until the
surrender of 1865

6. For how long a period did you discharge regular military duty? About 3 years

7. When, where and under what circumstances were you discharged from service? 12/16/68

At the end of the civil war, and
surrender of Lee army in 1865

8. What is your present occupation? *Not able to do anything*

9. How much can you earn (gross) per annum by your own exertions or labor? Nothing

11. Upon which of the following grounds do you base your application for pension, viz: first, "age and

12. If upon the first ground state how long you have been in such a situation? *reference to D.P.*

12. If upon the first group, 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? *Refined,*
Autumn 1846. Chronic Rheumatism

able to do anything since 1896.

Swampy ground on right shoulder caused by bulle

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

14. What property, effects or income did you possess in 1894, 1895, 1896, 1897, 1898 and 1899, and

what disposition, if any, did you make of same? Left in 1896, arranged
1 Pair Mules & Wagon, sold at auction

fall of 1996 the Thousand Dragoon was awarded

15. In what County did you reside during those years, and what property did you then return for taxation?
Franklin Co. N. H.

16. How were you supported during the years 1898 and 1899? By his family.

17. How much did your support cost for each of these years, and what amount in 1932?

11. How much did your support cost for each of those years, and what portion did you contribute by your own labor or income? about \$2000

18. What was your employment during 1898 and 1899? What pay did you receive in each year?

16. Have you a family? If so, who composes such family? Give their means of subsistence? Have they

a homestead? yes wife & one child.

Farming no harvest

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

10/15/1911

Sworn to and subscribed before me this, the 2nd day of July, 1993.

day of July, 1900.)
John H. Hines Ordinary.
 Applicant.

of Santa County.

14

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 _____

INDIGENT
SOLDIER'S PENSION
1902.

Name *J. D. Holcomb*
County *Fulton*

Regiment *62nd*
Inf

WARRANT ISSUED

4/4 1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

John W. Lindsey, New Prison, Albany

INDIGENT
SOLDIER'S PENSION
1907.

Name *J. S. Holcomb*
County *Fulton*
Co. *2d* Regiment *62nd*

WARRANT ISSUED

4/4 1907.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

John W. Lindsey, New Prison, Albany

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Fulton County.

Personally appears J. D. Holcomb 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 3 yrs in Company of 62th Regiment of Tenn; that his physical condition is as follows:

Infirmary & Poverty

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 _____ 1902.

STATE OF GEORGIA,
Fulton County.

John R. Wilkinson

Ordinary of said County,

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

Given under my official signature and seal, this 14th day of Jan 1902.

John R. Wilkinson

Ordinary

Fulton County.

Note.—The blank spaces must be filled.
Note.—Affidavit should not be attested before January 1st, 1903.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Fulton County.

Personally appears J. D. Holcomb 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 _____ 1830; that he is 76 years old and by occupation a _____ that he enlisted in the military service of the Confederate States (or of the State of Tenn) during the war between the States, and served for the term of 3 yrs in Company of 62th Regiment of Tenn; 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 Fulton County, been allowed a pension for the year 1906.

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

John R. Wilkinson Ordinary.

State of Georgia,

Fulton County.

John R. Wilkinson

Ordinary of said County,

do certify that I am well acquainted with J. D. Holcomb the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 2nd 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 _____

(FOR THOSE ALREADY ENROLLED.)

No. 157

INDIGENT

**SOLDIER'S PENSION
1903.**

Name *J. D. Holcomb*

County _____

Co. *A* Regiment *62nd*

Wm.

WARRANT ISSUED

1/20 1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Wm.

Gen. Warren, New Prison, Atlanta.

no data

(FOR THOSE ALREADY ENROLLED.)

No. 308

INDIGENT

**SOLDIER'S PENSION
1904.**

Name *J. D. Holcomb*

County *Fulton*

Co. *H* Regiment *62nd*

Wm.

WARRANT ISSUED

1/20 1904.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Wm.

Gen. W. Warren, New Prison, Atlanta.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.)

Personally appears J. D. Holcomb 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 1876 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 Texas) during the war between the States, and served for the term of 3 yrs in Company R, of 6th Regiment of Texas; 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 of 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 1st day of JAN 20 1903. 1903 J. D. Holcomb Ordinary.

STATE OF GEORGIA,

Fulton County.)

I, John R. Wilkinson Ordinary of said County, do certify that I am well acquainted with J. D. Holcomb the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 John R. Wilkinson Ordinary County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.)

Personally appears J. D. Holcomb 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 1876 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 Texas) during the war between the States, and served for the term of 3 yrs in Company R, of 6th Regiment of Texas; 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, 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 1st day of JAN 20 1904. 1904 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. Holcomb the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1904 John R. Wilkinson day of

Ordinary County.

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

Holcomb, J. P.
Fulton County

(FOR THOSE ALREADY ENROLLED.)

K-62 No. 181
Indigent

INDIGENT
SOLDIER'S PENSION
1905.

Name *J. P. Holcomb*
County *Fulton*
Co. *A. Regiment 62nd*

WARRANT ISSUED

4/5 1905.

JOHN W. LINDSEY,

(Commissioner of Pensions.)

WARRANT HANDLED TO

CH

no date

Holcomb, J. P.
Fulton Co.

(FOR THOSE ALREADY ENROLLED.)

K-62 No. 181
Indigent

INDIGENT
SOLDIER'S PENSION
1906.

Name *J. P. Holcomb*
County *Fulton*
Co. *A. Regiment 62nd*

WARRANT ISSUED

4/7 1906.

JOHN W. LINDSEY,

(Commissioner of Pensions.)

WARRANT HANDLED TO

CH

no date

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY }

I, _____ hereby authorize

of _____

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

at _____

by _____

WITNESS my hand and seal, this _____ day of _____ 1906.

[L. S.]

Executed in the presence of _____

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.

Personally appears J. D. Halcomb 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 3 yrs in Company 4, of 10th Regiment of Georgia; 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 of 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. J. D. Halcomb
Ordinary.

STATE OF GEORGIA.

Fulton County.

I, _____ Ordinary of said County,

do certify that I am well acquainted with J. D. Halcomb the applicant in the foregoing affidavit and am well satisfied that the statements made by him in his said affidavit are true, and I know 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.

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. D. Halcomb 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 _____ 1863; that he is 76 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 4, of 10th Regiment of Georgia; 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 Fulton County, been allowed a pension for the year 1905.

Sworn to and subscribed before me, this _____ day of JAN 1 1906. J. D. Halcomb
John P. Richardson Ordinary.

State of Georgia,

Fulton County.

I, _____ Ordinary of said County,

do certify that I am well acquainted with J. D. Halcomb the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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.

Ordinary Fulton County.

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

Georgia Fulton County

Personally came before me
Mrs V M Holcomb who on
oath says that she is the wife
of J. D. Holcomb of said
County. That J. D. Holcomb
came home on sick furlough
about the last of March 1865 for
30 days - Saw his furlough
myself. His furlough had
not expired at time of the
surrender. He was very
much afflicted and has
suffered ever since from
wound in shoulder and
other diseases contracted
while in service.

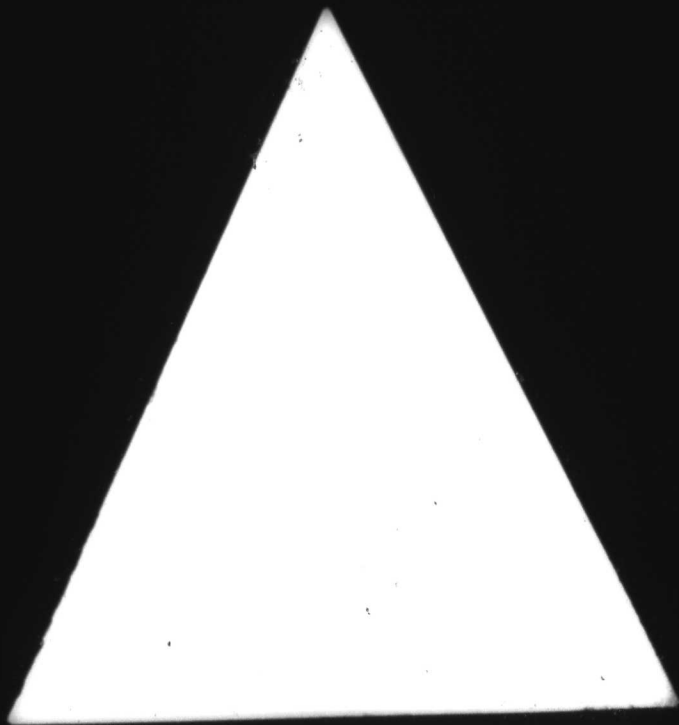
Sworn to & Subscribed
before me
Sept 10th 1901
John R. Wilkerson
Ordinary
I certify that Mrs V M Holcomb
lives in Fulton County and
entitled to be believed
Sept 10th 1901 - John R. Wilkerson
Ordinary

Georgia Fulton County

Personally came before me
J D Holcomb Applicant who
on oath says - that in answer
to question 5 he said he
served until Surrender 1865 -
The facts are - that he was
taken prisoner near Knox
ville Tenn in the fall of
1864 - that he was captured
while on duty in an en-
gagement with the enemy.

He was carried as prisoner
of war to Camp Chase Ohio
where he was confined
until March 1865 - was
then sent to Richmond Va
and exchanged - He was
then very sick and unable
to do service and was sent
to Chamber Rizer Hospital
in Richmond where he re-
mained until about 30th
of March 1865. He then got a
sick furlough for 30 days
and came home. His furlough
had not expired at the time of
the surrender in April 1865.

Says he has suffered from the
same in his shoulder and
other diseases contracted
in prison ever since the war
brought to 4 subscribers
before me } J. S. Not comh
Sept 10th 1901 }
John R. Washington
Orwamy



P. S. Sullivan
April 1919

Widow's Application

To Be Put on Roll in Her Own Right When
Husband Was on the Indigent Roll or
Put on Under Act of July 11, 1910

County *Huxton*

Married *James M. Huxton*

Widow of *J. M. Huxton*

Residence *St. Louis*

Regiment *62nd Penn*

Approved _____

J. W. LENDINEY,
Commissioner of Pensions

State Printing Co., State Printer, Athens.

1029-1714

WIDOW'S AFFIDAVIT

STATE OF GEORGIA, Fulton COUNTY

Personally before me comes Mrs. Nancy M. Holcomb of said County, who, after being duly sworn on oath, says that she is the widow of J. D. Holcomb to whom in the County of Fulton State of Ga she was married on the 16 day of Aug 1862, and that she remained his wife, and resided with him to the date of his death in May 29 1888 and that she has not since his death remarried. At the time of his death he was a resident of Fulton County, in Ga said State of Georgia, and he was on the Indigent Pension Roll of the State and paid a pension of \$8.03 in Fulton County for 1913 per annum, on account of being a soldier in Company Co. H. 68th Tenn. Regiment (Volunteers of State Militia).

At the death of J. D. Holcomb he was in the use and possession of the following property None of the cash value of \$ None

What property of any kind and of any value have you in your use, control and possession now, and the cash value, (State fully and where situated.)

Acres land	0
Horses and Mules	0
Hogs, Cows, etc	0
Total Cash value of all property	0

That she is now a bona fide resident citizen of said County of Fulton and she has so continuously resided since April 1917

Sworn to and subscribed before me, this the 17 day of June 1918 Nancy M. Holcomb Ordinary, of Fulton County.

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

STATE OF GEORGIA, Fulton COUNTY

Personally before me come Mrs. E. S. Bostick known to be responsible and truthful persons, residing in said County, who after having duly sworn on oath, say: that of their own personal knowledge Mrs. Nancy M. Holcomb who made the foregoing affidavit, is the lawful widow of J. D. Holcomb who died in Fulton County in said State of Ga on 29 day of May 1888, and that she has not since remarried. That she became the wife of he on the 16 day of Aug 1862, and that she and he had resided together as man and wife continuously since 18 day of 18, and that the 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 27 day of June 1918 Mrs. E. S. Bostick Ordinary, of Fulton County.

Widow's Application

To the Pension Roll in the Case of Indig. Wid. M. Holcomb Who was the lawful wife of J. D. Holcomb died on May 29 1888

County Fulton

Wife of J. D. Holcomb

County Fulton

Wife of J. D. Holcomb

County Fulton

Wife of J. D. Holcomb

County Fulton

Wife of J. D. Holcomb

County Fulton

1917-18-19

Application for Pension Due to a Deceased Pensioner

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

(Under Act Approved August 15, 1904)

GEORGIA, Fulton County

Personally before me, the Ordinary of said County, comes H. B. Baulston of said County, who, after being sworn, on oath says that he knew Mrs. Nancy M. Holcomb 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 20 day of Oct 1927, and that a Pension of \$ 50 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 \$137.50 per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me

Arthur B. Marshall Ordinary
Fulton County

H. B. Baulston

(Seal of Ordinary)

CERTIFICATE OF ORDINARY

GEORGIA, Fulton County

I, Thos. H. Jeffries Ordinary of said County, do certify that I personally know H. B. Baulston of Awley Granges Co who is a resident citizen of said County, and that said person is of truthful and trustworthy character, entitled to full faith and credit, that I also know Mrs. Nancy M. Holcomb while in life and that this was the same person whose name appears on the Pension Roll of Fulton County, and she paid a Pension of Fifty Dollars (\$50) 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

(Seal or Ordinary)

Thos. H. Jeffries Ordinary
Fulton County

INSTRUCTIONS

1. Requiring these claimants 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.

2. 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 this last illness for funeral expenses, as the case may be of _____ who died without owing sufficient property to pay this bill."

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

4. 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.

5. The Ordinary signs per roll, or Ordinary, for the pension and then delivers the money himself without receipt.

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

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

AFFIDAVIT OF TWO FREEHOLDERS

STATE OF GEORGIA, Fulton County

Personally before me, _____ who after being sworn on oath says, that they are freeholders of said County, and that they know _____ of said County and knew her said husband _____ who she died on the _____ day of _____ 1927 that she and he were in the possession and control of the following property to-wit:

_____ of the value of \$ _____ that she and he were in the possession and control of the following property at his death to-wit:

_____ of the value of \$ _____ that she and he were in the possession and control of the following property at his death to-wit:

Sworn to and subscribed before me, the _____ Ordinary, _____ County.

ORDINARY'S CERTIFICATE

STATE OF GEORGIA, Fulton County

Arthur B. Marshall Ordinary of said County, do certify, that, I know Mrs. Nancy M. Holcomb 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 June 17 1918

That I also know _____ witness as to marriage and I also know _____ who I know to be a resident freeholder of said County that all of the foregoing were duly sworn by me before signing the respective affidavits and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

That the tax Books of Fulton County shows that She returned property to the amount of \$ _____ for 1908, \$ _____ for 1909, \$ _____ for 1910, \$ _____ for 1911, \$ _____ for 1912, \$ _____ for 1913, \$ _____ for 1914, \$ _____ for 1915, \$ _____ for 1916, \$ _____ for 1917, \$ _____ for 1918.

Sworn under my hand and official seal of office this 19 day of Oct 1918

(SEAL)

Arthur B. Marshall Ordinary
Fulton County

NOTES: 1. Before any questions are answered the Ordinary shall swear solemnly 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 answers you shall give will be the truth. Do help you God."
2. Additional affidavits may be obtained if stock species are insufficient.
3. All affidavits must be made before the Ordinary.
4. Only widows who married prior to first January, 1870, are entitled.
5. Attache certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

80d. Each account must be sworn to before the Ordinary, and to the following terms: (Do not use the terms: "paid, 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.

80e. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached thereto to this blank, after this blank has been properly completed as indicated.

80f. The completed voucher—this blank and the bill—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.

80g. The Ordinary signs per bill, as Ordinary, for the pension and then delivers the money himself and takes receipt.

80h. Return this application, and attached bill, with your final settlement, to the Pension Department.

80i. Ordinary should see that the back of this blank, when filled, is filed on.

NOTES: 1. Answer any questions are answered the Ordinary shall swear against and the witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the witnesses 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, 1917, are entitled.

5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

Holcomb, Nancy M. (Mrs.)

For Fulton County

1927

Application for Pension Due Deceased Pensioner

(UNDER ACT 1919)

(To pay expenses of last illness and funeral)

By Thos H Jeffries Ordinary

For Mrs. Nancy M. Holcomb

Date of Death Oct 20 1927

Amount \$ 170.00

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 payrolls to be permanently filed with them. Do not keep this application in your office.

OK

JOE W. AWTRY, Sec. & Treas.

FRANK E. LOWNDES Vice-Pres. & Mgr.

ATLANTA, GA. Dec/28/1927/ 192

M. Messrs. H.D. and J.B. Holcomb,

#1004 Nirsch Street, Atlanta, Ga.

TO AWTRY & LOWNDES CO., DR.

FUNERAL DIRECTORS

AMBUANCE SERVICE

17 WEST CAIN STREET

Phone | WA 2066

7067

For the funeral of Mrs. Nancy M. Holcomb.

Oct/20/1927/	Casket.	90.00
	Burial case.	10.00
	Hearse.	10.00
	Delivery.	2.00
	Robe.	15.00
	Constitution.	2.25
	Journal.	1.00
	Georgia.	1.00
		\$122.55

Georgia, Fulton County.

Personally appeared H.D. Bankston, of Awtry & Lowndes Co., who swears that the above bill is just and true, and was for funeral expenses of Mrs. Nancy M. Holcomb, deceased.

Sworn to and subscribed before me, this 28th day of December, 1927.

H.D. Bankston

John W. Clark
Ordinary

State of Georgia
Gwinnett County

Personally before me came
Mrs M. H. Harrison of Gwinnett
County, Ga who being sworn, on
Oath says, that she was present
at the marriage of J. D. Valcomb
and Mrs. Mary A. Fuller on
August 16th 1864 in Franklin
County Georgia, and that said
J. D. Valcomb and his wife
have lived together from the
date of matrimony until his
death in May, 1918

M. H. Harrison

Seen to and subscribed before me

this 1st day of July, 1918.

David C. Mason
C. C. ORDINARY



THE END

MICROFILMED FOR

GA. DEPT. OF
ARCHIVES AND HISTORY

(PENSION APPLICATIONS OF CONFEDERATE SOLDIERS AND WIDOWS WHO APPLIED FROM GEORGIA)

Title

HAMKINS, (MRS) LAURA A.
(GEORGE W.)

THRU HOLCOMBE, (MRS) NANCE M.
(J. D.)

FULTON COUNTY

FULTON COUNTY

Volume
GCP- 193
GCP

Number
2892139-193
2892139

I CERTIFY I WAS THE OPERATOR WHO
PHOTOGRAPHED THIS FILM.
IN ATLANTA, GEORGIA, AUGUST 31, 1962

J. P. Surles
Operator
J. P. SURLS

DATE

15X - V

1125

MANN FILM LABORATORIES

END

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT

No. 2150

Atlanta, Ga. May 3. 1889.

Mr. Solomon C. Neuse 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, 1888, and the same having been allowed for

Loss of right leg

He is entitled to receive the sum of One Hundred ~~00~~ 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. H. Harrison
CLERK EXECUTIVE DEPARTMENT

\$100.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

One Hundred ~~00~~ Dollars,
per above voucher, this 3. of May 1889.

S. C. Neuse

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT

No. 254

Atlanta, Ga. Feb 5. 1890

Mr. S. C. Neuse 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,

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

Loss of right leg

He is entitled to receive the sum of One Hundred ~~00~~ Dollars
for such disability, the same being the allowance due for the year ending October 24, 1890.

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

By the Governor,

W. H. Harrison
CLERK EXECUTIVE DEPARTMENT.

\$100

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

One Hundred ~~00~~ Dollars,
per above voucher, this 3. of Feb. 1890

Solomon C. Neuse

Audited

1891.

COMPTROLLER GENERAL.

*Henson, Solomon C.
Fulton*

1891.

Maimed Soldiers.

Voucher No. *659*

Amount \$ *10 00*

Paid *Solomon C. Henson*

for Loss of *Leg*

Dec 12

1891

Included in warrant No.

Issued to Treasurer.

1891

WARRANT-CLERK

Gen. W. Harrison, State Prison, Atlanta.

applicant

NAME, Henson, Solomon C.

1879

WHEN AND WHERE BORN?

ENLISTED WHEN AND WHERE?

COMPANY AND REGIMENT? Private Co. F, 4th. Regt. Georgia Vols.
Co. F, 8th. Battalion Georgia.

NAME OF CAPTAIN AND COLONEL? Captain G.R. Meas.

WOUNDED? Frederickburg, Va., December 13th. 1862. Right leg.
same was amputated below the knee.

CAPTURED, WHEN AND WHERE?

RELEASED,

WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED,

WITNESSES, G.R. Meas. Captain. No data.

P.O. 1879

COUNTY. Fulton County.

NAME, **Henson, Solomon C.**

WHEN AND WHERE BORN?

ENLISTED WHEN AND WHERE?

COMPANY AND REGIMENT? **Private, Col F, 4th Regiment Co. Vols.
Boles Brigade.**

NAME OF CAPTAIN AND COLONEL?

WOUNDED? **Fredericksburg Va., Dec. 13, 1862 - lost right leg below knee.**

CAPTURED, JULY 1863?

RELEASED,

WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHEN AND WHERE?

DIED, WHEN AND WHERE?

BURIED,

WITNESSES, **None.**

P.O. **1889**

COUNTY. **Fulton**

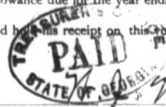
STATE OF GEORGIA.
EXECUTIVE DEPARTMENT.

1891.
No. **659**

Atlanta, Ga. July 12, 1891.

Mr. **Solomon C. Henson** 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 Acts
approved Dec. 24, 1888 and Nov 11, 1889, and the same having been examined and allowed for
Loss of Right
He is entitled to receive the sum of **One Hundred** Dollars
for such disability, the same being the allowance due for the year ending October 24, 1891.

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



By the Governor,

GOVERNOR.

W. H. Harrison
SEC'Y EXECUTIVE DEPARTMENT.

\$100

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

One Hundred 00/100 Dollars.
per above voucher, this **12** of **July** 1891.

Solomon C. Henson

P.O.

1899

COUNTY.

Fulton

One Hundred and 87 Dollars,
per above voucher, this *15* of *July* 1891.

Solomon C. Henson

STATE OF GEORGIA

Stella County

I, Dr. H. A. Williams Ordinary of said County,

do certify that I am well acquainted with Am. St. Williams 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, as the cause he claims, and I know he is the individual he represents himself to be, and that he resides in this County.

I further certify that:

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

Given under my official signature and seal this 6 day of Feb 1891.

Dr. H. A. Williams Ordinary Stella County.

1891

Stella County

PAID 1891, No.

No. 475

Application for Allowance

FOR THE YEAR ENDING SEPTEMBER 30, 1891.

I, Dr. H. A. Williams

Applicant, Dr. H. A. Williams

County, Stella

Amount, \$100.00

Date of Warrant, Feb 10

Returned on, Feb 10 1891

Warrant No. 475

Applicant, Dr. H. A. Williams

County, Stella

Amount, \$100.00

Dr. H. A. Williams
Feb 10 1891
To certify Mr. Williams
to an allowance for
total disability due
to a stroke of the
paralysis of the
right side of the
body, and showing that
the present condition
of applicant is directly
the result of his stroke,
and applicant must
also testify to same.
Let it be stated by
physician to effect
W. H. Williams
Sec. of St.

Sumner and Andrews before me.
February 10th 1891

Mr. Locantore

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.

Fuller County.
 PERSONALLY KNOWN William H. Hanson of Fuller
 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 _____ 1862; that he enlisted in the military service of the Con-
 federate States (as of the State of _____) during the war between the
 States, and served as a _____ Private _____ in Company _____ of _____ 88th Regiment
 of _____ Volunteers _____ Brigade; that whilst engaged
 in such military service at the battle of _____ Seven Pines _____ in the State
 of _____ on the _____ 27 _____ day of _____ June _____ 1862, he was
 wounded as follows: _____ shot through the right foot and
 right leg rendering him unable to walk
 immediately and eventually disabled

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

Sworn to and subscribed before me, this, 25th day of Feb 1891. } 1890 dollars, for } Wm. H. & H. M. M. M.

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

POWER OF ATTORNEY.

STATE OF GEORGIA.

Know all Men by these Presents, That I, _____
of _____ County, State of Georgia, do hereby appoint

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

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

Executed in the presence of us

DIRECTION

Send money to me as follows, by

~~STATE OF GEORGIA~~

County, Georgia.

P. O

Executed in the presence of us:

[L. S.]

DIRECTION.

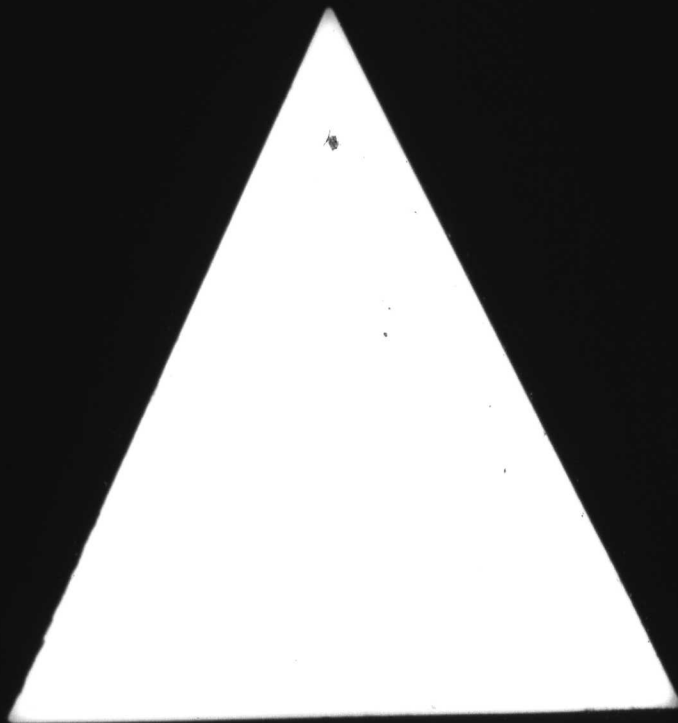
Send money to me as follows, by

to

P. O.

STATE OF GEORGIA

County, Georgia.



POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY }

I, _____

lawfully authorize

to receive and receipt for the pension allowed, and payable that he shall come to _____

at _____

by _____

Witness my hand and seal, this _____

day of _____

1902.

Executed's presence of _____

(L. S.)

INDIGENT PENSION,
1902.

Name E. J. Kerndon

County Fulton

Co. B 12th Reg't

Approved _____ 1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDS TO _____

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

One V. Harrison, State Printer, Atlanta

9/15-902

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.

Executed in presence of

(L. S.)

INDIGENT PENSION,
1902.

Name Edmund

County Fulton

Approved B. 12th Apr 1902

1902

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT RETURNED TO

Authority only valid when State of Indigency, Compensated

and dependent on local or industrial efforts.

John W. Lindsey, State Printing, Albany

9/13-1902

Questions for Applicant.

STATE OF GEORGIA,

County.

1. What is your name and where do you reside? Give State, County and post office.
Fulton County, State of Georgia
2. How long and since when have you been a resident of this State? 67 years
3. When and where were you born? June 25th 1834
4. When and where and in what company and regiment did you enlist or serve?
1861-1862 in the 1st Regt. Co. 4th
5. How long did you remain in each company and regiment? 4 years, until Surrender.
6. When and where was your company and regiment surrendered and discharged?
Petersburg, Virginia
7. Were you present with your company and regiment when it was surrendered?
8. If not present, state specifically and clearly, where you were, where you left your command, for what cause and by whose authority?
In Federal Prison at Tomb-Lock-out
9. How much can you earn (gross) per annum by your own exertions or labor? About \$7.00
10. What has been your occupation since 1860? Farming and carpenter work
11. Upon which of the following grounds do you base your application for pension, viz: 1st, "age and poverty," 2nd, "infirmary and poverty," or third, "blindness and poverty"? age and poverty.
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight?
about four years.
13. What property, real or personal, or income, do you possess, and its gross value? None.
14. What property, real or personal, did you possess in 1864, 1865, 1866, 1867, 1868, 1869, 1890 and 1901, and what disposition, if any, by sale or gift, have you made of same? None.
15. In what County did you reside during those years, and what property did you then retain for taxation?
Fulton County, Georgia, the Cobb Tax.
16. How was your support during the years 1864, 1865, 1866, 1867, 1868, 1869, 1890 and 1901?
My own labor and a little.
17. How much did your support cost the each of those years, and what portion did you contribute thereby for your own labor or income? About \$7.00 my own labor \$5.00
18. What was your employment during 1868, 1890 and 1901? What pay did you receive in each year?
Barber shop about \$5.00 worked only at intervals.
19. Have you a family? If so, who compose such family? Give their means of support? Have they a homestead? Yes. 2nd wife & boy Edward, works at his factory. Affirmative & am not married.
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? Yes.
22. How many applications have you ever made and under what date? One, last year.

Subscribed before me this _____ day of _____, 1902.

John W. Lindsey

Fulton County.

Every Question MUST be Answered.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Bibb COUNTY,

John A. Jarrell of said State and County, having been presented as a witness in support of the application of C. J. Hurndon for pension under Section 1354, Code, and after being duly sworn, that answers it make to the following questions, depose and swear as follows:

1. What is your name and where do you reside?
John A. Jarrell, Bibb County, Ga.
2. Are you acquainted with C. J. Hurndon the applicant; if so, how long have you known him?
for about 40 years
3. When does he reside, and how long and since when has he been resident of this State?
Atlanta Ga. - for 40 years
4. When, where and in what company and regiment did he enlist, and how do you know?
May 1864, Jones County, Ga. - Company B, 12th Regt. Ala. Inf.
5. Were you a member of the same company and regiment?
Yes
6. How long did he perform regular military duty?
from June 1864 to 11 Oct 1864
7. When and where was his command surrendered?
After getting 17th
8. Were you present when it surrendered?
Yes, I was present
9. Was applicant present?
He was not. He was a fallen prisoner
10. If he was not present, where was he?
On his way home
- When did he leave his command?
19th Sept 64 For what cause?
Captured
- By what authority he left?
I was present How do you know all of this?

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

12. What property, effects or income did the applicant possess in 1860, 1867, 1868, 1869, 1870 and 1871, and what disposition, if any, did he make of same?
None

13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom?
He has not

14. What is the applicant's occupation and physical condition?
Headman, 17th Regt. and Atlanta, Ga.

15. Is the applicant unable to support himself by labor of any sort, if so, why?
No. A weak and feeble man, and physical infirmities

16. How was he supported during the years 1868, 1869, 1870 and 1871?
Occasional trading in fruit

17. What portion of his support for said years was derived from his own labor?
None

18. Give a full and complete statement of the applicant's physical condition that enables him to be a pension under Section 1354, Code?
Old age and general debility, and poor kidney trouble

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

Sworn to and subscribed before me this the 1st day of October 1902.

John A. Jarrell Witness

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Fulton COUNTY.

Personally came before me, James M. Brown, M.D. and both known to me as reputable physicians

of said County, who, being severally sworn, say on oath that they have examined carefully C. J. Hurndon applicant for pension under Section 1354, Code, and after such personal examination say that his present physical condition is as follows:

Edema of left foot and ankle due to venous stasis and weak heart. Enlarged prostate and chronic suppurative inflammation of prostate in lumbar region. Piles diffuse

and that we have no interest in said pension being allowed.

Sworn to and subscribed before me, this the 12th day of Sept 1902.

John R. Wilkerson Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Fulton COUNTY.

I, John R. Wilkerson Ordinary in and for said County, hereby certify that the applicant C. J. Hurndon resides in said County, and has been a bona fide resident of this State since the 6th day of June 1860 and that the witnesses, viz.:

are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I further certify that the tax digest of _____ County show that applicant returned for taxation in his name in 1860 _____ Dollars of property, and in 1860 _____ Dollars of property.

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

Witness my hand and seal of office, this 12th day of Sept 1902.

John R. Wilkerson Ordinary, of Fulton County.

1. Before any questions are answered, the ordinary shall swear applicants and the witnesses in the following words: "You, each of you, depose, 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. 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.

I, _____ 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 _____ 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 _____

Wm. C. Lindsey
John W. Lindsey
 (FOR THOSE ALREADY ENROLLED.)

No. 360
 INDIGENT
 SOLDIER'S PENSION
 1903.

Name *John W. Lindsey*
 County *Butts*
 Co. *B* Regiment *12*
 WARRANT ISSUED
John W. Lindsey

1903
 1/21
 JOHN W. LINDSEY,
 Commissioner of Pensions.
 WARRANT HANDLED TO
John W. Lindsey
 Gen. William, State Printer, Atlanta.

no data
Wm. C. Lindsey
John W. Lindsey

(FOR THOSE ALREADY ENROLLED.)
 No. 131
 INDIGENT
 SOLDIER'S PENSION
 1904.

Name *John W. Lindsey*
 County *Butts*
 Co. *B* Regiment *12*
 WARRANT ISSUED
John W. Lindsey

1904
 1/20
 JOHN W. LINDSEY,
 Commissioner of Pensions.
 WARRANT HANDLED TO
John W. Lindsey
 Gen. William, State Printer, Atlanta.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Fulton. County,

Personally appears C. J. Mcardison of said County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 24 day of July 1837; that he is 60 years old and by occupation a Carpenter, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 4 years in Company B, of 12th Regiment of Geo (Jones Co); that his physical condition is as follows: Infirm

that his property consists of the following items: None

of the value of None Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

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

Sworn to and subscribed before me, this the 20 day of JAN 20 1904 1904. C. J. Mcardison Ordinary.

STATE OF GEORGIA,
Fulton. County,

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

Given under my official signature and seal, this 20 day of JAN 20 1904 1904. John R. Wilkinson Ordinary. County.

Note.—The blank space 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 C. J. Mcardison 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 24 day of July 1837; that he is 60 years old and by occupation a Carpenter, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 4 years in Company B, of 12th Regiment of Geo (Jones Co); that his physical condition is as follows: Infirm

that his property consists of the following items: None

of the value of None Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 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 20 day of JAN 20 1904 1904. C. J. Mcardison Ordinary.

STATE OF GEORGIA,
Fulton. County,

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

Given under my official signature and seal, this 20 day of JAN 20 1904 1904. John R. Wilkinson Ordinary. County.

Note.—The blank space 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 _____ 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 _____

Herndon, C. J.
Fulton County
FORM NUMBER 124.
(FOR THOSE ALREADY ENROLLED.)

No. *16*

INDIGENT
SOLDIER'S PENSION
1905.

Name *C. J. Herndon*
County *FULTON*
Co. *A* Regiment *12th Regt*

WARRANT ISSUED
1/16
1905.

JOHN W. LINDSEY,
Commissioner of Pensions

WARRANT HANDLED TO
APR

NOBRIA

Herndon, C. J.
Fulton Co.
FORM NUMBER 124.
(FOR THOSE ALREADY ENROLLED.)

No. *16*

INDIGENT
SOLDIER'S PENSION
1905.

Name *C. J. Herndon*
County *FULTON*
Co. *A* Regiment *12th Regt*

WARRANT
1/17
1906.

JOHN W. LINDSEY,
Commissioner of Pensions

WARRANT HANDLED TO
APR

70 lbs

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.

Personally appears C. J. Henderson 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 18 years old and by occupation a 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 4 yrs in Company B, of 12th Regiment of Ca; 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 County been allowed a pension for the year 1904.

Sworn to and subscribed before me, this the

day of JAN 12, 1905.

Ordinary.

STATE OF GEORGIA.

Fulton County.

I, C. J. Henderson Ordinary of said County, do certify that I am well acquainted with C. J. Henderson the applicant in the foregoing affidavit and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 12 1905 day of 1905.

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 C. J. Henderson 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 69 years old and by occupation a 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 4 yrs in Company B, of 12th Regiment of Ca; 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 1905. I have heretofore, as a resident of County, been allowed a pension for the year 1905.

Sworn to and subscribed before me, this the

day of JAN 1, 1905.

Ordinary.

State of Georgia,

Fulton County.

I, C. J. Henderson Ordinary of said County, do certify that I am well acquainted with C. J. Henderson the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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.

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 _____ 1907.

[L. S.]

Executed in presence of _____

Henderson, C. P.		Fulton Co.	
Grand Jurors (1864)			
(FOR THESE ALREADY ENROLLED)			
No. 79			
INDIGENT			
SOLDIER'S PENSION			
1907.			
Name	C. P. Henderson	County	Fulton
Co.	Co.	Regiment	Co.
WARRANT ISSUED			
44			
1907.			
JOHN W. LINDSEY,			
Commissioner of Pensions			
WARRANT FORWARDED TO			
44			
See W. L. Lindsey, Commissioner, Atlanta.			
m. d. t. w.			

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Fulton County.

Personally appears C. J. Henderson 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 wife 18; that he is 68 years old and by occupation a farmer; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 4 yrs in Company 68, of 16th Regiment of Inf; that his physical condition is as follows: age & poverty

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 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 C. J. Henderson the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 space must be filled.
Note - Affidavit should not be attested before January 1st, 1907.

by him in his said affidavit are true, and I know 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.—A Marshal should not be attested before January 1st, 1907.

POWER OF ATTORNEY.

STATE OF GEORGIA.

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

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

day of _____ 1893.

[L.S.]

Executed in the presence of us:

IN WITNESS WHEREOF,

I, the said, send account by _____

and attests _____

Henderson George
Fuller Co
No. 3740

Soldier's Pension.
1893.

Name *Geo. W. Henderson*

County *Fuller*

Disability *On the right*

Amount, \$ *50*

Met 22 1893

W. H. HARRISON

Secretary Revenue Department

WARRANT ISSUED TO

Applicant

Geo. W. Henderson, State Prison, Atlanta

RECORDED TO STATE

POWER OF ATTORNEY.

Form 2.

STATE OF GEORGIA.

Duilton 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 _____ 1893.

[L. S.]

Executed in the presence of us: _____

DIRECTION.

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

FOR USE OF APPLICANTS WHO HAVE NOT HERETOFORE DRAWN.

Form 1.

STATE OF GEORGIA.

Duilton County.

PERSONALLY appears George H. Harrison of Duilton

County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of Georgia, and has been continuously since the _____ day of _____

December 1837; that he enlisted in the military service of the Con-

federate States (or the State of Georgia) during the war between the

States, and served as a Private in Company K, of 7th Regt-

ment of Confederate Volunteers W. Anderson Brigade; that whilst engaged

in such military service, at the battle of First Manassas in the State

of Virginia, on the _____ day of July 1861, he was

disabled as follows: by a rupture on the right

side of the abdomen, and consequent

injury, which rendered him unable to

perform his military duties, and he was

discharged from service on 27th Sept 1861

and that he said disability was of

such an extent that he has been

that he was discharged from

service on 27th Sept 1861

and that he said disability was

of such an extent that he has been

that he was discharged from

service on 27th Sept 1861

and that he said disability was

of such an extent that he has been

that he was discharged from

service on 27th Sept 1861

and that he said disability was

of such an extent that he has been

that he was discharged from

service on 27th Sept 1861

and that he said disability was

of such an extent that he has been

that he was discharged from

service on 27th Sept 1861

and that he said disability was

of such an extent that he has been

that he was discharged from

service on 27th Sept 1861

Deponent desires to participate in the benefits of the Act approved October 24th, 1887, and the Acts amendatory thereof, and makes application for the allowance to which he is entitled for the year thereunder, ending October 24th, 1893.

Sworn to and subscribed before me this _____

_____ day of _____ 1893.

W. H. Harrison

Ordinary.

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

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

Soldier's Pension.

1893.

George H. Harrison

Duilton

Deponent

W. H. Harrison

Ordinary

Applicant

W. H. Harrison

Ordinary

Applicant

Affidavit for Witnesses.

STATE OF GEORGIA

County of Newton

PERSONALLY appears before me, the undersigned, Ordinary in and for said County, P. J. McCullough, W. L. Hubbard and L. H. McAdoo each of whom, being duly sworn according to law, severally say, under oath, that they are personally well acquainted with George W. Henderson whose application is herewith presented for a pension, and that they served with him in the army, and from our personal knowledge he was injured by the service as follows: (give full statement, and tell in your own language how badly applicant is disabled from work. If he does any labor, or can do any, state what.) He served with George W. Henderson in the Confederate Service, and members of the same company which was Company K, 7th Georgia Regiment, Confederate Volunteers. We know that he became disabled while in the Confederate Service, and that on that account he was discharged from the Confederate Service, and he is still disabled, which has been continuous, and in our judgment he is physically disabled from performing any manual labor.

We personally know above stated facts. We were with him in the army and have known him ever since. Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 1861. We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me this

21 day of March, 1893.

P. J. McCullough
W. L. Hubbard
W. L. Hubbard Clerk

Notary.—The Ordinary will see that the full text of the Affidavit is understood by the witnesses, and that they are legally qualified to do so.

3. Witnesses are sworn to make their statements full and explicit.

PHYSICIAN'S AFFIDAVIT.

STATE OF GEORGIA

County of Fulton

PERSONALLY comes before me, E. W. Henderson Ordinary of said County, J. S. Fodor and H. F. Harris, both known to me as reputable physicians of said County, who being severally sworn, say on oath that they have carefully examined Geo. W. Henderson and after such personal examination say that the applicant has been injured as follows:

He has a double complete inguinal hernia on left side, of same character of hernia, except that it is scissile on right side. Without a truss he is totally disabled, and with one not able to make a living by manual labor.

We have not treated him at all, only examined him professionally for years.

Sworn to and subscribed before me this

21 day of March, 1893.

J. S. Fodor M.D.
H. F. Harris M.D.
W. L. Henderson
 Ordinary.

Notary.—The physicians will state fully the extent of the wound, and then give facts to show the extent of the disability resulting therefrom.
 Note 2.—If claim is for disability resulting from disease, state how the disease is known to result from the service as a soldier. Also state how long physicians have known and treated applicant.

STATE OF GEORGIA

County of Fulton

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

Given under my official signature and seal this 22 day of March, 1893.

W. L. Henderson
 Ordinary Henderson County.

POWER OF ATTORNEY.

STATE OF GEORGIA.

COUNTY.

Know all Men by these Presents, That I,

of

County, State of Georgia, do hereby appoint

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

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

day of _____ 1894.

[L. S.]

Executed in the presence of us

DIRECTIONS.

Send money to me as follows, by

to

P. O.

County, Georgia.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, _____ hereby authorize

of

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

by

at

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

day of _____ 1896.

[L. S.]

Executed in presence of us

Andrew
(For These Already Enrolled.)
No. 1181
Soldier's Pension.
1894.

Name George Wallerston

County FULTON

Disability Wound of body right

Amount, \$ 300

1894.

W. H. HARRISON

Secretary Executive Department.

WARRANT MADE TO

Applicant

No data

Henderson
Andrew
(For These Already Enrolled.)
No. 765
SOLDIER'S PENSION.
1896.

Name George I. Harrison

County FULTON

Disability Wound of body right

Amount, \$ 2126

1896

Richard Johnson

Secretary Executive Department.

WARRANT MADE TO

Applicant

No data

For Applicants Heretofore Allowed Pensions

STATE OF GEORGIA

For Applicants Heretofore Allowed Pensions

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

Fulton County. }

Personally appears George W. Herndon 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 9th day of December 18 87; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company K, of 75th Regiment of Confederate Volunteers G. T. Anderson's Brigade; that whilst engaged in such military service at the battle of First Manassas in the State of Virginia on the 31st day of July 1861, he was wounded as follows: by a rupture totally disabling him from performing physical or manual labor

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 30, 1894. I have heretofore been allowed a pension of fifty dollars, for the year 1893

Sworn to and subscribed before me, this, the 26th day of March 1894. } Geo. W. Herndon
M.L. Calhoun, Clerk

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

STATE OF GEORGIA, }

Fulton County. }

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

Given under my official signature and seal, this 12th day of March 1894.



W. L. Calhoun
Ordinary Fulton County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

Fulton County. }

Personally appears George W. Herndon 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 9th day of December 18 87; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company F of 74th Regiment of Georgia Volunteers, G. T. Anderson's Brigade; that whilst engaged in such military service in the State of Virginia on the 31st day of July 1861, he was wounded, injured or diseased as follows: by a rupture totally disabling him from performing physical or manual labor

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 30th, 1894. I have heretofore as a resident of Fulton county been allowed a pension of fifty dollars, for the year 1893

Sworn to and subscribed before me, this, the 26th day of March 1894. } Geo. W. Herndon
M. L. Calhoun, Clerk

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

STATE OF GEORGIA, }

Fulton County. }

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

Given under my official signature and seal, this 26th day of March 1894.



W. L. Calhoun
Ordinary Fulton County.

day of March 1894.
M. L. Calhoun
 Ordinary Fulton County.
 POWER OF ATTORNEY

day of March 1894.
M. L. Calhoun
 Ordinary Fulton County.
 POWER OF ATTORNEY

POWER OF ATTORNEY.
STATE OF GEORGIA,
County, }

KNOW ALL MEN BY THESE PRESENTS, That I,

County, State of Georgia, do hereby appoint

of

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

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

day of March 1894.

Executed in presence of us

[s-2]

DIRECTIONS.

Send money to me as follows, by

County, Georgia.

P.O.

Fulton Co.
 (For Those Already Enrolled.)
 No. 63
SOLDIER'S PENSION.
1895.
 Name George S. Harrison
 County Fulton
 Disability Disabled body hurt
 Amount, \$ 30
3/4 1895.
 RICHARD JOHNSON,
 Secretary Executive Department.
 WARRANT MADE BY
Apk
 By W. B. Smith, Notary Public.
M. L. Calhoun

STATE OF GEORGIA
 FULTON COUNTY
 HONORABLE JUDGE OF THE
 SUPERIOR COURT

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears George F. Herndon 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 9th day of December 1857; 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 8, of 74th Regiment of Confederate Volunteers, G.F. Anderson's Brigade; that whilst engaged in such military service at the battle of Furst Manassas in the State of Virginia on the 21st day of July 1861, he was wounded as follows: by a rupture totally disabling him from performing Physical, or manual labor

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

Sworn to and subscribed before me, this, the 9th day of March, 1895.

M. L. Calhoun

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

STATE OF GEORGIA,

Fulton County.

I, M. L. Calhoun Ordinary of said County,

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

Given under my official signature and seal, this 9th day of March, 1895.



M. 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 _____ 1807.

[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 _____ 1808.

[L. S.]

Executed in presence of _____

Henderson & W. H. Hulton Co
attorneys at law
(For These Already Expired.)

No. 628

INVALID

SOLDIER'S PENSION.

1807.

Name *Geo. W. Henderson*

County *Fulton*

Disability *Disability body hurt*

Amount, \$ *50.00*

2/19 1807.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT RAISED TO

app. 11

SEE L. S. OF 1807, 1808.

no date

Henderson & W. H. Hulton Co

attorneys at law
(For These Already Expired.)

No. 4

INVALID

SOLDIER'S PENSION.

1808.

Name *Geo. W. Henderson*

County *Fulton*

Disability *Body hurt*

Amount, \$ *50.00*

4/7 1808.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT RAISED TO

app. 11

SEE L. S. OF 1807, 1808.

no date

POWER OF ATTORNEY.

STATE OF GEORGIA.

County. }

I, _____ hereby authorize _____

of _____

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

at _____

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

day of _____ 1890.

[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 _____ 1900.

[L. S.]

Executed in presence of _____

**INVALID
SOLDIER'S PENSION.
1890.**

Name. *G. W. Johnson*
County *De Kalb*
Disability *24*
Amount, \$ *50*
2/7

1890.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

affch

SEE W. HARRISON, STATE PRINTER, ATLANTA.

No data

**INVALID
SOLDIER'S PENSION.
1900.**

Name *John W. Lindsey*
County *De Kalb*
Disability *50*
Amount, \$ *50*
Warrant issued *July 5, 1900*

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

affch

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears G. W. Johnson 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 with 1837; that he enlisted in the military service of the Confederate States (or of the State of GA) during the war between the States, and served as a Private in Company K of 7th Regiment of Infantry, Engle's Brigade; that whilst engaged in such military service in the State of VA, on the 22 day of July 1861, he was wounded, injured or diseased as follows:

at first Battle of Manassas gun shot wound in left hip remaining left leg substantially or essentially useless

Deponent makes application for the pension to which he is entitled for the year ending October 30th, 1890. I have heretofore under said law as a resident of Fulton County been allowed an invalid pension of \$7.50 Dollars, for the year 1888.

Sworn to and subscribed before me, this, the 24th day of July 1890, at Post Office 7 Macon Georgia Fulton Co GA

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

STATE OF GEORGIA,

Fulton County.

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

Given under my official signature and seal, this 7 day of July 1890.

Ordinary Fulton County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears W. H. Henderson 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 County, and has resided therein continuously ever since the day of with 1837; that he enlisted in the military service of the Confederate States (or of the State of GA) during the war between the States, and served as a Private in Company A, of 7th Regiment of Infantry, Engle's Brigade; that whilst engaged in such military service in the State of VA, on the 22 day of July 1861, he was wounded, injured or diseased as follows:

Wounded in left hip

Deponent makes application for the pension to which he is entitled for the year ending October 30th, 1900. I have heretofore under said law as a resident of Fulton County been allowed an invalid pension of \$5.00 Dollars, for the year 1892.

Sworn to and subscribed before me, this, the 24th day of March 1900, at Post Office 7 Macon Georgia Fulton Co GA

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

STATE OF GEORGIA,

Fulton County.

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

Given under my official signature and seal, this 2 day of March 1900.

Ordinary Fulton County.



ELVIS J. GEORGE

BOARD OF VETERANS

POWER OF ATTORNEY.
STATE OF GEORGIA,

County, }
I _____ hereby authorize _____
of _____
to receive and receipt for the pension paid hereon and request that he remit same to
by _____
at _____
IN WITNESS WHEREOF, I have hereunto set my hand and seal this _____
day of _____ 1901.

Executed in presence of _____

[L. S.]

POWER OF ATTORNEY.

STATE OF GEORGIA, }
County, }
I _____ hereby authorize _____
of _____
to receive and receipt for the pension paid hereon and request that he remit same to
by _____
at _____
IN WITNESS WHEREOF, I have hereunto set my hand and seal this _____
day of _____ 1902.

21st JUNE 1902

Executed in presence of _____

[L. S.]

Warrant George W. Lindsey
Fulton Co. Ga.

(For Those Already Enrolled.)

No. *242*

**DISABLED
SOLDIER'S PENSION.
1901.**

Name *Geo Harrison*
County *Fulton*
Disability *General Hip*
Amount, \$ *57.00*

July 11 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

W. H.

Geo W. Harrison, Care Pension Office.

no date

Handson G. W.
Fulton Co.
(FOR THOSE ALREADY ENROLLED.)

No. *63*

**DISABLED
SOLDIER'S PENSION
1902.**

Name *G. W. Handson*
County *Fulton*
Disability *General Hip*
Amount, \$ *57.00*

W 1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

W. H.

Geo W. Handson, Care Pension Office.

no date

STATE OF GEORGIA

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

STATE OF GEORGIA

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears George W. Henderson 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 Birth 1837; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company B, of 7th Regiment of Ga Inf Volunteers, 's Brigade; that whilst engaged in such military service in the State of Ga, on the 22 day of July 1861, he was wounded, injured or diseased as follows:

Wounded in left hip

Deponent makes application for the pension to which he is entitled for year ending October 30th, 1901. I have heretofore under said law as a resident of Fulton County been allowed an invalid pension of \$50.00 Dollars, for the year 1900.

Sworn to and subscribed before me, this 24 day of Jan 1901. Geo. W. Henderson Postoffice Catula

None.—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 Geo. W. Henderson the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 24 day of Jan 1901. John R. Wilkinson Ordinary Fulton County.



LOANER OF VILLOKVEA

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.

Personally appears Geo. W. Henderson 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 Birth 1837; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company B, of 7th Regiment of Ga Inf Volunteers, 's Brigade; that whilst engaged in such military service in the State of Ga, on the 22 day of July 1861, he was wounded, injured or diseased as follows:

Wounded in left hip

Deponent makes application for the pension to which he is entitled for the year ending October 30th, 1902. I have heretofore, under said law, as a resident of Fulton County, been allowed an invalid pension of Fifty Dollars, for the year 1901.

Sworn to and subscribed before me, this 24 day of Jan 1902. Geo. W. Henderson Postoffice Catula

None.—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 Geo. W. Henderson the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 24 day of Jan 1902. John R. Wilkinson Ordinary Fulton County.



None.—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.

LOANER OF VILLOKVEA

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 _____ 1908.

(L. S.)

Executed in presence of _____

Herndon George W.
Fulton County
(FOR THOSE ALREADY ENROLLED.)

No. *✓*

DISABLED

SOLDIER'S PENSION

1903.

Name *G. W. Herndon*

County *Fulton*

Co. *K* Regiment *74th*

Disability *amount \$44.76*

Amount, \$ *50.00*

12/21 1903

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

John W. Lindsey, State Printer, Atlanta.

no data

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, _____ hereby authorize _____

of _____

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

by _____

at _____

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

day of _____ 1904.

(L. S.)

Executed in the presence of _____

Herndon George W.
Fulton Co.
(FOR THOSE ALREADY ENROLLED.)

No. *97*

DISABLED

SOLDIER'S PENSION

1904.

Name *G. W. Herndon*

County *Fulton*

Co. *K* Regiment *74th*

Disability *amount \$44.76*

Amount, \$ *44.76*

11/21 1904

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

John W. Lindsey, State Printer, Atlanta.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.

Personally appears G. W. Herndon 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 Birth 1837; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company A, of 7th Regiment of Georgia Volunteers, 1's Brigade; that whilst engaged in such military service in the State of Georgia, on the 22 day of July 1861, he was wounded, injured or diseased as follows:

Wound in left hip

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1903. I have heretofore, under said law, as a resident of Fulton County, been allowed an invalid pension of 50 Dollars, for the year 1903.

Sworn to and subscribed before me, this the G. W. Herndon day of JAN 21 1903. Post-office Atlanta

J. P. Wilkinson State full 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 B. Wilkinson Ordinary of said County, do certify that I am well acquainted with G. W. Herndon the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 21 1903.



COPIES

J. P. Wilkinson Ordinary County.

NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January 1, 1904.

БОМЕР ОВ ВЛОКНЕНА

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.

Personally appears G. W. Herndon 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 Birth 1837; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company A, of 7th Regiment of Georgia Volunteers, 1's Brigade; that whilst engaged in such military service in the State of Georgia, on the 22 day of July 1861, he was wounded, injured or diseased as follows:

Wound in left hip

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1904. I have heretofore, under said law, as a resident of Fulton County, been allowed an invalid pension of 50 Dollars, for the year 1903.

Sworn to and subscribed before me, this the G. W. Herndon day of JAN 21 1904. Post-office Atlanta

J. P. Wilkinson State full 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 B. Wilkinson Ordinary of said County, do certify that I am well acquainted with G. W. Herndon the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 21 1904.



J. P. Wilkinson Ordinary County.

NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January 1, 1904.

POWER OF ATTORNEY.

STATE OF GEORGIA.

_____ }
COUNTY.

I, _____ hereby authorize

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

_____ by _____

at _____

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

day of _____ 1905.

Executed in the presence of _____

[L. S.]

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 _____

Great Seal of the State
(FOR THESE ALREADY ENROLLED.)

No. 7

DISABLED
SOLDIER'S PENSION
1905.

Name Geo. H. Burnison
County Fulton

Co. B. Regiment
Disability body hurt
Amount, \$ 50.00

119 1905

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT RETURNED TO

note

Burnison, Geo. H.
Fulton Co.

Great Seal of the State
(FOR THESE ALREADY ENROLLED.)

No. 134

DISABLED
SOLDIER'S PENSION
1905.

Name Geo. H. Burnison
County Fulton

Co. B. Regiment
Disability body hurt
Amount, \$ 50.00

118 1905

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT RETURNED TO

note

STATE OF GEORGIA

FOR APPLICANTS HEREFORE ATTORNEY

STATE OF GEORGIA

FOR APPLICANTS HEREFORE ATTORNEY

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton. COUNTY.

Personally appears Geo. H. Henderson 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 18 that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company 1st of 7th Regiment of Co. 1st Volunteers' Brigade; that whilst engaged in such military service in the State of Ga. on the 21 day of July 1861, he was wounded, injured or diseased as follows:

Body hurt not dangerous

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 1904.

Sworn to and subscribed before me, this the

day of JAN 2 1905, 1906.

Post-office

Here—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, Geo. H. Henderson Ordinary of said County, do certify that I am well acquainted with Geo. H. Henderson the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1906.

Geo. H. Henderson Ordinary Fulton County.

NOTE.—Fill all blanks and of Company and Regiment.

FORM.—All vouchers and affidavits must bear date after January 1, 1906.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Fulton. County.

Personally appears Geo. H. Henderson 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 Dec. 1844; that he enlisted in the military service of the Confederate States, (or of the State of Georgia) during the war between the States, and served as a Private in Company 1st of 7th Regiment of Co. 1st Volunteers' Brigade; that whilst engaged in such military service in the State of Ga. on the 21 day of July 1861, he was wounded, injured or diseased as follows:

Body hurt not dangerous

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 1906.

Sworn to and subscribed before me, this the

day of JAN 1 1906 1906.

Post-Office

Here—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, Geo. H. Henderson Ordinary of said County, do certify that I am well acquainted with Geo. H. Henderson the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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.

Geo. H. Henderson Ordinary Fulton County.

NOTE.—Fill all blanks and of Company and Regiment.

FORM.—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 _____ 1907.

[L. S.]

Executed in presence of

*Henderson, George M.
 - Fulton Co.*

Class Service 1865.
 (FOR THOSE ALREADY ENROLLED)

No. *111*

DISABLED
 SOLDIER'S PENSION
 1907.

Name *Geo. W. Henderson*

County *Fulton*

Co. *7th* Regiment

Disability *Body hurt.*

Amount, \$ *50.00*

117 1907.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDLED TO

117

Geo. W. Henderson, Fulton, Ga.

no note

FOR APPLICANTS HERETOFORE AND PENSION?

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Fulton County.

Personally appears Geo. H. Burdow 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 1844; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company 46, of 7th Regiment of Volunteers, Benton's Brigade; that whilst engaged in such military service in the State of Georgia, on the 21 day of July, 1861, he was wounded, injured or diseased as follows:

Body hurt at Manassas.

Deponent makes application for the pension to which he is entitled for the year ending October 31st, 1907. I have heretofore, under said law, as a resident of Fulton County, been allowed an invalid pension of fifty Dollars, for the year 1906.

Sworn to and subscribed before me, this the 2nd day of JAN, 1907.

John R. Wilkinson

Postoffice 286 Samuel

Know—That 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 Geo. H. Burdow the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1907.

SEAL OF COUNTY

John R. Wilkinson

Fulton

County.

WOMEN OF THE CONFEDERATE

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

to be, and that he resides in this County.

Given under my official signature and seal this

JAN 2-

day of

1907.

SEAL OF COUNTY

John R. Williamson.



COMMISSIONER OF

Fulton

County.

Form.—Fill all blanks out of Company and Regiment.
Note.—All numbers and signatures must bear date after January 1st, 1907.

Thompson, J. D. - Fulton Co.

Desaffranchi
9/2-1909

INDIGENT PENSION

✓ 1909

Name E. Hendon

County Fulton

ca. 181st Fla.

Approved _____ 196

JOHN W. LINDSEY,
Commissioner of Prisons.

WARRANT HANDED TO

Delivery will write name of Applicant, Government and Regiment on back as indicated above.

8-12-09

Person Office
9/2-1903

The File Room
you may state
Group - but if the
Confederate army
is on my part
to the other side
Station and will
belong to the others
J. L. Linsley
Care of Room

POWER OF ATTORNEY.
STATE OF GEORGIA.

STATE OF GEORGIA.

Country:

— *Continued*

to receive and accept the position offered and require that he shall agree to

THE

1997

1

1

QUESTIONS FOR WITNESS.

STATE OF GEORGIA.

Marine

COUNTY.

Burgess & Thull

I, Burgess & Thull, of said State and County, having been selected as a witness in support of the application of J. S. Thull for pension under section 1354, Code, and after being duly sworn to make to the following questions, depose and answer as follows:

1. What is your name and where do you reside? Burgess & Thull, Marine County, Fla. Name is Burgess & Thull
2. Are you acquainted with J. S. Thull, the applicant; if so, how long have you known him? I am and have known him 40 years.
3. Where does he reside and how long and since when has he been a resident of this State? In Florida he has been there 20 years or more.
4. When, where and in what company and regiment did he enlist, and how do you know? In Co. B, 1st Fla. Reserve in the year 1904 was a member of the
5. Were you a member of the same company and regiment? Yes, in Co. B, 1st Fla. Reserve.
6. How long did he perform regular military duty? About 6 months.
7. When and where was his command surrendered? At Madison Fla in May 1900.
8. Were you present when it surrendered? I was.
9. Was applicant present? According to my recollection he was.
10. If he was not present, where was he? Was present.

When did he leave his command? For what reason?
By what authority he left? Because was there myself. How do you know all of this?

11. What property, effects or income has the applicant? (Give your means of knowledge.) He says he has none except his labor wages.
12. What property, effects or income did the applicant possess in 1901, 1902, 1903, 1904, 1905, 1906 and 1907? He claims none except his wages and what disposition, if any, did he make of same? Used it for his support.
13. Has he conveyed away any of his property in the last five years; if so, what was it, and to whom? None that I know of.
14. What is the applicant's occupation and physical condition? He is dependent on trade and claims to have Rheumatism.
15. Is the applicant unable to support himself by labor of any service, or why? On account of Rheumatism and says he is not able to work.
16. How was he supported during the years 1901, 1902, 1903, 1904, 1905, 1906 and 1907? He claims by his own labor.
17. What portion of his support for those years was derived from his own labor or income? He claims that his entire support came from his own labor.
18. Give a full and complete statement of the applicant's physical condition, how acquired, due to a pension under section 1354, Code. Claims that he has Rheumatism and not able to work.
19. Who occupies family? What property have they? Children's age and their earning capacity? Wife and three or four children. No property that I know of. Children of married age.
20. What interest have you in the recovery of a pension by this applicant? None whatever.

Subscribed and sworn to before me, this 21st day of June, 1909.
J. S. Thull
By Marine County

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA.

Fulton

COUNTY.

I, C. R. King, M.D., and A. R. Holderby, M.D., both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully

J. S. Thull, applicant for pension under Section 1354, Code, and after such personal examination say that his present physical condition is as follows:

The patient is a complainant of severe chronic Rheumatism, which with its attacks makes him entirely unable to make a living at his trade as a carpenter and he is not qualified to earn it in any other way and that we have no interest in said pension being allowed.

Subscribed and sworn to before me, this 21st day of June, 1909.
C. R. King, M.D.
A. R. Holderby, M.D.
Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

Fulton

COUNTY.

I, Frank W. Crenshaw, Ordinary, in and for said County, hereby certify that the applicant J. S. Thull resides in said County; and has been a bona fide resident of this State since the 1st day of May, 1899, and that the witnesses, viz: C. R. King

are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I further certify that the tax digest of Fulton County shows that applicant returned for taxation in his name in 1901, 1899 Dollars of property, and in 1902, 1899 Dollars of property; in 1903, 1899 Dollars of property; in 1904, 1899 Dollars of property; in 1905, 1899 Dollars of property; in 1906, 1899 Dollars of property; in 1907, 1899 Dollars of property.

In my opinion the foregoing claim is well founded.
Witness my hand and seal of office, this 21st day of June, 1909.
Frank W. Crenshaw
Ordinary.
Fulton County.

When any questions are answered, the Ordinary shall answer "satisfactory" and the witnesses in the following manner: "I, the undersigned, make to each of the parties named of you, and the witnesses you shall give will be the whole truth, so help you God."
Additional affidavits may be attached if blank spaces are furnished.
In every case the Ordinary must certify to the character of the witnesses, and as to the correctness of the proof as there may be.

QUESTIONS FOR WITNESS

STATE OF GEORGIA,

COUNTY, *1*

of said State and County, having been presented
 to a witness in support of the application of *the parties*
 under section 1364, Code, and after being duly sworn true answers to make to the following questions, depose and

1. What is your name and where do you reside?
2. Are you acquainted with *the applicant*; if so, how long have you known him?
3. Where does he reside, and how long and since when has he been a resident of this State?
4. When, where and in what company and regiment did he enlist, and how do you know?
5. Were you a member of the same company and regiment?
6. How long did he perform regular military duty?
7. When and where was his command surrendered?
8. Were you present when it surrendered?
9. Was applicant present?
10. If he was not present, where was he?
- When did he leave the command?
- For what reason?
- By what authority he left?
- How do you know all of this?

11. What property, effects or income has the applicant? *(Give full source of knowledge.)*
None have known him 20 years
12. What property, effects or income did the applicant possess in 1901, 1902, 1903, 1904, 1905, 1906 and 1907?
None
- and what disposition, if any, did he make of same? *X*
13. Has he conveyed away any of his property in the last four years? If so, what was it, and at whom?
No
14. What is the applicant's occupation and physical condition?
Deficient, unable to work, suffering with Rheumatism which renders him unable to work
15. Is the applicant unable to support himself by labor of any sort, if so, why?
Notable disfigurement & physical disability
16. How was he supported during the years 1901, 1902, 1903, 1904, 1905 and 1907?
None known
17. What persons, if any, support the claim that you are entitled from his own labor to witness?
Practically all
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1364, Code, *except family Rheumatism & such illness as to render him unable to work*
19. Why necessary family? What persons have they? Children's ages and their earning capacity?
Self, none, wife, none, all grown & married
20. What persons have you in the custody of a pension?

fractured all

21. Give full and complete statement of the following physical condition that would lead to a positive finding
Biology 1984, One aggravated Robinson to death 1984
to the number one possible to work

22. What company (ies)? What primary work (ies)? Children's age and their working capacity?
Self work 1984 one all given 1 man

23. What relevant laws are in the country of a person's birth or residence? What are the laws of the country of birth or residence?
Self work 1984 one all given 1 man

24. What relevant laws are in the country of a person's birth or residence? What are the laws of the country of birth or residence?
Self work 1984 one all given 1 man

on 1st of 1912

No. _____

Widow's Application

To Be Put on Roll in Her Own Right, when
Husband Was on Roll at Death.

Trulston

Mary A. Herndon

E. J. Herndon

Ch. B. 12, Rig

Approved _____

J. W. LINDSEY

Commissioner of the

State of North Carolina

7/25/11

WIDOW'S AFFIDAVIT.

STATE OF GEORGIA.

Fulton County.

Personally before me comes Mary A. Henderson of said County, who, after being duly sworn, on oath says, that she is the widow of C. J. Henderson to whom in the County of Henry State of Georgia she was married on the 4th day of Feb 1869 and that she remained his wife, and resided with him to the date of his death 10th of May 1910 and that she has not since his death remarried. At the time of his death he was a resident of Fulton County, in Georgia said State of Georgia, and he was on the Pension Roll of the State and paid a pension of \$60.00 in Georgia County for 19 f. a. per annum, on account of being a soldier in Company 18th Ga Regiment, Volunteers of State Militia.

At the death of C. J. Henderson he was in the use and possession of the following property the property wholeness

of the cash value of \$

What property of any kind and of any value have you in your use, control and possession now, and the cash value, (State fully.) same wholeness as above

Acres land none

Horses and Mules none

Hogs, Cows, etc. none

Total Cash value of all property

That she is now a bona fide resident citizen of said County of Fulton and she has so continuously resided since 18th day of December 1868

Sworn to and subscribed before me, this the 10th day of May 1910

Mrs. Mary A. Henderson Ordinary, Fulton County.

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

STATE OF GEORGIA.

Henry County.

Personally before me come J. D. Boston known to be responsible and truthful persons, residing in said County, who after having duly sworn on oath, say: that of their own personal knowledge Mrs. Mary A. Henderson who made the foregoing affidavit, is the lawful widow of C. J. Henderson who died in Fulton County in said State of Georgia on 10th day of May 1910 and that she has not since remarried. That she became the wife of C. J. Henderson on the 4th day of Feb 1869 and that she and he had resided together as man and wife continuously since 10th day of Feb 1869 and that the C. J. Henderson was the same man who was on the pension roll of said State. from Fulton County Georgia when he died.

Sworn to and subscribed before me, this the 26 day of Aug 1910

J. D. Boston Ordinary, Henry County.

Widow's Application

Fulton

Mary A. Henderson

of Fulton

Ch. D. R. Ry

1st of May 1910

9/25/10

I hereby certify that I have fully read the within, to Mary A. Henderson, and that she is the widow of C. J. Henderson, and that she is entitled to a pension of \$60.00 per annum.

AFFIDAVITS OF TWO FREEHOLDERS.

STATE OF GEORGIA,

Fulton County.

Personally before me coming J. S. Stephens who after being sworn on oath says, that they are freeholders of said County and that they know Mary Atkinson said County and knew her said husband John Atkinson at his death on the 10th day of May 1910 that she and he were in the use, possession and control of the following property at his death to wit: None

of the value of \$ None That she is now in the use, possession and control of the following property to wit: None

of the value of \$ None

Sworn to and subscribed before me, this the 12th day of April 1911 J. S. Stephens
Marcellus A. Anderson Ordinary,
of Fulton County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Fulton County.

John P. Wilkinson Ordinary of said County, do certify, that, I know Mrs. M. A. Anderson 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

That I also know John Atkinson who I know to be a resident free holder of said County that all of the foregoing were duly sworn by me before signing the respective affidavits and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

That the tax Books of Fulton County shows that John Atkinson returned property to the amount of None for 1908 \$ None for 1909 \$ None for 1910 \$ None

Sworn under my hand and seal of office this 12th day of April 1911
(SEAL) John P. Wilkinson Ordinary,
Fulton County.

- NOTES 1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words. "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2. Additional affidavit 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 licenses if obtainable. If not, prove marriage, by some present, or by general reputation.

general reputation. as son, prove marriage, by some present, or by



1930. \$
Cig. & C. Tax. \$
TOTAL.

RECORDED & INDEXED

Registered December 15, 1933, Atlanta, Georgia, in 43rd Georgia Regiment, Company C, remained in said Company and Regiment until the Surrender. He was discharged in Atlanta, April, 1935, on account of the Surrender. (Put on disabled pension roll January 1936)

APPROVED 1933
For HATCHE 1933
Widow's Application

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

County Fulton
Name Marylo Herndon
Widow of Wigton A. Herndon
Company G.
Regiment 43rd
Date of Husband's Death Feb 10 1933
Date of Marriage Dec 3 1876
Approved _____

Approved for _____
Feb 20 1933
S. M. Jones
Commissioner of Pensions.

2-20-1933
Enrolled

ORDINARYS CERTIFICATE

STATE OF GEORGIA

Fulton

COUNTY

I, Thos H. J. Jeffries

Ordinary of said County, do certify that I

know Mrs Marylo Herndon, the applicant for pension; that she is the person who represents herself to be, and that she is continuously a bona fide resident of said County above January 1st, 1933; that I also know Wigton A. Herndon, the witness mentioned, and that both the foregoing were duly sworn before me, before signing the respective affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and official seal of office this 20 day of Feb., 1933.
(SEAL OF ORDINARY) Thos H. J. Jeffries Ordinary, County Fulton

Instructions:
1. Before any questions are answered the Ordinary shall swear applicants and the witnesses in the following words: "I, the Ordinary, do hereby swear that you will true answers make to each of the questions asked you and the witnesses present, and that you will not be guilty of perjury."
2. Additional affidavits may be submitted if that space are insufficient.
3. All affidavits must be made before the Ordinary of the county of residence.
4. Any witness who are named prior to the 1st of January, 1933, are entitled.
5. Affidavits must be signed of marriage before of October 1st, 1933, prior marriage, by some person, or by personal representation.

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "I've solemnly swear that you will give 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 allowed if both spaces are insufficient.
3. All affidavits must be made before the Ordinary of the county of residence.
4. Only witnesses who are married prior to first January, 1861, are entitled.
5. Attach certified copies of marriage licenses if obtainable. If not, give marriage, by some person, or by general reputation.

Instructions:

Given under my hand and official seal of office this 33 day of Feb, 1933.

(SEAL OF ORDINARY)

County Madison Ordinary.

and credit.

day, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

and that both the foregoing were duly sworn by the before signing the respective affidavits.

the witness James H. Hendon January 1st, 1930; that I also know James H. Hendon the witness since she represents herself to be, and that she is continuously a bona fide resident of said County since know Mrs James H. Hendon the applicant for pension; that she is the person know Mrs James H. Hendon the Ordinary of said County, do certify that I

ORDINARY'S CERTIFICATE

STATE OF GEORGIA.

COUNTY

WIDOW'S AFFIDAVIT

To Be Put on File in the Court of the County of Georgia.

Name of James H. Hendon

Widow of James H. Hendon

Company G

Regiment 43rd

Date of Husband's Death Feb 10 1863

Date of Marriage Dec 3 1861

Appointed

Approved for Jan 1933

Spangler
Ordinary of Madison

2-20-1933
Endred

MILTON A. HENDON:

Enlisted December 15, 1862, Atlanta, Georgia, in 43rd Georgia Regiment, Company G, remained in said Company and Regiment until the Surrender. He was discharged in Atlanta, April, 1865, on account of the Surrender. (Put on disabled pension roll January 15, 1893)

1830.
C. & C. Tax \$
TOTAL

SANFORD M. AYERS, JR.
COMMISSIONER OF PENSIONS

State of Georgia

Pension Department

Atlanta

February 26th, 1933.

Judge Thomas M. Jeffries,
Ordinary, Fulton County,
Atlanta, Georgia.

Dear Judge:

IN RE: Application for pension for
Mrs. Mary C. Herndon, widow of
Mr. Milton A. Herndon

I have approved this application, to take effect on and after March 1st, 1933, upon the grounds that the marriage is shown to have taken place prior to the year 1881, and that the husband was a pensioner of the State of Georgia at the time of his death.

Please make proper record hereof in your office, as required by law.

The December, 1932, January, 1933, and the \$15.00 part payment on 1930 balance, readmittances have all been paid to Mrs. Herndon, as the widow. Please continue to retain Mr. Herndon's name on the soldier pay roll for February and have Mrs. Herndon receipt thereon. Her name will appear on the March pay roll, in her own right.

With kindest regards,

Yours very truly,

S. M. Ayers,
COMMISSIONER OF PENSIONS.

1930.
Cig. & C. Tax \$
TOTAL

Enlisted December 15, 1863, Atlanta, Georgia, in 43rd Georgia Regiment, Company O, remained in said Company and Regiment until the Surrender. He was discharged in Atlanta, April, 1865, on account of the Surrender. (Put on disabled pension roll January 18, 1893)

MILTON A. HERNDON

APPROVED 1933
FOR MARCH 1, 1933
Herndon, Mary C.

WIDOW'S APPLICATION
To be put on Roll in his Own Right When Husband Was on the Pension Roll of Georgia.

County, Fulton
Name, Mary C. Herndon
Widow of Milton A. Herndon
Company, G
Regiment, 43
Date of Husband's Death, Feb. 19 1933
Date of Marriage, Dec 3 1876
Approved _____

Approved for Mar, 1933
Feb 28 1933

S. M. Ayers,
COMMISSIONER OF PENSIONS.

2-20-1933
Emmellad

ORDINARY'S CERTIFICATE

STATE OF GEORGIA.

Fulton COUNTY.

I, Thomas H. Jeffries Ordinary of said County, do certify that I know Mrs. Mary C. Herndon, 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 B. R. Herndon, the witness ~~and~~ my clerk, and that both the foregoing were duly sworn by me before signing the respective affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and official seal of office this 20 day of Feb, 1933
(SEAL OF ORDINARY) Thomas 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 solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary of the county of residence.
4. Only widows who are married prior to first January, 1881, are entitled.
5. Attach certified copies of marriage licenses if obtainable. If not, prove marriage, by some person, or by general reputation.

ATLANTA GA Feb 18 1933

This is to certify that I was present at the marriage of Milton A Herndon and Mary B Hillbanks December 30 1926 the ceremony was performed by Rev. Rodgers of Clarke County Georgia

Subscribed before me
on the 18 day of Feb 1933
Rev Bradford Watson Public
my com Exp Jan 4 1934

APPLICATION FOR PENSION BY A WIDOW

Whose Deceased Husband Was on the Pension Roll of Georgia.

STATE OF GEORGIA.

Fulton

COUNTY.

Personally before me comes Mrs Mary B Herndon of said County, who, after having been duly sworn, says that she is the widow of Milton A Herndon to whom, in the County of Clarke State of Ga she was married on the 3 day of Dec 1826 and that she remained his wife, and resided with him to the date of his death in Feb 1933 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 \$30.00 in Fulton County for 1930, on account of being a soldier in Company G 43 Ga Regiment (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 all my life

Sworn to and subscribed before me, this the 20 day of Feb 1933

William R. Marshall Ordinary of Fulton County

Mrs Herndon (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 B. R. Herndon known to be a responsible and truthful person, residing in said County, who after having been duly sworn, says that of deponent's own personal knowledge, Mrs Mary B Herndon who made the foregoing affidavit, is the lawful widow of Milton A Herndon who died in Fulton County in said State of Ga on the Feb day of Feb 1933, and that she has not since remarried; that she became the wife of the day of to the date of his death that she and he had resided together as husband and wife, continuously, since the day of and then 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 20 day of Feb 1933

William R. Marshall Ordinary of Fulton County

(SEAL OF THE ORDINARY.)

B. R. Herndon

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

20 day of Feb. 1933

Arthur R. Marshall Ordinary
of Fulton County.

(SEAL OF ORDINARY)

Ch. Herndon.

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY, }

I, _____, hereby authorize

to receive and receipt for the pension allowed and request that he receipt upon to _____

_____ of _____

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

Executed in presence of _____ [L.S.]

No. 2 Herndon, Milton.

INDIGENT PENSION
1898.

Name L. Herndon
County Herndon Co Ga

Approved _____ 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO _____

State of Georgia, State Printer, 1898.

4/26 98

POWER OF ATTORNEY.

STATE OF GEORGIA. }
COUNTY. }

I, _____ hereby authorize
_____ of _____
to receive and receipt for the pension allowed and request that he remit same to
_____ at _____ by _____
Witness my hand and seal this _____ day of _____ 1898.
Executed in presence of _____ [L.S.]

Questions for Applicant.

STATE OF GEORGIA.

_____ County. }
Milton A. Herndon 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, depose and answers as follows:

1. What is your name and where do you reside? (Give State, County and post office.)
Milton A. Herndon Atlanta Fulton Co Ga
2. How long and since when have you been a resident of this State?
Since the day of his birth July 26, 1845
3. When and where were you born?
July 26, 1845 Jackson Co Ga
4. When and where and in what company and regiment did you enlist or serve?
August 1862 Co H 15th Ala in 48
in Regiment Company 2d
5. How long did you remain in such company and regiment?
Applicant remained in said Company and
regiment until the surrender
6. For how long a period did you discharge regular military duty?
2 yrs & 3 months
7. When, where and under what circumstances were you discharged from service?
Was discharged in Atlanta in April 1865 -
because of the surrender
8. What is your present occupation?
Farming
9. How much can you earn (gross) per annum by your own exertions or labor?
Nothing
10. What has been your occupation since 1865?
Farming
11. Upon which of the following grounds do you base your application for pension, viz: first "age and poverty," second "infirmary and poverty" or third "blindness and poverty"?
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?
He has been unable to earn a support for 4 years
Applicant was shot through hand and as afflicted with
rheumatism and is unable to work
13. What property, effects or income do you possess and its gross value?
None
14. What property, effects or income did you possess in 1894, 1895, 1896 and 1897 and what disposition, if any, did you make of same?
None
15. In what County did you reside during those years and what property did you then return for taxation?
Resided in Fulton Co Ga returned no
property for taxation during the years 1896 and 1897
16. How were you supported during the years 1896 and 1897?
Children who worked for wages
17. How much did your support cost for each of those years and what portion did you contribute, either by your own labor or income?
\$0.00 Applicant contributed nothing
18. What was your employment during 1896 and 1897? What pay did you receive in each year?
Nothing Had no employment
19. Have you a family? If so, who compose such family? Give their means of support? Have they a homestead?
Yes Wife & four children
from their own labor No homestead
20. Are you receiving any pension, if so, what amount and for what disability?
No

Every Question MUST be Answered

Sworn to and subscribed before me this _____ day of _____ 1898.
John H. Hammond County Clerk.
Fulton County.

INDIGENT PENSION

1898.

Name Milton A. Herndon

County Fulton Co Ga

Approved _____ 1898.

RICHARD JOHNSON,
Commissioner of Pensions

WARRANT HANDLED TO

2 Herndon Milton A.
of Fulton Co

QUESTIONS FOR WITNESS.

STATE OF GEORGIA.

Fulton County.
James P. Ray of said State and County, having been presented as a witness in support of the application of Milton A. Reynolds for pension under the Act approved December 15th, 1894, and after being duly sworn true answer to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? James P. Ray
Fulton Co. Ga.
2. Are you acquainted with Milton A. Reynolds the applicant, if so how long have you known him? 36 years
3. Where does he reside, and how long and since when has he been a resident of this State? Fulton Co. Ga. he has been a resident of this State 36 years
4. When, where and in what company and regiment did he enlist, and how do you know? 36 years member
5. Were you a member of the same company and regiment? No
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? 2 years 8 months
Good on the account of the surrender

7. What property, effects or income has the applicant? (Give your means of knowledge.) None
Because I know he has none
8. What property, effects or income did the applicant possess in 1896 and 1897, and what disposition, if any, did he make of same? None None

9. Has he conveyed away any of his property in the last three years, if so, what was it and to whom? None
10. What is the applicant's occupation and physical condition? James - Bad

11. Is the applicant unable to support himself by labor of any sort, if so, why? Yes
being unable to work
12. How was he supported during the years 1896 and 1897? By his children

13. What portion of his support for these two years was derived from his own labor or income? None

14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 15th, 1894? Age Poverty & infirmity
Unable to work

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

Sworn to and subscribed before me, this 16 day of July, 1898.

Witness.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA.

Fulton County.
 Personally came before me J. Broughton and J. Broughton, both known to me as reputable physicians of said County, who being severally sworn, say on oath that they have examined carefully Milton A. Reynolds, applicant for pension under the Act of 1894, and after such personal examination say that his precise physical condition is as follows:

Kidney and bladder operation is such a nature as to prevent the applicant from a tendency to cause him to lose his position. He is unable to support himself by 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 16 day of July, 1898. J. Broughton Ordinary.

ORDINARYS' CERTIFICATE.

STATE OF GEORGIA.

Fulton County.
 I, M. Broughton, Ordinary in and for said County, hereby certify that the applicant M. A. Reynolds resides in said County, and has been a bona fide resident of this State since the 16 day of July, 1898 and that the witnesses, viz: J. P. Ray and J. Broughton are of trust worthy character and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of Fulton County show that applicant returned for taxation in his name in 1896 None Dollars of property, and in 1897 None Dollars of property.

In my opinion the foregoing claim is made in good faith. Witness my hand and seal of office, this 26 day of July, 1898 M. Broughton Ordinary of Fulton County.

NOTE.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

I, _____, hereby authorize

of _____

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

at _____

by _____

Witness my hand and seal this _____ day of _____ 1899.

Executed in presence of _____

(L. S.)

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.

Executed in presence of _____

[L. S.]

Handwritten: Hendon M. A. Fulton
COOK REC. 1894.
(For Those Already Enrolled.)

No. 472
 INDIGENT

SOLDIER'S PENSION,

1899.

Name *M. A. Hendon*
 County FULTON

WARRANT ISSUED
1/18 1899

RICHARD JOHNSON,
Commissioner of Pensions

WARRANT HANDLED TO
okn

Gen. W. B. Harrison, State Printer, A. Clark.

No date

Handwritten: Hendon M. A. Fulton

COOK REC. 1894.
(For Those Already Enrolled.)

No. 282

INDIGENT

SOLDIER'S PENSION,

1900.

Name *M. A. Hendon*
 County FULTON

WARRANT ISSUED
Jan 15 1900.

JOHN. W. LINDSEY,
Commissioner of Pensions

WARRANT HANDLED TO
okn

Gen. W. B. Harrison, State Printer, A. Clark.

No date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

FULTON County,

Personally appears M. A. Herndon 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 20th day of July 1845; that he is 54 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 27 Mos in Company E, of 43 th Regiment of Georgia; that his physical condition is as follows:

Wounded in hand & suffers with kidney trouble
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 1899.

Sworn to and subscribed before me, this, 10 day of Jan 1899, M. A. Herndon Ordinary.

State of Georgia,

FULTON County,

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

Given under my official signature and seal, this 15 day of Jan 1899.

Ordinary FULTON County.

Note.—The blank spaces must be filled.
Note.—A Affidavit should not be submitted before January 1st, 1900.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

FULTON County,

Personally appears M. A. Herndon 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 20 day of July 1845; that he is 55 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 27 Mos in Company E, of 43 th Regiment of Ga; that his physical condition is as follows:

Kidney trouble
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, 16 day of Jan 1900, M. A. Herndon Ordinary.

State of Georgia,

FULTON County,

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

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

Ordinary FULTON County.

Note.—The blank spaces must be filled.
Note.—A Affidavit should not be submitted before January 1st, 1900.

CERTIFICATE OF ORDINARY

STATE OF GEORGIA, Fulton County.

I, THOS H. J. Jeffries, Ordinary of said County, do certify that I personally know Wm. Mary C. Herndon, the applicant, and that she is the lawful widow of Wm. A. Herndon, who was on the Pension Roll of said Fulton County, and was paid a Pension from Thirty County for 1893, and at the time of his death on the 10 day of Feb. 1893, there was due to him and unpaid his Pension of 3 Dollars from the State of Georgia, and I know B. R. Herndon, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 70 of February, 1901.

(Seal of Ordinary)

Thos H. J. Jeffries, Ordinary
Fulton County

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, _____ hereby authorize

of

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

at

by

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

—[L. S.]

Executed in presence of

Fulton County

1893

Application for Pension Due
Deceased Soldier
(UNDER ACT 1891)
(To be paid to the Widow)

BY

Wm. Mary C. Herndon

Widow of Wm. A. Herndon

Date of Marriage Dec. 3-1876

Date of Death Feb. 10 1893

Approved and entered paid.

R. & T. LAWRENCE
Commissioner of Pensions.

Ordinary: Will not share in full and need this book to Pension Department for the above before a full and complete report and statement of the pensioner's record is required filing in the Pension Department.

Herndon, Wm. A.
Fulton County

(For Those Already Enrolled.)

No. 269

INDIGENT
SOLDIER'S PENSION.
1901.

Name Wm. A. Herndon

County Fulton

Wm. Mary C. Herndon

WARRANT ISSUED

Jan 14 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT PASSED TO

Wm. A. Herndon

Wm. A. Herndon, Head Pensioner, Atlanta.

Wm. A. Herndon

(To Be Paid to His Widow)
(UNDER ACT APPROVED OCTOBER 3, 1891)

Personally before me, the Ordinary of said County, comes Mrs. Mary E. Henderson
of said County, who after being duly sworn, on oath says that she is the widow of _____

Fulton County on the 10 day of Feb. 1913.
Applicant further swears that she married the said William A. Herndon
on the 3 day of September, 1897, in Clarke County, and
State of Ga., and resided with him from the date of marriage to his death as his
lawful wife, and is now his dependent widow, and she asks that the sum of \$1000 be paid to her
and unpaid be paid to her.

Archibald Macbrat Ordinary } Mary C. Macbrat
Fulton, County }
(Seal of Ordinary)

Personally before me comes B. R. Herndon, who
on oath says that he knew Nelson A. Herndon while in life
and that he knows Mrs. Mary C. Herndon, the
above applicant; and knows that ~~she~~

and _____ were in the form of law married in the County
of _____ in the State of _____ on
the _____ day of _____ 19____, and that they were residing
together as husband and wife at the time of his death on the _____ day of
February, 1933, and that she is his dependent widow.

Sworn to and subscribed before me this 10 day of Feb., 1992
John R. Marshall Ordinary CR. Herndon
Tullon County
 (Seal of Ordinary)

[illegible]

_____ County.

Personally appears Mathewson 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 26 day of July, 1870; that he is 36 years old
and by occupation a _____ that he enlisted in the military service of the Con-
federate States (or of the State of Miss) during the war between the
States, and served for the term of 27 months in Company 8, of 43th Regiment
of Miss; that his physical condition is as
follows:

follows: Kidney trouble

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 Fuller county been allowed a pension for the year 1

19 day of January 1901. M. J. Sheridan
John R. Wilkinson Ordinary.

Antlers County.

I, John R. Wilkinson, 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.

day of January 1901.
John R. Wilkinson
 Ordinary Butler County.

Note—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 _____

Henderson, W.D.
Fulton, G.
GIVEN UNDER SEAL.
(FOR THOSE ALREADY ENROLLED.)

No. 106

INDIGENT

SOLDIER'S PENSION

1902.

Name *McMurrin*
County *Fulton.*

Co. *4* Regiment *13rd*
4th

WARRANT ISSUED

444 1902.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDLED TO

444

GIVEN UNDER SEAL.

No date

Henderson, Milton D.
Fulton, G.

GIVEN UNDER SEAL.
(FOR THOSE ALREADY ENROLLED.)

No. 207

INDIGENT

SOLDIER'S PENSION

1907.

Name *Fulton, G.*
County *Fulton.*

Co. *4* Regiment *13rd*

WARRANT ISSUED

444 1907.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDLED TO

444

GIVEN UNDER SEAL.

No date

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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

at _____

by _____

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

[L. S.]

Executed in presence of _____

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.

Personally appears M. A. Henderson 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 20 day of July 1844; that he is 63 years old and by occupation a farmer that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 17 months in Company 4th of 43 th Regiment of La. that his physical condition is as follows: Ridney trouble

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 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 the 13 day of JAN 1902

M. A. Henderson
Ordinary

STATE OF GEORGIA,

Fulton County.

John R. Wilkerson

Ordinary of said County.

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

John R. Wilkerson
Ordinary
Fulton County.

Note.—The blank spaces must be filled.
Note.—An affidavit must be attested before January 1st, 1902.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Fulton County.

Personally appears Milton A. Henderson 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 1844 day of July; that he is 63 years old and by occupation a farmer that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 17 months in Company 4th of 43 th Regiment of La. that his physical condition is as follows: Infirmity & poverty

that his property consists of the following items:

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

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

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

Milton A. Henderson
Ordinary

State of Georgia,

Fulton County.

John R. Wilkerson

Ordinary of said County.

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

John R. Wilkerson
Ordinary
Fulton County.

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

POWER OF ATTORNEY,

STATE OF GEORGIA.

County. }

I, _____ hereby authorize _____ of _____

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

by _____

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

Executed in presence of _____ [L. S.]

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____ of _____

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

by _____

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

Executed in the presence of _____ [L. S.]

(FOR THOSE ALREADY ENROLLED.)

No. 156

INDIGENT

SOLDIER'S PENSION
1903.

Name *McKendon*

County _____

Co. *43* Regiment *43*

WARRANT ISSUED

11/20 1903

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

[Signature]
Geo. W. Harrison, State Printer, Atlanta.

no date

(FOR THOSE ALREADY ENROLLED.)

No. 330

INDIGENT

SOLDIER'S PENSION
1904.

Name *McKendon*

County _____

Co. *43* Regiment *43*

WARRANT ISSUED

11/20 1904

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

[Signature]
Geo. W. Harrison, State Printer, Atlanta.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton. County.

Personally appears MA Kourdon 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 20 day of July 1895; that he is _____ years old and by occupation a _____, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of 27 mo in Company 4, of 43th Regiment of 4th _____, 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, 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 _____ county been allowed a pension for the year 1 _____

Sworn to and subscribed before me, this the _____

day of JAN 20 1904 1903.

Ordinary.

STATE OF GEORGIA,

County.

I, John R. Wilkinson, Ordinary of said County,

do certify that I am well acquainted with MA Kourdon the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1904 1903.

John R. Wilkinson
Ordinary

County.

Note.—The blank spaces must be filled.
Note.—Affidavit should not be attested before January 1st, 1903.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton. County.

Personally appears MA Kourdon 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 20 day of July 1895; that he is _____ years old and by occupation a _____, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of _____ in Company _____ of 43th Regiment of _____, 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, 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 _____ County been allowed a pension for the year 1 _____

Sworn to and subscribed before me, this the _____

day of _____ 1904.

Ordinary.

STATE OF GEORGIA,

Fulton. County.

I, John R. Wilkinson, Ordinary of said County,

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

Given under my official signature and seal, this

day of _____ 1904.

John R. Wilkinson
Ordinary

County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA.

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 _____ 1905.

[L. S.]

Executed in the presence of _____

Henderson, Milton A.
Fulton County

(FOR THOSE ALREADY ISSUED.)

No. *391*

INDIGENT
SOLDIER'S PENSION
1905.

Name *Henderson, Milton A.*

County *Fulton*

Co. *G* Regiment *43rd Va.*

WARRANT ISSUED

1/18 1905

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

Appl.

THE FOLLOWING POWER OF ATTORNEY AND RECEIPT FOR THE PENSION ALLOWED TO THE SOLDIER.

no date

Henderson, Milton A.
Fulton Co.,

(FOR THOSE ALREADY ISSUED.)

No. *49*

INDIGENT
SOLDIER'S PENSION
1906.

Name *Henderson, Milton A.*

County *Fulton*

Co. *G* Regiment *43rd Va.*

WARRANT ISSUED

4/7 1906

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

Appl.

THE FOLLOWING POWER OF ATTORNEY AND RECEIPT FOR THE PENSION ALLOWED TO THE SOLDIER.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.

Personally appears Milton H. Hurdson 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 1863; that he is 62 years old and by occupation a none, 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 5 yrs in Company C, of 55th Regiment of Ca; 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 Fulton County been allowed a pension for the year 1904.

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

Ordinary.

STATE OF GEORGIA.

Fulton County.

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

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 Milton A. Hurdson 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; that he is 61 years old and by occupation a Printer, 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 5 yrs in Company C, of 43th Regiment of Ca; 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 Fulton County, been allowed a pension for the year 1905.

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

Ordinary.

State of Georgia,

Fulton County.

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

Ordinary Fulton County.

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

NAME **Woodson, Milton A.**

YEAR **1908** COUNTY **Fulton**

WHEN AND WHERE BORN? **July 25, 1908 - Jackson County, Georgia**

ENLISTED WHEN AND WHERE? **December 15, 1908 - Atlanta, Georgia**

RANK.

COMPANY AND REGIMENT? **Company C, 48th Georgia Regiment**

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED?

WHEN AND WHERE SURRENDERED? **Discharged at Atlanta in April 1909
at close of war**

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. **James F. Ray - member of same Brigade**

No data

WITNESSES. James F. Ray - member of same Brigade
in

No data



Prison Office
Oct 39-1911

Municipal Office
June 11 1870
July 4-1870

J. W. Lindsey
Care of W.

Henderson, Mollie (Mrs.)
Prison Office
Oct 39-1911

No.

Widow's Application

To Be Put on Roll in Her Own Right, When
Husband Was on Roll at Death.

County Hall

Widow of Mollie Henderson

Widow of C. J. Henderson

Approved

J. W. LINDSEY,
Commissioner of Prisons

John S. Byrd, State Printer, Atlanta.

11/30/11

WIDOW'S AFFIDAVIT.

STATE OF GEORGIA.

Fulton County.

Personally before me comes Mrs. Mollie Henderson of said County, who, after being duly sworn, on oath says, that she is the widow of John Henderson to whom in the County of Fulton State of Georgia she was married on the 17th day of Feb 1870 and that she remained his wife, and resided with him to the date of his death in May 17 1870 and that she has not since his death remarried. At the time of his death he was a resident of Fulton County, in Georgia said State of Georgia, and he was on the Old Soldiers Pension Roll of the State and paid a pension of \$ 2.00 in Fulton County for 10 cts per annum, on account of being a soldier in Company B. 12. S. a Regiment A. S. a (Volunteers of State Militia.)

At the death of John Henderson he was in the use and possession of the following property

of the cash value of \$
What property of any kind and of any value have you in your use, control and possession now, and the cash value (State fully).

Acres land	<u>None</u>	\$
Horses and Mules	<u>None</u>	\$
Hogs, Cows, etc	<u>1 Cow</u>	\$ <u>20.00</u>
Total Cash value of all property		\$ <u>20.00</u>

That she is now a bonafide resident citizen of said County of Fulton and she has so continuously resided since 1870 day of Dec 1870.

Sworn to and subscribed before me, this the 26th day of September 1910, Mrs. Mollie Henderson Ordinary, of Fulton County.

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

STATE OF GEORGIA.

Fulton County.

Personally before me come Dr. Percy McStewart known to be responsible and truthful persons, residing in said County, who after having duly sworn on oath, say: that of their own personal knowledge Mrs. Mollie Henderson who made the foregoing affidavit, is the lawful widow of John Henderson who died in Fulton County in said State of Georgia on 17th day of May 1870 and that she has not since remarried. That she was never married and that she and he had resided together as man and wife continuously since their marriage day of 1870 and that the John Henderson 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 6th day of Oct 1910, Mrs. Mollie Henderson Ordinary, of Fulton County.

Widow's Application

To the Pay or Debt to Her Own Right, when Husband Was on Roll at Death.

Fulton

Mollie Henderson

Widow of John Henderson

Approved

J. W. LAMBERT,

Commissioner of Pensions.

Received of the Pension Office Oct 29-1910 Mollie Henderson June 17 1870 1874-1875

Received of the Pension Office Oct 29-1910 Mollie Henderson

AFFIDAVITS OF TWO FREEHOLDERS.

STATE OF GEORGIA.

Fulton County.

Personally before me comes E. L. Bailey who after being sworn on oath says, that they are freeholders of said County, and that they know M. Nellie Hendon of said County and knew her said husband C. J. Hendon at his death on the 1st day of May 1910 that she and he were in the use, possession and control of the following property at his death to wit: None

of the value of \$ None That she is now in the use, possession and control of the following property to wit:

of the value of \$ None

Sworn to and subscribed before me, this the 6th day of Oct 1910 at Lawrence, Georgia Ordinary: E. L. Bailey of Fulton County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

Fulton County.

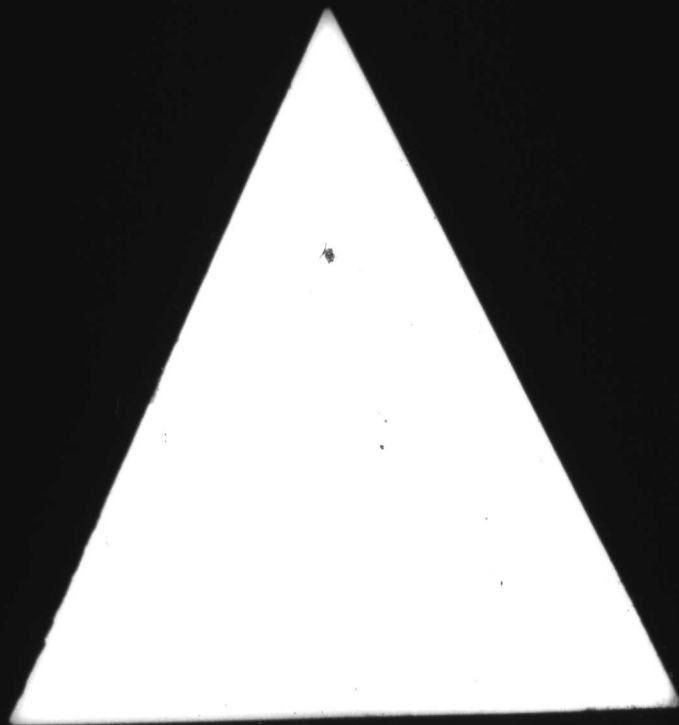
I, John P. Breckinridge Ordinary of said County, do certify, that, I know M. Nellie Hendon the applicant for this pension and that she is the person she represents herself to be, and that she is a bona fide continuing resident of said County and was on the 1st day of May 1910

at I who know C. J. Hendon witness as to marriage and I also know E. L. Bailey who I know to be a resident free holder of said County that all of the foregoing were duly sworn by me before signing the respective affidavits and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

That the tax Books of Fulton County shows that M. Nellie Hendon returned property to the amount of None for 1908 & None for 1909 & None for 1910 & None

Sworn under my hand and official seal of office this 17th day of Oct 1910 (SEAL) John P. Breckinridge 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.
4. Only widows who married prior to first January 1870, are entitled.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some present, or by general reputation.



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

STATE OF GEORGIA, County of Fulton
E. E. Gilkerson Ordinary in and for said County of
Fulton State of Georgia, hereby certify that I am acquainted with Mrs. Sarah H. Herndon
the applicant for a pension in this case, and
have from my own knowledge (or from positive proof presented to me by credible witnesses) that she
is entitled to said pension in this County, and that she resided in the State of Georgia on December 30, 1890, and has not lived
out of the State since that date. That she is the widow of William H. Herndon
deceased, and as such has been allowed a pension for the year ending February 15th, 1896.
In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this
5th day of February, 1896.
E. E. Gilkerson Ordinary.

POWER OF ATTORNEY.

STATE OF GEORGIA, County of _____
_____ Solely authorizes
_____ to receive and accept for the pension paid herein and request
that he shall make to _____
In Witness Whereof, I have hereunto set my hand and seal, this
_____ day of _____, 1896.
_____ [Seal]
Resided in the presence of _____

Herndon Sarah M.
Fulton County
FOR THOSE HERETOFORE PAID.
1896
Feb 15th 1896
No. 2398
WIDOW'S PENSION,
for year ending February 15th, 1896.
PAID TO
Sarah M. Herndon
OF
Fulton County.
James B. Lee
widow of William H. Herndon
WARRANT ISSUED
2/11
AND FORWARDED TO
affet
Geo. W. Sherman, State Printer.

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

Form No. 2.

STATE OF GEORGIA, County of Fulton.

I, W. L. Calhoun, Ordinary in and for said County of

Fulton

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

W. L. Calhoun

the applicant for a pension in this case, and

know from my own knowledge (or from positive proof presented to me by reputable witnesses) that she resides in this County, and that she resided in the State of Georgia on December 31, 1890, and has not lived out of the State since that date. That she is the widow of William R. Gordon

deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1895.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this 5th day of Feb, 1895.

(Seal) W. L. Calhoun Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, _____ hereby authorize

of _____ to receive and receipt for the pension paid hereon and request that he remit same to _____ at _____

In Witness Whereof, I have hereunto set my hand and seal, this _____ day of _____, 1895.

(Seal)

Executed in the presence of _____

POWER OF ATTORNEY.

STATE OF GEORGIA,

Fulton County.

J. M. Gordon hereby authorizes Joe B. Michlin of Fulton to receive and receipt for the pension paid hereon and request that he remit same to

at Atlanta by same

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 5 day of Feb, 1895.

Executed in presence of _____

J. M. Gordon [L. S.]

ACT OF 1890, c. 107, § 1.

(For Those Already Enrolled.)

No. _____
INVALID
SOLDIER'S PENSION.
1898.

Name _____
County _____
Disability _____
Amount, \$ _____

1898.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT ISSUED TO _____

FILE IN REGISTRY, OFFICE OF THE COMMISSIONER.

AND ANSWERS TO
appch

WARRANT ISSUED

Ordinary of Fulton County
Office of William R. Gordon

W. L. Calhoun

OF

State of Georgia

PAID TO

for year ending February 15th, 1895.

WIDOW'S PENSION,

W. L. Calhoun
Feb 15 1895
No. 239877

FOR THESE RECEIPTS FOR PAID.

W. L. Calhoun
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

at

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

day of _____ 1800.

[L. S.]

Executed in presence of

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, John F. H. H. H. hereby authorize

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

at _____

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

day of _____ 1800.

Executed in presence of

John F. H. H. H.
John F. H. H. H.

Herndon, S. M. M.
Fulton Co.
For Those Heretofore Paid.
1800.
NO. 813
WIDOW'S PENSION,
For year ending February 14th, 1899.
Mrs. S. M. Herndon
Widow of S. M.
Fulton County
RICHARD JOHNSON,
Commissioner of Pensions.
WARRANT ISSUED
1/30
PAID TO
ED. HANDED TO
affet
SEC. W. HARRISON, STATE PRINTER, ATLANTA.

Herndon, S. M. M.
Fulton County
For Those Heretofore Paid.
1800.
NO. 813
WIDOW'S PENSION,
For year ending February 14th, 1899.
Mrs. S. M. Herndon
Widow of S. M.
Fulton County
JNO. W. LINDSEY,
Commissioner of Pensions.
WARRANT ISSUED
1/30
PAID TO
ED. HANDED TO
affet
SEC. W. HARRISON, STATE PRINTER, ATLANTA.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of FULTON

Personally Comes Mrs.

S. M. Herndon

FULTON

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

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

continuously ever since *Birth* 18. That she is the Widow of*S. M. Herndon* who was a soldier in Companyof the *57th* Regiment of *Infantry*

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

186. and served in the Army up to 186. That he lost his

life on the *15th* day of *Jan.* 18. 65. (State here

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

Died with small pox contracted in the Army

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

I have been allowed a pension as a resident of FULTON County for the year ending

February 15th, 1899, and now apply for the pension provided by law for the year ending February 15th, 1900.

Sworn to and subscribed before me, this

3d day of *Jan.* 1899.*M. H. Hulsey* Ordinary.

Post-Office.

State of Georgia,
FULTON County.

I, W. H. HULSEY,

Ordinary of said County, certify that I am well acquainted

with Mrs. *S. M. Herndon* who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that shehas continuously resided in this State since the *23rd* day of *Dec.* 18. 90Given under my official signature and seal this the *20* day of *Jan.* 1899.*M. H. Hulsey*
Ordinary of FULTON County.

IMAGE OF VLLQKNEA

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of FULTON

Personally Comes Mrs.

S. M. Herndon

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

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

continuously ever since *Birth* 18. That she is the Widow of*S. M. Herndon* who was a soldier in Companyof the *57th* Regiment of *Infantry*

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

186. and served in the Army up to 186. That he lost his

life on the *15th* day of *Jan.* 18. 65. (State here

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

Died of small pox & contracted in Army

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

I have been allowed a pension as a resident of FULTON County for the year ending

February 15th, 1899, and now apply for the pension provided by law for the year ending February 15th, 1900.

Sworn to and subscribed before me, this

16 day of *Jan.* 1900.*M. H. Hulsey* Ordinary.

Post-Office.

State of Georgia,
FULTON County.

I, W. H. HULSEY,

Ordinary of said County, certify that I am well acquainted

with Mrs. *S. M. Herndon* who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that shehas continuously resided in this State since the *23rd* day of *Dec.* 18. 90Given under my official signature and seal, this the *16* day of *Jan.* 1900.*M. H. Hulsey*
Ordinary of FULTON County.

IMAGE OF VLLQKNEA

POWER OF ATTORNEY.

STATE OF GEORGIA.

Fulton County. }
I, S. M. Henderson hereby authorize
John F. Matheson of Atlanta Ga
to receive and receipt for the pension paid hereon and request that he remit same to

at _____
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 9th
day of Jan 1901.

S. M. Henderson [L. S.]

Executed in presence of

E. A. Williamson

POWER OF ATTORNEY.

STATE OF GEORGIA.

Fulton COUNTY. }
I, Mrs. Sarah M. Henderson hereby authorize
John F. Matheson of Atlanta, Ga.
to receive and receipt for the pension paid hereon, and request that he remit same to

at _____
In Witness Whereof, I have hereunto set my hand and seal, this 19th
day of January 1901.

X Mrs. Sarah M. Henderson

Executed in presence of

X E. A. Williamson, Jr.

Henderson, Sarah M.
Fulton County

To Those Hereinafter Paid.

1901.

No. 212.

WIDOW'S PENSION,

For year ending February 1st, 1901.

Mrs. S. M. Henderson

Fulton County.
Widow of S. M. Henderson

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

Jan 17 1901,
AND HANDLED TO

J. F. Matheson

Henderson, Sarah M.
Fulton County

To Those Hereinafter Paid.

1906.

No. 21.

WIDOW'S PENSION

For year ending Dec. 31, 1906.

PAID TO

Mrs. Sarah M. Henderson

Fulton County.

Widow of _____
Co. _____ Regiment _____

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

Jan 19 1906,
AND HANDLED TO

J. F. Matheson

FOR WIDOWS HEREINAFTER ALLOWED PENSIONS.

FOR WIDOWS HEREINAFTER ALLOWED PENSIONS.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Gulton

Personally Comes Mrs.

M. Henderson

who, being sworn, says on oath, that she is a bona fide resident of said County of Gulton State of Georgia, and that she has remained in said State continuously ever since Birth That she is the Widow of George W. Henderson who was a soldier in Company 57th of the Infantry Regiment of Volunteers, that he enlisted in said regiment on or about the month of 1863 and served in the Army up to 1863 That he lost his life on the 10th day of Jan 1863 (State here particulars of the husband's death, when, where and from what cause)

Rec'd of mail box
Contracted in army

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1859

I have been allowed a pension as a resident of Gulton County for the year ending February 15th, 1901, and now apply for the pension provided by law for the year ending February 15th, 1901.

Sworn to and subscribed before me, this

9th day of Aug, 1901.

John R. Workman Ordinary.

S. M. Henderson
Post Office Atlanta Ga

State of Georgia,
Gulton County.

M. Henderson
Ordinary of said County, certify that I am well acquainted

with Mrs. M. Henderson who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 9th day of Aug, 1901.

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

Official Seal.

John R. Workman
Ordinary of Gulton County.

STATE OF GEORGIA

БОМЕРЪ ОБЪЯВЛЕНА

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Gulton

PERSONALLY COMES MRS.

Sarah M. Henderson

who, being sworn, says on oath that she is a bona fide resident of said County of Gulton State of Georgia, and that she has remained in said State continuously ever since all her life That she is the Widow of George W. Henderson who was a soldier in Company 57th of the Infantry Regiment of Volunteers, that he enlisted in said regiment on or about the month of 1863 and served in the Army up to 1863 That he lost his life on the 10th day of Jan 1863 (State here particulars of the husband's death, when, where and from what cause)

Rec'd from mail box at Jackson, Miss

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1859

I have been paid a pension as a resident of Rich County, for the year ending December 31, 1900, and now apply for the pension provided by law for the year ending December 31, 1900.

Sworn to and subscribed before me

this 19th day of Jan, 1901.

Edgar W. Workman Ordinary.

Mrs. Sarah Henderson
Post Office 61 1st. Eads St. - Jackson, Miss

State of Georgia,
Gulton County.

Edgar W. Workman
Ordinary of said County, certify that I am well acquainted

with Mrs. Sarah M. Henderson who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 10th day of Jan, 1901.

Given under my official signature and seal, this 19th day of Jan, 1901.

Official Seal.

Edgar W. Workman
Ordinary of Gulton County.

NOTE.—All blank spaces must be filled.
Voucher and Affidavit must bear date after January 1st, 1901.

STATE OF GEORGIA.

FULTON COUNTY.

Ordinary's Office, Atlanta, Ga. Jan 18th 1907

I John P. Wilkinson, Ordinary of said County, certify that Samuel P. Wilkinson whose genuine official signature appears to the annexed paper was at the time of said signing an acting Justice of the Peace in and for said County duly sworn and commissioned and that his commission was dated the 12th day of December 1906 and will expire on the 14th day of December 1908 and that all his official acts as such are entitled to full faith and credit

Given under my official signature and seal of office, the day and year above written

Samuel P. Wilkinson
ORDINARY

POWER OF ATTORNEY.

STATE OF GEORGIA,

Fulton COUNTY.

I Sarah M. Hendon hereby authorize

John P. Wilkinson to receive and receipt for the pension paid hereon, and request that he remit same to

cash at Atlanta, Ga.

In Witness Whereof, I have hereunto set my hand and seal, this 18th

day of January 1907.

Sarah M. Hendon

Executed in presence of

Samuel P. Wilkinson

Henderson, Sarah M.
To These Witnesses

1907.

WIDOW'S PENSION

For Year ending Dec. 31, 1906

1907

Fulton County.

John P. Wilkinson

JOHN W. LINDSEY,

Commissioner of Pensions

Witness

AND RANDED TO

John P. Wilkinson

By

STATE OF GEORGIA

FOR WIDOWS' PENSIONS

STATE OF GEORGIA.

FULTON COUNTY.

Ordinary's Office, Atlanta, Ga., 1916

I, John R. Wilkinson, Ordinary of said County, certify that Edgar W. Orr, whose genuine official signature appears to the annexed paper, was at the time of said signing an acting Justice of Peace, in and for said County duly sworn and commissioned, and that his commission was dated the 15th day of Dec. 1914, and will expire on the 14th day of Dec. 1918, and that all his official acts, as such are entitle to full faith and credit.

Given under my official signature and seal of office, the day and year above written.

John R. Wilkinson
ORDINARY

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Fulton.

PERSONALLY COMES/MRS.

Sarah M. Henderson

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 1841. That she is the Widow of

George W. Henderson who was a soldier in Company

of the 52nd Regiment of Georgia

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

1862, and served in the Army up to January 1863. That he lost his

life on the day of June 1863 at State here

permitted of the husband's death, when, where and how (what cause)

But a Grace Pox or Jackson,

Mississippi

In record given

Dependent swears that she was the wife of said deceased soldier, during his service in the Army as a

soldier, and that she has never married since his death aforesaid, and that she became his wife in

the year 1857.

I have been paid a pension as a resident of Fulton County, for the

year ending December 31, 1906, and now apply for the pension provided by law for the year ending

December 31, 1907.

Swore to and subscribed before me

this 15th day of JAN 1907.

Sarah M. Henderson Ordinary.

Post Office Atlanta Ga

State of Georgia, Fulton County.

I, John R. Wilkinson Ordinary of said County, certify that I am well

acquainted with Mrs. Sarah M. Henderson who made the above affidavit, and

am satisfied that the facts therein stated are true, and I know she is the individual she represents

herself to be, and that she has continuously resided in this State since the

day of 1841.

Given under my official signature and seal, this the 15th day of JAN 1907.

John R. Wilkinson Ordinary of Fulton County.

NOTE.—All blanks must be filled.

Witnesses said I, John R. Wilkinson Ordinary of Fulton County, 1907.



State of Georgia, Bibb County,

OFFICE OF ORDINARY,

Macon, Ga.,

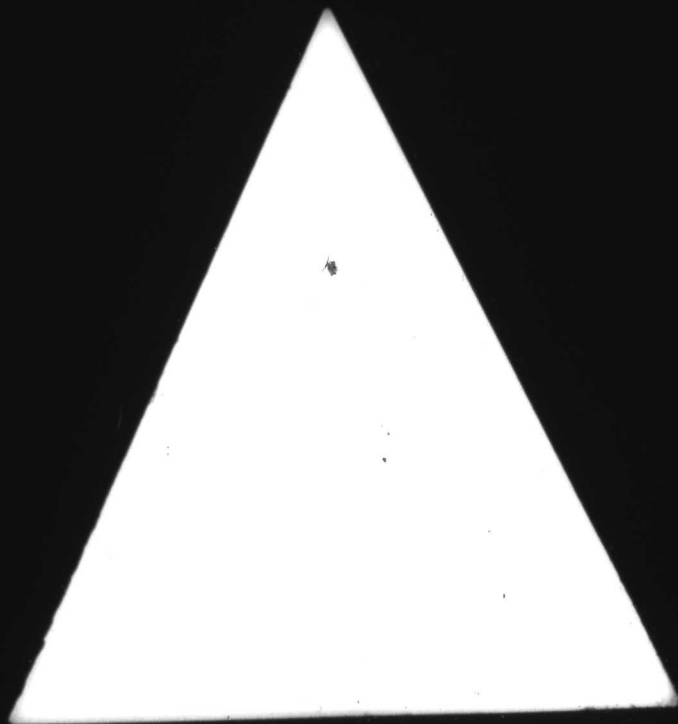
189

Georgia
Bibb County

I, Ordinary of said County do
hereby certify that Mrs. S. M. Henderson,
decedent as a Confederate widow, ^{for the year 1897 only} as a resident
of Bibb County Ga. and the proofs made by her
are now on file in the Office of Commissioners
of Deceased in Atlanta Ga. The said Mrs.
Henderson is now a resident of Fulton County
Ga.

In testimony whereof I have
hereunto set my hand and affixed the seal
of my Office this the 7th day of November
1887

Ordinary
Ordinary Bibb County Ga.



Herrin, Camp 6,
#1167
Herrin, Camp 6,
No. *800* *Fulton Co*

APPLICATION FOR

Artificer

FOR CONFEDERATE SOLDIER

David C. Herrin

County *Fulton*

Liberty *Day before*

Amount *75*

Date of Warrent *July 17/80*

Ed. S. B.

*My money
has been
paid
and I will
be
11 of
MAY
last*

STATE OF GEORGIA.

Fulton County.)

Personally appeared before me David E. Korman of the county of Fulton, State of Georgia, who, being duly sworn, depose 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 A 42^d Regiment of Georgia Volunteers that while engaged in such military service, to-wit: at the battle or engagement of Shentonville in the State of Ariz on the 19th day of March 1864, he was wounded in the foot 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 30th, 1879; that he has supplied himself with an artificial; or that, not having done so, he prefers to supply himself with an artificial

Sworn to and subscribed before me this 17th day of Jan 1880. D. E. Korman J. S. Wilson 1880

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.

Fulton County.)

Personally came before me William S. Wilson of the county of Fulton, State of Georgia, who, being duly sworn, depose and says that he was First Lieutenant in Company A 42^d Regt and that David E. Korman, the above deponent, was a Private in said Company, and that this deponent knows that said David E. Korman, lost a foot in the military service as said in the above affidavit. Sworn to and subscribed before me this 17th day of Jan 1880. W. S. Wilson J. S. Wilson 1880

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

APPLICATION FOR

the said

For Compensation

David E. Korman

County Fulton

Rank 1st Lieut

Amount 75

Date Jan 17/80

W. S. Wilson

Handwritten notes and signatures in the left margin, including "17th", "Jan", and "1880".

AN ACT

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

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

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

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

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

HENRY B. GORTCHES,
Secretary House Representatives.
WM. A. HARRIS,
Secretary Senate.
Approved, September 10th, 1876

A. H. RADON,
Speaker House Representatives.
BRYAN E. LAWRENCE,
President Senate.

ALFRED H. COLQUHOUN, Governor

STATE OF GEORGIA,

County.

Personally came.....

who, being duly sworn, depose and say they are acquainted with.....
.....and know that he lost a.....in the military service during the late war;
that said.....was amputated.....; 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.....
.....day of.....18.....

STATE OF GEORGIA,

County.

I, David Pittman....., Ordinary of.....

county, do certify that I am well acquainted with.....
the applicant for a....., and am well satisfied that the facts stated by him in the foregoing
affidavit are true, and that I am well acquainted with.....
.....
.....
the citizens who make this affidavit, that they are responsible citizens of the county, and that the facts
tated by them are true, as I truly believe.

Given under my hand and official seal, this.....17th

day of.....1886

David Pittman
"Ordinary" etc

STATE OF GEORGIA.

Fulton County.

PERSONALLY appears *David E. Herren* 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 continuously since the *17th* day of *March* 1847; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *F*, of *42nd* Regiment of *Georgia* Volunteers. *Stonewall*'s Brigade; that whilst engaged in such military service, at the battle of *Bentonville* in the State of *North Carolina*, on the *19th* day of *March* 1865, he was wounded as follows: *in the right foot & during the amputation of said foot & the heel*

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

Sworn to and subscribed before me, this *6th* day of *February* 1889 *David E. Herren*
W. H. Leatham
Notary Public for the State of Georgia.
Here, State fully nature of wound or character of disease which causes the disability, and emphasize particularly the extent of the disability.

STATE OF GEORGIA.

Fulton County.

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

Sworn to and subscribed before me, this *6th* day of *February* 1889

Notary Public for the State of Georgia.
Here, The physicians will state fully the extent of the wound, and then give facts to show the extent of the disability resulting therefrom.

APPLICATION FOR ALLOWANCE

FOR THE YEAR ENDING OCT. 26, 1889.

For
David E. Herren
Ordinary
County
Amount *\$20*
Date of Warrant *Feb. 1889*
Entered on Record
Delivered to *W. H. Leatham*
Notary Public for the State of Georgia
No additional duty
Applicant

STATE OF GEORGIA.

Fuller County, *Ordinary of said county,*
M. L. Leachman
 do certify that I am well acquainted with *Dana E. Hutton*, the
 applicant in the foregoing affidavit, and am well satisfied that the statements made by him
 in his said affidavit are true, and that *he is disabled to the extent he claims, and I know he is*
 the individual he represents himself to be, and that he resides in this county. I also certify
 that the foregoing witnesses, to-wit:

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

I further certify that *before whom the foregoing*

affidavits were made and power of attorney was signed, is a

of said county, and that the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this *6th* day of *February* 1889

M. L. Leachman
 Ordinary *Fuller* County.

POWER OF ATTORNEY.

STATE OF GEORGIA.

KNOW ALL MEN BY THESE PRESENTS, That I

of

county, in said State, do hereby appoint

of

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

In witness whereof I have hereunto set my hand and seal, this *6th* day of *February* 1889.

Executed in the presence of us:

(L. S.)

DIRECTION:

Send money to me as follows, by

to

County, Georgia.

P. O.

NOTES.

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

2. The law makes no allowance for an arm or leg, unless the arm or leg has been rendered substantially and essentially useless.

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

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

5. If application is for loss of fingers or toes the proofs must be made to show the number, and points where amputated.

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

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

STATE OF GEORGIA,

Fuller County.

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

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

Given under my official signature and seal, this 8th day of *July* 1890

W. L. L. Allen

Ordinary

Fuller County.

STATE OF GEORGIA,

Fuller County.

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

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

Given under my official signature and seal, this 10th day of *July* 1891.

W. L. L. Allen

Ordinary

Fuller County.

Heron David E.

Fuller Co.

1890.

No. 574
APPLICATION FOR ALLEWANCE.

David E. Heron

David E. Heron

Fuller

July 8

July 8

July 8

July 8

July 8

July 8

July 8

July 8

Heron David E.

Fuller Co.

1891.

Heron David E.

Fuller Co.

1891.

Heron David E.

Fuller Co.

1891.

Heron David E.

Fuller Co.

1891.

Heron David E.

Fuller Co.

1891.

Heron David E.

Fuller Co.

1891.

Heron David E.

Fuller Co.

1891.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

PERSONALLY appears *David E. Herrien* 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 continually since the *17th* day of

1865; that he enlisted in the military service of the Confederate States (as of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *D*, of *42nd* Regiment of *Geo* Volunteers *Hogueson's* Brigade; that whilst engaged in such military service, at the battle of *Battle of Atlanta* in the State of *Geo*, on the *19th* day of *March* 1865, he was wounded as follows: *gun shot wound of right foot & part of right hand & arm & substantially disabled & substantially incapable of performing the ordinary manual avocations of life.*

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

Sworn to and subscribed before me, this *8th* day of *July* 189*0* *David E. Herrien*

Here, state fully nature of wound or *disability* which causes the disability, and explain particularly the extent of the disability.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Fulton County.

KNOW ALL MEN BY THESE PRESENTS, That I, *David E. Herrien*

county, in said State, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *8th* day of *July* 189*0*

Executed in the presence of us:

[L. S.]

DEPOSITION.

Sworn to by me as follows, by

to

P. O.

County, Georgia.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

PERSONALLY appears *David E. Herrien* 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 *17th* day of

1865; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *D*, of *42nd* Regiment of *Geo* Volunteers *Hogueson's* Brigade; that whilst engaged in such military service at the battle of *Battle of Atlanta* in the State of *Geo*, on the *19th* day of *March* 1865, he was wounded as follows: *gun shot of right foot & part of right hand & arm & substantially disabled & substantially incapable of performing the ordinary manual avocations of life.*

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

Twenty Five dollars, for *1890*

Sworn to and subscribed before me, this *10th* day of *Feb* 189*1* *David E. Herrien*

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Fulton County.

Know all Men by these Presents, That I, *David E. Herrien*

of *David E. Herrien* County, State of Georgia, do hereby appoint

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

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

[L. S.]

Executed in the presence of us:

Send money to me as follows, by

STATE OF GEORGIA

County, Georgia.

P. O.

STATE OF GEORGIA.

Fulton County.

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

Given under my official signature and seal, this *11* day of *March* 189*2*

W. B. Harrison

Ordinary *Fulton* County.

POWER OF ATTORNEY.

STATE OF GEORGIA, }

County, }

Know all Men by these Presents, That I, _____ of _____ County, State of Georgia, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____ day of _____ 189*2*.

Executed in the presence of us:

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

Fulton Co
Kerrin, D. E.
No. 1035

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1891.

Name *D. E. Kerrin*
County *Fulton*
Qualifying Officer *Coy*
Amount *50*
Received on record *Met*
1892.
W. H. HARRISON,
Agent.
No date
Applicant
W. B. Harrison

Henry, David E.
Fulton Co

1892.

SOLDIER'S PENSION.

FOR THE YEAR ENDING OCTOBER 31, 1891.

Name *David E. Henry*
County *Fulton*
Qualifying Officer *38*
Amount *50*
Received on record *Met*
1892.
W. H. HARRISON,
Agent.
No date
Applicant
W. B. Harrison

STATE OF GEORGIA.
FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA.
FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.

Fuller County. }
 PERSONALLY appears David E. Herren
 of Fuller County, State of Georgia, who, being duly sworn, says
 on oath that he is a home side citizen and resident of Georgia, and has been such continuously
 since the 17th day of November 1847; that he enlisted
 in the military service of the Confederate States (or of the State of
 during the war between the States, and served as a Private in Company E
 of 42nd Georgia Volunteers Brigade;
 Brigade; that whilst engaged in such military service at the battle of Battle of
 in the State of Miss. on the 19th day of

March 1865, he was wounded as follows: fire shot
wound of the right foot causing amputation
of the foot at the instep causing
the loss of five toes

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

Twenty Five Dollars for 1891.

Sworn to and subscribed before me this the 1st day of March 1892.

M. L. DeLoach
Ordinary

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

POWER OF ATTORNEY.

STATE OF GEORGIA.

Fuller County. }

Know all Men by these Presents, That I,

County, in said State, do hereby appoint

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

IN WITNESS WHEREOF, I have hereto set my hand and seal this
 day of March 1892.

Executed in the presence of us:

Send money to me as follows, by

County, Georgia.

P. O.

[L. S.]

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.

Fuller County. }
 PERSONALLY appears David E. Herren of Fuller
 County, State of Georgia, who, being duly sworn, says on oath that he is a home side citizen and
 resident of said State, and has resided therein continuously ever since the 17th
 day of November 1847; 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 E of 42nd Regiment
of Georgia Volunteers Brigade; that whilst engaged in
 such military service at the battle of Battle of in the State
 of North Carolina on the 19th day of March 1865, he was
 wounded as follows: fire shot wound of the right foot
causing amputation of the foot at the instep
causing the loss of five toes

Dependent desires to participate in the benefits of the Act, approved October 24, 1887, and
 the acts amendatory thereof, and makes application for the allowance to which he is entitled for
 the year ending October 26, 1892. I have heretofore been allowed a pension of Twenty Five
 Dollars for 1891.

Sworn to and subscribed before me, this, the 1st day of March 1892.

M. L. DeLoach
Ordinary

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

STATE OF GEORGIA.

Fuller County. }

I, M. L. DeLoach Ordinary of said County,

do certify that I am well acquainted with David E. Herren the
 applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his
 said affidavit are true, and that he is disabled to the extent he claims, and I know he is the in-
 dividual he represents himself to be, and that he resides in this County.

I further certify that David E. Herren was made the power of attorney was signed, in a
 County, in said State, do hereby appoint

of Fuller County, my true and lawful attorney in fact, for

me and in my name, to receive and receipt for whatever amount of money I may be entitled to

from the State of Georgia by reason of the injury received as aforesaid in the military service of

the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing

my said attorney to receipt in my name for any Warrant that may be issued by the Governor,

or for any sum of money which may be coming to me for the reason aforesaid.

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

day of March 1892.

Executed in the presence of us:

Send money to me as follows, by

County, Georgia.

P. O.

[L. S.]

POWER OF ATTORNEY.

STATE OF GEORGIA.

COUNTY.

Know all Men by these Presents, That I,

County, State of Georgia, do hereby appoint

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

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

day of _____, 1894.

[L. S.]

Executed in the presence of us

DIRECTIONS

Send money to me as follows, by

to

P. O.

County, Georgia.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

KNOW ALL MEN BY THESE PRESENTS, That I,

of

County, State of Georgia, do hereby appoint

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

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

day of _____, 1895.

[L. S.]

Executed in presence of us

DIRECTIONS.

Send money to me as follows, by

to

P. O.

County, Georgia.

Pullman Co.
Henry G. Smith
(For These Already Enrolled)

No. 1179

Soldier's Pension.
1894.

Name David E. Harrison

County Fulton

Disability Wounded Leg

Amount, \$ 50

1894.

W. H. HARRISON

Secretary Executive Department.

WARRANT HANDED TO

applicant

Henry G. Smith

(For These Already Enrolled.)

No. 62

SOLDIER'S PENSION.
1895.

Name David E. Harrison

County Fulton

Disability Wounded Leg

Amount, \$ 50

1895.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

atly

No. 62

no date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

Fulton

County. }

PERSONALLY appears David E. Herren 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 17th day of November 1847; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company I of 42nd Regiment of Georgia Volunteers Stovall's Brigade; that whilst engaged in such military service at the battle of Pentonville in the State of North Carolina, on the 19th day of March 1865, he was wounded as follows: gun shot wound of the right foot causing amputation of the same at the instep causing the loss of five toes

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1894. I have heretofore been allowed a pension of Eighty dollars, for the year 1893.

Sworn to and subscribed before me, this, 17th day of March 1894, David E. Herren, W. L. Calhoun Ordinary.

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

STATE OF GEORGIA, }

Fulton

County. }

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

Given under my official signature and seal, this 17th day of March 1894.



W. L. Calhoun

Ordinary Fulton County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

Fulton

County. }

Personally appears David E. Herren 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 17th day of November 1847; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a private in Company I of 42nd Regiment of Georgia Volunteers, Stovall's Brigade; that whilst engaged in such military service at the battle of Pentonville in the State of North Carolina, on the 19th day of March 1865, he was wounded as follows: gun shot wound of the right foot causing amputation of the same at the instep causing the loss of five toes

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

Sworn to and subscribed before me, this, 17th day of March 1895, David E. Herren, W. L. Calhoun Ordinary.

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

STATE OF GEORGIA, }

Fulton

County. }

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

Given under my official signature and seal, this 17th day of March 1895.



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 _____ 1896.

[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 _____ 1897.

[L. S.]

Executed in presence of _____

(For Those Already Enrolled.)

No. 767

SOLDIER'S PENSION.

1896.

Name _____
County _____
Disability _____
Amount, \$ _____

2/26 1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT PAID TO

Richard Johnson
No. 767

(For Those Already Enrolled.)

No. 630

INVALID

SOLDIER'S PENSION.

1897.

Name *David E. Fulton*
County *Fulton*
Disability *Disabled Leg.*
Amount, \$ *50.00*

2/26 1897

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT PAID TO

Richard Johnson
No. 630

STATE OF GEORGIA

For Applicants Heretofore Allowed Pensions

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton

County.

Personally appears David E. Herren 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 17th day of September 1847; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company I, of 2nd Regiment of Georgia Volunteers, Stovall's Brigade; that whilst engaged in such military service in the State of North Carolina, on the 19th day of March 1865, he was wounded, injured or diseased as follows: was shot round of the right foot causing amputation of the same at the instes causing the loss of five toes

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

Sworn to and subscribed before me, this, 26 day of July 1890. D. E. Herren
W. L. Calhoun, Ord.
Here—State fully the nature of wound or character of disease, which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA,

Fulton

County.

I, W. L. Calhoun Ordinary of said County, do certify that I am well acquainted with David E. Herren the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 July 1890.



W. L. Calhoun
Ordinary Fulton County.

BOOK OF V. L. GIBSON

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton

County.

Personally appears D. E. Herren 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 17th day of Nov 1847; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company I, of 2nd Regiment of Georgia Volunteers, Stovall's Brigade; that whilst engaged in such military service in the State of North Carolina, on the 19th day of March 1865, he was wounded, injured or diseased as follows:

was shot round of the right foot causing amputation of the same at the instes causing the loss of five toes

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1897. I have heretofore under said law as a resident of Fulton county been allowed an invalid pension of fifty Dollars, for the year 1890.

Sworn to and subscribed before me, this, 27 day of July 1897. David E. Herren
W. L. Calhoun, Ord.
Here—State fully the nature of wound or character of disease, which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA,

Fulton

County.

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

Given under my official signature and seal, this 27 day of July 1897.



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 _____, 1890.

[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 _____, 1890.

[L. S.]

Executed in presence of _____

Herring, D. C.
Fulton Co.

NOT UP IN OCT. 1890.
(For Those Already Enrolled.)

No. 2223

INVALID
SOLDIER'S PENSION.
1898.

Name *R. E. Herring*
County *Fulton*
Disability *Disabled leg.*
Amount, \$ *50.00*

219 1890

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDLED TO
affd.

No date

Herring, D. C.
Fulton County

NOT UP IN OCT. 1890.
(For Those Already Enrolled.)

No. 1841

INVALID
SOLDIER'S PENSION.
1899.

Name *R. E. Herring*
County *Fulton*
Disability _____
Amount, \$ *50.00*

374 1890

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDLED TO
affd.

No date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears D. E. Herren 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 Nov 1867; that he enlisted in the military service of the Confederate States (or of the State of GA) during the war between the States, and served as a Private in Company A, of 42th Regiment of GA Volunteers, Stovall's Brigade; that whilst engaged in such military service in the State of GA, on the 19th day of March 1865, he was wounded, injured or diseased as follows:

Was shot in the right foot - losing bone & sinew, the leg -

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

Sworn to and subscribed before me, this, 10 day of July, 1890. D. E. Herren POST-OFFICE

D. E. Herren
Here states fully the nature of wound or character of disease which caused the disability, and explains particularly the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,

Fulton County.

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

Given under my official signature and seal, this 19 day of February 1890.



L. H. Culley
Ordinary Fulton County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears D. E. Herren 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 Nov 1867; that he enlisted in the military service of the Confederate States (or of the State of GA) during the war between the States, and served as a Private in Company A, of 42th Regiment of GA Volunteers, Stovall's Brigade; that whilst engaged in such military service in the State of GA, on the 19th day of March 1865, he was wounded, injured or diseased as follows:

Shot in foot - loss of five toes - disability leg

Deponent makes application for the pension to which he is entitled for the year ending October 20th, 1890. I have heretofore under said law as a resident of Fulton County been allowed an invalid pension of 50 Dollars, for the year 1889.

Sworn to and subscribed before me, this, 15 day of March, 1890. D. E. Herren POST OFFICE

D. E. Herren
Here states fully the nature of wound or character of disease which caused the disability, and explains particularly the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,

Fulton County.

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

Given under my official signature and seal, this 4 day of March 1890.



L. H. Culley
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 _____ 1900.

[L. S.]

Executed in presence of _____

POWER OF ATTORNEY.

STATE OF GEORGIA.

County. }

I, _____ hereby authorize _____

of _____

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

by _____

at _____

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

day of _____ 1901.

STATE OF GEORGIA

[L. S.]

Executed in presence of _____

CHIEF CLERK OF THE COURT.

(For Those Already Enrolled.)

No. 843

INVALID

SOLDIER'S PENSION.

1900.

Name *De Haven*

County *Fulton*

Disability

Amount, \$ *50*

Warrant issued *March 10, 1900.*

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

W. L. Lindsey, Chief Clerk, Atlanta

W. L. Lindsey

CHIEF CLERK OF THE COURT.

(For Those Already Enrolled.)

No. 338

DISABLED

SOLDIER'S PENSION.

1901.

Name *De Haven*

County *Fulton*

Disability *shot in foot*

Amount, \$ *50.00*

Warrant issued *July 16, 1901.*

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

W. L. Lindsey, Chief Clerk, Atlanta

W. L. Lindsey

STATE OF GEORGIA

County.

For Applicants Heretofore Allowed Pensions.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears D. E. Herren 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 County, and has resided therein continuously ever since the day of Nov 1867, that he enlisted in the military service of the Confederate States (or of the State of GA) during the war between the States, and served as a Private in Company C, of 42th Regiment of GA Volunteers, Stovall's Brigade; that whilst engaged in such military service in the State of GA, on the 19th day of March 1865, he was wounded, injured or diseased as follows:

Shot in foot loss of five toes
his foot amputated at the
ankle

Deponent makes application for the pension to which he is entitled for the year ending October 30th, 1900. I have heretofore under said law as a resident of Fulton County been allowed an invalid pension of \$2.45 (50) Dollars, for the year 1899. Sworn to and subscribed before me, this, D. E. Herren, 3 day of March 1900. POST OFFICE

Mommery
I, Mommery, State fully the nature of wound or character of disease upon the disability, and explain particularly the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,

Fulton County.

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

Given under my official signature and seal, this 30 day of March 1900.

Mommery
Ordinary Fulton County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears D. E. Herren 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 Nov 1867; that he enlisted in the military service of the Confederate States (or of the State of GA) during the war between the States, and served as a Private in Company C, of 42th Regiment of GA Volunteers, Stovall's Brigade; that whilst engaged in such military service in the State of GA, on the 19th day of March 1865, he was wounded, injured or diseased as follows:

Shot in foot loss of five toes
and his foot amputated at the
ankle

Deponent makes application for the pension to which he is entitled for year ending October 30th, 1901. I have heretofore under said law as a resident of Fulton County been allowed an invalid pension of \$2.45 Dollars, for the year 1899.

Sworn to and subscribed before me, this the D. E. Herren, 9th day of January 1901. Postoffice Atlanta Ga

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

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

John R. Wilkerson
Ordinary Fulton County.



HOME OF ALLOVINEA

POWER OF ATTORNEY.

STATE OF GEORGIA.

County, Fulton

I, John W. Lindsey, hereby authorize

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

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

day of Jan 1902

STATE OF GEORGIA

[L. S.]

Executed in presence of

POWER OF ATTORNEY.

STATE OF GEORGIA,

County, Fulton

I, John W. Lindsey, hereby authorize

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

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

day of Jan 1902

[L. S.]

Executed in presence of

Henry D. E. #
Fulton
(FOR THESE ALREADY ENROLLED.)

No. 56
DISABLED
SOLDIER'S PENSION
1902.

John W. Lindsey
County Fulton.
On 1st of Jan 1902.
Disability loss of foot
Amount, \$ 50.00

Yes
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT DATED TO
56

no data

Henry D. E.
Fulton
(FOR THESE ALREADY ENROLLED.)

No. 102
DISABLED
SOLDIER'S PENSION
1903.

Name John W. Lindsey
County Fulton
Co. 9 Regiment 42
Disability loss of foot
Amount, \$ 50.00
1/21 1902

JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT DATED TO
102

no data

STATE OF GEORGIA

FOR APPLICANTS HERETOFORE APPROVED PENSIONS

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.

Personally appears D. E. Korman 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 Nov 1847; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company S, of 42th Regiment of Ga Volunteers, Stovall's Brigade; that whilst engaged in such military service, in the State of Mo, on the 19 day of Mich 1865, he was wounded, injured or diseased as follows:

Last foot by wound & amputation

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1902. I have heretofore, under said law, as a resident of Fulton County, been allowed an invalid pension of

Fifty Dollars, for the year 1901.
Sworn to and subscribed before me, this the D. E. Korman
11th day of Jan 1902. Post-office

None.—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. Wilkinson, do certify that I am well acquainted with D. E. Korman the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

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

John P. Wilkinson Fulton County.

None.—Fill all blanks and of Company and Regiment.
None.—All vouchers and affidavits must bear date after January 1, 1902.

BOMER OF VILLOKIEA

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County.

Personally appears D. E. Korman of

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of Nov 1847; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company S, of 42th Regiment of Ga Volunteers, Stovall's Brigade; that whilst engaged in such military service in the State of Mo, on the 19 day of Mich 1865, he was wounded, injured or diseased as follows:

Last foot by wound & amputation

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1903. I have heretofore, under said law, as a resident of Fulton County, been allowed an invalid pension of 50 Dollars, for the year 1902.

Sworn to and subscribed before me, this the D. E. Korman
day of Jan 1903. Post-office

None.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,

County.

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

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

John P. Wilkinson Fulton County.

None.—Fill all blanks and of Company and Regiment.
None.—All vouchers and affidavits must bear date after January 1, 1902.

POWER OF ATTORNEY.

STATE OF GEORGIA.

COUNTY.

I,

hereby authorize

of

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

by

at

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

day of 1904

[L. S.]

Executed in the presence of

Herron, D.C.
Fulton Co.

(FOR THOSE ALREADY ENROLLED.)

No. 138

DISABLED

SOLDIER'S PENSION

1904.

Name *D. C. Herron*
County *Fulton.*
Co. *D.* Regiment *42nd Ia*
Disability *lost left foot*
Amount, \$ *50.00* 1904.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

cf
JOHN W. LINDSEY, Commissioner of Pensions.

no date

Herron, D.C.
Fulton County

(FOR THOSE ALREADY ENROLLED.)

No. 13

DISABLED

SOLDIER'S PENSION

1905.

Name *D. C. Herron*
County *Fulton.*
Co. *D.* Regiment *42nd Ia*
Disability *disabled leg*
Amount, \$ *50.00* 1905.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

cf
JOHN W. LINDSEY, Commissioner of Pensions.

no date

POWER OF ATTORNEY.

STATE OF GEORGIA.

COUNTY.

I,

hereby authorize

of

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

by

at

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

day of 1905.

[L. S.]

Executed in the presence of

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.

Personally appears *D. E. Herren* of

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of *1877* 18 *7* that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *L*, of *42*th Regiment of *Georgia* Volunteers *Smith's* Brigade, that whilst engaged in such military service in the State of *Georgia*, on the *19* day of *March* 1865, he was wounded, injured or diseased as follows:

Lost leg by wound & amputation

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1904. I have heretofore, under said law, as a resident of *50* *Fulton* County, been allowed an invalid pension of *50* Dollars, for the year 1903.

Sworn to and subscribed before me, this *21* day of *JAN 21 1904* 1904.

J. M. Wickinson

D. E. Herren

Post-office

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

Given under my official signature and seal, this *21* day of *JAN 21 1904* 1904.

day of

J. M. Wickinson

Ordinary

Fulton County.



Note.—Fill all blanks and of Company and Regiment.
Note.—All vouchers and affidavits must bear date after January 1, 1904.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.

Personally appears *D. E. Herren* 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 *all* day of *his life* 18 *7* that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *L*, of *42*th Regiment of *Georgia* Volunteers *Smith's* Brigade, that whilst engaged in such military service in the State of *Georgia*, on the *19* day of *March* 1865, he was wounded, injured or diseased as follows:

Disabled leg Bentonville A. C.

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 *50* *Fulton* County, been allowed an invalid pension of *50* Dollars, for the year 1904.

Sworn to and subscribed before me, this *21* day of *JAN 21 1905* 1905.

J. M. Wickinson *D. E. Herren*
Post-office *West End Ga.*

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

Given under my official signature and seal, this *21* day of *JAN 21 1905* 1905.

day of

J. M. Wickinson

Ordinary

Fulton County.



Note.—Fill all blanks and of Company and Regiment.
Note.—All vouchers and affidavits must bear date after January 1, 1904.

POWER OF ATTORNEY.

STATE OF GEORGIA.

COUNTY }

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

In WITNESS WHEREOF, I have hereunto set my hand and seal, this _____
day of _____ 1906.

[L. S.]

Executed in the presence of _____

POWER OF ATTORNEY.

STATE OF GEORGIA.

COUNTY }

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

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

[L. S.]

Executed in presence of _____

Horram D.E.
Fulton Co.
No. 101
DISABLED
SOLDIER'S PENSION
1906.
Name *D. B. Horram*
County *Fulton.*
Co. *J. Regiment 42nd Reg.*
Disability *by disabled*
Amount, \$ *50.00*
1906.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO
L. W. H.
1906.

no date

Horram D.E.
Fulton Co.
No. 110
DISABLED
SOLDIER'S PENSION
1907.
Name *D. B. Horram*
County *Fulton.*
Co. *J. Regiment 42nd Reg.*
Disability *by disabled*
Amount, \$ *50.00*
1907.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO
L. W. H.
1907.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Fulton County.

Personally appears D. E. Herren 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 1847; 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 B, of 42th Regiment of Volunteers's Brigade; that whilst engaged in such military service in the State of A. C., on the 19 day of March, 1862, he was wounded, injured or diseased as follows:

Disabled Leg. Bentonville, Ark.

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 1906.

Sworn to and subscribed before me, this the

day of JAN 1, 1906

John R. Westerson 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. Westerson Ordinary of said County do certify that I am well acquainted with D. E. Herren the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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

John R. Westerson

Ordinary Fulton County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Fulton County.

Personally appears D. E. Herren 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 1847; 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 B, of 42th Regiment of Volunteers's Brigade; that whilst engaged in such military service in the State of A. C., on the 19 day of March, 1862, he was wounded, injured or diseased as follows:

Disabled Leg. Bentonville, Ark.

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. Westerson

Postoffice Warr End

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

State of Georgia,

County.

I, John R. Westerson Ordinary of said County, do certify that I am well acquainted with D. E. Herren the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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. Westerson

Ordinary Fulton County.

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

Form No. 9.

County.

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

Executed in the presence of

[1, 8]

Form No. 1

STATE OF GEORGIA

_____ County

PERSONALLY SUBJECT

of

Country, State of Georgia who being duly sworn, says on oath that he was born on the 17th day of November 1847 that he is a home ^{free} citizen and resident of Georgia, and has been continuously since the 17th day of November 1847, that he enlisted in the military service of the Confederate States (or the State of Georgia) on the 8th day of December 1864, during the war between the States, and served in Company C of 42nd th Regiment of Georgia Volunteers, Thos. Howell's Brigade, and was honorably discharged on the 26th day of April 1865, that whilst engaged in such military service, and in line of duty in the State of North Carolina on the 19th day of March 1865 he was disabled or wounded as follows: Shot through stomach of right foot this proof made basis for dis of file & record in the pension office & petition has been drawing a pension of \$12.00 per m. & makes this application to have his pension increased to \$20.00 for the reason that he has lost all of his foot that was wounded & he having lost it amputated & is a sound & healthy man the doc wound has the direct cause of such amputation & as he only has one foot is entitled to draw a pension as a one legged man

Where was command surrendered? *at Goldsborough, N. C.*
Was applicant present? *No was in Hospital* If not, where
was he? *in Hospital* How come there? *was sent there.*

And by whose authority? State fully: By authority of Confederate
Government, was ordered Carried by Lieutenant
W. L. Wilson Commanding my Company.

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

Signed and subscribed before me, this the 1st day of December, 190__, at New York City, New York.

Notary Public in and for the State of New York.

Subscribed and sworn to before me, this the 10th day of June 1901.
Marion M. Anderson
 Notary Public
 My Comm. Expires 1st Ordinary.

D. E. Herrera.
 Post Office P.O. 741 74th St. Phoenix

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

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

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

AFFIDAVIT FOR THREE WITNESSES.

Form No. 2.

STATE OF GEORGIA.

County.

Personally appears before me, the undersigned Ordinary in and for said County

and

personally known to me to be trustworthy citizens, each of whom, being duly sworn according to law, severally say

under oath, that they are personally and well acquainted with

whose application is herewith presented for a pension, that he has resided in this State continuously since the

day of 18 that he served in Company of the

Regiment of

Brigade, and from our personal knowledge he,

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

Where was applicant's command stationed?

Was he with it?

Were all of you present?

If not, where was he?

Where were you all?

How do you know the facts you state to be true?

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

He was honorably discharged & retired from the service on day of

1861. Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 18

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

Sworn to and subscribed before me, this

day of 190

Ordinary.

NOTE 1.—The Ordinary will see that the full text of the affidavit is understood by the witnesses, and that they are legally qualified to the same.

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

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

4.—Three witnesses are required.

PHYSICIANS' AFFIDAVIT.

Form No. 3.

STATE OF GEORGIA.

Fulton

County.

Personally comes before me John R. Wilkinson Ordinary of said County.

Dr. A. Dawson and Dr. Frank L. Kerkridge both known to me as reputable physicians of said County, who, being severally sworn, say on oath, that they have carefully

examined David E. Herren and after such personal examination, say that this present

condition of applicant is as follows:

Right Leg amputated, lower third

and that such condition is permanent. Said condition arises from the following facts

Condition necessitating amputation was necrosis or death

of bones of foot and leg, resulting from gun-shot wound

and amputation of toes and portion of foot, said to have

been received Mar. 19th, 1865

We have treated applicant professionally for several years, and his condition, as above stated,

does not arise from hereditary or congenital causes, or from vicious or intemperate habits.

Sworn to and subscribed before me, this

18 day of May 190

Ordinary.

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

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

Form No. 4.

STATE OF GEORGIA.

County.

I, Ordinary of said County,

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

resides in this County and has been a bona fide resident since the day of 18

I also certify that the witnesses, to wit:

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

Given under my official signature and seal, this day of 190

Ordinary County

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

CERTIFICATE OF ORDINARY

STATE OF GEORGIA, Fulton County.

I, Thomas E. Jeffries, Ordinary of said County, do certify that I personally know Mrs. Elizabeth Herren, the applicant, and that she is the lawful widow of E. E. Herren, who was on the Pension Roll of said Fulton County, and was paid a Pension from Fulton County for 188 5, and at the time of his death on the 21st day of JANUARY, 188 8, there was due to him and unpaid his Pension of One Hundred & Seventy Dollars from the State of Georgia, and I know E. E. Herren, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 11th day of May, 1925.

(Seal of Ordinary)

Thomas E. Jeffries
Ordinary
Fulton County

HERREN, E. E.
11/10/01

✓
Fulton County

1925

Application for Pension Due
Deceased Soldier
(USPENS ACT 1891)
(To be paid to his Widow or Dependents)

BY
Mrs. Elizabeth Herren
Widow of E. E. Herren
Date of Marriage April 11th, 1888
Date of Death 21st, 1888

Approved and returned paid 1/10/25
MAY 13 1925
T. E. Jeffries
Ordinary of Fulton County

Ordinary: This act shows he fell and sold this land to Pension Department for the general holding, you pay and the land is returned to the Pension Department.

99

GEORGIA, _____ County.

I hereby authorize and constitute _____ of said County, my lawful attorney to collect, and receipt for me in my name, for the Pension due me for 182 _____ through my deceased husband, _____ who was on the Pension Roll and paid from _____ County for 18 _____
Witness my hand this _____ day of _____, 1925.

Attended before me:

(To Be Paid to His Widow or Dependent Children)
(UNDER ACT APPROVED OCTOBER 3, 1901)

STATE OF GEORGIA, Fulton County

Personally before me, the Ordinary of said County, comes Mrs. Elizabeth Herren
of said County, who after being duly sworn, on oath says that she is the widow of D. B. Herren.

and that said Pensioner was on the Pension Roll of _____ Fulton _____ County
and was paid a Pension of One Hundred and Ninety-Five. (\$195.00.) Dollars
from said County for 1924, and that the said Pensioner died in _____ Fulton _____
County on the 21th day of January 1925,
and at the time of his death a Pension of \$ 140.00 was due him from _____ Fulton _____ County
and unpaid for 1925. Applicant further swears that she married the said D. E. HESTER
on the 7th day of April 1927 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 swears that the Pension so due and unpaid be-
lieved to her.

Sworn to and subscribed before me this 22nd day of April 1926

Sworn to and subscribed before me this 22ND day of April, 1996
William R. Macaluso C. of Ordinary James E. Higgins & Harrison S.
Fulton County Mass
 (Seal of Ordinary)

STATE OF GEORGIA, Fulton County

Personally before me, James W. W. HERRON, who
on oath says that he knows D. W. HERRON while in life
and that he knows Mrs. Elizabeth HERRON, the
above applicant; and knows that the said D. W. HERRON
and Elizabeth HERRON were in due form of law married in the County
of Fulton in the State of Georgia on
the 7th day of April 1887, and that they were residing
together as husband and wife at the time of his death on the 8th day of
January 1888, and that she is his dependent widow.

Sworn to and subscribed before me this 22nd day of April, 1945

Sworn to and subscribed before me this 22nd day of April, 1968
Arthur G. Mader S.A., Ordinary } W. J. [Signature]
Fulton County }
 (Seal of Ordinary)

DISCUSSION

[illegible]

● 本書は、2014年10月1日現在、最新の法令に基づき解説している。

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

No. 92

Atlanta, Ga. Feby 6 1889

Mr. David E. Herren 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, 1888, and the same having been allowed for Loss of five
toes & part of foot
He is entitled to receive the sum of Twenty Five Dollars

for such disability, the same being the allowance due for the year ending October 24, 1889.
The Treasurer will pay the same and hold his receipt on this voucher, and return same to
Executive Department for warrant.

By the Governor,

Wm. H. Harrison

CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Twenty five Dollars,
per above voucher, this 6th of Feby, 1889.

David E. Herren.

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

No. 88

Atlanta, Ga. Feby 8 1890

Mr. David E. Herren 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,
approved, Dec. 24, 1888, and the same having been examined and allowed for
Loss of five toes
He is entitled to receive the sum of Twenty Five Dollars

for such disability, the same being the allowance due for the year ending October 24, 1890.
The Treasurer will pay the same and hold his receipt on this voucher, and return same
to Executive Department for warrant.

By the Governor,

Wm. H. Harrison

CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Twenty Five Dollars,
per above voucher, this 8 of Feby, 1890.

David E. Herren.

NAME, Hester, David E.

YEAR ADDED TO ROLL: 1880, application for artificial leg.

WHEN AND WHERE BORN?

ENLISTED WHEN AND WHERE? Georgia

COMPANY AND REGIMENT? Co. I, 42nd Regiment Georgia Volunteers.. Pvt.

NAME OF CAPTAIN AND COLONEL? William L. Wilson, 1st Lieutenant.

WOUNDED? At Bentonville, N. C. Mar. 19, 1865 in foot amputated below knee

CAPTURED, WHEN AND WHERE?

RELEASED,

WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED,

WITNESS: William L. Wilson 1st Lieutenant. No data.

P.O.

County: Fulton

1880. Fulton County

Audited 1891.

COMPTROLLER GENERAL.

Hester, D. E.
Fulton

1891.

Maimed Soldiers.

Voucher No. 5440

Amount \$ 25

Paid to D. E. Hester

for Sums of five

Dollars

July 11

1891.

Included in warrant No.

issued to Treasurer.

1891.

WARRANT CLERK

Gen. W. Harrison, State Prison, Atlanta.

Applicant

NAME **Herren, D. E.**

YEAR **1812** COUNTY **Fulton**

WHERE AND WHERE BORN? **November 17, 1807, Georgia.**

RELIGIOUS BELIEF AND WHERE? **December 2, 1804, does not state where.**

RACE

COMPANY AND REGIMENT? **Co. I, 42nd Regiment, Georgia Vols. (then Stovall's Brigade).**

NAME OF COMMANDER **COLONEL W. L. Wilson - Lieut. of Company.**

REMARKS **March 1862, in North Carolina, was shot through instep of right foot. Condition necessitating amputation of toes and portion of foot. Was sent to hospital.**

CAPTURED BY

RELEASED

WHEN AND WHERE OVERSIGHTED? **Command surrendered, Goldsborough, N. C. Does not state when.**

IF NOT CAPTURED OR SURRENDERED, WHERE WERE YOU? **In hospital, wounded, does not state where.**

DIED, WHEN AND WHERE

BURIED

WITNESSES **None**

1891.

No. **540**

STATE OF GEORGIA.

EXECUTIVE DEPARTMENT.

Atlanta, Ga Feb 11 1891.

Mr. **David E. Herren** 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 Acts approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for

Loss of five toes
He is entitled to receive the sum of **Twenty Five** Dollars for such disability, the same being the allowance due for the year ending October 24, 1891.

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

By the Governor,

M. H. Hamson

Sec'y EXECUTIVE DEPARTMENT.

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

Twenty Five Dollars.
per above voucher, this **11** of **Feb** 1891.

D. E. Herren

WITNESSES.

None

Twenty Five Dollars.
per above voucher, this *11* of *Feb* 189*1*.
D. E. Herren



John W. Lindsey
County Clerk

No. _____

**INDIGENT PENSION,
1900.**

Name *John W. Lindsey*

County *Hulley*

C. H. - 35 1/2

Approved _____ 1900.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT RETURNED TO

John W. Lindsey, State Printer, Atlanta.

4/9/1901

STATE OF GEORGIA.

Power of Attorney.

County. _____

Notary Public

To have and receipt for the pension allowed, and request that the same be

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

Witness to power of

(L. 8)

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. B.]
Executed in presence of _____

INDIGENT PENSION,

1900.

1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT RETURNED TO

1900

LIGHT PRINT AND, OR PAD COPY

Questions for Applicant.

STATE OF GEORGIA,

County.

I, John W. Lindsey of said State and County, desiring to avail myself of the Pension Act (Section 1554, Code), hereby submits his proof, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (give State, County and post office).
John W. Lindsey, 101 North St., Fulton Co. Georgia
2. How long and since when have you been a resident of this State?
Was born and raised in the State of Georgia, remains in State
3. When and where were you born? March 20, 1835, near Ft. Smith, Ark.
4. When and where and in what company and regiment did you enlist or serve?
Sept. 25, 1861, 1st Regt. Co. Ga. Inf. 1st Div. 1st Army Corps, U.S. Army
5. How long did you remain in such company and regiment? Until the close of the war
6. When and where was your company and regiment surrendered and discharged? At Appomattox, Va. April 9, 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 not present with company and regiment when it was surrendered
9. How much can you earn (gross) per annum by your own exertions or labor? Not over \$100 per annum
10. What has been your occupation since 1865? Primarily farming, but also a small business
11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmary and poverty," or third, "blindness and poverty"? Age 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? Upon the first ground, I suffer from infirmity, rheumatism, with inability to do any work excepting a few days in the year. I am unable to perform any labor, and I have no means of support. I have no property, and I am unable to earn my support.
13. What property, real or personal, or income, do you possess, and its gross value? None
14. What property, real or personal, did you possess in 1864, 1865, 1866, 1867, 1868 and 1869, and what disposition, if any, by sale or gift, have you made of same? I did not possess any property in 1864, 1865, 1866, 1867, 1868 or 1869.
15. In what County did you reside during those years, and what property did you then return for taxation?
Fulton Co. Ga. I have no property to return for taxes.
16. How were you supported during the years 1869 and 1867? By my family and friends
17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? Cost about one hundred dollars per annum
18. What was your employment during 1868 and 1869? What pay did you receive in each year?
None
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? I have a family, three sons, and a daughter. They are all married and are supporting themselves by their own labor.
20. Are you receiving any pension? If so, what amount and for what disability? None
21. Have you ever made an application for pension before? No
22. How many applications have you ever made and under what class? One application for Indigent Pension

Every Question MUST be Answered.

Sworn to and subscribed before me this _____ day of _____ 1900.
John W. Lindsey Applicant.
Ordinary,
County.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Fulton COUNTY,

E. M. Roberts of said State and County, having been presented as a witness in support of the application of John W. Roberts for pension under Section 1284, 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? E. M. Roberts
2. Are you acquainted with John W. Roberts the applicant; if so, how long, have you known him? Yes, about fifteen years ago at New York City.
3. Where does he reside, and how long and since when has he been a resident of this State? At New York City.
4. When, where and in what company and regiment did he enlist, and how do you know? He enlisted in the 1st New York Cavalry, and was with it during the war.
5. Were you a member of the same company and regiment? No.
6. How long did he perform regular military duty? Two years.
7. When and where was his command surrendered? At Appomattox, Va.
8. Were you present when it surrendered? No.
9. Was applicant present? No.
10. If he was not present, where was he? At Appomattox, Va.
11. What property, effects or income has the applicant? (Give your means of knowledge.) He has no property, effects or income.
12. What property, effects or income did the applicant possess in 1866, 1867, 1868 and 1869, and what disposition, if any, did he make of same? He has no property, effects or income.
13. Has he employed any of his property in the last four years, if so, what was it, and to whom? He has no property, effects or income.
14. What is the applicant's occupation and physical condition? He is a carpenter.
15. Is the applicant unable to support himself by labor of any sort, if so, why? Yes, he is unable to support himself by labor of any sort.
16. How was he supported during the years 1866 and 1867? By his family.
17. What portion of his support for those two years was derived from his own labor or income? None.
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1284, Code? He is disabled from labor.
19. What interest have you in the recovery of a pension by this applicant? None.

Sworn to and subscribed before me, this 11 day of June, 1900. E. M. Roberts Witness.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Fulton COUNTY,

Personally came before me, E. M. Roberts and John W. Roberts, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully John W. Roberts, applicant for pension under Section 1284, Code, and after such personal examination say that his present physical condition is as follows:

After careful examination of the above of present physical condition of John W. Roberts, the physician suffering from inflammatory rheumatism also from a disease of the spine which renders him totally unable to perform any work or calling sufficient to earn a support for himself, and that we have no interest in said pension being allowed.

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 11 day of June, 1900. E. M. Roberts Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Fulton COUNTY,

I, E. M. Roberts, Ordinary in and for said County, hereby certify that the applicant, John W. Roberts, resides in said County, and has been a bona fide resident of this State since the 11 day of June, 1899, and that the witnesses viz: E. M. Roberts and John W. Roberts 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 me was signed.

I further certify that the tax digest of Fulton County show that applicant returned for taxation in his name in 1898 None Dollars of property, and in 1899 None Dollars of property.

In my opinion the foregoing claim is made in good faith. Witness my hand and seal of office, this 11 day of June, 1900. E. M. Roberts Ordinary, Fulton County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

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

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

Haven, John W.
Fulton G.
(FOR THOSE ALREADY ENROLLED.)

No. *8-3-9*

INDIGENT
SOLDIER'S PENSION
1902.

Name *J. W. Haven*
County *Fulton.*
Co. *A* Regiment *35th*

WARRANT ISSUED
4/4 1902

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO
L. H. H.

JOHN W. LINDSEY, Commissioner of Pensions.

No later
Haven, John W.
Fulton G.

Cross Reference 1904.
(FOR THOSE ALREADY ENROLLED.)

No. *8-3-9*

INDIGENT
SOLDIER'S PENSION
1907.

Name *John W. Haven*
County *Fulton.*
Co. *A* Regiment *35th*

WARRANT ISSUED
4/4 1907

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO
L. H. H.

JOHN W. LINDSEY, Commissioner of Pensions.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Fulton County.

Personally appears J. W. Warren 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 11 day of Dec 1839; 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 years in Company No. 16 of 35th Regiment of Ga. Inf.; that his physical condition is as follows:

Infirmary & poverty

that his property consists of the following items:

of the value of none Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 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 the 11th day of Jan 1902.

J. W. Warren
Ordinary.

STATE OF GEORGIA,
Fulton County.

I, John R. Wilkinson, Ordinary of said County, do certify that I am well acquainted with J. W. Warren the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 31 1902

day of Jan 1902.
John R. Wilkinson
Ordinary Fulton County.

Note.—The blank space must be filled.
Note.—Affidavits should not be attested before January 1st, 1903.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Fulton County.

Personally appears John H. Warren 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 11th day of Dec 1839; that he is 65 years old and by occupation a farmer that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 3 years in Company No. 16 of 35th Regiment of Ga.; that his physical condition is as follows: Infirmary & poverty

that his property consists of the following items:

of the value of none Dollars. I am now earning by my labor, none 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 11th day of Jan 2nd 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 John H. Warren the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Jan 1907.
John R. Wilkinson
Ordinary Fulton County.

Note.—The blank space must be filled.
Note.—Affidavits 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 _____

Myson, John W.
Carlin, George
COPIES SENT TO USA.
(FOR THOSE ALREADY ENROLLED)

No. 224

INDIGENT

**SOLDIER'S PENSION
1903.**

Name *John W. Myson*

County _____

Co. *40* Regiment *35th*

See WARRANT ISSUED

180 1903

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

See

WARRANT HANDLED TO

no data

POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

I, _____ hereby authorize _____

of _____

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

at _____

by _____

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

[L. S.]

Executed in the presence of _____

Myson, John W.
Carlin, George
COPIES SENT TO USA.
(FOR THOSE ALREADY ENROLLED)

No. 293

INDIGENT

**SOLDIER'S PENSION
1904.**

Name *John W. Myson*

County _____

Co. *26* Regiment *25th*

See WARRANT ISSUED

180 1904

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

See

WARRANT HANDLED TO

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton. County.

Personally appears J. W. Keenan 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 11 day of Dec 1839, that he is 65 years old and by occupation a farmer, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 16 months in Company 16, of 35th Regiment of Georgia Inf, that his physical condition is as follows: 27 P

that his property consists of the following items: 27 P

of the value of 27 P 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 1903.

Sworn to and subscribed before me, this the 11 day of JAN 20 1903 1903.

J. W. Keenan Ordinary.

STATE OF GEORGIA,

Fulton County.

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

J. W. Keenan Ordinary. County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton. County.

Personally appears J. W. Keenan 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 11 day of Dec 1839, that he is 65 years old and by occupation a farmer, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 16 months in Company 16, of 35th Regiment of Georgia Inf, that his physical condition is as follows: 27 P

that his property consists of the following items: 27 P

of the value of 27 P 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 1903.

Sworn to and subscribed before me, this the 11 day of JAN 20 1904 1904.

J. W. Keenan Ordinary.

STATE OF GEORGIA,

Fulton County.

I, John R. Wilkinson Ordinary of said County, do certify that I am well acquainted with J. W. Keenan the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1904 1904.

J. W. Keenan Ordinary. Fulton County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I, _____ hereby authorize

of

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

at

by

WITNESS my hand and seal, this _____ day of _____ 1905.

[L. S.]

Executed in the presence of

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

FORM SERVICE 1264.
(FOR THOSE ALREADY ENROLLED.)

No. 319

INDIGENT
SOLDIER'S PENSION
1905.

Name John St. Lawrence

County

Co. 116 Regiment 12th Inf.

WARRANT ISSUED

45 1905

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

1905

no date

Name John St. Lawrence
Fulton Co.

FORM SERVICE 1264.
(FOR THOSE ALREADY ENROLLED.)

No. 263

INDIGENT
SOLDIER'S PENSION
1906.

Name John St. Lawrence

County Fulton

Co. 116 Regiment 12th Inf.

WARRANT ISSUED

47 1906

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

1906

no date

STATE OF GEORGIA

FOR APPLICANTS HERETOFORE ATTORNEY PENSIONS

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.

Personally appears John H. Weason 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 65 years old and by occupation a Farmer, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 3 yrs in Company A, of 15th Regiment of Co. 1st; that his physical condition is as follows: Infirmary and poverty

that his property consists of the following items:

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

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 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 1 day of Jan 1905. John H. Weason Ordinary.

STATE OF GEORGIA.

Fulton County.

I, John P. Richardson Ordinary of said County, do certify that I am well acquainted with John H. Weason the applicant in the foregoing affidavit and am well satisfied that the statements made by him in his said affidavit are true, and I know 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.

John P. Richardson 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 John H. Weason 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 his life 18; that he is 65 years old and by occupation a Farmer, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 3 yrs in Company A, of 15th Regiment of Co. 1st; that his physical condition is as follows: Infirmary and poverty

that his property consists of the following items: no property

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 1905.

Sworn to and subscribed before me, this the 1 day of JAN 1905. John H. Weason Ordinary.

State of Georgia,

Fulton County.

I, John P. Richardson Ordinary of said County, do certify that I am well acquainted with John H. Weason the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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.

John P. Richardson Ordinary Fulton County.

Note.—The blank spaces must be filled.
Note.—Affidavits 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 2 1905
day of _____ 1905.
J. P. Wilkinson
Ordinary Fulton County.

Note.—The blank spaces must be filled.
Note.—A Marriage 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 1905
day of _____ 1905.
J. P. Wilkinson
Ordinary Fulton County.

Note.—The blank spaces must be filled.
Note.—A Marriage should not be attested before January 1st, 1905.

State Dept. Public Welfare,
Atlanta, Dec. 21, 1937.

Milford C. Herrin enlisted
as a private in Co. E, 65th
Regt. Ga. Inf. May 12, 1862.
Captured near Marietta, Ga.,
July 5, 1864. Released, Camp
Douglas, Ill. May 17, 1865.

William C. Herrin
DIV.

*1-9-1938
Admitted to State
Ar. file Aug. 14
1936. Released
Dec. 20, 1936
This office had not
noticed that Mrs.
William C. Herrin had
succeeded to State
Hospital.*

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. Ella Herrin 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. Ella Herrin,
2750 Fulton Ave., Saperville, Ga. Fulton Co.
2. How long and since when have you been, continuously, a bona fide resident citizen of the State
of Georgia? All my life. Feb. 7, 1864. Age? 58
3. (1) When, (2) where and (3) to whom were you married? Sept. 12, 1862, Barrow County,
Ge., W. M. G. Herrin
- a. Have you married since the death of first and soldier husband? No
- b. When and where did your first husband die? April 10, 1864.
- c. Were you residing together when he died? Yes
- d. If not, how long had you resided apart? None
- e. Are you now a widow? Yes
- f. Have you or your husband heretofore been paid a pension by the State? Yes, in Barrow Co., Ga.
- g. If so, when and for what cause were you or your husband placed on the roll? Soldier.

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 Troop.

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

Sworn to and subscribed before me, this the
20th day of July, 1937.
A. S. Baskin Ordinary
of Fulton County.
(SEAL OF ORDINARY)

Mrs. Ella Herrin
Applicant.

Widow's Application

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

County Fulton
Name Mrs. Ella Herrin
Widow of M. C. Herrin
Date of Marriage Sept. 12, 1862
Date of Husband's Death April 10, 1864
Company 65th Regt. Ga. Inf.
Regiment 65th Regt. Ga. Inf.
Date Sept. 12, 1862
Place Barrow County, Ga.

Ordinary's Certificate

STATE OF GEORGIA,

Fulton COUNTY.

I, THOMAS H. JEFFRIES, Ordinary of said County, do certify
that I know Mrs. Ella Herrin 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. James E. Wilkins
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 4th day of AUGUST, 1937.
(SEAL OF ORDINARY) Thomas H. Jeffries 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 give answers only to each of the questions asked you and the evidence you shall give will be
the whole truth. So help you God."
2. Affidavits shall not be attached if black names are mentioned.
3. Any witness 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
sworn to and subscribed before me.
5. Any married lady of marriage license if obtainable. If not, prove marriage by some person, or by general reputation.
6. Do not use the better form of Marriage Certificate in every throughout the State. A short, simple form is easier to handle.
7. Do not take an application from any widow who is already receiving a pension.

State of Georgia,
Fulton County.

Personally before the undersigned authority now
comes Mrs. James E. Wilkins, who upon oath
says that he knows Mrs. Ella Herrin, and
knows that she was living with her husband M. C. Herrin,
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 28th day of July 1937

Al B. B. B.
C. C. Ordinary, Fulton Co., Ga.

Mr. James E. Wilkins

STATE DEPARTMENT OF PUBLIC WELFARE

MURT BUILDING

ATLANTA

Hon. Thos. H. Jeffries, Ordinary,
Fulton County,
Atlanta, Georgia.

WHEREAS,

MRS. ELLA HERRIN, WIDOW OF M. C. HERRIN,

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 ser-
vice 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, there-
fore,

ORDERED:

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

This, the 27th day of December 1937.

L. T. Green
Director, Confederate Division
State Department of Public
Welfare

Marriage License

STATE OF GEORGIA, COUNTY OF BARROW.

TO any Judge, Justice of the Peace, or Minister of the Gospel:

You are hereby authorized to join..... M. C. Herrin

Mrs. Ella McKinnahan

.....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 12 day of Sept. 1916 //

M. G. Hill

(L. S.)
Ordinary.

Certificate

STATE OF GEORGIA, COUNTY OF BARROW.

I certify that..... M. C. Herrin

Mrs. Ella McKinnahan

.....were joined in Matrimony by me this 12th day

of Sept. Nineteen Hundred and ~~XXXX~~ SIXTEEN

Recorded Sept. 22th 1916

P. C. Pentecost

c.c.c.

STATE OF GEORGIA, BARROW COUNTY.

ORDINARY'S OFFICE--m:

I..... G. W. Bagwell

.....Ordinary and Ex-Officio Clerk of the Court of Ordinary of said county, do hereby certify that I have compared the foregoing copy of the marriage license of M. C. Herrin

and Mrs. Ella McKinnahan with the original record thereof, now remaining in this office, and the same is correct in every particular, and the whole of each original record.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of the Court of Ordinary, this the 22d day of July 1917

G. W. Bagwell
Clerk of the Court of Ordinary,
Barrow County, Georgia.

day of July 1947

of the Court in Germany, the Sec...
W. B. B. B.
OFFICE OF THE ATTORNEY GENERAL
WASHINGTON, D. C.



STATE DEPT. PUBLIC WELFARE,
Atlanta, Sept. 15, 1937.

William J. Herring enlisted as
a private in Co. A, 9th Battn.
Gr. Light Artillery May 9, 1864.
Name appears on receipt roll for
clothing issued July 25, 1864.
Enrolled, Newton, N. C., Apr. 19,
1865.

Julian H. Harrison
Director Confederate Records Div.

*Rec'd O.T. (Mrs)
Herring, Emma L. for
Canton, Ga. Herring 1938*

Widow's Application

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

County Fulton
Name Mrs. Fanny Herring
Widow of W. J. Herring
Date of Marriage June 17, 1865
Date of Husband's Death Feb. 10, 1901
Company 9th Light Artillery
Regiment 9th Light Artillery
Approved DEC 27 1937
R. M. Harrison
Director.

AUG 19 1937

Ordinary's Certificate

STATE OF GEORGIA.

FULTON

COUNTY.

I, Thomas H. Harrison

Mrs. Fanny Herring

Ordinary of said County, do certify

that I know Mrs. Fanny Herring 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, 1930; and I also know Mrs. M. B. Harrison

the witness who swears to the validity 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
trustful and trustworthy and their statements are entitled to full faith and credit.

GIVEN under my hand and seal of office this 20 day of July, 1937.

(SEAL OF ORDINARY)

Thomas H. Harrison
Ordinary,
Fulton County.

INSTRUCTIONS.

1. Before any application for pension the Ordinary and some applicant and the witness in the following order: "I am
the Ordinary of this County, and I do hereby certify that I know the applicant and the witness and that they are
trustful and trustworthy and their statements are entitled to full faith and credit."
2. The Ordinary and the applicant and the witness shall be sworn to the truth of their statements.
3. The Ordinary shall sign the application and the witness shall sign the application and the Ordinary shall sign the application.
4. The Ordinary shall sign the application and the witness shall sign the application and the Ordinary shall sign the application.
5. The Ordinary shall sign the application and the witness shall sign the application and the Ordinary shall sign the application.
6. The Ordinary shall sign the application and the witness shall sign the application and the Ordinary shall sign the application.
7. The Ordinary shall sign the application and the witness shall sign the application and the Ordinary shall sign the application.
8. The Ordinary shall sign the application and the witness shall sign the application and the Ordinary shall sign the application.
9. The Ordinary shall sign the application and the witness shall sign the application and the Ordinary shall sign the application.
10. The Ordinary shall sign the application and the witness shall sign the application and the Ordinary shall sign the application.

STATE DEPT. PUBLIC WELFARE,
WASHINGTON, Sept. 13, 1937.

William J. Herring enlisted as
a private in the 1st Va. Inf.
on March 14, 1862. His name
appears on Federal Roll for
Clothing issued July 25, 1864.
Revoked, Newton, N. C., Apr. 19,
1865.

Director Confederate Records Bldg.

Widow's Application

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

County Fulton
Name Mrs. Fanny Herring
Widow of W. J. Herring
Date of Marriage June 17, 1865
Date of Husband's Death Jan. 19, 1895
Company Co. B, 1st Va. Inf.
Regiment 9th, 1st Va. Inf.
Appointed Oct 27, 1862
Discharged Oct 27, 1862
Director.

AUG 19 1937

Ordinary's Certificate

STATE OF GEORGIA,
Fulton COUNTY.

I, Thomas H. Hoffman, Ordinary of said County, do certify
that I know Mrs. Fanny Herring, 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. F. J. Herring,
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 30 day of July, 1937.
(SEAL OF ORDINARY) _____ Ordinary,
of 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. Do you so swear?"
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only witnesses who resided prior to January 1st, 1920, are entitled.
4. Affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be returned to such Ordinary.
5. Blank certificates of marriage issues if obtainable. If not, procure marriage, by some person, or by general reputation.
6. Fill out the back of the application carefully.
7. Don't use the back form of Marriage Certificate throughout the State. A short, simple form is easier to handle.
8. Don't 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. Fanny Herring, 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. Fannie Herring,
588 Courtney Drive, N. E., Atlanta, Fulton Co., Ga.
2. How long and since when have you been, continuously, a bona fide resident citizen of the State
of Georgia? All my life.
- Give date, or year, of your birth. Mar. 8, 1857. Age? 80.
3. (1) When, (2) where and (3) to whom were you married? June 17, 1865, Douglas Co.,
Ga., to W. J. Herring.
 - a. Have you married since the death of first and soldier husband? No.
 - b. When and where did your first husband die? Jan. 19, 1895, Douglasville, Ga.
 - c. Were you residing together when he died? Yes.
 - d. If not, how long had you resided apart? -----
 - e. Are you now a widow? Yes.
 - f. Have you or your husband heretofore been paid a pension by the State? No.
 - g. If so, when and for what cause were you or your husband placed on the roll? -----

SECTION II.

- Answer the following questions if your husband was not a pensioner:
1. When, where and in what Company and Regiment did your husband enlist as a soldier in
Confederate Army or Georgia Militia. (Give name of Colonel and Captain.) State whether Infantry,
Cavalry, Artillery, Reserves, State Guards, State Militia or State Troops.
Enlisted in beginning of war, Fulton Co., Ga. Company A, 9th, Ga.
Batt. of Artillery.
 2. When and where did the Commands of your husband surrender or discharge from the Service?
At close of war, Atlanta, Ga.
 3. Was your husband personally present with his Command when it was surrendered or discharged?
I don't know.
 4. If he was not present, state specifically and clearly where he was? ---
 5. When did he leave the Command? At close of war.
 6. For what cause did he leave? Discharged.
 7. By whose authority did he leave? I don't know.
 8. For how long was his leave of absence granted? --- d. In what way?
 - e. What was his physical condition when he left his Command? Suffering from rheumatism.
 - f. What effort did he make to return to his Command? ---
 - g. In what way was he prevented from going back to his Command? ---
 - h. Was he captured by the enemy at any time? I don't think so.
 - i. If so, when and where? In what prison was he held and when was he released? ---

Sworn to and subscribed before me, this the
30th day of July, 1937.
F. J. Herring Ordinary,
of Fulton County.
(SEAL OF ORDINARY)

Mrs. Fanny Herring
Applicant.

An Affidavit

(Read carefully before making this affidavit.)

State of Georgia,

County of Fulton

Before me, the Ordinary of said County, comes Mrs. Fanny Herring, who, after being duly sworn, deposes and says:

1. That she is an applicant for the Georgia pension allowed to widows of Confederate soldiers;
2. That her deceased husband was not a pensioner of the State of Georgia at the time of his death, and, therefore, his Confederate military service has not heretofore been proven in connection with an application for pension;
3. That she is unable to obtain from any person or source evidence as to the Confederate military service of her deceased soldier husband;
4. That this affidavit is being made to authorize the use, as evidence, of any official record of said Confederate military service as may be preserved either at the Capitol in Atlanta, or in the office of the Adjutant-General, Washington, D. C.

Sworn to and subscribed before me, this the

26th day of July, 193 7.

H. J. King, Ordinary,
Fulton Co.,
County.

Mrs. Fanny Herring

Questions for Witness as to Marriage and Service of Husband.

STATE OF GEORGIA,

.....COUNTY.

..... of said State and County is hereby presented as a witness in support of the application of for the pension provided by the Act of 1910, as amended by the Act of 1919 and the Constitutional Amendments of 1920 and 1937, in said State, who, after being sworn true answers to make to the questions propounded, answers as follows, to-wit:

1. What is your name and where do you reside? (Give Post Office and County)
2. How long and since when have you known applicant
3. Where does she now reside, and since when has she been, continuously, a bona fide, resident citizen of this State?
4. When and to whom was she married? How do you know?
5. How long and since when did you know her husband?
6. When and where did the husband of applicant, die?
7. 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?

Were they divorced?

If the husband of the applicant was a pensioner, DO NOT answer the following questions.

9. When, where and in what Company and regiment did H. J. Herring enlist? (Give date and place). At beginning of war, Atlanta, Ga. Co. 1, 8th Ga. Batt. of Art.
10. How did you obtain your information of this service? From Mr. Herring and John W. Humphries, who served with him.
11. How long within your personal knowledge did he perform actual military service with this Company and Regiment? (Give dates). I don't know.
12. When and where was his Command surrendered or discharged? (Give date and place). At close of war, I believe in Atlanta.
13. Were you personally present with this Command when it was surrendered?

If not, where were you and how came you there?

14. Was the husband of applicant personally present with his Command at its surrender?

If not where was he? and how came him there?

When, where and for what cause did he leave his Command? (Give date).

By whose authority did he leave his Command?

and how long was he granted leave?

How do you know all that you have stated to be true? (If of your own knowledge, state clearly and specifically).

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

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

17. Was he captured as a prisoner? If so, when and where?

In what prison was he held? and when released?

Sworn to and subscribed before me, this the

..... day of, 193

..... Ordinary

of County.

(SEAL OF ORDINARY)

(Witness)

17. Was he captured as a prisoner? If so, when and where?
 In what prison was he held? and when released?
 Sworn to and subscribed before me, this the day of 193.....
 Ordinary
 of County.
 (SEAL OF ORDINARY)

STATE OF GEORGIA.



By his Excellency, JOSEPH E. BROWN, Governor and Commander-in-Chief of the Army and of this State, and of the Militia thereof:

To

W. J. Herring

Greeting.

WE, bearing especial trust and confidence in your patriotism, valor, courage, and fidelity, do, by these presents, constitute and appoint you

District

Commissary of the 479th

of the Militia formed for the defence of this State, and for repelling every hostile invasion thereof. You are, therefore, carefully and diligently to discharge the duty of

Commissary

as aforesaid, by doing and performing all manner of things thereto belonging. And we do strictly charge and require all Officers and Privates under your command, to be obedient to your orders as such. And you are to observe and follow each order and discipline from time to time. As you shall receive from me, or a future Governor and Commander-in-Chief of this State for the time being, or any other of your superior Officers, in pursuance of the trust reposed in you. This Commission is continue in force during your usual residence within the county to which you belong, unless renewed by sentence of a Court Marshal, or by the Governor, on the address of two-thirds of each branch of the General Assembly.

GIVEN Under my Hand and the Seal of the Executive Department at the Capital in Milledgeville, this the
 day of *May* in the year of our Lord one thousand eight hundred and sixty *one*, and of the Independence of the State of Georgia the eighty-fifth.

By the Governor.

Joseph E. Brown

Adm. General

William J. Herring
 I, William J. Herring, do solemnly swear that I will faithfully and honestly execute the duties of the office of Commissary of the Militia of the State of Georgia, and to the extent of my power and ability, observe, enforce, and support the laws and regulations of the State, and to and subscribe before me, this the

26

Joseph E. Brown
 Governor

Joseph E. Brown

***LIGHT PRINT AND. OR BAD COPY ***

Aunt Annie I am sending you
Uncle John letter I don't know
when I received agent to see
the in substance to day
the letter to the agent
the letter to the agent

the letter to the agent
the letter to the agent

STATE DEPARTMENT OF PUBLIC WELFARE

MURT BUILDING

ATLANTA

Hon. Thos. H. Jeffries, Ordinary,
Fulton County,
Atlanta, Georgia.

WHEREAS:

MRS. FANNY HERRING, WIDOW OF W. J. HERRING,

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 ser-
vice 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, there-
fore,

ORDERED:

That said applicant be admitted to the pension
roll of the State of Georgia for the month of
JANUARY, 1920, and thereafter;
and that a copy of this order be sent to the
Ordinary of said County.

This, the 27th day of December 1927.

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

STATE OF GEORGIA :
DOUGLAS COUNTY :

I, T. L. Pittman, Ordinary in and for said State and County, do hereby certify that the within and foregoing is a true and correct copy of marriage license of W. J. Harring and Fanny York as the same appears of record in Marriage Record Book "B" on Page 48, records in the Office of the Ordinary of Douglas County, Georgia.

Witness my official signature and seal of office on this the 29th day of June, 1937 at Douglasville, Georgia.

T. L. Pittman
Ordinary Douglas County, Georgia.

Marriage License
of

W. J. Harring
AND

Fanny York

Issued June 17th--1937.

and recorded on page 48
Book "B" of Marriage Licenses

H. T. Cooper

Ordinary

Waiver of Parent or Guardian for Marriage License

TO THE ORDINARY OF

We, the parent
(or) guardian } of

a female of the age of _____, hereby consent to issuance of marriage license to her and

_____ and waive the posting of notice of same as required by law.

Parent.

Residence.

Parent.

Residence.

Parent.

Parent.

No. 334

Marriage License

State of Georgia

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

You are hereby authorized to join

W. J. Herring ----- and Fanny York -----

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 17th-- day of June-- 1883. John V. Edge-----

CLERK OF THE DOUGLAS COUNTY

DOUGLAS COUNTY

I certify that W. J. Herring----- and Fanny York -----

were joined in Matrimony by me this 17th-- day of June-- 1883. Nineteen Hundred

and

Witnessed -----

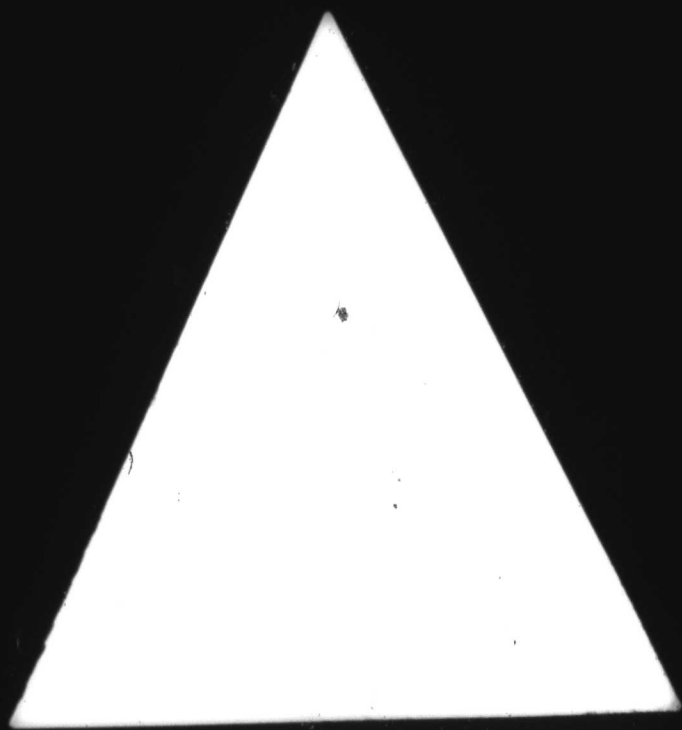
H. T. Cooper -----

Ordinary

John I. Feeley, J. P.

LICENSE OBTAINED UNDER LAWS OF

PARTY PERFORMING CEREMONY MUST RETURN TO ORDINARY WITHIN 30 DAYS TO BE RECORDED



WIDOW'S AFFIDAVIT

STATE OF GEORGIA,

Duluth COUNTY

Personally before me comes Mrs. Georgia Harrington of said County, who, after being duly sworn, says that she is the widow Martin Harrington to whom, in the County of Beech State of Ga she was married on the 24 day of Sept 1874 and that she remained his wife, and resided with him to the date of his death in June 1894 and that she has not since his death remarried. At the time of his death he was a resident of Duluth County, in said State of Georgia, and he was on the Indigent Pension Roll of the State and paid a pension of \$6.00 in June County for 1914 per annum, on account of being a soldier in Company D Regiment 27 Ga (Volunteers or State Militia)

That she is now a bona fide resident citizen of said County of Duluth and she has so continuously resided since 22 day of October 1892

Sworn to and subscribed before me this the 17 day of Aug 1918

Amos L. Mason O. A. Ordinary

Duluth County

(SEAL)

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

STATE OF GEORGIA,

Duluth COUNTY

Personally before me comes Mrs. W. L. Hale 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. Georgia Harrington, who made the foregoing affidavit, is the lawful widow of Martin Harrington who died in June County in said State of Georgia on 17 day of June 1894 and that she has not since remarried. That she became the wife of on the 24 day of Sept 1874 and that she and he had resided together as man and wife continuously since 1 day of June 1894 and that the Martin Harrington was the same man who was on the pension roll of said State Georgia from Duluth County Georgia when he died

Sworn to and subscribed before me, this the 17 day of Aug 1918

Amos L. Mason O. A. Ordinary

Duluth County

(SEAL)

Application for Payment of Expenses of Last Illness and Funeral

(Under Act of 1910)

(To be disbursed by the Ordinary)

GEORGIA, Duluth County:

Before me, the Ordinary of said County, comes Mrs. W. L. Hale of said County, who, after being duly sworn, on oath says that he knew Mrs. Georgia Harrington 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 LEAVE NO ESTATE OF ANY KIND OR VALUE sufficient to pay the expenses of last illness and funeral, which amounted to the sum of \$200.00 as shown by sworn statements FULLY and COMPLETELY ITEMIZED, hereto attached.

Sworn to and subscribed before me, this the 26 day of Aug 1918
A. B. Batten Ordinary

Mrs. W. L. Hale
588 Formwalt St SW

CERTIFICATE OF THE ORDINARY

GEORGIA, Duluth County.

I certify that Mrs. W. L. Hale 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. Georgia Harrington the deceased pensioner referred to in the foregoing affidavit and that said deceased was at the time of death regularly enrolled as a pensioner on the records of file in my office. I further certify that said deceased pensioner is the identical person named and described in the attached certified copy of burial certificate, was not survived by a widow and left no estate of any kind sufficient to pay the expenses of last illness and burial for which claim is made.

Given under my hand and seal of office, this the 26 day of Jan 1915
(Seal of Ordinary) Thos. J. Harris 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 filled, 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 vouchers, 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.

Estate of Mrs. Georgia A. Herrington,

to

Mrs. W. L. Hale.

To amount due for funeral expenses,
and last illness of Mrs. Georgia
A. Herrington, lot in cemetery,
Medicines,

\$30.00

Georgia; Fulton County:

Personally appeared Mrs. W. L. Hale who

says on oath that the above amounts are correct, and
paid out and incurred by her for the last sickness and
burial of Mrs. Georgia A. Herrington.

Mrs. W. L. Hale

Sworn to and subscribed before me,

This the 26th. day of January 1935.

M. L. Hale
Notary Public, Fulton County, Ga.

State of Georgia;

County of Fulton:

Personally appeared before me Mrs. W. L. Hale who
says on oath that she is the daughter of Mrs. Georgia
A. Herrington, widow of Martin Herrington a confederate
veteran, and that the said Mrs. Georgia A. Herrington
drew a pension from the State of Georgia as a widow of
the said Martin Herrington.

Affiant says that at the time of the death of her
mother Mrs. Georgia A. Herrington that she was without
funds to defray all necessary expenses and that she pur-
chased on credit from Greenwood Cemetery, a grave in the
cemetery owned by said company in Fulton County, Ga. and
that the price she agreed to pay on same was \$15.00, and
that subsequently to the interment of her mother she has
paid on said grave lot the sum of \$10.00 and still owes the
sum of \$5.00 for same. Affiant makes this affidavit so that
she may obtain the balance of \$5.00 to pay to Greenwood Cem-
etery and the \$10.00 still due to her for said grave lot.

Mrs. W. L. Hale

Sworn to and subscribed before me,

This the 26th. day of January 1935.

M. L. Hale
Notary Public, Fulton County, Ga.

B. L. SHACKLEFORD, M.D.
404 PEACHTREE STREET, N. E.
500 HENNINGHAW BUILDING
ATLANTA, GA.

January 18, 1934.

Professional Term & Retainer to
Mrs. Georgia Herrington - \$135.00

B. L. Shackelford, M.D.
B. L. Shackelford M.D.

Attest:
Fulton County,
Georgia to wit: before me this 18th day of January, 1934.

Fancy Fossette, Notary Public.
Fancy Fossette

Received of Thomas E. Jeffries, Ordinary, \$25.⁰⁰
for the account of *Mrs. Georgia Herrington*. This amount
has not previously been paid and is now owing to me.
March 11th 1934.

B. L. Shackelford M.D.

ROY C. KIMMONS,
J. M.

L. S. MUMFORD,
J. M.

GREENWOOD CEMETERY

Office: 61 Edgewood Avenue, Hurt Bldg.

Atlanta, Ga. January 26 1934.

Name Mrs. W. L. Hale

Address 888 Forswell St.

Single Section - Grave \$15.00

Or, By cash paid by Mrs. Hale 10.00
Balance due. 5.00

Georgia; Fulton County:

Personally appeared before me Mrs. W. L. Morris
Sec. & Treasurer of Greenwood Cemetery Inc., who says on
oath that the above account is due for the funeral in-
terment of Mrs. Georgia A. Herrington; that same was
credited to Mrs. W. L. Hale who made the arrangements
and to whom the charge was made; that at the time of the
burial of the said Mrs. Georgia A. Herrington that
the family was without funds to pay same, but that sub-
sequently the said Mrs. W. L. Hale has paid \$10.00 in
installments and that the sum of \$5.00 is still due and
unpaid.

Mary B. Morris

Sworn to and subscribed before me,
this the 26th day of Jan. 1934.

Notary Public, Fulton County, Ga.

Received of Thomas E. Jeffries, Ordinary, \$25.⁰⁰
for the account of *Mrs. Georgia Herrington*. This amount
has not previously been paid and is now owing to me.
March 12 1934.

Mrs. W. L. Hale.



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

1. PLACE OF DEATH
County Fulton MINDS District (Number and Name) _____ State of Georgia
City or Town Atlanta Length of residence in this city or town: Yes _____ No _____
Street and Number (No.) 588 Fernwald St., (Street) Os. Baph. Moore (If death occurred in a hospital, give its name instead of street and number)

2. FULL NAME Mrs. Georgia Herrington,
Residence (City or Town) 588 Fernwald St., (Street and Number) _____ (State) _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR white 5. MARRIAGE WIDOW
(If married, give the name of the husband)

6. DATE OF BIRTH (month, day, year) 7/26/1884
7. AGE 50 Years Months Days If less than one day _____

8. OCCUPATION (a) Trade, occupation or particular kind of work done at death: HOUSEWORK
(b) Industry or business in which work was done at death: _____
(c) Date deceased last worked at this occupation (month and year) _____ (d) Total years spent in this occupation _____

9. BIRTHPLACE Ga.,
(F. O. Address) _____

10. NAME T. D. Foster,
(F. O. Address) _____

11. BIRTHPLACE Ga.,
(F. O. Address) _____

12. MAIDEN NAME D.K.,
(F. O. Address) _____

13. BIRTHPLACE D.K.,
(F. O. Address) _____

14. INFORMANT (Signed) Mrs. W. L. Hale,
(Address) 588 Fernwald St.,

15. BURIAL PLACE (Cemetery) Forestwood Cem.,
Atlanta, Ga. (Date) 8/19/34

16. UNDERTAKER (Signed) Williams Funeral Home,
(Address) by J. M. Williams

MEDICAL CERTIFICATE OF DEATH

17. DATE OF DEATH 8/16/34 at 11:40 P.
(Month, Day, Year) (Hour)

18. I HEREBY CERTIFY That I attended the deceased from 8/8/34 to 8/16/34
I last saw him alive on 8/16/34 death is well to have occurred on the date and hour stated above.
The proximate cause of death and related causes of importance in the order of onset and duration of each:
Pneumonia (terminal)
Hypostatic cardiac failure
Other contributory causes of importance:
auricular fibrillation
What test confirmed diagnosis? clinical
(Specify whether autopsy, operation, laboratory, or clinical)
If death was due to external causes (violence) fill in also the following:
Was injury an accident, suicide, or homicide?
Where did injury occur?
(Specify city or town, if outside of limits, the county, and also the state)
Did injury occur in a home, public place or industry?
Manner or injury:
Nature of injury:
(Signed) B. L. Shackleford, M. D.
(Address) 309 Med. Arts Bldg.
(Date) 8/21/34
(Signature) [Signature]

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

GEORGIA
FULTON COUNTY.

Atlanta, Ga. 8/17/34

I hereby certify that the foregoing is a true and correct copy of the record of death Number 888
of the series of 1934 for Mrs. Georgia Herrington
as appears on file in the office of the Registrar of Vital Statistics of the City of Atlanta.

(Signed)

SEAL

[Signature]
REGISTRAR

STATE OF GEORGIA.
COUNTY OF FULTON.

Personally before the undersigned authority now comes
MRS. GEORGIA HERRINGTON, who upon oath says:

That she is the widow of Martin Herrington, on whose
service as a Confederate Soldier she made application for pension
in the Fall of 1919. Affiant states that she has been a resident of
the State of Georgia throughout her entire life and has never removed
from the State of Georgia, and has never been outside the limits of
the State of Georgia, except for two months spent with a married
daughter in the State of Tennessee in 1912, which was only for a
visit and was not a permanent move from the State of Georgia.
Sworn to and subscribed before me
this November 10, 1920.

Wm. H. Jeffries
Ordinary Fulton County, Ga.

Mrs. Georgia Herrington

Georgia Fulton County
Atlanta, March 3rd, 1921.

Personally appeared Mrs Georgia Herrington, who swears that while her
application for a pension may have shown her to be a resident of
Fulton County since 1913 that she has been a continuous resident of
State of Georgia all her life.

Sworn to and subscribed before me
this 3rd day of March, 1921.

Wm. R. Moulton
Mrs. G. A. Herrington
660.

(Witness)

Ordinary's Office of Burke County

W. G. GREEN, ORDINARY
WAYNESBORO, GA.

STATE OF GEORGIA)
BURKE COUNTY)

I, W. G. Green, Ordinary and ex-officio clerk of
the Court of Ordinary of said State and County, do hereby cer-
tify that the Records at this office show, that Martin Herring-
ton and Georgia Lasseter, were joined together in the Holy MENE
Bans of Matrimony, on the 25th. day of Sept. 1874, by Jas. A.--
Bosser, M.G.

Witness my hand and official seal, this the 9th. day of Aug-
ust, 1919.

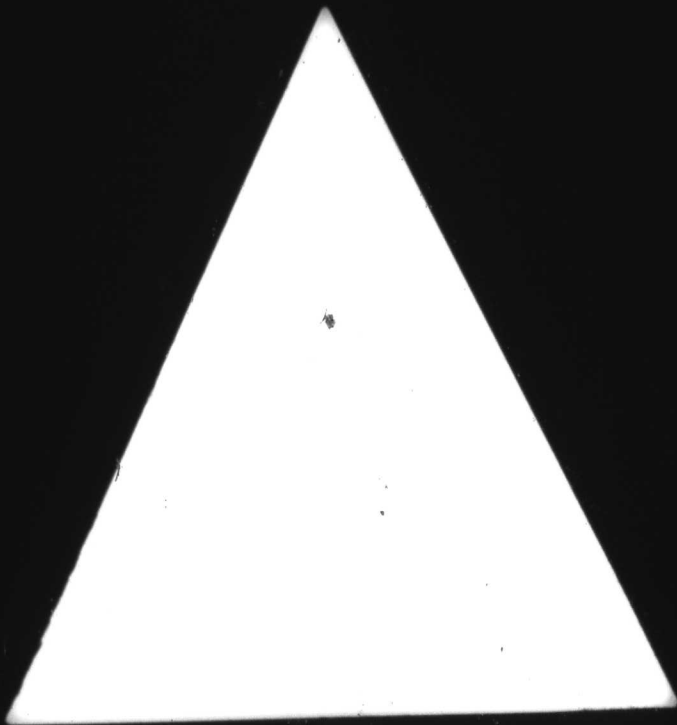
W. G. Green
Ordinary
and ex-officio clerk thereof.

This 3rd day of March, 1921.

Allen R. Maule
C.C.O.

My B. A. Harrington

(Blaugman?)



POWER OF ATTORNEY.

STATE OF GEORGIA.

Know all Men by these Presents, That I,

County,

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 _____, 1893.

[L. S.]

Executed in the presence of us:

DIRECTION.

If allowed, send amount by

me at

and oblige.

to

24 Sept 24 May 1895
The service & disability are sufficiently proven without doubt rendering as to the original cause of the disease
Rich a Johnson

CR 276
Hullon
No. 3448

Soldier's Pension.
1895.

Name Frank S. Mester

County Hullon

Disability Disease

Amount, \$ 50.00

8 June 1895

WARRANT DATED 20

Applicant

Wm. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA.

County.

KNOW ALL MEN BY THESE PRESENTS, That I,

of

County, in said State, do hereby appoint

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

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

day of _____ 1893.

[L. &]

Executed in the presence of us:

DIRECTION.

If allowed, send amount by

me at _____, and oblige,

FOR USE OF APPLICANTS WHO HAVE NOT HERETOFORE DRAWN.

STATE OF GEORGIA,

Pulston

County.

PERSONALLY appears *Frank S. Hester* of *Pulston*

County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of Georgia, and has been continuously since the _____ day of

February 18*92*, that he enlisted in the military service of the Con-

federate States (or the State of *about 1st November 1861*) during the war between the

States, and served as a *Private & Corporal* in Company *C*, of *34th* Regiment

of *Georgia* Volunteers *Lanciers* Brigade; that whilst engaged

in such military service, at the battle of _____ in the State

of _____, on the _____ day of _____ 186____, he was

disabled as follows: *I was in the service from a light horse*

when I was attacked with lung trouble resulting from

continued exposure to me whilst when mounted into the

service. Subsequent to this continued exposure, my

lungs became badly affected causing my honorable

discharge & have suffered continuously since from severe

trouble after a short while I got some better and

relied in the 34th Ga. Hk. Co. 9th. and continued in service

when sent for duty until close to the war from the result of

exposure in service I am so feeble and suffer continuously

with my lungs that I am unable to perform any manual

labor whatever and I have no property and no means

of support & have no children to assist me. I now have

applied for pension before & made oath now did not give necessity

Compell. me to keep the same from the

Dependent desires to participate in the benefits of the Act approved October 24th, 1887,

and the Acts amendatory thereof, and makes application for the allowance to which he is entitled

for the year thereunder, ending October 26th, 1893.

Sworn to and subscribed before me this the

26th day of *March* 1893

W. L. McArthur

Ordinary.

Notes.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability. It claims to be based on disease, give full and accurate history of disease, tracing it directly to the service.

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

24 Sept 24 May 1895
The same is a discharge on
affidavit from the
State of Georgia as to the only
cause of the disease
which a person

Soldier's Pension.

1896

Frank S. Hester

Compell.

W. L. McArthur

26th

March

1893

W. L. McArthur

Ordinary.

Affidavit for Witnesses.

STATE OF GEORGIA.

County of Fulton

PERSONALLY appears before me, the undersigned, Ordinary in and for said County,

W. H. Harrison

and

each of whom, being duly sworn according to law,

severally say, under oath, that they are personally well acquainted with Frank

E. Kester

whose application is herewith presented for a pension,

and that they served with him in the army, and from our personal knowledge he was injured by the service as follows: (give full statement, and tell in your own language how badly applicant is disabled from work. If he does any labor, or can do any, state what.)

Applicant enlisted Nov 12 1861, as a Corporal in Co E. 31st Inf. Infantry Regt. He was not a very stout man, but as far I understand was free from any disabling disease. While in the service arm became disabled he was taken ill and suffered quite a while in the hospital. His health got so far he was discharged from the service. I do not remember his particular disease, tho my recollection is it must be in a cough. Applicant afterwards joined a Cavalry Company as Lieutenant and served in during the war. I have known Mr Kester ever since the war and for the past eight or ten years have seen quite often. His health has been bad all that time. He has been unable to peddle around, but in my judgment not able to perform work requiring physical exertion. Of late he has been general and is now incompetent to do any ordinary manual labor by which he could earn a subsistence. I have known him personally since above stated facts. We were with him in the army and have known him ever since. Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 1875. We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me this

29 day of March 1895

W. H. Harrison

Ordinary.

W. H. Harrison
Q. Lieut. Co E. 31st Inf.
Alvin A. Gray

None.—The Ordinary will see that the full text of the Affidavit is understood by the witnesses, and that they are legally qualified to do so.

Witnesses are asked to make their statements full and explicit.

PHYSICIAN'S AFFIDAVIT.

STATE OF GEORGIA.

Fulton County.

PERSONALLY comes before me, W. H. Harrison Ordinary of said County,

F. B. Bunker and J. H. Hendy, both known to

me as reputable physicians of said County, who being severally sworn, say on oath that they have carefully examined Frank E. Kester and after such personal examination

say that the applicant has been injured as follows:

From chest examination we find with sufficient to be affected as follows:—twice. His left lung is badly diseased, giving him great trouble with pain & cough & dyspnea. The bronchial tubes are inflamed, his bowels & kidneys are affected, causing trouble like colic & back. He is totally unable to do manual labor of any kind. We have since said F. E. Kester for several months & believe him worthy a pension & such disability is permanent.

We have treated applicant professionally for _____ years.

Sworn to and subscribed before me this

26th day of March 1895

W. H. Harrison

Ordinary.

None.—The physicians will state fully the extent of the wound, and then give facts to show the extent of the disability resulting therefrom.
None.—If state in the disability resulting from disease, state how the disease is known to result from the service as a soldier. Also state how long physicians have known and treated applicant.

STATE OF GEORGIA.

Fulton County.

I, W. H. Harrison Ordinary of said County,

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

Given under my official signature and seal this 4th day of May 1895

W. H. Harrison

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 _____ 1890.

[L. S.]

Executed in presence of us _____

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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

by _____

at _____

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

day of _____ 1897.

[L. S.]

Executed in presence of _____

No. 966

SOLDIER'S PENSION.
1896.

Name Frank J. Foster

County Fulton

Disability Disabled

Amount, \$ 3/16

1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT ISSUED TO

apok

By W. H. Hester, State Printer, Atlanta.

No date

Hester Frank J. Foster
apok
(For Those Already Enrolled.)

No. 629

INVALID
SOLDIER'S PENSION.
1897.

Name *Frank J. Foster*

County *Fulton*

Disability *Dis. card*

Amount, \$ *50.00*

1897.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT ISSUED TO

apok

By W. H. Hester, State Printer, Atlanta.

No date

STATE OF GEORGIA.

For Applicants Heretofore Allowed Pensions.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton

County.

Personally appears Frank S. Hester 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 1st day of February 1857; 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 or corporal in Company of 11th Regiment of Georgia Volunteers, Fulton's Brigade; that whilst engaged in such military service in the State of Georgia, on the 1st day of 1860, he was wounded, injured or diseased as follows:

I was in the service seven or eight months when I was attacked with lung trouble resulting from continued exposure. I was healthy when mustered into the service but as stated from continued exposure my lungs became badly affected causing my honorable discharge and have suffered continuously since from this trouble. After a short while I got some better and enlisted in the 20th and 3d Regts. and continued in service when able for duty until close of the war from the result of exposure in service I am so disabled and suffer continuously with my lungs that I am unable to perform any manual labor.

Dependent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 20th, 1896. I have heretofore as a resident of Fulton county been allowed a pension of \$ fifty dollars, for the year 1895.

Sworn to and subscribed before me, this, 26th day of Feb 1896.

W. L. Calhoun Ord.

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

STATE OF GEORGIA,

Fulton

County.

I, W. L. Calhoun Ordinary of said County,

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

Given under my official signature and seal, this 26th day of Feb 1896.



W. L. Calhoun

Ordinary Fulton County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears F. S. Hester 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 1st day of Feb 1857; 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 or corporal in Company of 11th Regiment of Georgia Volunteers, Fulton's Brigade; that whilst engaged in such military service in the State of Georgia, on the 1st day of 1860, he was wounded, injured or diseased as follows:

Contracted lung trouble from exposure, while in service, and suffer continuously, and unable him to perform any manual labor.

Dependent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 20th, 1897. I have heretofore under said law as a resident of Fulton county been allowed an invalid pension of fifty Dollars, for the year 1895.

Sworn to and subscribed before me, this, 26th day of Feb 1897.

W. L. Calhoun Ord.

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

STATE OF GEORGIA,

Fulton County.

I, W. L. Calhoun Ordinary of said County,

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

Given under my official signature and seal, this 26th day of Feb 1897.



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 _____ 1898.

[L. S.]

Executed in presence of _____

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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

by _____

at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____ day of _____ 1899.

[L. S.]

Executed in presence of _____

Hester, H. S.
Quinton Co
LET OF IN OCT., 1898
(For Those Already Enrolled.)
No. *222*
INVALID
SOLDIER'S PENSION.
1898.
Name *H. S. Hester*
County *Quinton*
Disability *Soldier*
Amount, \$ *50-*
718 1898
RICHARD JOHNSON,
Commissioner of Pensions.
WARRANT HANDED TO
offt
No data

Hester, H. S.
Quinton Co
COME OCTOBER 1898
(For Those Already Enrolled.)
No. *1840*
INVALID
SOLDIER'S PENSION.
1899.
Name *H. S. Hester*
County *Quinton*
Disability
Amount, \$ *50-*
718 1899
RICHARD JOHNSON,
Commissioner of Pensions.
WARRANT HANDED TO
offt
No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears F. S. Hester 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 15 day of July 1857, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company E, of 35th Regiment of Volunteers, Faulkner's Brigade; that whilst engaged in such military service in the State of Georgia, on the 15 day of July 1861, he was wounded, injured or diseased as follows:

Long trouble from wound while in Service

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 20th, 1890. I have heretofore under said law as a resident of Fulton County been allowed an invalid pension of \$15 Dollars, for the year 1889.

Sworn to and subscribed before me, this, 15 day of July 1890, POST-OFFICE

None—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,

Fulton County.

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

Given under my official signature and seal, this 15 day of July 1890.



Ordinary Fulton County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears F. S. Hester 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 15 day of July 1857, 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 Corporal in Company E, of 35th Regiment of Volunteers, Faulkner's Brigade; that whilst engaged in such military service in the State of Georgia, on the 15 day of July 1861, he was wounded, injured or diseased as follows:

Long trouble contracted in the Army

Deponent makes application for the pension to which he is entitled for the year ending October 20th, 1890. I have heretofore under said law as a resident of Fulton County been allowed an invalid pension of \$15 Dollars, for the year 1889.

Sworn to and subscribed before me, this, 15 day of July 1890, POST OFFICE

None—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,

Fulton County.

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

Given under my official signature and seal, this 15 day of July 1890.



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 _____ 1900.

[L. S.]

Executed in presence of

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize

of _____

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

by _____

at _____

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

day of _____ 1901.

[L. S.]

STATE OF GEORGIA

Executed in presence of

COURT SECTION 100
(For Those Already Enrolled.)

No. 469

INVALID

SOLDIER'S PENSION.

1900.

Name, *J. B. Hester*

County, *Fulton*

Disability, _____

Amount, \$ *57*

Warrant issued *March 4*, 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

No date

COURT SECTION 100
(For Those Already Enrolled.)

No. 204

DISABLED

SOLDIER'S PENSION.

1901.

Name, *J. B. Hester*

County, *Fulton*

Disability, *Leg. Mule*

Amount, \$ *50*

Warrant issued *July 18*, 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

No date

STATE OF GEORGIA

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA

For Applicants Heretofore Allowed Pensions.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears F. S. Hester 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 County, and has resided therein continuously ever since the day of Feb 1837; 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 Corporal in Company C, of 31st Regiment of Ga Volunteers, Lawson's Brigade; that whilst engaged in such military service in the State of Ga, on the day of 1862, he was wounded, injured or diseased as follows:

Long trouble contracted in the Army

Deponent makes application for the pension to which he is entitled for the year ending October 30th, 1900. I have heretofore under said law as a resident of Fulton County been allowed an invalid pension of 2 Dollars, for the year 1899.

Sworn to and subscribed before me, this, F. S. Hester day of March 1900. POST OFFICE

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

STATE OF GEORGIA,

Fulton County.

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

Given under my official signature and seal, this 2 day of March 1900.



M. H. Hulley Ordinary Fulton County.

LOWER OF VILLOREIA

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears F. S. Hester 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 Feb 1837; 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 Corporal in Company C, of 31st Regiment of Ga Volunteers, Lawson's Brigade; that whilst engaged in such military service in the State of Ga, on the day of 1862, he was wounded, injured or diseased as follows:

Long trouble contracted in the Army

Deponent makes application for the pension to which he is entitled for year ending October 30th, 1901. I have heretofore under said law as a resident of Fulton County been allowed an invalid pension of 2 Dollars, for the year 1900.

Sworn to and subscribed before me, this, F. S. Hester day of Jan 1901. Postoffice Atlanta

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

Given under my official signature and seal, this 2 day of Jan 1901.



J. R. Wickham Ordinary Fulton County.

LOWER OF VILLOREIA

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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

by _____

at _____

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

day of _____ 1902.

CIVIL OF GEORGIA

[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 _____ 1903.

[L. S.]

Executed in presence of _____

DISABLED

SOLDIER'S PENSION

1902.

Name *J. S. Weaver*

County *Fulton*

Disability *Leg trouble*

Amount, \$ *50.00*

1902.

JOHN W. LINDSEY,

WARRANT HANDED TO

W. J. Lindsey

no date

DISABLED

SOLDIER'S PENSION

1903.

Name *J. S. Weaver*

County *Fulton*

Disability *Leg trouble*

Amount, \$ *50.00*

1903.

JOHN W. LINDSEY,

WARRANT HANDED TO

W. J. Lindsey

no date

STATE OF GEORGIA

FOR APPLICANTS HERETOFORE ATTORNEY PENSIONS

STATE OF GEORGIA

FOR APPLICANTS HERETOFORE ATTORNEY PENSIONS

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Fulton County.

Personally appears P. S. Kester 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 Feb 1887; 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 Company in Company Co, of 31th Regiment of Ga Volunteers, Lawton's Brigade; that whilst engaged in such military service in the State of Ga on the day of 1887, he was wounded, injured or diseased as follows:

Contracted Lung trouble in the army

Deponent makes application for the pension to which he is entitled for the year ending October 30th, 1902. I have heretofore, under said law, as a resident of Fulton County, been allowed an invalid pension of Fifty Dollars, for the year 1901.

Sworn to and subscribed before me, this the 2nd day of Jan 1903, at Post-office

John R. Williamson
Notary Public for Georgia.
Here—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. Williamson, Ordinary of said County, do certify that I am well acquainted with P. S. Kester the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1903.

John R. Williamson
Ordinary Fulton County.

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

LOWEY & VILLOKHA

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Fulton County.

Personally appears P. S. Kester 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 Feb 1887; 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 Company in Company Co, of 31th Regiment of Ga Volunteers, Lawton's Brigade; that whilst engaged in such military service in the State of Ga on the day of 1887, he was wounded, injured or diseased as follows:

Contracted Lung trouble in army

Deponent makes application for the pension to which he is entitled for the year ending October 30th, 1903. I have heretofore, under said law, as a resident of Fulton County, been allowed an invalid pension of Fifty Dollars, for the year 1902.

Sworn to and subscribed before me, this the 2nd day of JAN 21 1903, at Post-office

John R. Williamson
Notary Public for Georgia.
Here—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. Williamson, Ordinary of said County, do certify that I am well acquainted with P. S. Kester the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 21 1903.

John R. Williamson
Ordinary Fulton County.

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

LOWEY & VILLOKHA

POWER OF ATTORNEY.

STATE OF GEORGIA.

COUNTY.

I, _____ hereby authorize

of

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

by

at

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

day of _____ 1904.

[L. S.]

Executed in the presence of

POWER OF ATTORNEY.

STATE OF GEORGIA.

COUNTY.

I, _____ hereby authorize

of

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

by

at

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

day of _____ 1905.

[L. S.]

Executed in the presence of

Hester, Frank S.
Fulton Co.

(FOR THOSE ALREADY ENROLLED.)

No. 141

DISABLED
SOLDIER'S PENSION
1904.

Name *F. S. Hester*
County *Fulton.*
Co. *B.* Regiment *31st*
Disability *Surgeon's Certificate*
Amount, \$ *7.50* 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

9/11

See W. Lindsey, State Printer, Atlanta.

no date

Hester, Frank S.
Fulton County

(FOR THOSE ALREADY ENROLLED.)

No. 153

DISABLED
SOLDIER'S PENSION
1905.

Name *Frank S. Hester*
County *Fulton.*
Co. *B.* Regiment *31st*
Disability *Discharge*
Amount, \$ *55.00* 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

9/11

See W. Lindsey, State Printer, Atlanta.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton. County.

Personally appears *F. S. Hester* of

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of *Feb* 18*87*, that he enlisted in the military service of the Confederate States (or of the State of *Va*) during the war between the States, and served as a *Private* in Company *B*, of *34*th Regiment of *Va* Volunteers *Lanier*'s Brigade; that whilst engaged in such military service in the State of *Va* on the day of *1862*, he was wounded, injured or diseased as follows:

Contracted lung trouble in Army

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1904. I have heretofore, under said law, as a resident of *Fulton* County, been allowed an invalid pension of *50* Dollars, for the year 1903.

Sworn to and subscribed before me, this the

day of *JAN 21* 1904.

J. P. Wilkinson

Post-office

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

STATE OF GEORGIA,

Fulton. County.

I, *John P. Wilkinson* Ordinary of said County, do certify that I am well acquainted with *F. S. Hester* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 21* 1904 day of *1904*

Ordinary

J. P. Wilkinson Fulton. County.

Note.—Fill all blanks and of Company and Regiment.
Note.—All vouchers and affidavits must bear date after January 1, 1904.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton. COUNTY.

Personally appears *Frank V. Hester* 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 *1887* that he enlisted in the military service of the Confederate States (or of the State of *Virginia*) during the war between the States, and served as a *Private* in Company *C*, of *1st* Regiment of *Va* Volunteers *Lanier*'s Brigade; that whilst engaged in such military service in the State of *Va* on the day of *1862*, he was wounded, injured or diseased as follows:

Disease

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 *Fulton* County, been allowed an invalid pension of *Fifty* Dollars, for the year 1904.

Sworn to and subscribed before me, this the

day of *JAN 2* 1905.

J. P. Wilkinson

Post-office

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

STATE OF GEORGIA,

Fulton. COUNTY.

I, *J. P. Wilkinson* Ordinary of said County, do certify that I am well acquainted with *Frank V. Hester* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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*

Ordinary

J. P. Wilkinson Fulton. County.

Note.—Fill all blanks and of Company and Regiment.
Note.—All vouchers and affidavits must bear date after January 1, 1905.

Georgia Stewart County.

I, J. T. Cook, Ordinary in and for said County do certify that, I served in the Army with F. S. Hester, now of Franklin County Ga (then of Stewart Co) from Nov 15 / 1861 to the summer, I think from June of 1862, in Company E 31st Regt Ga Vol Infantry. Mr. Hester's health failed him and he was left in Hospital at Savannah Ga when our Command was ordered to Virginia. Mr. Hester was soon after discharged from service on account of poor health. I know this because I was a sergeant in Co E 31st Ga and made the entry on the Company roll when notified. F. S. Hester remained at home in Stewart until the Fall of 1863. He then joined Co E 29th Battalion of Ga Vol Cavalry. I know this because in Sept 1862 I was discharged from service in Virginia & came home. In Sept 1863 I joined Co E 29th Battalion Ga Vol Cavalry. At some time I believe that Hester joined. Mr. Hester was then in good health but was with the Command in Lawrence & Florida in Dec 1863 & 1864. When sent in Hospital. I take this occasion to say he was in Hospital on one severe jaundice a considerable portion of the time. I became orderly sergeant of Co E 29th Ga Cavalry in Spring of 1864 and was to the close of the war. F. S. Hester's name was on roll at the

W. H. HARRISON,
Attorney at Law,
208 KISER BUILDING, PRYOR ST

ATLANTA, GA.

1895.

Mr. R. J. Johnson
Broly Co Neph

Dear Sir:

Mr. Hester informs me that my testimony is not sufficiently strong to settle the case and to procure, and that you say if it is made more positive it would be approved.

I have stated that as far as recollection Mr. Hester was free from any disabling disease when he entered the service. He was regularly drilled and performed all his duties for some four or five months, when he was taken sick, in the service, at Savannah and sent to the Regiments Hospital, and was subsequently discharged from my company by reason of the disability resulting, as I understood then and now from the disease of a track in the Army. Mr. Hester had no other ailment when he entered, I did not intend to say he was afflicted with the disease which subsequently authorized his discharge. He was a small man, slender, and not stout or robust, but he had no lung disease that I could detect when he entered. In my best judgment is the service exposure incident which caused the illness at Savannah.

W. H. Harrison

Close of war - I met F.S. Huston after just after
 the war, he was in poor health & I thought
 he had Consumption - He had a cough
 & lung trouble - Huston did not live far from
 my home - and I have visited him - I knew
 him before the war, I considered him sound
 then, though not stout - after the war and
 during the latter part of the war his health
 was poor - I have not seen him for several
 years past -

Witness my hand and official seal
 This May 15/1895 -

H. J. Fork - Ordaining
 Stewart County - Ga.

NAME.

Hester, Frank S

WHEN AND WHERE BORN?

Resident Ga. since Feb. 1, 1887

ENLISTED WHEN AND WHERE?

Nov. 1st, 1861

COMPANY AND REGIMENT?

Private & Corporal, Co E, 51st Regt.
 Ga. Vols - Lawton's Brigade
 24th Batta. Ga. Vols (Last enlistment)

NAME OF CAPTAIN AND COLONEL?

W H Harrison, Lieut. Co E. 51st Ga. Regt.

WOUNDED?

From exposure lungs became affected and have never
 ceased to give trouble.

CAPTURED, WHEN AND WHERE?

RELEASED,

WHEN AND WHERE REIMBURSED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED,

WITNESSED,

Clement A Evans

No data

P.O.

COUNTY,

1895

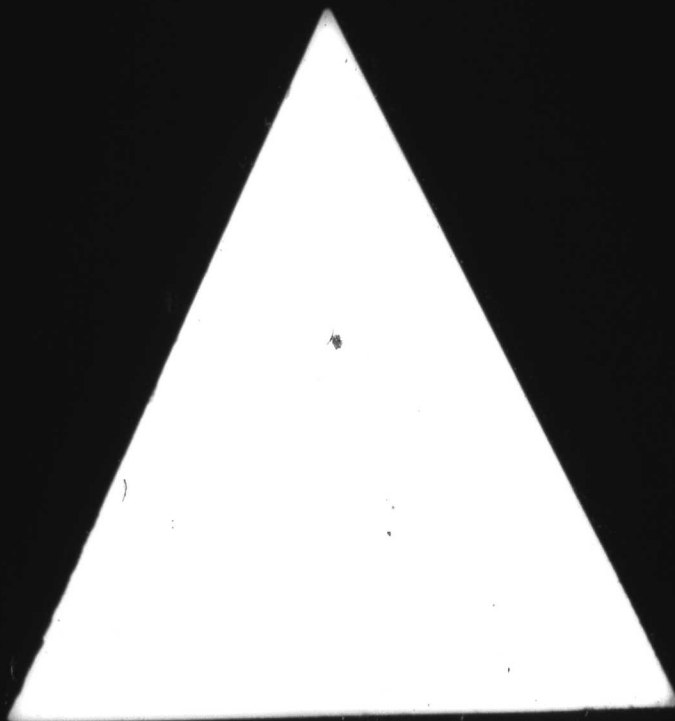
Fulton

P.O.

1895

COUNTY.

Fulton



Hester, Hester (Mrs.)
Fulton County
for 10/10/11
for 10/10/11
for 10/10/11

Widow's Pension

UNDER ACT 1910.

Vol. 10/10/11

Fulton Co.

Widow H. E. Hester

Widow F. L. Hester

J. W. LINDSEY,
Commissioner of Pensions.

Class. P. 10/10/11

2/5-1911

County

1. What is your name, and where do you reside? X E Huster - Atlanta, Ga

2. How long and since when have you been a continuing resident in the State of Georgia?

all my life, have never lived in du-

3. When, where and to whom were you married? Jan. 1869. to J. Sprill La

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

United States Army or Georgia Militia? (State the arms and class of Service.)

Co. G. 1st Cavalry Regt. 31st Ga. Regiment Nov. 13. 1861 at Haverhill

3. When and where did the Commands of your husband surrender or discharge from the army?

6 Was your husband personally present at the time of the [redacted] [redacted] [redacted] [redacted] [redacted]

on account of ill health. He subsequently resided in a 29x12

Novel, and served in South Sea, until the war ended. I found

7. If he was not present state clearly where he was: *that he was a minute or two*

8. Where was his Command when he left? *1st Co. Company of 1st Regt.*

Q. For what cause did he leave his command?

b. By whose authority did he leave his Command?

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

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

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

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

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

released? I do not think he was ever made a "prisoner."

.....

j. When and where did your husband die? In Atlanta Ga. 1908

k. Were you residing together when he died? Yes

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

9. What property of any description did you own, hold or control for your use and its cash value.

Nov. 4, 1908. (State same by items.).....

10. What property of any kind have you sold or given away since Nov. 4 1908? What was received

for it and what did you do with the proceeds thereof? (Give items and cash value.) none

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... ..

11. What property of any description of any value have you now? None

Give list and cash value?

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

12 Have your beneficiaries been paid a pension by the State? Yes

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

.....

Sworn to and subscribed before me this the 14th day of June 1988

29 Jan 1941 Mrs. H. C. Decker

[Faint handwritten signature]

Ordinary.

County,

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

STATE OF GEORGIA,

Avila County.

Personally before me comes W. H. Harrison who after being duly sworn true answers to make, to the following questions, answered as follows:

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

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

3. How long and since when has she continuously resided in this State? (Give date.) I do not know as to the residence having known her and her wife

4. When and to whom was she married? How do you know?

5. How long and since when did you know H. S. Heide her

husband? Since 1883.

6. When and where did H. S. Heide the husband of Applicant die? In Avila about 5 years ago.

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?

Were they divorced? No

9. When, where and in what Company and Regiment did H. S. Heide enlist?

In Co. E. Davidson's, 30th Regt. at Savannah Ga. Nov 12/61. as a Corporal.

10. Were you a member of the same Company? Yes, 1st Regt. 9th Company.

11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? from Nov 12/61 to about June 1/66.

12. When, and where did his Command surrender, and was discharged? He Heide was discharged in 1866 on account of ill health, but retained the army as a member of Woods' Battalion of his company, but later

13. Were you personally present when it was surrendered? No If not where

were you in prison and how came you there? Came there

by Yankee after being left unguarded in Maryland.

14. Was the husband of applicant personally present at surrender? I do not know. If not

where was he? With the Cavalry, I suppose when, where and for what

cause did he leave Command? (Give date.) By whose

authority did he leave his Command? and how

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

I know Mr. Heide made proof of faithful service for a number of years since release as a soldier and

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

Command? I do not know that he was absent.

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

31st day of May 1917 W. H. Harrison

Wm. R. Wright Ordinary

George H. Smith Clerk

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,

County.

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

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

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

Personal property \$
Money, Notes and accounts \$

Schedule (C).
We also know what property she has now in her possession, use and control to wit:

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

Sworn and subscribed before me this the _____ day of _____ 19 _____

Ordinary.
of _____ County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

County.

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

That I also know _____ the witness who swears to the service of husband, and _____ who are freeholders. That all of them are now residents of said County and were duly sworn by me before signing the foregoing 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 1908 \$ _____ for 1910 \$ _____

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

SEAL _____ Ordinary, _____ County

(SEAL)

NOTE 1. Before any questions are covered 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. Addition of affidavits only in cases of Civil cases are from Heide. 3. All affidavits must be made before the Ordinary. 4. Only persons 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.

Widow's Application

To Be Put on Roll in Her Own Right, when
Husband Was on Roll at Death.

County Fulton
Name Mrs. H. E. Hester
Widow of H. E. Hester

Approved

J. W. LINDSEY,
Commissioner of Pensions

Chas. F. Birk, State Printer, Atlanta

14/1/10 ST. Hester
One

Frontier office 11/1/1910 The testimony of husband on disable roll
fails to show a 6 months actual military service as required by
the new law. Make out application on pale blue widow's blanks
and prove term of service required without reference to husband ever
having been on pension roll J. V. Lindsey, Com. of Pens

WIDOW'S AFFIDAVIT.

STATE OF GEORGIA.

Fulton County.

Personally before me comes Mrs. H. E. Hester of said County,
who, after being duly sworn, on oath says, that she is the widow of F. S. Hester to whom
in the County of Fulton State of Georgia she was married on the 15th
day of April 1888 and that she remained his wife, and resided with him to the date of his death
in January 1906 and that she has not since his death remarried. At the time of his death
he was a resident of Fulton County, in Atlanta said State of Georgia, and he
was on the Confederate Pension Roll of the State and paid a pension of \$ 60
in Fulton County for 1906 per annum, on account of being a soldier in Company
3rd Regiment (Volunteers of State Militia.)

At the death of him he was in the use and possession of the following
property none
of the cash value of \$

What property of any kind and of any value have you in your use, control and possession now, and
the cash value (State fully) none

Acres land 0
Houses and Mules 0
Hogs, Cows, etc. 0
Total Cash value of all property 0

That she is not a non-resident citizen of said County of Fulton and she
has so continuously resided since the day of her death 1906

Sworn to and subscribed before me, this 14th day of August 1910,
Margaret McWhorter Ordinary
of Fulton County.

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

STATE OF GEORGIA.

Marietta County.

Personally before me come J. S. Hester and J. S. Hester known to be responsible
and truthful persons, residing in said County, who after having duly sworn on oath, say: that of their
own personal knowledge J. S. Hester who made the foregoing affidavit, is
the lawful widow of F. S. Hester who died in January 1906 County in
said State of Georgia on the day of January 1906 and that she
has not since remarried. That she became the wife of F. S. Hester on the 15th day of April
of 1888 and that she and he had resided together as man and wife continuously since
day of April 1888 and that the F. S. Hester was the
same man who was on the pension roll of said State
when he died.

Sworn to and subscribed before me, this 14th day of August 1910,
Margaret McWhorter Ordinary
of Marietta County.

State of Georgia,
McDuffie County.

I, W. F. Wheeling, ordinary of said county do certify that I know Mrs. H. E. Hester, the applicant for this pension, and that she is the person she represents herself to be and that she was at one time a bona fide resident of Warren County, Georgia where I knew her well and also her deceased husband, F. S. Hester. That the said Mrs. H. E. Hester resided with the said F. S. Hester continuously as his wife there along about the year 1884, until the time of his death. Deponent says that he first knew the said F. S. Hester and the applicant, Mrs. H. E. Hester, along about the year 1880 when they were living together as man and wife and having with them their three children ranging in ages from ten to eighteen years. I also certify that I know C. C. Ivey and A. N. Thrasher witnesses to the marriage and know them to be resident free holders of McDuffie County, Georgia and that all of the foregoing was duly sworn by me before signing their respective affidavits and they are truthful and trustworthy and their statements entitled to full faith and credit.

Given under my hand and official seal this the
3rd day of August, 1910.

W. F. Wheeling,
Ordinary McDuffie Co.

AFFIDAVITS OF TWO FREEHOLDERS.

STATE OF GEORGIA.

County, Fulton
Personally before me came Ed. Edmonson who being sworn on oath says, that they are freeholders of said County and that they know Mrs. H. E. Hester of said County and knew her said husband F. S. Hester at his death on the day of 1885 that she and he were in the use, possession and control of the following property at his death to wit:

of the value of \$ none That she is now in the use, possession and control of the following property to wit:

of the value of \$ none
Sworn and subscribed before me, this the 3rd day of Oct 1910
W. F. Wheeling Ordinary.
of Fulton County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

County, Fulton
I, John W. Edmonson Ordinary of said County, do certify, that I know Mrs. H. E. Hester 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 1885

That I also know Ed. Edmonson witness as to marriage and I also know Ed. Edmonson who I know to be a resident free holder of said County that all of the foregoing were duly sworn by me before signing the respective affidavits and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

That the tax Books of Fulton County shows that F. S. Hester returned property to the amount of none for 1908 none for 1909 none for 1910 none
Sworn under my hand and official seal this 1st day of Oct 1910
(SEAL) John W. Edmonson Ordinary.
of 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. No help you Obed.
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary.
4. Only widows who married prior to first January 1870, are entitled.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some present, or by general reputation.

OFFICE OF
A. T. FORT,
ORDINARY STEWART COUNTY.

Dumplin Co 2-6- 1911

Mr H. C. Hester.

Atlanta Ga.

Dear Madam.

Yours of 4th inst. recd and noted - I inclose a certificate which you can send to Judge Lindsay -

I hope it will be sufficient - Mr. J. S. Hester was a member of Co. E. 29 Batt Ga Cavalry, but Mr Frank Hester did not - I hope you will get your pardon -

Yours Truly
A. J. Fort -

OFFICE OF
A. T. FORT,
ORDINARY STEWART COUNTY.

Dumplin Co

191

Georgia Stewart County.

I A. J. Fort do hereby certify that I joined Co. E. 29 Ga Cavalry on ^{Aug} Sept 1st 1868. Frank Hester's name does not appear on the roll of said Company. I know he was there with his brother for a while, but I know he was not mustered in. During the last year of the war I was orderly sergeant & his name does not appear on the roll - but I do know he belonged to Co. E. 29 Ga Regt. and the record shows was discharged in 1868. Mr Hester was a gentle man, and suffered with Hysteria, so he could not serve in the Cavalry - I have this from records ~~there~~.

A. J. Fort.

Given before me this 6th of 1911 -
J. S. Fort, Clerk of Court, S. C.

State of Georgia,
Richmond County.

Personally before me came Mrs. S. M. Ivey of 706 Jackson Street, Augusta, Georgia known to be responsible and truthful person residing in said county, who after having been duly sworn on oath says that of her own personal knowledge Mrs. M. E. Hester who made an affidavit for a pension under the laws of Georgia is the lawful widow of P. S. Hester who died in Fulton County, Georgia in the state of Georgia in January 1905 and that she has not since remarried; that she became the wife of P. S. Hester on the 15th day of April 1869 and that she and he resided together as man and wife continuously since the 15th day of April 1869 until the death of the said M. E. Hester and that the said P. S. Hester was the same man who was on the pension rolls of said state, of Fulton County when he died.

Mrs. S. M. Ivey (I.S.)

Sworn to and subscribed
before me this the 29 day of
September 1910.

W. H. Hester
MRS. S. M. Ivey

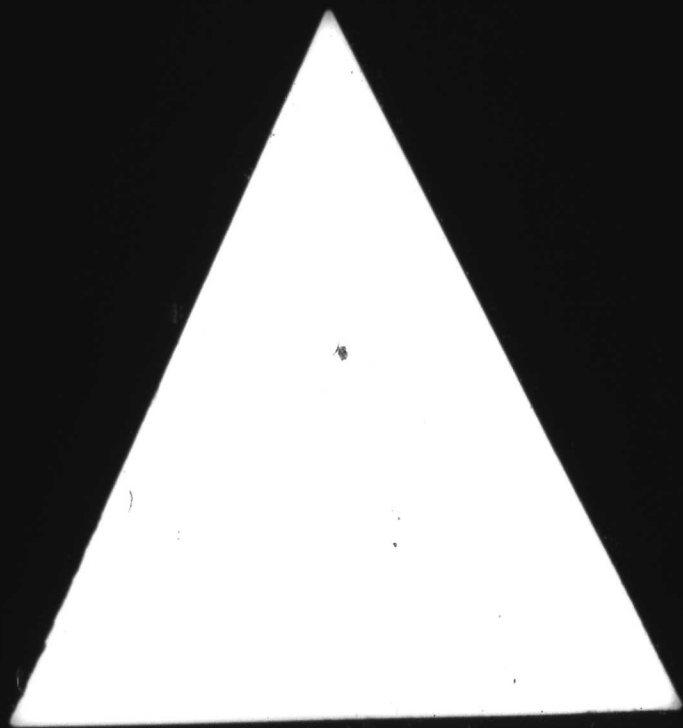
State of Georgia,
Walton County.

Personally before me came Mrs. M. I. Johns known to be a responsible and truthful person residing in said county and after being duly sworn on oath says that Mrs. M. E. Hester who made affidavit for a pension in Fulton County, Georgia is the widow of P. S. Hester who died in Fulton County, Georgia in January 1905 and deponent further says that she was present at the marriage of the said P. S. Hester and Mrs. M. E. Hester which took place in Warren County, Georgia on the 15th day of April 1869; that the said P. S. Hester and the said Mrs. M. E. Hester who resided in Fulton County, Georgia were the identical persons who were intermarried in Warren County, Georgia on the 15th day of April 1869 and that deponent was present at said marriage and that the said P. S. Hester and M. E. Hester lived together continuously thereafter as husband and wife until the death of the said P. S. Hester in Fulton County, Georgia in January 1905.

Mrs. M. I. Johns (I.S.)

Sworn to and subscribed
before me this the 29 day
of September 1910.

C. H. Hester
Walton County, Ga.



POWER OF ATTORNEY.

STATE OF GEORGIA.

County, _____

Whereas _____

Witness my hand and seal, this _____ day of _____ 1908.

Executed in presence of _____

Hastley George M.

Fuller

A. H. Fuller

INDIGENT PENSION

1908

J. M. Hastley

Fuller

A. H. Fuller

Approved _____

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO _____

COPIES OF THIS WARRANT

Shall be sent to the _____

and _____

COUNTY.

1. _____

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

Witness my hand and seal, this _____ day of _____, 19____.

Executed in presence of

STATE OF GEORGIA

COUNTY

to avail himself of the Pension Act (Section 1254, Code), hereby submits his proofs, and after being duly sworn true answers to make in the following questions, answers as follows:

1. What is your name and where do you reside? (Give State, County and Postoffice.)
Joseph M. Bentley, 64 Karabaldi St. Atlanta, Ga.

8. How long and since when have you been a resident of this State? 68 years, nearly all my life

2. When and where were you born? Sept 29-1886 - Mayfield, Va.

4. When and where and in what company and regiment did you enlist or serve? 12th May 1861

1st Lt. Robert H. Company, 1st Regt.
1st Lt. Robert H. Company, 1st Regt.

How long did you remain in each country and territory? During the war

shown by attached letter from War Department

6. When and where was your company and regiment surrendered and discharged? 1945, Germany

and was a prisoner from there till June 15, 1861.

7. Were you present with your company and regiment when it was surrendered? *No, I was not.*

then to Ark. then to North Carolina & New York

9. How much can you save (gross) per annum by your own exertions or labor? £100

11. Upon which of the following grounds do you base your application for pension? Age and poverty.

12. If upon the first ground, state how long you have been in such condition that you could not earn your exp- 142.

part. If upon the second, give a full and complete history of the infirmity and its extent. If upon the third, state whether you are totally blind and when and where you lost your sight. about 5 years

have no leave of absence, and cannot

now can support for myself. None at all

1. What property, real and personal, or income, do you possess, and its gross value?

disposition, if any, by sale or gift, have you made of same? None at all

12. In what County did you reside during those years, and what property did you then return for taxation?
 1st Santa Fe County, N.M.

14. How were you supported during the years 1901, 1902, 1903, 1904, 1905, 1906 and 1907? By father

17. How much did your support cost in each of these years, and what portion did you contribute thereto by your

18. What was your employment during 1901, 1902, 1903, 1904, 1905, 1906 and 1907? What pay did you

13. Have you a family? If so, who supports such family? Give their means of support. (Have they a home

Life works for her husband. Children dependent

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

11. Have you ever made an application for insurance before? not started

29. Have your applications been ever made and under what name? James C. Lingo
James C. Lingo

Page 10 and enclosed before meeting the 19th of 1940

John H. ... Ordinary, ...

Country

Every Question MUST Be Answered.

Hartley, Francis M.
 Fullerton,
 C. H. Jan 15 09
 INDIGENT PENSION

1908
W. M. Hartley
J. L. Carter
1908

JOHN W. LINDSEY
Department of Justice
WARRANT HANDED TO

1720

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

County July 20-1908
John C. Mobley and John C. Mobley being first presented
 as a witness in support of the application of J. R. Mobley for a writ of habeas corpus, to wit:

1. What is your name and where do you live?
 2. Are you a resident of this County?
 3. Where does he reside, and how long has he been a resident of this County?
 4. When, where and in what company and regiment did he enlist, and how long was he in the company?
 5. Were you a member of the same company and regiment?
 6. How long did he remain in the company?
 7. When and where was he captured, and how long was he in the company?
 8. Were you present when he surrendered?
 9. Was he captured by a Confederate?
 10. If he was not captured, how was he captured?
- When did he leave the company? April 1865 for what cause? lack of provisions
 By what authority he left? Yankee soldiers How do you know all of this?
I was in same company and regiment

11. What property, effects or income has he since the capture?
12. What property, effects or income did the applicant have in 1901?
13. How was he supported during the year 1901?
14. What is the nature of the applicant's present occupation?
15. How is he supported during the year 1908?
16. What is the nature of the applicant's present occupation?
17. How is he supported during the year 1908?
18. What is the nature of the applicant's present occupation?
19. How is he supported during the year 1908?
20. What interest have you in the recovery of a pension for the applicant?

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

County
 I, Dr. J. P. Brantley and Dr. J. P. Brantley being first presented
 as a witness in support of the application of J. R. Mobley for a writ of habeas corpus, to wit:
 I, Dr. J. P. Brantley, applicant for pension under Section 1254, Code, and after
 such personal examination say that the physical condition is as follows:
I have examined J. R. Mobley and find
he is suffering with paralysis of
the lower extremities, and is
incapable of doing any manual
labor, and is suffering with
neuralgia and feeling all the time
and that he has no interest in said pension being allowed.
 I swear to the foregoing before me, this 20th day of August, 1908.
John C. Mobley Ordinary Dr. J. P. Brantley

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

County
 I, John C. Mobley Ordinary, in and for said County, hereby certify
 that the applicant J. R. Mobley resides in said County, and has
 been a bona fide resident of this State since the 1st day of 1865,
 and that the witness, viz., John C. Mobley & John C. Mobley
 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 me was signed.
 I further certify that the tax digest of County shows that applicant
 returned for taxation in his name in 1901 Dollars of
 property, and in 1902 Dollars of property; in 1903 Dollars of property; in 1904 Dollars of property; in 1905 Dollars of property; in 1906 Dollars of property; in 1907 Dollars of property; in 1908 Dollars of property.
 In my opinion the foregoing claim is made in good faith.
 Witness my hand and seal of office, this 20th day of August, 1908.
John C. Mobley Ordinary Dr. J. P. Brantley
Dr. J. P. Brantley County.

John R. Ketchum, Secretary, P. E. Society

1. Before and after the answers, the Ordinary shall pronounce, and the witness in the following words: "Now that I have answered 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 oaths may be attached if many cases are presented.

3. In every case the Ordinary must verify to the satisfaction of the witness, and as to the execution of the proof as above set out.

POWER OF ATTORNEY. STATE OF GEORGIA.

(County) I
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 as a widow of a Confederate Soldier, as stated in the foregoing affidavit, hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

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

Executed in the presence of us

(L.S.)

If allowed, send amount by
me at

and oblige

WITNESSES

Edw. Deft Atlanta
July 5th 1895

The applicant
is not entitled
to pension under
this prot.
Her husband



Secured her later
the fact of allegiance
and was sent north
from Atlanta that
in 1865

W. H. Hammon
per

Hester, Mary Ann (Mrs)
Applicant
2 Pigs Pitt John
1895
Hester, Mary Ann
Fulton County
Mo. 2015

Widows' Pension

PAID TO

Mrs. Mary Ann Hester

Fulton COUNTY.
John Hester
\$200.00.

Warrant Issued

(Feb. 21 1895)

AND HANDED TO

Applicant

POWER OF ATTORNEY.

STATE OF GEORGIA.

County

Know all Men by these Presents, That I,

County, in said State, do hereby appoint

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

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

Executed in the presence of us

[L. S.]

DIRECTIONS.

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



*Recd of M. L. Lee
July 5th 1894
The attestation
is not valid
to receive money
for proof.
See statement
at back of affidavit
and see seal must
be in with the
affidavit
see*

*Widow's Pension
\$200.00.
Warrant Issued
Feb. 21 1894
AND HANDED TO
applicant*

Form No. 2.

Affidavit for Three Witnesses.

Form No. 2.

STATE OF GEORGIA,

County of Tulton

~~John M. L. Lee~~

and Elyabeth Lee

In person came before me, the undersigned Ordinary in and for said County, witnesses Francis Kimbro,

(each known to said Attesting Officer as truthful,

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

Mrs. May Ann Hesterly of the County of Tulton

State of Georgia, is the widow of John Hesterly, who was a soldier in

Company _____ of the _____ Regiment of _____ Volunteers.

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

about the _____ day of September, 1863, at Savannah, Georgia.

That while in said service, or by reason of said service in the Army, John Hesterly was taken prisoner by Federal

troops, and, in February, 1865, was carried to Union City, North Carolina,

at which place he was released on parole and given transportation upon

parole to his home. He was, then, in very low condition of

health, having chronic diarrhoea and appearing as if he could

not survive the winter. Francis Kimbro has more than seen or heard

of him since.

Francis Kimbro says he met John Hesterly at Savannah,

Georgia, in December, 1864, and that said Hesterly was then

dressed in a Confederate uniform.

That Francis Kimbro says John Hesterly in the City of Savannah, Georgia

in the fall of 1864 said to him that he was the

Federal to his Savannah lying in a confidential

hospital and spoke to him said Hesterly said

he was very low with chronic diarrhoea

and did not think he would survive the

winter.

That Francis Kimbro says that John Hesterly was present and

with him the morning of John Hesterly's death and that he saw her

in the Spring, 1865.

We further swear that Mrs. May Ann Hesterly was the wife of said

soldier during the service, and that she has not intermarried since his death, and that she resides in

Tulton County of the State of Georgia.

Sworn to and subscribed before me, this, the _____ day of Feb, 1894

P. B. Whitworth Ordinary

Francis Kimbro mark

W. L. & L. Lee mark

Elyabeth Lee mark

John M. L. Lee mark

Francis Kimbro mark

John M. L. Lee mark

Elyabeth Lee mark

John M. L. Lee mark

Elyabeth Lee mark

John M. L. Lee mark

Elyabeth Lee mark

John M. L. Lee mark

Elyabeth Lee mark

John M. L. Lee mark

Elyabeth Lee mark

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

Form No. 3.

STATE OF GEORGIA.

County of Fulton.

I, W. L. Leachman, Ordinary

in and for said County of Fulton

State of Georgia, hereby certify that I am acquainted with Mrs. Mary Ann Hesterly the applicant for a pension in this case, and know, from my own knowledge, or from positive proof presented to me by reputable witnesses, that she resides in this County, and that she resided in the State of Georgia on December 23d, 1860, and has not lived out of the State since that date. I also certify that the witnesses whose testimony she presents to sustain her claim are known to me to be truthful witnesses, entitled to full faith and credit as such. I am fully satisfied that this claim is made in good faith, and that I have caused the applicant and the witnesses to read or hear read the proofs they sign.

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

5th day of February, 1864

SEAL

W. L. Leachman
Ordinary.

Form No. 4.

NOTES.

The pension is only payable to certain classes of widows.

Those whose husbands were killed in service.

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

Those whose husbands went to the army and have never been heard from since the war.

Those whose husbands were wounded in the army and have since died from the direct effects of the wounds.

Those whose husbands contracted disease in the service, and who after the war, died of the disease caused by the service. The disease directly causing the death.

No widow is entitled unless she was the wife of the soldier during the war, and has never remarried.

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

The facts to establish a claim must be substantiated by the testimony of three witnesses who personally know of the enlistment of the husband and his death and the immediate cause of the death.

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

There is no need of employing a lawyer or other agent to attend to these claims. The Department will furnish full and specific instructions and give ample opportunity to every claimant.

If witnesses live in another County from that wherein applicant resides, they must go before the Ordinary and testify. The attestation of a Justice of the Peace or Notary will not answer.

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

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

By order of the Governor,

W. H. HARRISON,

Sec. Ex. Department.

Affidavit to be Made by the Widow.

Form No. 1.

STATE OF GEORGIA.

County of Fulton.

In person came before me, the undersigned Ordinary

in and for the County of Fulton

Mrs. Mary Ann Hesterly, who being sworn according to law, says under oath that she is the widow of John Hesterly, who was a soldier in the service of the Confederate States, and served as a member of Company _____, of the _____

Regiment of Georgia Volunteers; that he enlisted in said service on or about the _____ day of September, 1861, and was in the

Army up to _____ 186 That while in the _____ day of _____ 186 (See Note No. 1)

She further swears that she has neither seen nor heard from her said husband since the war, and that to the best of her knowledge information and belief, he died of chronic diarrhoea contracted while in the Confederate service, or after being taken prisoner in December, 1864.

Deponent further swears that she was the wife of said deceased soldier during his term of service in the Army, and that she has never married since his death; that she became his wife on the 24 th day of April, 1858, and that she has resided in Georgia continuously since the 24th day of April, 1862; that Georgia is her home, and was such on the 23d day of December, 1860, and since said date she has not lived in any other State or locality. Deponent, as the widow of said deceased soldier husband, applies for the pension provided by Act of the General Assembly of Georgia, approved December 23d, 1860, for the pension-year ending February 15th, 1862, and herewith tenders the proof of her right to receive the allowance granted by said Act.

Sworn to and subscribed before me, this, the

5th day of February, 1864

W. L. Leachman
Ordinary.

Mary Ann Hesterly
Maid

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

Form No. 2.
 Certificate of Ordinary of the County of Applicant's Residence.
 For WIDOWS HEREIN ALLOWED PENSIONS.

STATE OF GEORGIA, County of Fulton

I, W. L. Talbot Ordinary in and for said County of

Fulton State of Georgia, hereby certify that I am acquainted with Mrs. Mary Ann Hesterly the applicant for a pension in this case, and

know from my own knowledge (or from positive proof presented to me by reputable witnesses) that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of John Hesterly deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1896.

In Witness Whereof, I have hereto set my hand and affixed the seal of my office, this the 1st day of Feb 1896.

{REAL} W. L. Talbot Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, _____ County.

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

In Witness Whereof, I have hereto set my hand and seal, this _____ day of _____ 1896.

{L. S.}

Executed in the presence of _____

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

STATE OF GEORGIA, County of Fulton

Ordinary in and for said County of

I, M. H. Hesterly Fulton State of Georgia, hereby certify that I am acquainted with Mrs. Mary Ann Hesterly the applicant for a pension in this case, and

know from my own knowledge (or from positive proof presented to me by reputable witnesses) that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of John Hesterly deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1896.

In Witness Whereof, I have hereto set my hand and affixed the seal of my office, this the 1st day of July 1897.

{REAL} M. H. Hesterly Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, _____ County.

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

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

{L. S.}

Executed in the presence of _____

Widow of John Hesterly County of Fulton
 PAID TO Mary Ann Hesterly
 FOR THE YEAR ENDING FEBRUARY 15th, 1896.
 No. 3302
 1896.
 FOR THE RECEIVING FROM
 WIDOW'S PENSION,
 PAID TO
 OF
 WIDOW OF John Hesterly County of Fulton
 WARRANT ISSUED
 AND PAID TO
Mary Ann Hesterly
 FOR THE YEAR ENDING FEBRUARY 15th, 1896.

Widow of John Hesterly County of Fulton
 PAID TO Mary Ann Hesterly
 FOR THE YEAR ENDING FEBRUARY 15th, 1897.
 No. 1068
 1897.
 FOR THE RECEIVING FROM
 WIDOW'S PENSION,
 PAID TO
 OF
 WIDOW OF John Hesterly County of Fulton
 WARRANT ISSUED
 AND PAID TO
Mary Ann Hesterly
 FOR THE YEAR ENDING FEBRUARY 15th, 1897.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Fulton

Personally Comes, Mrs.

Mary Ann Hesterly

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 24th April 1862 That she is the Widow of John Hesterly who was a Soldier in Company of the Georgia Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of September 1862 and served in the Army up to 186 That he lost his life on the day of 1864 (State here

full particulars of the husband's death, when, where and from what cause.) (The further swears that she has neither seen nor heard from her said husband since the war, and that to the best of her knowledge information and belief, he died of chronic diarrhoea contracted while in the Confederate service or after being taken prisoner in December, 1864.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1862, 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, 1890, and now apply for the pension provided by law for the year ending February 15th, 1896.

Sworn to and subscribed before me, this 5th day of July 1896.
Ordinary.

Mary Ann Hesterly
Post-office Milledgeville

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Fulton

Personally Comes Mrs.

Mary Ann Hesterly

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 24th April 1862 That she is the Widow of John Hesterly who was a Soldier in Company of the Georgia Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of September 1862 and served in the Army up to 186 That he lost his life on the day of 1864 (State here

full particulars of the husband's death, when, where and from what cause.) (The further swears that she has neither seen nor heard from her said husband since the war, and that to the best of her knowledge information and belief, he died of chronic diarrhoea contracted while in the Confederate service or after being taken prisoner in December, 1864.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1862, 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, 1890, and now apply for the pension provided by law for the year ending February 15th, 1897.

Sworn to and subscribed before me, this 5th day of July 1897.
Ordinary.

Mary Ann Hesterly
Post-office Milledgeville

POWER OF ATTORNEY.

State of Georgia.

County.

I, hereby authorize

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

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

day of, 1898.

[L. S.]

Executed in presence of

POWER OF ATTORNEY.

State of Georgia.

County.

I, hereby authorize

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

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

day of, 1899.

[L. S.]

Executed in presence of

Hesterly, Mary Ann
Fulton County
For 1898 Herefore Paid

1898.

NO. 2133

WIDOW'S PENSION,

For year ending February 15th, 1898.

PAID TO
Mrs. Mary Ann Hesterly

Fulton County

Widow of John Hesterly

RICHARD JOHNSON,

Commissioner of Pensions

WARRANT ISSUED

1898

AND PAID TO

Appt

W. W. JAMESON, STATE PRINTER, ATLANTA

Hesterly, Mary Ann
Fulton County

For These Herefore Paid.

1899.

NO. 816

WIDOW'S PENSION,

For year ending February 15th, 1899.

PAID TO
Mrs. Mary Ann Hesterly

Fulton County

Widow of John

RICHARD JOHNSON,

Commissioner of Pensions

WARRANT ISSUED

1899

AND PAID TO

Appt

W. W. JAMESON, STATE PRINTER, ATLANTA

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Fulton

Personally Comes Mrs.

Mary Ann Hesterly

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 24th April1882 That she is the Widow ofJohn Hesterly

who was a Soldier in Company

of the

Regiment of GeorgiaVolunteers, that he enlisted in said regiment on or about the month of September1863 and served in the Army up to1866

That he lost his

life on the

day of

18

(State here

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

Died of Chronic Diarrhea Contracted in the ArmyDeponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1863I have been allowed a pension as a resident of Fulton County for the year ending February 15th, 1897, and now apply for the pension provided by law for the year ending February 15th, 1898.

Sworn to and subscribed before me, this

day of January 1898.M. H. HulseyMary A. Hesterly

Post-Office

State of Georgia,

Fulton County,I, W. H. Hulsey

Ordinary of said County, certify that I am well acquainted

with Mrs. Mary Ann Hesterly who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 23rd day of Dec 1890Given under my official signature and seal this the 2nd day of Feb 1898.W. H. HulseyOrdinary of Fulton County.

Official Seal.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of FULTON

Personally Comes Mrs.

Mary Ann Hesterly

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 24th April1882 That she is the Widow ofJohn Hesterly

who was a soldier in Company

of the

Regiment of GAVolunteers, that he enlisted in said regiment on or about the month of September1863 and served in the Army up to1866

That he lost his

life on the

day of

18

(State here

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

Died of Chronic Diarrhea Contracted in the ArmyDeponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1863I have been allowed a pension as a resident of FULTON County for the year ending February 15th, 1898, and now apply for the pension provided by law for the year ending February 15th, 1899.

Sworn to and subscribed before me, this

day of July 1899.M. H. HulseyMary Ann Hesterly

Post-Office

State of Georgia,

FULTON County,I, W. H. HULSEY

Ordinary of said County, certify that I am well acquainted

with Mrs. Mary Ann Hesterly who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 23rd day of Dec 1890Given under my official signature and seal this the 1 day of July 1899.M. H. HulseyOrdinary of FULTON County.

Official Seal.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize

of

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

at

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

day of _____ 1900.

[L. S.]

Executed in presence of

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize

of

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

at

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

day of _____ 1901.

[L. S.]

Executed in presence of

1900.

NO. 1556

WIDOW'S PENSION,

For year ending February 1st, 1900.

PAID TO

Mrs. Mary A. Hesterly

or

Hesterly County,

Widow of

JNO. W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

Feb 15 1900.

AND REMITTED TO

[Signature]

By _____

1901.

No. 264

WIDOW'S PENSION,

For year ending February 1st, 1901.

Mrs. Mary A. Hesterly

or

Hesterly County,

Widow of

JNO. W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

Feb 17 1901.

AND REMITTED TO

[Signature]

By _____

STATE OF GEORGIA

FOR WIDOWS HEREON ALLOWED PENSIONS

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Fulton

Personally Comes Mrs.

Mary Ann Hesterly

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 24th April 1892. That she is the Widow of John Hesterly who was a soldier in Company 44 of the 1st Regiment of Volunteers, that he enlisted in said regiment on or about the month of September 1862 and served in the Army up to 1865. That he lost his life on the 15th day of July 1865. (State here particulars of the husband's death, when, where and from what cause)

Died of chronic diabetes contracted while in army

Deposent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1858

I have been allowed a pension as a resident of Fulton County for the year ending February 15th, 1899, and now apply for the pension provided by law for the year ending February 15th, 1900.

Sworn to and subscribed before me, this

15 day of Aug 1900

M. H. Hesterly

Post Office

State of Georgia,

County of Fulton

Ordinary of said County, certify that I am well acquainted

with Mrs. Mary Ann Hesterly who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 24th day of April 1892

Given under my official signature and seal, this 15th day of Aug 1900.



Ordinary of Fulton County.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Fulton

Personally Comes Mrs.

Mary Ann Hesterly

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 24th April 1892. That she is the Widow of John Hesterly who was a soldier in Company 44 of the 1st Regiment of Volunteers, that he enlisted in said regiment on or about the month of Sept 1862 and served in the Army up to 1865. That he lost his life on the 15th day of July 1865. (State here particulars of the husband's death, when, where and from what cause)

Died of Chronic Diabetes Contracted while in army

Deposent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1858

I have been allowed a pension as a resident of Fulton County for the year ending February 15th, 1899, and now apply for the pension provided by law for the year ending February 15th, 1901.

Sworn to and subscribed before me, this

15th day of Aug 1901.

M. H. Hesterly

Post Office

State of Georgia,

County of Fulton

Ordinary of said County, certify that I am well acquainted

with Mrs. Mary Ann Hesterly who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 24th day of April 1892

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



Ordinary of Fulton County.

LOWEN OF VILLOVIEL

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, _____, hereby authorize

of

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

at

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

day of _____ 1902.

[L. S.]

Executed in presence of

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, _____, hereby authorize

of

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

at

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

day of _____ 1903.

[L. S.]

Executed in presence of

Hesterly Mary to Fulton Co.

To Those Heretofore Paid.

1902.

No. 97

WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO

Mrs. M. A. Hesterly

of *Fulton* County,

Widow of *J. Hesterly*

Co. *Regiment*

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

1902

AND PAID TO

Mrs. M. A. Hesterly

Hesterly Mary to Fulton Co.

To Those Heretofore Paid.

1903.

No. 131

WIDOW'S PENSION,

For year ending Dec. 31, 1903.

PAID TO

Mrs. M. A. Hesterly

of *Fulton* County,

Widow of *J. Hesterly*

Co. *Regiment*

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

1903

AND PAID TO

Mrs. M. A. Hesterly

FOR WIDOWS HERETOFORE ALLOWED PENSIONS

FOR WIDOWS HERETOFORE ALLOWED PENSIONS

For Widows Heretofore Allowed Pensions.

Form No. 1.

STATE OF GEORGIA.

County of **Fulton**.

PERSONALLY COMES MRS.

M A Kerstely

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 **24th April 1892**. That she is the Widow of **J Kerstely** who was a soldier in Company **4th** of the **Regiment of** **Sept** Volunteers, that he enlisted in said regiment on or about the month of **1893**, and served in the Army up to **1893**. That he lost his life on the **day of** **1893**. (State here particulars of the husband's death, when, where and from what cause.)

Died of Chronic Diarrhea contracted in the Army

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year **1890**.

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

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

Mrs. M. A. Kerstely
Post-Office **223 E. 11th St.**
Atlanta Ga.

State of Georgia,

Fulton County.

I, **John R. Wilkinson**, Ordinary of said County, certify that I am well acquainted with Mrs. **M A Kerstely**, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the **23rd** day of **Dec** **1890**.

Given under my official signature and seal, this the **JAN 13 1902** 1902.

Official Seal.

John R. Wilkinson
Ordinary of **Fulton** County.

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

For Widows Heretofore Allowed Pensions.

Form No. 1.

STATE OF GEORGIA.

County of **Fulton**.

PERSONALLY COMES MRS.

M A Kerstely

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 **24th Apr. 1892**. That she is the Widow of **J Kerstely** who was a soldier in Company **4th** of the **Regiment of** **Sept** Volunteers, that he enlisted in said regiment on or about the month of **1893**, and served in the Army up to **1893**. That he lost his life on the **day of** **1893**. (State here particulars of the husband's death, when, where and from what cause.)

Died of Chronic Diarrhea contracted in the Army

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year **1890**.

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

Sworn to and subscribed before me, this **JAN 22 1903** 1903.

M A Kerstely
Post-Office **man**

State of Georgia,

Fulton County.

I, **John R. Wilkinson**, Ordinary of said County, certify that I am well acquainted with Mrs. **M A Kerstely**, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the **24** day of **Apr** **1892**.

Given under my official signature and seal, this the **JAN 22 1903** 1903.

Official Seal.

John R. Wilkinson
Ordinary of _____ County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I, _____ hereby authorize

of

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

at

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

day of _____ 1904.

[L. S.]

Witnessed 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

at

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

day of _____ 1905.

[L. S.]

Executed in presence of

Hesterly, Mary A.
Fulton County
TO THOSE HERETOFORE PAID.

1904.

No. 93

WIDOW'S PENSION

FOR

YEAR ENDING DECEMBER 31, 1904.

PAID TO

Mrs. M. A. Hesterly

Fulton Co.

County.

Where of

On

John W. Lindsey,

Commissioner of Pensions.

WARRANT ISSUED

1/23 1904.

AND REMITTED TO

9/6

See W. Lindsey, State Printer, Atlanta.

Hesterly, Mary A.
Fulton County
TO THOSE HERETOFORE PAID.

1905.

No. 133

WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO

Mrs. Mary A. Hesterly

OF

Fulton Co.

County.

Where of

On

John W. Lindsey,

Commissioner of Pensions.

WARRANT ISSUED

1/23 1905.

AND REMITTED TO

9/6

See W. Lindsey, State Printer, Atlanta.

STATE OF GEORGIA
FOR WIDOWS HERETOFORE ALLOWED PENSIONS

STATE OF GEORGIA
FOR WIDOWS HERETOFORE ALLOWED PENSIONS

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of Fulton.

PERSONALLY COMES Mrs.

Mrs. A. Hesterly

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 March 1832 That she is the Widow of

J. Hesterly

who was a soldier in Company

of the

Regiment of Art

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

186 3 and served in the Army up to 186 5 That he lost his

life on the day of 18 65 (State here

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

Died of Chronic Diarrhoea
contracted in the Army

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18 50

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

Sworn to and subscribed before me,

day of JAN 22 1904

Ordinary

Mrs. A. Hesterly

Post Office

State of Georgia,

Fulton, County

J. R. Wilkinson, Ordinary of said County, certify that I am well

acquainted with Mrs. Mrs. A. Hesterly, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 24

day of Apr 18 32

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

J. R. Wilkinson

Ordinary of

FULTON, County.

NOTE—All blank spaces must be filled.

Voucher and Affidavit must bear date after January 1st, 1904.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Fulton.

PERSONALLY COMES Mrs.

Mrs. A. Hesterly

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 all her life That she is the Widow of

John Hesterly

who was a soldier in Company

of the

Regiment of

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

186 5, and served in the Army up to 186 5 That he lost his

life on the day of 18 65 (State here

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

Taken prisoner and disappeared 1864

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

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

Sworn to and subscribed before me,

this day of JAN 2 1905-1906.

John R. Wilkinson Ordinary.

Post-Office

Mrs. A. Hesterly
Mark Ottaviano

State of Georgia,

Fulton, County

J. R. Wilkinson, Ordinary of said County, certify that I am well

acquainted with Mrs. Mrs. A. Hesterly, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the all her life

day of — 18 —

Given under my official signature and seal, this day of JAN 2 1905-1906.

Official Seal

J. R. Wilkinson

Ordinary of

FULTON, County.

NOTE—All blank spaces must be filled.

Voucher and Affidavit must bear date after January 1st, 1904.

BOARD OF VETERANS

POWER OF ATTORNEY.

STATE OF GEORGIA,

District COUNTY, }
 I, Mary A. Hesterly, hereby authorize
Mr. Sarah Burkhead to receive and receipt for the pension paid hereon, and request that he remit same to
 at _____

In Witness Whereof, I have hereunto set my hand and seal, this 20
 day of Jan, 1908.
Mary A. Hesterly [L. S.]

Executed in presence of
James Hastings

POWER OF ATTORNEY.

STATE OF GEORGIA,

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

In Witness Whereof, I have hereunto set my hand and seal, this _____
 day of _____, 1907.
 _____ [L. S.]

Executed in presence of

Hesterly, Mary A.
Fulton County
 To These Hereunto Paid.

1908.

WIDOW'S PENSION

For year ending Dec. 31, 1908.

PAID TO
Mary A. Hesterly
 OF

Fulton County
 Widow of John W. Lindsey
 Co. _____ Regiment

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

Dec. 31, 1908.

AND REMITTED TO

Sam'l R. Boyd

Hesterly, Mary A.
Fulton County
 To These Hereunto Paid.

1907.

No. 393

WIDOW'S PENSION

For Year ending Dec. 31, 1907.

PAID TO
Mary A. Hesterly
 OF

Fulton County
 Widow of John W. Lindsey
 Co. _____ Regiment

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

Dec. 31, 1907.

AND REMITTED TO

Sam'l R. Boyd

FOR WIDOWS HEREONTO ALLOWED PENSIONS.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Fulton.

PERSONALLY COMES MRS.

Mary A. Westerly

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 all her life. That she is the Widow of John Westerly, who was a soldier in Company of the recalled gives Regiment of Volunteers, that he enlisted in said regiment on or about the month of 186 and served in the Army up to 186. That he lost his life on the day of 18. (State here particulars of the husband's death, when, where and from what cause.)

taken prisoner and disappeared in 1864

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

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

Sworn to and subscribed before me
day of JAN 1 1906.

John R. Williamson, Ordinary.

Post Office

State of Georgia,
Fulton County.

Ordinary of said County, certify that I am well acquainted with Mrs. Mary A. Westerly, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of 18.

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

Official Seal

John R. Williamson, Ordinary of Fulton County.

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

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Fulton.

PERSONALLY COMES MRS.

Mary A. Westerly

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 1864. That she is the Widow of John Westerly, who was a soldier in Company of the recalled gives Regiment of Volunteers, that he enlisted in said regiment on or about the month of 186, and served in the Army up to 1864. That he lost his life on the day of 18. (State here particulars of the husband's death, when, where and from what cause.)

taken prisoner & disappeared 1864

No record given

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1864.

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

Sworn to and subscribed before me

this day of JAN 2 1907.

John R. Williamson, Ordinary.

Post Office

State of Georgia,
Fulton County.

Ordinary of said County, certify that I am well acquainted with Mrs. Mary A. Westerly, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of 18.

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

Official Seal

John R. Williamson, Ordinary of Fulton County.

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

State of Georgia - Fulton County,
Personally appeared before the undersigned
Ordinary of said County, William
R. Hunt, a resident thereof, and
having been duly sworn, avers his
statement made in the case of
Mary Kerley, an applicant for a
Widow's Pension, and more explicitly
says that he was well acquainted
with John Kerley, who was her husband
before and during the late war, and
that he was a true Southern man and
a faithful Confederate Soldier; that
Witness saw him for the last time in
a Confederate Hospital in Savannah
Georgia and he was so ill with
chronic Decadence that Witness regarded
him as a dying man - he could
scarcely speak to Witness and
had to be carried up by the nurse
& told Witness that he was a dying
man & when told that the enemy
would soon reach Savannah and
that he must get in an Ambulance
and come away said that he was
too weak to be moved. Witness says
that he had every appearance of a
dying man and had no strength or
power, mentally or physically, to help
himself or determine what he should
do, and he states emphatically that he
has no doubt that he died and that
if he was ever able to be carried to the

Georgia. Fulton County,
Personally appeared before the
undersigned Francis Kimbro and
avows his affidavit made in
the matter of the application of
Mary Ann Kerley, as follows:
He reiterates that said John
Kerley was a soldier in the
Confederate Army & that he was
sick and in the same Hospital
at Savannah with him. Witness
at that time knew the Company
and Regiment to which he belonged
but cannot at this late date
remember them. Said John Kerley
did not take the oath of
allegiance to the U.S. Government;
but was very ill and could
not, even if allowed to do so,
come back through the country
to Fulton County & he accepted
the said Compensation to New
York hoping to reach his family
in Nashville. Witness is quite
just that he never lived to
reach New York City; that he
helped to hold him up to get
on the Boat - his family lived
in Milledgeville County, Georgia.
Savannah and ^{Franklin} ^{Kimbro}
undersigned before
Sept 13 1874

W. L. Calhoun Ordinary

it was done without his permission, as
he was true to the South and faithful
to his dear wife with whom he
lived happily. Witness states further
that since John Hesterly has never
returned home and that Atlanta
was his home & that while witness
was well acquainted with him and
his wife and friends and has
frequently talked with them about
him nothing has ever been heard
from or about him, and he re-
members the statement, about
his death given in the Confederal
Army of General Sherman's list
of his knowledge and belief.

Given under oath

17th 1894

H. L. Calkins,

(swearing)

William H. Kent
Mar 16

Georgia - Fulton County.
Personally appeared before
the undersigned D. M. T. Shad-
ler, of said County, and on
oath said that he knew
John Hesterly, before the late
Civil war & while he,
said Hesterly, was residing
in Atlanta, Georgia, and that
the last time he saw him
was in Savannah, Georgia,
in December 1864, or
about that time, and that
he was dressed in part of
a Confederal Uniform &
had on a grey Confederal
coat - he appeared to
have been sick and was
very thin. Witness does
not know what became
of him - he disappeared
has never returned to Atlanta
and to the best of his knowl-
edge nothing has been heard
of him since the war -

Witness: has not seen or heard
of him since the war &
has seen no other person
that has. Witness resides in Atlanta
Georgia & Suburban

Before me. Feb

1st 1895.

T. M. J. M. L. L. L.

W. L. L. L. L.

Oswego

Georgia - Fulton County.

Personally appeared Silas B. Kent,
of Atlanta, Georgia, and being sworn
says that he was well acquainted
with John Hesterly, when said Hesterly
lived in Atlanta, prior to the war,
and, also, with his family; that
Witness went off with the 7th Regt
and returned to Atlanta at the close
of the war; and seeing Hesterly
was not with his family when
Witness returned and has never been
with them since; that Witness
has never heard of him since
the war and is positive and
believes that he has never seen or
heard of by any one and that
his wife has always told him
that said John Hesterly went off
in the Confederate Army and
has never returned or been heard
of and has heard that same thing
from others. Witness further says
that John Hesterly was very fond
of his wife and children and
thinks that, if in life, he would have
returned to them. Silas B. Kent
Subscribed and sworn to before me. Feb 1st 1895. W. L. L. L. L.

in the Confederate Army and
has never returned or been heard
of and has found the same thing
from others. Witness further says
that John Hensley was very fond
of his wife and children and
thinks that, if he knew, he would have
returned to them. ^{He} ~~Witness~~ ^{thinks} B. F. Kent
before on Feb 1st 1876, W. C. Walker, Albany

Hewett, Ella M. (Mrs)
Approved Fulton Co 99.50

Widow's Application

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

County Tulston
Name Miss Ella M. Hewett
Widow of James H. Hewett
Date of Marriage Mar 18 18 73
Company B.
Regiment 2d Co. Art.
Approved R. de T. Lawrence
Pension Commissioner

And notified

R. deT. Lawrence
Commissioner of Pensions

4-24-80E

Ordinary's Certificate.

STATE OF GEORGIA.

COUNTY

Two H-Q offices

Ordinary of said County, do certify

that I have known Steven Howard the applicant for position, that he is the person who represents himself to be, and that she has been, continuously, a bona fide resident of said State since January 1st, 1980, that she is single the wife of no one to the best of my knowledge, that she is not a member of said County and was duly sworn by me before signing the foregoing affidavit, and that she is not entitled and lawfully is not and is not entitled to full faith and credit.

(SEAL OF ORDINARY)

21 day 2 30
Ordinary.

Instructions:

- Before any questions are answered, the Ordinary shall swear applicant and the witness in the following manner: "I, the Ordinary, do hereby swear that you will answer every one of the questions asked you and the witnesses present, and you will not answer any question which is not asked you and the witnesses present, and you will not answer any question which is not asked you and the witnesses present, and you will not answer any question which is not asked you and the witnesses present."

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

STATE OF GEORGIA.

Fulton COUNTY

1. What is your name, and where do you reside? (Give Post Office and County) _____
Mrs. Ella M. Hewett, 305 E. North Main St. College Park, Fulton Co., Ga.

8. How long and since when have you been, continuously, a bona fide resident citizen of the State of Georgia? All my life

8. When, where and to whom were you married? 18th day of March, 1873, Savannah,
Chatham Co., Ga. Isaac Northrop Hewett

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

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

Enlisted Jan. 25, 1862, Ft. Fisher, N. C., Co. B, 2nd Regt. N. Car.
Art. Capt. Daniel Munn

5. When and where did the commands of your husband surrender or discharge from the Service? Discharged Feb. 5, 1863, at Ft. Fisher, N.C. on Surgeons Cert. of disability on a/c double hernia

6. Was your husband personally present with his command when it was surrendered or discharged?

Physically unable to go back

7. If he was not present, state specifically and clearly where he was? - see above

8. When did he leave the Command? Feb. 5, 1863

a. For what cause did he leave? See a 5.

b. By whose authority did he leave? Capt. Daniel Munn

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

on account of double hernia

e. What was his physical condition when he left his command? alright except double hernia

f. What effort did he make to return to his Command? nothing

g. In what way was he prevented from going back to Cominard? See above

h. Was he captured by the enemy at any time? **Not to my knowledge**

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

j. When and where did your first husband die? Mar. 7, 1868, Chatham Co., Ga.

k. Were you residing together when he died?.....Yes

i. If not, how long had you resided apart?

m. Are you now a widow? Yes

9. Have you or your husband heretofore been

If so, when and for what cause were you or your husband placed on the roll? 6

Sworn to and subscribed before me, this the _____ day of _____, 20____.

21st day of April 1930.

James R. Usarbit, Ordinary
of Fulton County
(SEAL OF ORDINARY)

(SEAL OF ORDINARY

STATE OF GEORGIA

Fulton COUNTY

I, Thos H. Jeffries, Ordinary of said County, do certify that I know Ellen M. Hewitt 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, 1980. that I know

the witness who serves in the service of husband, that both of ~~them~~^{she is} now residents of said County and were duly sworn by me before signing the foregoing affidavit, and that ~~they are~~^{she is} truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and official seal of office, this 21 day of April 1930
(SEAL OF ORDINARY) _____ Ordinary

(SEAL OF ORDINARY)

Instructions:

- Before any questions are answered the Ordinary shall swear solemnly and the witnesses in the following words: "You are solemnly sworn that you will true answers make to each of the questions asked you and the evidence you shall give will be the whole truth, to help you God."
- Each of the following affidavits may be attached if the facts are insufficient.
1. Only witnesses who married prior to January 1st, 1961, are entitled.
2. An affidavit by both parties is required.
3. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be attested by both parties.
4. Attach certified copies of marriage license if obtainable. If not, prove marriage by any person or by general reputation.
5. Fill out the back of the application carefully.
6. Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to fill out.

1. Before any questions are answered to 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 witnesses who married prior to January 1st, 1900, 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.

21st day of April 1930, 1930
Ordinary
 of Fulton County.
 (SEAL OF ORDINARY)

Mrs. Ella M. Hewett

FILED
 DEC 18 1934
 VETERAN SERVICE OFFICE
 A. L. HENSON, CLERK

TO PAY-
 1930. \$ 87
 Cig. & C. Tax. 60
TOTAL - 147

Hewett, Ella M.
 For Fulton County

**Application for
 Expenses of Last
 Illness and Funeral**
 (UNDER ACT OF 1919)

Wm. H. Jeffries Ordinary
 For: *Ella M. Hewett*
 (Name of Person)

Date of Death: *Nov. 21, 1934*
 Amount: *60 + 87 = 147*

PAID TO ORDINARY ON THIS CLAIM		
DATE	FUND FROM WHICH PAID	AMOUNT
1934	Ord	60.00
1935	Ord	87.00
1936	Ord	87.00
1937	Ord	87.00
1938	Ord	87.00
1939	Ord	87.00
1940	Ord	87.00
1941	Ord	87.00
1942	Ord	87.00
1943	Ord	87.00
1944	Ord	87.00
1945	Ord	87.00
1946	Ord	87.00
1947	Ord	87.00
1948	Ord	87.00
1949	Ord	87.00
1950	Ord	87.00
1951	Ord	87.00
1952	Ord	87.00
1953	Ord	87.00
1954	Ord	87.00
1955	Ord	87.00
1956	Ord	87.00
1957	Ord	87.00
1958	Ord	87.00
1959	Ord	87.00
1960	Ord	87.00
1961	Ord	87.00
1962	Ord	87.00
1963	Ord	87.00
1964	Ord	87.00
1965	Ord	87.00
1966	Ord	87.00
1967	Ord	87.00
1968	Ord	87.00
1969	Ord	87.00
1970	Ord	87.00
1971	Ord	87.00
1972	Ord	87.00
1973	Ord	87.00
1974	Ord	87.00
1975	Ord	87.00
1976	Ord	87.00
1977	Ord	87.00
1978	Ord	87.00
1979	Ord	87.00
1980	Ord	87.00
1981	Ord	87.00
1982	Ord	87.00
1983	Ord	87.00
1984	Ord	87.00
1985	Ord	87.00
1986	Ord	87.00
1987	Ord	87.00
1988	Ord	87.00
1989	Ord	87.00
1990	Ord	87.00
1991	Ord	87.00
1992	Ord	87.00
1993	Ord	87.00
1994	Ord	87.00
1995	Ord	87.00
1996	Ord	87.00
1997	Ord	87.00
1998	Ord	87.00
1999	Ord	87.00
2000	Ord	87.00
TOTAL		1740.00

TO PAY-
1830. 557
C. & C. Inc. 06.
TOTAL 147

Hewett, Ella M. *Ordinary*
For Fulton County

Application for Expenses of Last Illness and Funeral

(UNDER ACT OF 1919)

Thomas H. Jeffries, Ordinary
For: Ella M. Hewett
(Name of Beneficiary)

Date of Death: May 21, 1934

Amount: \$ 60.57

NO TO ORDINARY ON THIS CLAIM	
full	FUND FROM WHICH PAID
via	<u>cash</u>
the	<u>60.57</u>
you	<u>57.00</u>
AR 14	<u>3.57</u>
you	
per	
or at	
Office	<u>57.00</u>
	TOTAL <u>60.57</u>

Approved, and ordered paid,

Director, Bureau of Service Offices.

MAR 14 1935

WAR DEPARTMENT

THE ADJUTANT GENERAL'S OFFICE

WASHINGTON April 2, 1935.

The records show that Isaac Hewitt, not found as Isaac Northrop Hewitt, private, Capt. Mann's Company B, 2nd Regiment North Carolina Artillery, (36 State Troops), Confederate States Army, enlisted January 28, 1862, also shown as Aaron St. 1862, at Fort Fisher, North Carolina, for three years, age 22 years. Other records show that he was admitted to U.S.A. General Military Hospital # 4, Wilmington, North Carolina, on August 11, 1862, and was returned to duty August 20, 1862. Post Office, Pine Green; complaint, rheu. autous. His name is borne on a Return of the organization named above for the month of May, 1862, at Post of Fort Fisher, North Carolina, as sick in hospital at Wilmington. He was discharged February 8, 1863, at Fort Fisher, on Surgeon's Certificate of disability, on account of double hernia. He was born in Onslow County, North Carolina; height, 5 ft 10 in; complexion, dark; eyes, blue; hair, black; and age, 27 years.

Captain Cass and Captain Johnson have not been identified.

Captain Daniel Mann was Captain of Company B, 2nd Regiment North Carolina Artillery, (36 State Troops), U.S.A.

J. Bridges
Adj. General,
The Adjutant General.

Received of Thomas H. Jeffries, Ordinary, \$ 60.00
to apply on account of Ella M. Hewett
I certify that this account has not been paid and is now owing to me.
This 5 day of March, 1935.

Received of Thomas H. Jeffries, Ordinary, \$ 147
for the account of Ella M. Hewett. This amount
has not previously been paid and is now owing to me.
March 14, 1935.

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 W. E. Hazard for
J. Austin Dillon, of said County, who, after being duly sworn, on oath says
that he knew Ella M. Hewett 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 money~~ and NO ESTATE of
ANY KIND OR VALUE sufficient to pay the expenses of last illness and funeral, which amounted
to the sum of \$ 205.00, as shown by sworn statements FULLY and COMPLETELY
ITEMIZED, hereto attached.

Sworn to and subscribed before me,
this the 12 day of Dec, 1934.
A. B. Bennett, Ordinary.

W. E. Hazard
for J. Austin Dillon Co

CERTIFICATE OF THE ORDINARY

GEORGIA, Fulton County.

I certify that W. E. Hazard 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 Ella M. Hewett 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 12 day of Dec, 1934.
(Seal of Ordinary) Thos. D. Harris, Ordinary.

INSTRUCTIONS.

- 1st. Certified copy of Burial Certificate must accompany this application.
- 2nd. Recipients these 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 owing 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 thereto in this blank, after this blank has been properly completed and signed as indicated.
- 5th. The completed voucher—this blank and the bill—must be sent to the Veterans Service Office for approval and no money shall be paid out until it is returned to you as proper 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 filled, 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 bill and obtained a receipt for each payment, return the voucher, with bill and receipt, to be immediately filed in the Veterans Service Office.
- 9th. The State does not guarantee the payment of these accounts, in the event a soldier pensioner is entitled to a widow, say if the pensioner left any estate of any kind or value sufficient to pay them, but if the pensioner had been entitled to the State of Georgia for more than twelve (12) months immediately preceding date of death.

ATLANTA, GA. Dec, 11 1934.

For Funeral Expenses of Mrs. Ella Margaret Hewett

J. AUSTIN DILLON COMPANY
FUNERAL DIRECTORS
308 PRYOR STREET, S. W.

PHONES (MAIN 2200
MAIN 2201)

PRIVATE AMBULANCE

Nov. 11 1934.

Casket & Box.
Embalming & Services.
Funeral Notices.
Hearse.

\$ 205.00

Georgia.
Fulton County.

Personally appeared before me J. Austin Dillon
who after being sworn says the above account is just
true and paid. And was for the funeral expenses of Mrs.
Ella Margaret Hewett. And was paid by Mr. W. E. Hazard.

J. Austin Dillon

A. B. Bennett



HENRY MUALPIN,
Judge of the Court of Ordinary,
MARGARET MURPHY,
Clerk of the Court of Ordinary.

STATE OF GEORGIA
CHATHAM COUNTY
Office of Ordinary

Savannah, Ga. April 10th, 1930.

Mr. W. W. Hewett, Sr.,
1810 Walton Way,
Augusta, Ga.

Dear Sir:-

Replying to your letter of April 9th, I am enclosing you a certificate as to the marriage record of file in this office of Isaac N. Hewett and Ella M. Rahn. The records of marriages were not exact copies up to 1876, and this is the only record that is in this office.

Enclosed you will find our bill of costs for \$1.00.

Very truly yours,

Margaret Murphy
Clerk Court Ordinary, C. Co. Ga.
per Roy Bunn

L
Encl.

ORDINARY OF RICHMOND COUNTY
OSWELL R. EVE, ORDINARY

AUGUSTA, GA. April 14. 1930.

Mr. W. W. Hewitt.
S.O.A.R.R. Freight Claim Office.
Augusta, Ga..

Dear Mr. Hewitt:-

In connection with the proposed application of your mother, as the widow of the late Mr. Isaac Northrop Hewitt, a Confederate soldier, for a pension, I am enclosing a statement from the Adjutant General of the War Department in Washington relative to your father's record as a Confederate soldier. This statement was received by me from the Pension Bureau of the State of North Carolina in reply to an inquiry in regard to your father's record.

I understand that your mother can make application for a pension from Fulton County, Georgia, where she resides. I trust that this information will be sufficient for the Department to grant your mother the pension.

Wishing her success in connection with her application, and with personal regards, I beg to remain,

Yours very truly,

Oswell R. Eve
Ordinary.

State of Georgia,
Chatham County,
Ordinary's Office

A. S.

I, MARGARET MURPHY, Clerk of the Court of Ordinary, Chatham County, State of Georgia, do hereby certify:

That I have examined the marriage records of file in this office, and find therein the following record:

Marriage License issued to Isaac N. Hewett and Ella M. Rahn on March 13th, 1873, and that said marriage ceremony was performed on March 18th, 1873 by George Q.N. MacDonald, M.G.

I do further certify that the records of marriages were not exact copies up to 1876, and this is the only record that is in this office; as appears reference being had to record book of marriage licenses May 8th, 1866 to June 3rd, 1873 of file in this office.

In Witness Whereof, I have hereto set my official signature and affixed the seal of the Court of Ordinary at the City of Savannah, County and State aforesaid, the 10th----- day of April
6
in the year of our Lord one thousand nine hundred and thirty.



Margaret Murphy
Clerk of the Court of Ordinary, Chatham County, Ga.

wishing her success in connection with her application, and with personal regards, I beg to remain,

Yours very truly,

Amel Rm.
Ordinary.

2/1



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

Registered No. 5051

1. PLACE OF DEATH
County DeKalb, Within District (Number and Name) _____ State of Georgia
City or Town Atlanta Length of residence in this city or town: Yrs. _____ Mos. _____ NON-RESIDENT (Yes or No).
Street and Number (No. _____) (Street _____) (Room _____) (If death occurred in a hospital, give its name instead of street and number)
2. FULL NAME Mrs. Ella Margaret Hewett,
338 Moll Ave.,
Residence (City or Town _____) (Street and Number _____) (State _____)

PERSONAL AND STATISTICAL PARTICULARS
3. SEX Female 4. COLOR OF SKIN White 5. MARRIAGE STATUS Widow
6. DATE OF BIRTH (Month, day, year) May 16th
7. AGE 51 Months _____ Days _____ If less than one day _____
8. OCCUPATION (a) Trade, occupation or particular kind of work done, or profession, service, handicraft, etc. Domestic
(b) Industry or business in which work was done, or profession, service, handicraft, etc. _____
(c) Date deceased last worked at this occupation (month and year) _____ (d) Total years spent in this occupation _____

9. BIRTHPLACE Ga.
(P. O. Address) _____

10. NAME William Rahn
11. BIRTHPLACE Ga.
(P. O. Address) _____

12. MAIDEN NAME Not obtainable
13. BIRTHPLACE _____
(P. O. Address) _____

14. INFORMANT (Name) C. S. Allen
(Address) 338 Moll Ave.
(Occupation) Attends, Ga.

15. BIRTHPLACE Atlanta, Ga.
(Date) 11/25/54

16. BIRTHPLACE Atlanta, Ga.
(Name) J. Allen Dillon Co.
(Address) Atlanta, Ga.

MEDICAL CERTIFICATE OF DEATH
18. DATE OF DEATH 11/21/54 10:30P
(Month, Day, Year) (Hour) (Min)
19. I HEREBY CERTIFY That I attended the deceased from _____
I last saw _____ after _____ death is said to have occurred on the date and hour stated above.
The principal cause of death and related causes of importance in the order of onset and duration of each:
(Heart attack)
Angina pectoris.
Other contributory causes of importance:
Age & mitral insufficiency
What test confirmed diagnosis? History, termination.
(Specify whether autopsy, operation, laboratory, or official)
If death was due to external cause (violence) fill in also the following:
Was injury an accident, suicide, or homicide?
Where did injury occur? _____
(Specify city or town, if outside of State, the county, and also the street)
Did injury occur in a home, public place or industry?
Manner of injury _____
Nature of injury _____
(Signed) P. L. Moon M. D.
1016 Atl. Nat. Bk. Bldg.
(Address) 11/22/54
19. FILM L. Hunter
(Signed) _____

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

Atlanta, Ga. 12/12/54

GEORGIA
FULTON COUNTY.

I hereby certify that the foregoing is a true and correct copy of the record of death Number 5051
of the series of 1954 for Mrs. Ella Margaret Hewett
as appears on file in the office of the Registrar of Vital Statistics of the City of Atlanta.

(Signed)

L. Hunter

SEAL

LOCAL REGISTRAR

as appears on file in the office of the Registrar of Vital Statistics of the City of Atlanta.

(Signed)

L. Hunter

LOCAL REGISTRAR

SEAL



Private June 22,
1861. Wounded & of
Edward Sharpsburg, Md.
Sept. 17, 1862. Paroled
to St. Matthews, Md. and
sent by Father's money
for, for exchange, Dec
13, 1862. Exchanged, taken
Landings, Dec. 10,
1862.

(H.R.)

THE CONFEDERATE
FALLING LEAF 1914

See to Kael

Confederate
Soldier's Application.

✓ UNDER ACT 1810.

✓ Hamilton
James M. Hamilton

18 E 42 6 ft 10 in

J. W. LINDSEY

10/1/1914

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA.

Fuller County.

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

1. What is your name and where do you reside? (Give County and Post-office).
James H. Henderson, Fuller County, Ga. Atlanta Ga
2. How long and since when have you been a continuous resident citizen of this State?
66 years since 1844
3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865?
Army of the Confederate States
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service).
1861, Carroll County Ga Co-5 1862 in Reg-Inf
5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge).
1862 till 1864
6. When and where was your Company and Regiment surrendered or discharged from the Service?
April 26th 1865 Sumter Ga
7. Were you actually present with your Command when it was surrendered or discharged?
No
8. If you were not actually present, state specifically and clearly where you were.
He was detailed for service, and was detailed to the 1st
9. Where was your Command when you left it?
He was wounded at the battle of Vicksburg, Miss
10. When did you leave the Command?
1862 and 20th Dec 1862
11. For what cause did you leave?
Wounded at battle of Vicksburg, Miss
12. By whose authority did you leave?
He was wounded
13. For how long was your leave granted? In what way?
He was wounded, that was confirmed, and was
14. When did you return to your Command after leave expired?
He was not returned to your Command after leave expired, but was released on duty
15. In what way were you prevented?
Wounded
16. What effort did you make to return?
None
17. Were you captured during the war?
No
18. If so, when, and where? In what prison were you held, and when were you released?
No
19. What property of any 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
20. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov. 1908? To whom and for what price?
Nothing
21. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemized list).
None or property
22. What annual or monthly income or earnings of yourself and wife and the source derived have you?
Nothing except from daily labor
23. Are you drawing a pension of any amount from this State or the United States?
No
24. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed?
No

Sworn to and subscribed before me, this the 10th day of April 1910

John W. Henderson
Ordinary

J. H. Henderson
County.

Confederate

Soldier's Application.

UNDER ACT 1910.

James H. Henderson
Carroll County, Ga.
1861
1862
1864

10/3/1914

QUESTIONS FOR WITNESS AS TO SERVICE

STATE OF GEORGIA

Lowell Cobb County.

W. E. Buckner

of said State and County is hereby presented as a witness in support of the application of James M. Hewitt the position provided by the Act of 1910, in said State, and after being sworn true answers to make the questions propounded answers as follows:

1. What is your name and where do you reside? W. E. Buckner, Cobb County, Ga.

2. How long and since when have you known J. M. Hewitt the applicant? 60 years, since 1848

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. since 1848. I know him since he was born in 1848.

4. When, where and in what Company and Regiment did James M. Hewitt enlist during war from 1861 to 1865? (Give date and place) 1861. Carroll County, Ga. Co. 13th Reg.

5. How did you obtain your information of this Service? I was with him in same Company & Reg.

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) About 3 years from 1861-1865

7. When and where was his Command surrendered or discharged (give date and place) April 1865. Burnsville, N.C.

8. Were you personally present at the Surrender? Yes

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

10. Was the applicant personally present with his Command at surrender? No

11. If not where was he and how came him there? He was at home suffering from wounds received at battle

12. When did he leave his Command? He left his Command when he left it. When he left his Command what came did he leave? Exchanged

By whose authority did he leave? By his own authority and how long was he granted leave? How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically) Yes

13. In what way was he prevented from returning to his Command? Disabled by wounds

How do you know? I know it of my own knowledge

14. What effort did he make to return to his Command and how do you know? None

15. Was applicant captured as a prisoner? No If so, when and where? and when released

Sworn to and subscribed before me this 10th day of October 1914 at Cobb County.

J. M. Buckner Ordinary

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA

Fullton County.

Personally before me on 10th day of October 1914, J. M. Hewitt who on oath says that they are freeholders residing in said County and we know J. M. Hewitt the applicant for pension and we know the property that is now in their possession and control of himself and wife and of its cash value to wit: (Make List by items and value) Nothing

1. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov 1908? (State in full by items) None

2. When and to whom was it sold or given to? None

3. What was the price paid or agreed to be paid? None

4. What relation is the party to applicant? None

5. What disposition was made of the proceeds of the sale? None

6. Was the disposition of this property made in good faith and full value? None

Sworn to and subscribed before me this 10th day of October 1914 at Fullton County.

John C. Buckner Ordinary

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA

Fullton County.

John C. Buckner Ordinary of said County, certify that I know the applicant James M. Hewitt for Pension is the person he represents himself to be and resides in said County. That I also know W. E. Buckner the witness swearing to the

service and W. E. Cobb who are freeholders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the

tax returns of Fullton County show that J. M. Hewitt and wife have no property in said County for 1908 None for 1909 None for 1910 None

Sworn under my hand and official seal of office this 10th day of Oct 1914

John C. Buckner Ordinary Fullton County.

NOTE: Before any witnesses are sworn to the Ordinary shall swear applicant and all witnesses in the following words: "You do solemnly swear that you will true answers make to every question asked you and the evidence you give shall be the whole truth as help you find." All affidavits may be sworn to in front of any Justice of the Peace. All affidavits must be made before the Ordinary and certified by him. If applicant has no property at all in his possession, use or control of self and wife, affidavit of freeholders unnecessary.

This is to certify that
W. L. Holbrook belonged to
Company 3 of the 42nd Ga.
regiment. He is an old soldier
and I understand in
every circumstance

W. L. Wilson
Lieut. Col. 42 Ga

Oct. 27, 1913

I left my command the last of Oct.
1868. was in Ky and had to be carried
from Cumberland Gap to Knoxville Tenn
to the Hospital. Was furloughed from
there home made no effort to go to my
command as I wasn't able to go or be of any
use after I got there

Georgia

Fulton County.

Personally came before me Mrs. M. S. Gilbert who
after being duly sworn, says that she is the wife of Mr. Josh
Gilbert, of Campbell County Georgia, who has been dead for
many years. I am personally acquainted with W. L. Holbrook
and have been for many years. He lived in Campbell County for
a while and then in Douglas County. I know when he came home
from the war some time in the later part of 1863, he had some
kind of spinal affection and could not walk. He was in the
bed under the treatment of my husband, when Sherman's army
came through here. About the last of July my husband & I
we left Mr. Holbrook still in bed and unable to go about or
do anything. Deponent says that in her opinion Mr. Holbrook
was never able to go back to the war.

Deponent further says that my husband left on account
of the army coming in he had to be a refugee or he made a prisoner.

Sworn to and subscribed before me
this 5 day of November 1914.

A. M. McBride
Notary Public
Fulton Co. Ga.

Mrs. M. S. Gilbert
her
mark

Mrs. Gilbert to in
hospital and too feeble to write
but remembered all about
Mr. Holbrook. Her mind is perfectly clear.
A. M. McBride
Notary Public
Fulton Co. Ga

convinced as I was not able to go on be of any
use after I got there

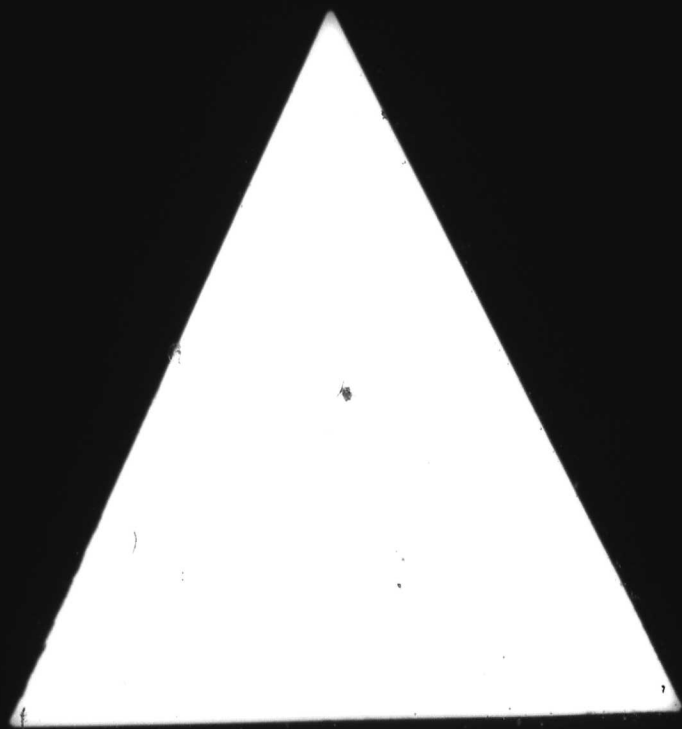
hospital and was
but remembered all about
Mr Holbrook - ^{her mind is perfectly clear.}
Hillbrook
Hwy 100
Gulton Co Ga

Georgia
Gulton Co. 29 3

Personally came before me
A Notary Public Fulton County
Georgia Mrs M. L. Gilbert
Widow of Dr. Gilbert, who
being duly sworn, says, the
she knows Mr. M. L. Holbrook
and knew him during the
war of 1861 to 1865, and knows
that Mr Holbrook came
home first, and my husband
Dr Gilbert united the home
during his sickness or

2.
until Dr Gilbert had to
leave. I went with my
husband to see Mr Hol-
brook and for this reason
I know of my own know-
ledge that he was a
first-man.
I was a first-man
my 25 day of Oct 1901 Mrs M. L. Gilbert
J. J. Hilson
Nathl. Pickle
Gulton Co. Ga

Had Hildrey sonther was
down with his back for months
Mrs M. L. Gilbert



ORDINARY'S CERTIFICATE

STATE OF GEORGIA,

COUNTY

I

know Mrs. Wiggle Hester the applicant for this pension, and that she is the

person who represents herself to be, and that she is a bona fide continuing resident of said County and was

on the 19 day of Aug 1919

That I also know Wiggle Hester witness as to marriage, and that she is

before signing the respective affidavit, and that they are truthful and trustworthy and their statements

(SEAL)

Ordinary

County

NOTES: 1. Before any questions are answered the Ordinary shall meet applicant and the witness in the following words: "You are solemnly sworn that you will give answers made to each of the questions asked you and the witness true and faithful answers, and that you will not give answers which are untruthful."
2. All affidavits must be made before the Ordinary of the county of residence.
3. Affidavits must be made before the Ordinary of the county of residence.
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100. Affidavits must be made before the Ordinary of the county of residence.

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. Lizzie M. Hester

Widow of Marion L. Hester

Company 10th Missouri Inf.

Regiment

Approved

J. W. LINDSEY,
Commissioner of Pensions.

Reed Printing Co., State Printers, Atlanta.

10-23-1919

ORDINARY'S CERTIFICATE

STATE OF GEORGIA,

Fulton

COUNTY.

I, *T. H. Jeffries*, Ordinary of said County, do certify that I know *Mrs. Maggie Harris* 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 *19* day of *Aug*, 1919.

That I also know *T. B. Swin* witness as to marriage, and *John Harris* witness as to death, 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 this *15* day of *Oct*, 1919.

(REAL) *T. 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, 1861, are entitled.

5. A true certified copy of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

6. Widows of Unlabeled Pensioners must use the Blue Application Blank and state and prove full term of husband's service—license be made no proof of service and was not required to do so.

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 18, 1904)

GEORGIA, *Fulton* County.

Personally before me, the Ordinary of said County, comes *J. Austin Dillion* of said County, who, after being sworn, on oath says that he knows *Mrs. Maggie Harris* 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 *28* day of *April*, 1916, and that a Pension of *(8)* 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 *\$18.58*, per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me
Arthur R. Marshall Ordinary
Fulton County
J. Austin Dillion
(Seal of Ordinary)

CERTIFICATE OF ORDINARY

GEORGIA, *Fulton* County.

I, *Thos. H. Jeffries*, Ordinary of said County, do certify that I personally know *J. Austin Dillion*, who is a resident citizen of said County, and that said person is of truthful and trustworthy character, entitled to full faith and credit; that I also know *Mrs. Maggie Harris* 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* Dollars in said County for 1916, 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 *8* day of *May*, 1926.

(Seal or Ordinary) *Thos. H. Jeffries* Ordinary
Fulton County

INSTRUCTIONS:

1st. Applicant must submit statement of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and send same.

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 for her 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 legible in every respect, and properly sworn to, and all attached neatly to this sheet, after which said bills have been properly examined as follows:

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 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 folded, is filled out.

Widow's Application

To be Paid on Bill in Her Own Right When Married War on the Indigent Roll or Paid on Widow Act of 1907, 1911, 1912—As Amended by Act of 1918.

County *Fulton*
Name *McLippish*
Widow *Martha L. Harris*
Company *10th Missouri Inf*
Regiment *_____*
Approved *_____*
J. W. HENDRY,
Commissioner of Pensions,
and Acting Ch. State Printer, Atlanta.

10-23-1919

WIDOW'S AFFIDAVIT

STATE OF GEORGIA,

Tulston COUNTY }

Personally before me comes Mrs. Lizzie Hicks of said County, who, after being duly sworn, says that she is the widow of Marshall L. Hicks to whom, in the County of Carroll State of Ga. she was married on the 12 day of May 1878, and that she remained his wife, and resided with him to the date of his death in April 10 1892 and that she has not since his death remarried. At the time of his death he was a resident of Carroll County, in said State of Georgia, and he was on the EXT. Indigent Pension Roll of the State and paid a pension of \$6.00 in Tulston County for 1914 per annum, on account of being a soldier in Company 10th Mass. Regiment Colt. (Volunteers or State Militia)

That she is now a bona fide resident citizen of said County of Tulston and she has so continuously resided since 24 day of Nov 1917

Sworn to and subscribed before me, this the

19 day of Aug 1919
John W. Clark Ordinary
of Tulston County.

(SEAL)

Affidavit of Witnesses to Prove Marriage and to Whom.

Date of Death of Husband

STATE OF GEORGIA,

Carroll COUNTY }

Personally before me comes J. B. Givins 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. Lizzie Hicks, who made the foregoing affidavit, is the lawful widow of Marshall L. Hicks who died in Carroll County in said State of Georgia on 10 day of April 1892 and that she has not since remarried. That she became the wife of Marshall L. Hicks on the 12 day of May 1878, and that she and he had resided together as man and wife continuously since 12 day of May 1878, and that the Marshall L. Hicks was the same man who was on the pension roll of said State of Georgia from Tulston County when he died.

Sworn to and subscribed before me, this the

20 day of Aug 1919
J. B. Givins when sworn
of Carroll County.

(SEAL)

Hicks, Lizzie (Mrs.)

reson

For Tulston County

1926

Application for Pension Due Deceased Pensioner

(UNDER ACT 1919)

(To pay expenses of last illness and funeral)

Thos. J. Jeffries Ordinary

For Lizzie Hicks

Date of Death Apr 10 1912

Amount \$ 100.00

Approved and ordered paid

John W. Clark
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 payrolls to be permanently filed with them. Do not keep this application in your office.

PK

the same man who was on the pension roll of said State of Georgia from Fulton
County when he died.
Sworn to and subscribed before me, this the
20th day of August 1926
R. L. Hightory, Justice of the Peace
of Blount County.
(SEAL)

ATLANTA, GA. 5-5 1926

and W. L. Dinger for
for funeral of Mrs. George H. Hightory
J. AUSTIN DILLON COMPANY
FUNERAL DIRECTORS
544 S. PRYOR STREET

PROVEN [SEAL] MARK 1122 PRIVATE AMBULANCE

April 22, 1926
Casket and box
Embalming services
Dress
Flowers

\$185.00

Ga. Fulton County
Personally appeared J. Austin Dillon
who swears the above bill is just and
true and was for funeral expense of
Lizzie Hightory
J. Austin Dillon



Pension Office, March 1913

That all applicant do with the property he
retained and paid there on in 1868 (and 1869) amount
for it fully and give all his statements.

J. W. Lantry, Gen. of Pensions.

Wm. Lantry
South Carolina
Confederate
for funds

Confederate
Soldier's Application.

UNDER ACT 1910

NAME

Wm. Lantry

NAME

Marcus H. Hicks

NAME

1st Missouri Bat

NAME

NAME

A. W. LENTRY
Commissioner of Pensions

Wm. Lantry, Gen. of Pensions

1/11/13
10/1/13
ENTOLIO BUREAU

Pension office 1089rd. 1912

What did applicant do with the property he returned and paid taxes on in 1908 and 1912? He sold it fully and gave all his statements.

J.W. Laffrey, Sec. Of Pensions.

Soldier's Application.

UNDER ACT 1912

Confederate

County Sumter
Name Marcellus D. Hicks
Company 10th Maine

Age 60
Appointed 1862

J. W. Laffrey,
Commissioner of Pensions.

COPIES 3 SENT BY MAIL 10/11/12

ENTERED POSTAL OFFICE

QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA Ala
Sumter County.

W. D. Battle of said State and County is hereby presented as a witness in support of the application of Marcellus Hicks for the pension provided by the Act of 1910, in said State, and after being sworn true answers to make to the questions propounded answers as follows:

1. What is your name and where do you reside? W. D. Battle
Livingston Sumter County Ala
2. How long and since when have you known Marcellus Hicks the applicant?
Nearly 50 years since 1863
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 Fulton County Ga
Have known him all the time.
4. When, where and in what Company and Regiment did Marcellus Hicks enlist during the late war? He enlisted from Sumter Co. in the 10th Maine
He was with him in the 10th Maine
5. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date). Over two years
6. When and where was his Command surrendered or disbanded (give date and place).
April 1865 Columbus Ga
7. Were you personally present at the surrender? Yes
8. If not, where were you and how came you there?
Was there
9. Was the applicant personally present with his Command at surrender? Yes
10. If not where was he and how came him there? He was present
11. When did he leave his Command? April 1865 Where was his Command when he left it? Columbus Ga for what cause did he leave? Surrender
By whose authority did he leave? Superior Officer and how long was he granted leave? Indefinite How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically).
Was with him in the service
12. In what way was he prevented from returning to his Command? Surrender
How do you know? I was with him till end of war
13. What efforts did he make to return to his Command and how do you know? None
14. Was applicant captured as a prisoner? Yes If so, when and where? 1863 Chickasaw
In what prison was he held? None was exchanged when released and deceased in young till end of war

Sworn to and subscribed before me, this

10th day of July 1912
W. D. Battle
at Sumter County.

The Sumter County of Georgia is hereby presented as a witness in support of the application of Marcellus Hicks 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:

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.

Tulsa County.

Personally before me comes Chas. H. Wardman who on oath says that they are freeholders residing in said County and we know Marcus L. Hicks 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: Nothing

1. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov 1908? (State it fully by items.) None

2. When and to whom was it sold or given to?

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

4. What relation is the party to applicant? None

5. What disposition was made of the proceeds of the sale?

6. Was the disposition of this property made in good faith and full value?

or was it made to obtain a pension?

Sworn to and subscribed before me, this the

27 day of July, 1912

Arthur R. Marshall Ordinary,

Tulsa County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

Tulsa County.

John R. Wilkinson Ordinary of said County, certify that I know the applicant, M. L. Hicks

said County. That I also know W. D. Battle the witness swearing to the

service and Chas. H. Wardman who are freeholders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and true and their statements are entitled to full faith and credit. That the

Tax Returns of Tulsa Co shows that M. L. Hicks and wife

value for tax in 1908 \$1600 for 1909 \$1875 for 1910 \$1600

Sworn under my hand and official seal of office this 16 day of Oct 1912

John R. Wilkinson Ordinary,

of Tulsa County.

NOTE 1. Before any questions are answered the Ordinary shall swear applicant and all witnesses in the following words: "You do solemnly swear that you will true answers make to each question asked you and the witnesses you call give also be the whole truth as help you God."

2. No affidavit may be presented unless sworn to by the applicant.

3. An affidavit must be made before the Ordinary and verified by him.

4. If applicant has no property at all in the possession, use or control of self and wife, affidavit of possession unnecessary.

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA.

Tulsa County.

Marcus L. Hicks 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.) Marcus L. Hicks Tulsa County Atlanta Ga.

2. How long and since when have you been a continuous resident citizen of this State? 20 years since 1892

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

4. When and where, and in what Company and Regiment did you enlist? (Give the sum and class of Service.) Feb 1862 Richmond Va. Baker's Bat.

5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge or date of death.) April 1865. Columbia Ga. The 10th Missouri Ar.

6. Were you actually present with your Command when it was surrendered or discharged? Yes

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

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

a. Where was your Command when you left it? Columbia Ga.

b. When did you leave the Command? April 1865

c. For what cause did you leave? Surrender of Army

d. By whose authority did you leave? End of War

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

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

g. In what way were you prevented?

h. What effort did you make to return? Captured at Vicksburg exchange

i. If so, when, and where? In what prison were you held and when were you released? 1862 at Vicksburg and New Orleans

j. What property of every description is 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.) Nothing but household goods

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.) Nothing but household goods worth about \$150.00

12. What annual or monthly income or earnings of yourself and wife and the source derived have you? Nothing except from daily labor

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

27th day of July, 1912

Arthur R. Marshall Ordinary,

of Tulsa County.

GEORGIA, Fulton County.

I, Charles J. Jeffries, Ordinary of said county, do certify that I personally know Mrs. Maggie Thiede, the applicant, and that she is the lawful widow of Marion L. Thiede, and was on the Marion L. Thiede Pension Roll of said Fulton county, and was paid a Pension from Fulton county for 19 16, and at the time of his death on the 18 day of April, 191 7, there was due to him and unpaid his Pension of Twenty Dollars from the State of Georgia, and I know Mrs. Maggie Thiede the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 27 day of April, 1917

Ordinary,

Fulton County.

Hicks, M. L.
Fulton County

Application for Pension Due
Deceased Soldier

UNDER ACT 1911

To be paid the Widow or Dependent Children

BY

Mrs. Maggie Thiede
Widow of Marion L. Thiede
of Fulton County

Do _____ Regt. _____ Yds _____

Approved and paid

1917.

J. W. LINDSEY,
Commissioner of Pensions.

GEORGIA, _____ County.

I hereby authorize and constitute _____ of said county, my lawful attorney to collect and receipt for me in my name the Pension due me for 191 7, through my deceased husband, _____ who was on _____ Pension Roll and paid from _____ for 19 16.

Witness my hand this _____ day of _____, 19 17.

Attested before me:

Application for Pension Due Deceased Soldier

To be paid to his widow or dependent children.
UNDER ACT APPROVED OCTOBER 3, 1891.

STATE OF GEORGIA, Fulton County.

Personally before me comes Mrs. Lizzie Thiede, of said county, after being duly sworn, on oath says that she is the widow of Marcus L. Thiede who was duly enrolled as a Soldier Pensioner from the county of Fulton and was paid a Pension of Twenty Dollars from Fulton county for 1916, and that the said Marcus L. Thiede died in Carroll county on the 10 day of April, 1917, and at the time of his death a Pension of 70 was due him from Fulton county and unpaid for 1917. Applicant further swears that she married the said Marcus L. Thiede on the 12 day of May, 1870, in Carroll 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 27 day of April, 1917.

Charles C. Mason Ordinary. Mrs Lizzie Thiede (L. S.)
Fulton County.

AFFIDAVIT OF WITNESS.

GEORGIA, Fulton County.

Personally before me comes Mrs. Hannie Duncan who on oath says that he knew Marcus L. Thiede while in life and that she knows Mrs. Lizzie Thiede the above applicant; that he knows that the said Marcus L. Thiede and Mrs. Lizzie Thiede were in due form of law married in the county of Carroll in the State of Georgia on the 12 day of May, 1870, and that they resided together as husband and wife from date of marriage to the day of his death on the 10 day of April, 1917, and I now know that she is his dependent widow.

Sworn to and subscribed before me this 27 day of April, 1917.

Charles C. Mason Ordinary. Mrs. Hannie Duncan
Fulton County.

VIRGINIA-CAROLINA CHEMICAL COMPANY

MANUFACTURING DEPARTMENT—GEORGIA DIVISION

R. F. SAMS, DIVISION MANAGER
ATLANTA, GA.

Ga. _____ 191 _____

In 1897 I bought from The Real Loan & Banking Co. a little home on Pulliam St. No 529. for \$1500.00 the payments were to be made \$100.00 Cash - Balance \$16.25 per month or \$200.00 per year, after paying for the place I placed a loan of \$500.00 on it, with Son Mortgage Co. in 1904 I went away from the City, and deeded my equity to the place to my mother Mrs. M. L. Hicks. This was done in order to secure the place to ^{my father and mother} ~~them~~ for a home, as long as it was needed by ~~them~~ ^{my father and mother} - down in April 1910 - this place was traded for our present home, and the title to same is made to Mrs. M. L. Hicks and M. L. Hicks. M. L. Hicks has given in and paid the taxes on these properties at all times since 1904. - In the original purchase of the Pulliam St. place - the actual value of the place was about \$1500.00 as the interest on the deferred payments was included in the notes as principal - and each note was made with interest 'after maturity' - M. L. Hicks paid off the loan of \$500.00 on the Pulliam St. place for my mother. - The actual title to neither of these places has ever been in my father's name but he has paid the taxes also given in the property for taxation ever since the deed was done.

VIRGINIA-CAROLINA CHEMICAL COMPANY

MANUFACTURING DEPARTMENT—GEORGIA DIVISION

R. F. SAMS, DIVISION MANAGER
ATLANTA, GA.

Ga. _____ 191 _____

made to my mother:

Signed *M. L. Hicks*

Given to and subscribed to by
me this the 16th day of December
1912-

W. B. Bick

Notary Public - Fulton County Georgia

A sample of notes.

ORDINARY
AND
JUDGE COURT OF ORDINARY
FULTON COUNTY

ATLANTA, GA.

Dec 16, 1912

State of Georgia, County
of Fulton

Personally came
before me M. L. Hicks who
on each day the he
does not own any real
estate and further deems
that the property he
pays tax on is the
property of W. H. Abbott
Hicks as the records
will show in the office
of Clerk of Superior Court
M. L. Hicks

Sworn to and subscribed before me
this 16 day of Dec 1912
Arthur R. Marshall

STATE OF GEORGIA,

COUNTY OF FULTON.

I, W. H. Abbott, Deputy Clerk of the Superior
Court of Fulton County, Georgia, do hereby certify that I have care-
fully examined the Deed Records of said County and have failed to find
any deeds made to Marcus L. Hicks of record in this office,

Witness my hand and seal of Court,

this the 16th day of Dec., 1912.

W. H. Abbott
Deputy Clerk Superior Court, Fulton County, Ga.



POWER OF ATTORNEY.

STATE OF GEORGIA.

COUNTY, }

I, _____, being of sound mind and legal age,

do hereby authorize and empower _____

at _____ day of _____, 1899.

Witness my hand and seal this _____

Executed in presence of _____

(L.S.)

Wicks, Robert J.
Indigent Pension

No. _____

INDIGENT PENSION

1899.

Name *Robert J. Wicks*

County *DeKalb*

Approved *July 27-1900*

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

W. H. JOHNSON, STATE ARCHIVE, ATLANTA

14/6/99

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 _____, 1899.

Executed in presence of

(L. S.)

INDIGENT PENSION

1899.

Name

County

Approved

RICHARD JOHNSON,

Commissioner of Pensions

WARRANT HANDLED TO

4/19/99

Questions for Applicant.

STATE OF GEORGIA

County

Robert B. Hicks of said State and County, desiring to avail himself of the Pension Act (Section 1254, Code), hereby submits his proof, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (give State, County and post office). *Robert B. Hicks, State of Georgia, County of Fulton, Atlanta Ga.*
2. How long and since when have you been a resident of this State? *Five*
3. When and where were you born? *September 22, 1861, South Carolina*
4. When and where and in what company and regiment did you enlist or serve? *July 30, 1861, Cobb County, Co. Company H - 2nd Ga. Reg - 62*
5. How long did you remain in such company and regiment? *Until close of the war*
6. For how long a period did you discharge regular military duty? *until close of the war.*
7. When, where and under what circumstances were you discharged from service? *April 1865 - at Appomattox Court House Va. - the usual discharge*
8. What is your present occupation? *None during anything*
9. How much can you earn (gross) per annum by your own exertions or labor? *nothing*
10. What has been your occupation since 1865? *nothing worth of time or money*
11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty"? *infirmary and poverty*
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight? *have no recollection of the right limb but it appears to me as if it was shot off at Appomattox Court House Va. I cannot recall without doubt. I suffer with it all the time & have been in the condition for years.*
13. What property, effects or income do you possess, and its gross value? *none*
14. What property, effects or income did you possess in 1864, 1865, 1866, 1867 and 1868, and what disposition, if any, did you make of same? *nothing*
15. In what County did you reside during those years, and what property did you then return for taxation? *Cobb County Ga. nothing*
16. How were you supported during the years 1867 and 1868? *and of my 2nd children working in factory.*
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 \$60.00 per year nothing*
18. What was your employment during 1867 and 1868? What pay did you receive in each year? *nothing*
19. Have you a family? If so, who composes such family? Give their means of support? Have they a household? *I have four girls - wife dead. I am supported by their labor in the factory & have no household.*
20. Are you receiving any pension? If so, what amount, and for what disability? *no.*

Sworn to and subscribed before me this 14th day of June, 1899.

R. B. Hicks
Applicant.

Ordinary,
County.

Every Question MUST be Answered.

QUESTIONS FOR WITNESS

STATE OF GEORGIA,

Fulton COUNTY,

I, Lease S. Mose, of said State and County, having been presented as a witness in support of the application of Robert B. Hicks 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? Lease S. Mose
Atlanta Georgia Fulton Co.
2. Are you acquainted with Robert B. Hicks, the applicant; if so how long have you known him? Twenty years
3. Where does he reside, and how long and since when has he been a resident of this State?
On Hampton Street about 1/2 block of Atlanta Ga. 10 years
4. When, where and in what company and regiment did he enlist, and how do you know?
May 30 1861 - Company 4th - 7th Regt. Regiment
5. Were you a member of the same company and regiment?
Yes
6. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service?
until close of the year & made a good soldier & was discharged in the regular way at the surrender
7. What property, effects or income has the applicant? (Give your means of knowledge).
None - with him often & intimately acquainted with him
8. What property, effects or income did the applicant possess in 1896, 1897 and 1898, and what disposition, if any, did he make of same?
None
9. Has he conveyed away any of his property in the last three years, if so, what was it, and to whom?
Yes
10. What is the applicant's occupation and physical condition?
None & his physical condition is bad
11. Is the applicant unable to support himself by labor of any sort, if so, why?
Yes - because he is crippled in his right limb & cannot get about without support
12. How was he supported during the years 1897 and 1898?
By his girl
13. What portion of his support for those two years was derived from his own labor or income?
Nothing
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 unable to work on account of his crippled limb
15. What interest have you in the recovery of a pension by this applicant?
None

Sworn to and subscribed before me, this 16 day of October, 1899.
Lease S. Mose
Witness.
W. M. Young Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Fulton COUNTY.

Personally came before me, Dr. Floyd M. Young and H. H. Vinson, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully Robert B. Hicks, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

He has an enlarged bone of the right ankle joint which is badly swollen, & is of such nature as to render it difficult for him during any physical labor, he find that he is also troubled with some degeneration of the spine.

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 16 day of Oct, 1899.
W. M. Young Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Fulton COUNTY.

I, W. M. Young, Ordinary in and for said County, hereby certify that the applicant Robert B. Hicks resides in said County, and has been a bona fide resident of this State since the 16 day of Oct, 1899, and that the witnesses, viz: Lease S. Mose & Floyd M. Young are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I certify that the tax digests of Fulton County show that applicant returned for taxation in his name in 1897 None Dollars of property, and in 1898 None Dollars of property.

In my opinion the foregoing claim is made in good faith.
Witness my hand and seal of office, this 16 day of Oct, 1899.

W. M. Young Ordinary,
of Fulton County.

NOTE.

1. Before any questions are answered, the Ordinary shall read applicant and the witnesses in the following words: - You shall now answer make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God.
2. Additional affidavits may be attached if blank spaces are insufficient.
3. It is every one's duty to certify to the character of the witness, and also the exactness of the proof as above.

POWER OF ATTORNEY.

STATE OF GEORGIA.

County }

I, _____ hereby authorize

of

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

at

by

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

[L. S.]

Executed in presence of

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize

of

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

at

by

Witness my hand and seal, this _____ day of _____ 1902.

[L. S.]

Executed in presence of

(For Those Already Enrolled.)

No. 243

INDIGENT

SOLDIER'S PENSION.

1901.

Name *R. B. Hicks*
County *Fulton*

WARRANT ISSUED

1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

M. H.

State of Georgia, State Printer, Atlanta.

no date

(FOR THOSE ALREADY ENROLLED.)

No. 36

INDIGENT

SOLDIER'S PENSION

1902.

Name *R. B. Hicks*
County *Fulton*

Co. *10* Regiment *1st*

WARRANT ISSUED

1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

M. H.

State of Georgia, State Printer, Atlanta.

no date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County }
Personally appears *R B Hicks* 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 *18th* day of *May* 18*67*, that he is *67* years old and by occupation a *farmer* that he enlisted in the military service of the Confederate States (or of the State of *Ga*) during the war between the States, and served for the term of *4 yrs* in Company *H*, of *1st* Regiment of *Inf*, that his physical condition is as follows:

General disability
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, 1864, 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 county been allowed a pension for the year 1

Sworn to and subscribed before me, this *1st* day of *May* 1901.

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

Given under my official signature and seal, this *4* day of *May* 1901.

John R. Williamson 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 *R B Hicks* 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 *18th* day of *May* 18*67*; 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 *Ga*) during the war between the States, and served for the term of *4 yrs* in Company *H*, of *1st* Regiment of *Inf*; that his physical condition is as follows:

General disability
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, 1864, 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 _____ county been allowed a pension for the year 1 *901*

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

John R. Williamson Ordinary. *R B Hicks*

STATE OF GEORGIA,

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

John R. Williamson Ordinary *Fulton* County.

Note—The blank spaces must be filled.

Note—Affidavit should not be attested before January 1st, 1903.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

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

(FOR THOSE ALREADY ENROLLED.)

No. 31

INDIGENT

SOLDIER'S PENSION

1903.

Name *R B Hicks*

County *Fulton*

Co. *No 6* Regiment *7th*

WARRANT ISSUED

1/20 1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

W H

Geo. W. Lindsey, State Printer, Atlanta.

no date

(FOR THOSE ALREADY ENROLLED.)

No. 83

INDIGENT

SOLDIER'S PENSION

1904.

Name *R B Hicks*

County *Fulton*

Co. *No 6* Regiment *7th*

WARRANT ISSUED

1/20 1904.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

W H

Geo. W. Lindsey, State Printer, Atlanta.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton. County,

Personally appears R B Hicks 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 Birth 18 ; that he is years old and by occupation a , that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of 4 yrs in Company No., of 7th Regiment of Inf; 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, 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 12th day of JAN 1903. 1903.

Ordinary.

STATE OF GEORGIA,

Fulton County.

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

Given under my official signature and seal, this 12th day of JAN 1903.

John R. Williamson Ordinary County.

Note.—The blank spaces must be filled.
Note.—A deputy should not be appointed before January 1st, 1904.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton. County.

Personally appears R B Hicks 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) during the war between the States, and served for the term of 4 yrs in Company No., of 7th Regiment of Inf; 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, 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 12th 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 R B Hicks the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

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

John R. Williamson Ordinary County.

Note.—The blank spaces must be filled.
Note.—A deputy should not be appointed 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 _____

Good January 1894.

(FOR THOSE ALREADY ENROLLLED.)

No. 17

INDIGENT

SOLDIER'S PENSION

1905.

Name Robert B. Hicks

County Fulton

Co. 46 Regiment 7th Inf.

WARRANT ISSUED

11/8 1905.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

CPH

Not President, Secretary and Publicity Co. No. 10 Fulton, Ga.

no date

Hicks, Robert B.

Fulton Co.,

(FOR THOSE ALREADY ENROLLLED.)

No. 144

INDIGENT

SOLDIER'S PENSION

1906.

Name Robert B. Hicks

County Fulton

Co. 46 Regiment 7th Inf.

WARRANT ISSUED

11/8 1906.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

CPH

Not President, Secretary and Publicity Co. No. 10 Fulton, Ga.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Fulton. County.

Personally appears Robert B. Hicks 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 4 yrs in Company No. 7 of 7th Regiment of Sa.; 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 1905. I have heretofore as a resident of Fulton County been allowed a pension for the year 1904.

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

STATE OF GEORGIA,
Fulton. County.

I, _____ Ordinary of said County, do certify that I am well acquainted with Robert B. Hicks the applicant in the foregoing affidavit and am well satisfied that the statements made by him in his said affidavit are true, and I know 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. R. Wickerson 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 Robert B. Hicks 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 _____ 1893; 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 Georgia) during the war between the States, and served for the term of 4 yrs in Company No. 7 of 7th Regiment of Sa.; 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 Fulton County, been allowed a pension for the year 1905.

Sworn to and subscribed before me, this _____ day of JAN 1 1906, _____ Ordinary.

State of Georgia,
Fulton County.

I, _____ Ordinary of said County, do certify that I am well acquainted with Robert B. Hicks the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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. R. Wickerson Ordinary Fulton County.

Note.—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 2 1906
day of _____ 1906.

J. P. Richardson
Ordinary Fulton County.

Note.—The blank spaces must be filled.
Note.—A 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.

J. P. Richardson
Ordinary Fulton County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA.

County. }

lawfully authorized

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

at _____

by _____

Witness my hand and seal this _____ day of _____ 1897.

Executed in presence of _____

Hickory Hill, Ga.
Fulton County
No. 22797

INDIGENT PENSION
1897.

Name *T. J. Harris*
County *Fulton*

Approved *7/8* 1897.

WARRANT HANDED TO

App. den

Wm. C. Thompson, State Registrar, Georgia.

1/23 97

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 1897.

Executed in presence of

Questions for Applicant.

STATE OF GEORGIA,

County.

William D. Hicks 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)
William D. Hicks, Barab, Ga. Fulton Co. Ga.
2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State?
Fulton County, Ga. 61 years
3. When and where were you born?
March 11th, 1833 - Coll. Co. Ga.
4. When and where and in what company and regiment did you enlist or serve?
Sept. 1862, 1862, at Perryville, Ga. 1st Co. 1st Regt. Ga. State Troops.
5. How long did you remain in such company and regiment?
Twenty two months
6. For how long a period did you discharge regular military duty?
Twenty two months
7. When, where and under what circumstances were you discharged from service?
In July 1864 at Marietta, Ga. On account of rupture and chest disease
8. What is your present occupation?
Millman
9. How much can you earn (gross) per annum by your own exertions or labor?
\$400
10. What has been your occupation since 1865?
Farming
11. Upon which of the following grounds do you base your application for pension, viz: first "age and poverty," second "infirmary and poverty" or third "blindness and poverty"?
Age, poverty, infirmary and poverty
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third state whether you are totally blind and when and where you lost your sight?
Has not been able to support himself for 31 years. Applicant was ruptured in 1864 and cannot do his regular work. He has never before and cannot be physically suffer from fluctuating of the heart causing infirmity from work.
13. What property, effects or income do you possess and its gross value?
None
14. What property, effects or income did you possess in 1894, 1895 and 1896 and what disposition, if any, did you make of same?
None
15. In what County did you reside during those years and what property did you then retain for taxation?
Resided in Fulton Co. Retained no property for taxation
16. How were you supported during the years 1895 and 1896?
By his own farming with the help of his children
17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income?
\$450. Applicant contributed \$400
18. What was your employment during 1890 and 1891? What pay did you receive in each year?
Working for his son. Received \$400
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead?
Yes. Applicant and his wife. Their own labor. Has no homestead
20. Are you receiving any pension, if so what amount and for what disability?
No

Sworn to and subscribed before me this the

21 day of Decr, 1897.

Applicant.

W. D. Hicks Ordinary.

County.

Every Question MUST be Answered.

W. D. Hicks, Barab, Ga.
Fulton County.
No. 2279

INDIGENT PENSION

1897.

W. D. Hicks
Fulton Co. Ga.

1897.
7/8

WARRANT RETURNED TO

Applicant

1/23 97

QUESTIONS FOR WITNESS.

STATE OF GEORGIA.

Fulton County.

Albert Horrell of said State and County, having been presented as a witness in support of the application of W. D. Hicks for pension under the Act approved December 18th, 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 Horrell
Atlanta Ga
2. Are you acquainted with W. D. Hicks, the applicant, is of how long have you known him? about 34 years
3. Where does he reside, and how long has he been a resident of this State? Atlanta
about one (1)
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? Yes. He was in 44th Company
& Regimental Company B. 1st Georgia Inf.
1862. at Knoxville Ga. Company B. 1st Reg. 57
5. When, where and in what company and regiment did he enlist? In September
1862. at Knoxville Ga. Company B. 1st Reg. 57
6. Were you a member of the same company and regiment? Yes
7. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? About
twenty five months he was in good colors
and was discharged on acct of rupture & heart
disease
8. What property, effects or income has the applicant? (Give your means of knowledge.)
None
9. What property, effects or income did the applicant possess in 1895 and 1896, and what disposition, if any did he make of same? None

10. What is the applicant's occupation and physical condition? He has been a
long couple of cows and a small farm for part
of the winter, not good.

11. Is the applicant unable to support himself by labor of any sort, if so, why? Yes
on acct of rupture and old age.

12. How was he supported during the years 1895 and 1896? By help received
from his children & little old job

13. What portion of his support for those two years was derived from his own labor or income? Very little, only small things he could do

14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 18th, 1894? I think him physically
unable to work and he is old and poor

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

Sworn to and subscribed before me, this
the 12 day of July 1897. Albert Horrell
Witness.
W. D. Hicks Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA.

Fulton County.

Personally came before me, W. D. Hicks, both known to me as reputable physicians of said county, who being severally sworn, say on oath that they have examined carefully William
D. Hicks applicant for pension under the Act of 1894, and after

each personal examination say that his precise physical condition is as follows:

He has a double hernia which disables
him from earning a living for himself
also a very poor man & very old.
He is unable to do hardly any thing at all
towards making a living.

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

Sworn to and subscribed before me, this
the 21 day of July 1897.
W. D. Hicks Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

Fulton County.

I, W. D. Hicks, Ordinary in and for said County, hereby certify that the applicant William D. Hicks resides in said County, and was a bona fide resident of this State on the first day of January, 1894, and that the witness, viz: Albert Horrell
W. D. Hicks 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 before 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 digest of Fulton County show that applicant returned for taxation in his name in 1895, None dollars of property, and in 1896, None dollars of property.

In my opinion the foregoing claim is made in good faith.
Witness my hand and seal of office, this 22 day of July 1897.

W. D. Hicks Ordinary
of Fulton County.

NOTE.
Before any questions are answered, the Ordinary shall read applicant and the witnesses in the following words: - You shall answer under oath to each of the questions asked of you, and the witnesses you shall give will be true 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 _____ 1898.

[L. S.]

Executed in presence of _____

Hickey, N. B.
Fulton Co.

(For Those Already Enrolled.)

NO. *364*

INDIGENT

**SOLDIER'S PENSION,
1898.**

Name *M. D. Hicks*

County *Fulton*

WARRANT ISSUED

4/7

RICHARD JOHNSON,
Commissioner of Pensions

WARRANT RETURNED TO

ch

M. D. Hicks

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears Wm D Hicks 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 Mar 1887; that he is 63 years old and by occupation a farmer; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 22 months in Company B, of 14th Regiment of Ga State Troops; that his physical condition is as follows:

Heart trouble 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 1898. I have heretofore as a resident of Carters Co county been allowed a pension for the year 1897.

Sworn to and subscribed before me, this, the 12 day of Jan 1898, by Wm D Hicks Ordinary.

State of Georgia,

Fulton County.

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

Given under my official signature and seal, this 12th day of Jan 1898.



Ordinary Fulton County.

NOTE.—The blank space must be filled.

NAME Stone, William D.

YEAR 1867 COUNTY Fulton

WHEN AND WHERE BORN? March 19th. 1838 Cobb Co. Ga.

ENLISTED WHEN AND WHERE? September 1862 Grayville, Ga.

RANK.

COMPANY AND REGIMENT? Co. E, 1st. Georgia State Troops.

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Suture and heart disease.

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? Discharged July 1864 Marietta, Ga. account
of suture and heart disease.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. Albert Howell, same command -- No data.

WITNESSES. Albert Howell, same command -- No date.

JUN



Ordinary's Certificate

STATE OF ARIZONA.

Tucson

ORDINARY

I, *T. H. DePue*

Ordinary of said County, do certify

that I know *Adeline W. Higgins*

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 is to say*

she is now residing at the residence of her husband, said husband is now residing at said County and

were duly sworn by me before signing the foregoing affidavit and that *Adeline W. Higgins* is entitled to

verify, and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this *13th* day of *Nov* 190*5*

(SEAL)

T. H. DePue
Ordinary,
County.

NOTES: 1. Before any questions are answered the ordinary shall receive applicant and the witness to the following questions and give with to the clerk, the day and date.

1. What witness of residence may be for the purpose of taking names are entitled.
2. What witness of residence may be for the purpose of taking names are entitled.
3. What witness of residence may be for the purpose of taking names are entitled.
4. All witnesses must be made before the Ordinary of the residence of the person to be sworn and certified by
5. Make certified copies of marriage license if applicable. If not, give marriage, by some person, or by general

Not on C 36th
Higgins, Adeline W. (Mrs.)

No. *200*
Higgins, Adeline W.
Widow's Pension

Under Act, 1905—as Amended by Act of 1905.

County *Tucson*

Name *Mrs. Adeline W. Higgins*

Widow of *Geo. D. Higgins*

County *C*

Resident *36th Gen. Reg.*

Approved: _____

Not on C 36th

J. W. LINDSEY,
Commissioner of Pensions.

Room Printing Co., State Printing, Arizona.

1/0-23-1919

STATE OF GEORGIA

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 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.

Under Act 1910—as Amended by Act of 1919.

County Flutons

Mrs. Adeline W. Higgins

Widow of Jas. D. Stephens

Company _____

Engines 36th Ga. Reg.

Preserved

not over 1364.

J. W. LINDSAY,
Commissioner of Forests

First Printing Co. 300 N. 1st St. St. Louis, Mo.

1. Summary of the Study

23-1919

STATE OF GEORGIA.

Fulton COUNTY

1. What is your name, and where do you reside? Adeline M. Higgins, RFD#2, Conable
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. 6, 1877, James D. Higgins, in
Milton County, 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 Con-
federate Army or Georgia Militia? (State the arms and class of Service.) Co. C, 36th Ga. Reg.
in 1861
5. When and where did the commands of your husband surrender or discharge from the army? Kingston in the Spring of 1865
6. Was your husband personally present at the time of the surrender or discharge of this command?

Don't know

7. If he was not present state clearly where he was? _____

8. Where was his command when he left? Kingston, Ga.

a. For what cause did he leave his command? Mustered out of service

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? Wounded in side

f. What effort did he make to return to his command? _____

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

h. Was he captured by the enemy at any time? Don't know

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

j. When and where did your first husband die? April 22, 1903, in Peraxih 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? No.
 n. Have you or your husband heretofore been paid a pension by the State? Yes.
 If so, when and for what cause were you or your husband placed on the roll? Husband on Disabled
Roll of Peraxih Co., Ga. on account of wound in side

Sworn to and subscribed before me this the

1st day of September 1919
Handwritten Signature Ordinary
 of Fulton County.

(SEAL)

2 } Mrs. Adeline ^{her} (X) Higgins
mark

FILED

TO PAY-
1930. \$70.
C.R. & C. Tax. \$60
TOTAL \$130

For Fulton County

Application for Expenses of Last Illness and Funeral

(UNDER ACT OF 1919)

For: Adeline Higgins
(Name of Beneficiary)

Date of Death: Dec 1, 1934

Amount: \$ 60 + 70

PAID TO ORDINARY ON THIS CLAIM		
DATE	FUND FROM WHICH PAID	AMOUNT
2-10-35	CCC	60.00
2-10-35	1930	70.00
TOTAL		130.00

Approved, and ordered paid,

[Signature]
Director, Veterans Service Office.

MAR 12 1935

STATE OF GEORGIA.
COUNTY OF FULTON.

Personally before the undersigned authority now comes
Mrs. Adeline W. Higgins, who upon oath says:

That she is the widow of James D. Higgins, who was on the Disabled Pension Roll of Forsyth County, Ga., and drew a pension of \$50.00 for the year 1903. That said James D. Higgins was a member of Co. C of the 36th Ga. Reg., and that she knows of no living member of said company who could make affidavit as to the service of her husband in the Confederate Army. She attaches hereto and makes a part of this affidavit a statement received from S. R. McBrayer, of Forsyth Co., Ga., who was a member of Co. C., 36th Ga., but she further states that the said McBrayer has been dead for several years and she, therefore, is unable to obtain from him affidavit as to the service of her husband in the Confederate Army.

Sworn to and subscribed before me
this September 2, 1919.

[Signature]
O. C. Ordinary, Fulton County, Ga.

Mrs Adeline W Higgins
Marked

STATE OF GEORGIA.
COUNTY OF FULTON.

Personally before the undersigned authority now comes
O. C. Higgins, who upon oath says:

That he has known Mrs. Adeline W. Higgins over thirty-four years and knows of his own personal knowledge that she and her husband, James D. Higgins lived together continuously as man and wife during all of said time up to the death of the said James D. Higgins on April 22, 1903. That the said Mrs. Adeline W. Higgins has not remarried since the death of the said James D. Higgins and is now his lawful widow.

Sworn to and subscribed before me
this September 2, 1919.

[Signature]
O. C. Ordinary, Fulton County, Ga.

O. C. Higgins

Application for Payment of Expenses of Last Illness and Funeral

(Under Act of 1916)

(To be disbursed by the Ordinary)

Rowell, Ga., 12 Feb, 1904

Adeline Higgins

IN ACCOUNT WITH
ROSWELL STORE

Credit & pay	25.00
insurance	25.00
dress	15.50
hearse service	15.00
plans	12.50
2 funeral notices	2.50
	135.10
Rece allowance	2.10
	137.20

Personally appeared before me Walton Bishop Notary Public for the Rowell Store who being duly sworn say that the above account is true and correct.

Adeline Higgins
Rowell Store
Notary Public

Received of Thomas H. Jeffries, Ordinary, \$ 130.00
 for the account of Adeline Higgins. This amount
 has not previously been paid and is now being so.

March 12, 1904.

Rowell Store
Edw. Bishop, Notary

GEORGIA, Fulton County:

Before me, the Ordinary of said County, comes A. L. Natchez for Rowell Store of said County, who, after being duly sworn, on oath says that he knew Adeline Higgins 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 ESTATE of ANY KIND OR VALUE sufficient to pay the expenses of last illness and funeral, which amounted to the sum of \$ 130.00, as shown by sworn statements FULLY and COMPLETELY ITEMIZED, hereto attached.

Sworn to and subscribed before me,

this the 5 day of Dec, 1904.
A. L. Natchez Ordinary.

A. L. Natchez
Rowell Store

CERTIFICATE OF THE ORDINARY

GEORGIA, Fulton County:

I certify that A. L. Natchez 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 Adeline W. Higgins the deceased pensioner referred to in the foregoing affidavit and that said deceased was at the time of death regularly enrolled as a pensioner on the records of file in my office. I further certify that said deceased pensioner is the identical person named and described in the attached certified copy of burial certificate, was not survived by a widow and left no estate of any kind sufficient to pay the expenses of last illness and burial for which claim is made.

Given under my hand and seal of office, this the 5 day of Dec, 1904.

(Seal of Ordinary) A. L. Natchez 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 Adeline W. Higgins, who died without owing 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 thereto in this blank, after this blank has been properly completed and signed as indicated.
- 5th. The completed voucher—this blank and the bill—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 bill. When you have paid the bill 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.

Georgia Milton County.

I, W. H. Spence Clerk Court of Ordinary of said County, do hereby certify that the within is a true copy of the marriage license and certificate of marriage of James D. Higgins and Sadaline Vaughn, the same having been taken from the Records of this Court and being recorded in Marriage Record Book B. Page 11. Witness my hand and Seal of Office. This August 21, 1919.

W. H. Spence,
Clerk Court of Ordinary.

MARRIAGE LICENSE

1919

Issued

and recorded on page

Book

of Marriage Licenses

Ordinary

Commencing R 72 1st, January The 23, 1719.
Mr W^m Higgins I cant give you the Day
of the month but the surrender was in
the spring 1865 but I dont remember
the date I serve through the war with
him we belong to the thirty six Reg-
iment Co. C. Kernel Gilem was
The Kernel J. Dwight was the Captain
we both belong to the same company
Co. C. 36 74 Regiment we was
mustered out of service at Kingston
in 1865 that is about all I tell you
about it

if there is anything else you want
to no you cant like mine
yours very respectfully

D. R. McBrayer

P.S. I will Ade you all
I am in getting a Pension

No. 494

Marriage License

State of Georgia

Milton County

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

You are hereby authorized to join
James D. Higgins and Adeline Vaughn
in the Holy State of matrimony according to their 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 6. *day of*
Oct. 1877

STATE OF GEORGIA CERTIFICATE MILTON COUNTY

I Certify that James D. Higgins and Adeline Vaughn
were joined in Matrimony by me this 8. day of October 1877
and
Witnessed

19

Ordinary

S. M. Gancey N. P. Ex Off. J. P.

This is to certify that this is a true and correct copy of the death certificate of Mrs. Madeline H. McGinnis as appears on the records of this office.

Sworn to and subscribed before me this 5th day of December 1934.

NOTICE

Deputy Local Registrar.

Notary Public Fulton County &

UNDERTAKERS . . .

The law requires the undertaker or person in charge of the funeral to file a Certificate of Death with the local registrar of the district in which the death occurred, and secure from him a burial or removal permit before any disposition is made of the corpse.

The undertaker or person acting as undertaker is required to obtain all information necessary to make a complete and accurate certificate of death. The "Personal and Statistical Particulars" may be furnished by any competent person acquainted with the facts, who must vouch for the correctness of the information by his or her signature in Item 14. The "Medical Certificate of Death" must be made out and signed by the physician last in attendance on the deceased. The facts relating to the disposition of the body (Item 19) must be entered by the undertaker or person acting as undertaker over his signature.

In case of any death occurring without medical attention, it is the duty of the undertaker to report the death to the local registrar immediately in order that the registrar may perform his legal duties under such circumstances.

PHYSICIANS . . .

Statement of cause of death—cause of death means the disease, injury, or complication which causes the death—not the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. As principal cause state the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under other contributory causes of importance, give other important diseases or injuries.

In case of deaths from violent causes always state whether the injury was due to accident, suicide, or homicide. Where death was due to accidental injury, specify whether injury occurred in the home, in a public place, or industry. Also give manner of injury and nature of injury.

In case of death in which the puerperal state is involved always state that fact, as: Acute nephritis (puerperal).

In case of death from operation, amputation, laparotomy, etc., always name the disease, abnormal condition, or form of external violence for which the operation was performed.

WRITE MAINLY WITH SPREADING INC.—THIS IS A PERMANENT RECORD. Every item of information should be stated in plain, simple terms, so that it may be properly classified. Exact statements of all important facts are necessary to the proper classification of the death. Do not state the cause of death unless it is clearly apparent. Do not state the cause of death unless it is clearly apparent. Do not state the cause of death unless it is clearly apparent.

CERTIFICATE OF DEATH	
GEORGIA DEPARTMENT OF PUBLIC HEALTH	
Bureau of Vital Statistics	
1. PLACE OF DEATH	City of Fulton
2. FULL NAME	Mrs. Adelin W. Higgins.
3. DATE OF BIRTH	July 20/1859.
4. AGE	82
5. SEX	Female
6. COLOR or RACE	White
7. MARRIAGE	Widowed
8. OCCUPATION	Unknown
9. BIRTHPLACE	Canton Ga.
10. NAME	William Vaughn.
11. BIRTHPLACE	Unknown
12. MAIDEN NAME	Winnie Chatman.
13. BIRTHPLACE	S. C.
14. INFORMANT	O. C. Higgins.
15. BIRTHPLACE	Atlanta Ga. Rte # 8.
16. BIRTHPLACE	Atlanta Ga. Rte # 8.
17. BIRTHPLACE	Atlanta Ga. Rte # 8.
18. BIRTHPLACE	Atlanta Ga. Rte # 8.
19. BIRTHPLACE	Atlanta Ga. Rte # 8.
20. BIRTHPLACE	Atlanta Ga. Rte # 8.
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28. BIRTHPLACE	Atlanta Ga. Rte # 8.
29. BIRTHPLACE	Atlanta Ga. Rte # 8.
30. BIRTHPLACE	Atlanta Ga. Rte # 8.
31. BIRTHPLACE	Atlanta Ga. Rte # 8.
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96. BIRTHPLACE	Atlanta Ga. Rte # 8.
97. BIRTHPLACE	Atlanta Ga. Rte # 8.
98. BIRTHPLACE	Atlanta Ga. Rte # 8.
99. BIRTHPLACE	Atlanta Ga. Rte # 8.
100. BIRTHPLACE	Atlanta Ga. Rte # 8.



POWER OF ATTORNEY

STATE OF GEORGIA,

County, }

I, _____, do hereby authorize _____

to receive and receipt for the pension allowed and request that the result same to

at _____

Witness my hand and seal this _____ day of _____, 1988.

Executed in presence of _____

Attest to Richard Johnson Sec
No. 192
Richard Johnson
Fullerton, Ca

INDIGENT PENSION

1895.

Name *James R. Higgins*

County *Fullerton*

Given at _____

July 11 1895

RICHARD JOHNSON,

Secretary Railroad Department

WARRANT HANDED TO

att.

Wm. W. Hoffman, Secy Pension, Georgia

POWER OF ATTORNEY.

STATE OF GEORGIA,

County,

I,

being duly authorized

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

at

by

Witness my hand and seal this

day of

1895.

Executed in presence of

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

Fulton

County.

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

1. What is your name and where do you reside? (give State, County and post office)
James W. Higgins lives near New Market Georgia Fulton Co
2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State?
Same place for five years or over
3. When and where were you born?
Summit Co Ga 1828
4. Did you volunteer in the Confederate Army or in the Georgia Militia?
68th Ga. Inf.
5. When and where did you enlist?
Atlanta
6. In what company and regiment did you enlist?
68th Ga
7. How long did you remain in that company and regiment?
over 2 years
8. If you were discharged from same and joined another, or if you were transferred to another, give an account of such discharge or transfer?
Same, Co
9. For how long a period did you discharge regular military duty?
over 2 years
10. When, where and under what circumstances were you discharged from service?
taken Prisoner at Battle of Jonesborough
11. What is your present occupation?
when able Common labor
12. How much can you earn per annum by your own exertions or labor?
about \$25 a year
13. What has been your occupation since 1865?
farm labor
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?
\$125.00. Can contribute \$25.00 perhaps
15. What is your present physical condition and how long have you been in such condition?
Rheumatism Neuralgia & General debility 5 or 6 years have not been to be much
16. Upon which of the following grounds do you base your application for pension, viz.: first, "age and poverty," second "infirmary and poverty" or third "blindness and poverty"?
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?
old age & Poverty and infirmity him so for 5 or 6 years
18. What property, effects or income do you possess?
Nothing Whiter
19. What property, effects or income did you possess in 1893 and in 1894 and what disposition, if any, did you make of same?
had nothing in 1893 nor 1894 nor for years before that time
20. In what County did you reside during those years and what property did you then retain for taxation?
so Fulton Co. Received nothing for tax during those years
21. How were you supported during the years 1893 and 1894?
Scarcely by my labor and by the help of Charly
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?
helped him by Charly & laborer him
23. What was your employment during 1893 and 1894? What pay did you receive in each year?
worked at chopping wood & bandaging when able made perhaps \$25.00 for each year
24. Are you married and have you a family? If so, in your wife living and how many children have you? Give age and sex of children and their means of support.
have no wife nor have had nor no children

INDIGENT PENSION

1895.

James W. Higgins

Fulton

Aug 11/94

RICHARD JOHNSON,
Secretary Executive Board

WARRANT ISSUED TO
Att.

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

not receiving any pension from the force
 Sworn to and subscribed before me this the
 15th day of April 1895. } James M. Huggins
 M. L. Calhoun, Ordinary }
 of Fulton County.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Fulton County
 Oliver Baker, of said State and County, having been presented
 as a witness in support of the application of J. W. Huggins for pension
 under the Act approved December 15th, 1894, 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? *Oliver Baker*
2. Are you acquainted with J. W. Huggins, the applicant, if so how long have you known him? *about forty years*
3. Where does he reside, and how long has he been a resident of this State? *Fulton County*
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? *me and J. W. Huggins volunteered at same time*
5. When, where and in what company and regiment did he enlist? *before Co. 65 3d Regiment*
6. Were you a member of the same company and regiment? *Yes*
7. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? *I found J. W. Huggins lived six months or over about there when or when he was discharged*
8. What property, effects or income has the applicant? (Give your means of knowledge.) *he owns nothing of my knowledge nor has not for years*
9. What property, effects or income did the applicant possess in 1893 and 1894, and what disposition, if any, did he make of same? *he owned nothing in 1893 nor in 1894*
10. What is the applicant's occupation and physical condition? *he is a laborer old and feeble*
11. Is the applicant unable to support himself by labor of any sort, if so, why? *he is old and feeble to earn a living by labor*
12. How was he supported during the years 1893 and 1894? *I suppose by his labor*
13. What portion of his support for these two years was derived from his own labor or income? *all of his labor as far as I 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. *old and age poverty and unequal ability*
15. What interest have you in the recovery of a pension by this applicant? *none*

Sworn to and subscribed before me, this
 the 20th day of April 1895. } Oliver Baker
 M. L. Calhoun, Ordinary }
 of Fulton County.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Fulton County.
 Personally seen before me
 W. H. Rice, and
 J. F. Pierce, both known to me as reputable physicians
 of said county, who being severally sworn, say on oath that they have examined carefully
 James M. Huggins, applicant for pension under the Act of 1894, and after
 such personal examination, that his precise physical condition is as follows:

*He has Chronic Rheumatism, also
 suffers a great deal from Neuralgia
 old age poverty and general debility.*

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

Sworn to and subscribed before me, this
 the 1st day of April 1895.
 M. L. Calhoun, W. H. Rice, J. F. Pierce, Jr.,
 Ordinary

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Fulton County.
 I, M. L. Calhoun, Ordinary in and for said County, hereby certify that
 the applicant James M. Huggins 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. Oliver
 Baker, J. F. Pierce and W. H. Rice are of trustworthy character and that their statements are entitled to full faith and credit.
 I further certify that before answering the foregoing questions, the applicant and each witness took
 the oath herein prescribed, and that the full text of the affidavits was read to the applicant and witnesses
 before same were signed.

I further certify that the tax digests of, Fulton County show that applicant
 returned for taxation in his name in 1893, \$0.00 dollars
 of property, and in 1894, \$0.00 dollars of property.
 Witness my hand and seal of office, this 20th day of April 1895.
 M. L. Calhoun, Ordinary
 of Fulton County.

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

Fullton Co Alms House
Jan 13 1896
I hereby authorize Dr R.L.
Hopkins to collect my money
for me.
Wm L. Hoath

Judge Richard Johnson: Dr R.L.
Hopkins is the agent of the Fullton Co
Alms House & is a thoroughly responsible
man & while the alms house of
accounting is not perfect I believe
it safe to pay the same to
Dr Hopkins. January 13th 1896
Wm L. Hoath
Collector

NAME, Higgins, James Wily

WHEN AND WHERE BORN? Owinett County, Ga. 1888.

ENLISTED WHEN AND WHERE? Atlanta, Georgia.

COMPANY AND REGIMENT? Co. C, 68rd. Co. Regt. (Cravers Co.)

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE? Captured at Battle of Jonesboro, Ga.

RELEASED.

WHEN AND WHERE DISCHARGED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSED, Oliver Baker, No data.

P.O. 1896 COUNTY. Fulton County.

JET

P.O.

1896

COUNTY. Fulton County.

JUT



Widow's Application
Emma E. Hightower
Oct 1911
Widow of C. W. Hightower
Widow of

Widow's Application

To Be Put on Roll in Her Own Right, when
Husband Was on Roll at Death.

County

Tulston

Name

Emma E. Hightower

Widow of

C. W. Hightower

Approved

J. W. LINDSEY
Commissioner of Prisons

Chas. F. Byrd, State Printer, Atlanta.

9/2/10

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

T. C. Bagmore

of said County, who, after being sworn, on oath says that he knows Mrs. Emma E. Hightower 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 6 day of July 1927, and that a Pension of \$ 15.00 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 \$34.00, per sworn statements fully and completely ITEMIZED hereto attached

Sworn to and subscribed before me

A. S. Battistone Ordinary
Fulton County

(Seal of Ordinary)

T. C. Bagmore

CERTIFICATE OF ORDINARY

GEORGIA, Fulton County

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

that I personally know T. C. Bagmore who is a resident citizen of said County, and that said person is of truthful and trustworthy character, entitled to full faith and credit; that I also know Mrs. Emma E. Hightower 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 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 20 day of July 1927

(Seal or Ordinary)

Thos. H. Jeffries Ordinary
Fulton County

INSTRUCTIONS:

1. Receipts showing expenses of last illness and funeral, to make out their accounts to fully itemized form, giving each item and the date of it, and each date.

2. 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."

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

4. 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 proof satisfactory to make the payment.

5. The Ordinary shall pay out, to Ordinary, for the pension and then deliver the money himself and take receipts.

6. Return this certificate, and attached bills, with your last settlement, to the Pension Department.

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

WIDOW'S AFFIDAVIT.

STATE OF GEORGIA.

Fulton County.

Personally before me comes Emma E. Hightower of said County, who, after being duly sworn, on oath says, that she is the widow of E. W. Hightower whom in the County of Cherokee State of Georgia she was married on the 13th day of May 1868 and that she remained his wife, and resided with him to the date of his death in June 1895 and that she has not since his death remarried. At the time of his death he was a resident of Fulton County, in Georgia, said State of Georgia, and he was on the Indigent Pension Roll of the State and paid a pension of \$ 15.00 per annum, on account of being a soldier in Company K 15th Georgia Regiment (Volunteers of State Militia).

At the death of E. W. Hightower he was in the use and possession of the following property no property except household goods

of the cash value of \$ 50.00

What property of any kind and of any value have you in your use, control and possession now, and the cash value (State fully).

<u>no</u>	Acres land.	\$
<u>no</u>	Horses and Mules	\$
<u>no</u>	Hogs, Cows, etc.	\$
	Total Cash value of all property	<u>nothing</u>

That she is now a bonafide resident citizen of said County of Fulton and she has so continuously resided since 31st day of December 1894

Sworn to and subscribed before me, this the 30th day of August 1927 by Emma E. Hightower of Fulton County.

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

STATE OF GEORGIA.

Cherokee County.

Personally before me come W. C. Cox and Mrs. M. A. Florence known to be responsible and truthful persons, residing in said County, who after having duly sworn on oath, say: that of their own personal knowledge Mrs. Emma E. Hightower who made the foregoing affidavit, is the lawful widow of E. W. Hightower who died in Fulton County in said State of Georgia on 15 day of June 1895 and that she has not since remarried. That she became the wife of E. W. Hightower on the 13 day of May 1868 and that she and he had resided together as man and wife continuously since 13 day of Feb 1868 and that the same was the same man who was on the pension roll of said State Georgia from Fulton County when he died.

Sworn to and subscribed before me, this the 30th day of Sept 1927 by W. C. Cox and Mrs. M. A. Florence of Cherokee County.

and. Each account must be sworn to before the Ordinary, and in the following form: "I, Do not see the same, "Just, true, due, unpaid," etc.)
 "The above and foregoing account is rendered for service in the last illness or for funeral expenses, as the case may be) of
 who died without leaving sufficient property to pay this bill.
 and. The Ordinary must see to it that each bill is properly indorsed in every respect, and properly sworn to, and all attached neatly to this
 blank, when this blank has been properly completed as indicated.
 and. The completed voucher—this blank and the bill—must be sent to the Pension Department for approval and no money must be paid
 out until it is received in full as your authority to make the payment.
 and. The Ordinary signs your bill, as Ordinary, for the pension and then delivers the money himself and takes receipt.
 and. Return this application, and attached bills, with your final settlement, to the Pension Department.
 and. Ordinary should see that the back of this blank, when filled, is filed out.

day of Sept 19110 and that 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

H. P. Woodard 19110
 of Georgia Ordinary

Mrs. M. A. Florence
 County.

Hightower, Emma E. (Mrs.)
763

For Fulton County

1927

Application for Pension Due Deceased Pensioner

(UNDER ACT 1919)

(To pay expenses of last illness and funeral)

Thos H Jeffries Ordinary

For Emma E. Hightower

Date of Death July 6 1927

Amount \$160.00

Approved and ordered paid OK

John W. Clark
 20 Aug. 27 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.

T. C. BAZEMORE CO.

FUNERAL DIRECTORS
 MODERN AUTO EQUIPMENT-CHAPEL-FLOWERS
 UP-TO-THE-MINUTE AMBULANCE SERVICE
 CORNER CAPITOL SQUARE & WASHINGTON ST.
 TELEPHONE WAL. 8712

ATLANTA, GA. 7/8/27

Mrs. L. M. Parham

College Park

Ga.

Date of death July 6, 1927

To the funeral expenses of Mrs. Emma E. Hightower

Grey Broadcloth covered casket . .	\$150.00
Embalming	15.00
Use of Hearse	15.00
Funeral Notices	3.00
Palldressers Gloves	1.00
Cement Vault	50.00
Total	\$234.00

State of Georgia
County of Fulton
 I, Brotherly affirm that the above is a true
and just statement of the funeral
expenses of Mrs. E. E. Hightower
deceased T. C. Bazemore



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 _____, 1906.

[L. S.]

Executed in presence of _____

Hightower, C. W.
Fulton Co.

No. *102* 1906

INDIGENT PENSION.

1904, 1906

Name *C. W. Hightower*

County *Fulton*

No. *102* 13 Regl.

Approved *1906* 1906

JOHN W. LINDSEY
Commissioner of Pensions

WARRANT HANDED TO _____

Ordinary will retain same of Applicant, County and Pensions, or both as indicated above.

See P. 100, Code, Title 10, Section 100.

1906/10/1

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, _____ hereby authorize

of

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

at

by

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

[L. R.]

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, depose and answers as follows:

1. What is your name and where do you reside? (Give State County and post-office).
E. H. Hightower, Georgia Fulton Co. Atlanta
2. How long and since when have you been a resident of this State? *since 1861, only*
3. When and where were you born? *Jan 1846 Co. 21st Regt. 1846*
4. When and where and in what company and regiment did you enlist or serve? *1861 Co. 4th 1864 Regt. 2nd 1864*
5. How long did you remain in company and regiment? *The entire war. From 11th of June 1861 to 4th of Apr 1865.*
6. When and where was your company and regiment surrendered and discharged? *at Appomattox Court house Appomattox Co. Va.*
7. Were you present with your company and regiment when it was surrendered? *Yes*
8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority?
9. How much can you earn (gross) per annum by your own exertions or labor? *Not a dollar!*
10. What has been your occupation since 1865? *from 1865 to 1873 farmer*
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"?
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?
age, infirmity & poverty
13. What property, real and personal, or income, do you possess, and its gross value?
14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, by sale or gift, have you made of same?
None
15. In what County did you reside during those years, and what property did you then return for taxation?
Fulton Co
16. How were you supported during the years 1899, 1900, 1901 and 1902? *By my own labor*
17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income?
18. What was your employment during 1898, 1899, 1901 and 1902? What pay did you receive in each year?
Farmer
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? *I have wife & 4 children. No means of support. 63, 66, 13, 10, 11 respectively*
20. Are you receiving any pension? If so, what amount and for what disability?
Yes \$12.00
21. Have you ever made an application for pension before? *Yes*
22. How many applications have you ever made and under what claim?

Sworn to and subscribed before me this 10th day of July 1902

E. H. Hightower

Applicant.

Ordinary.

County.

Every Question MUST Be Answered.

INDIGENT PENSION.

100 4 906

E. H. Hightower

Fulton Co

13 Regt

1906 1900

James W. Lindsey

WARRANT HANDLED TO

Ordinary with seal of Department Company

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QUESTIONS FOR WITNESS.

STATE OF GEORGIA.

Fulton COUNTY.

Robert Hardy of said State and County, having been presented as a witness in support of the application of E. W. Highower for pension under section 1254, Code, and after being duly sworn true answers to the following questions, depose and swear as follows:

1. What is your name and where do you reside? Atlanta Logan St. 120 A

2. Are you acquainted with E. W. Highower the applicant; if so, how long have you known him? 40 years

3. Where were you residing, and how long and where has he lived a husband of this State? Atlanta Ga. 1861

4. When, where and in what company and regiment did he enlist, and how do you know? Co. H, 13th Ia. Infantry, 1861. Enlisted

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

6. How long did he perform regular military duty? 4 years on

7. When and where was his command surrendered? April 9th 1865, at Appomattox

8. Were you present when it surrendered? Yes, on April 9th 1865

9. Was applicant present? He was on the 8th April 1865

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

When did he leave his command? all above For what cause? all above

By what authority he left? all above How do you know all of this?

11. What property, effects or income has the applicant? (Give your means of knowledge.) None except by his one labor

12. What property, effects or income did the applicant have in 1890, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, did he make of same? Had a promise to hold it by creditors to collect their money due him

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? 64 years old and his legs give out

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

as above stated

16. How was he supported during the years 1890, 1897, 1898, 1899, 1900 and 1902? by one labor and help of others

17. What portion of his support for those four years was derived from his own labor or income? Hardly a living - had help

18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? Old age, feebleness and unable to stand long on legs

19. Who compose family? What property have they? Children's age and their earning capacity? one child a girl 13 years old

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

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

John W. Winkler Ordinary.

Robert Hardy

John W. Winkler Ordinary.

John W. Winkler Ordinary.

John W. Winkler Ordinary.

John W. Winkler Ordinary.

John W. Winkler Ordinary.

John W. Winkler Ordinary.

John W. Winkler Ordinary.

John W. Winkler Ordinary.

John W. Winkler Ordinary.

John W. Winkler Ordinary.

John W. Winkler Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA.

Fulton COUNTY.

Personally came before me Dr. Braxfield & Lindome and

both known to me as reputable physicians

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

E. W. Highower applicant for pension under Section 1254, Code, and after

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

Age 64 years and feeble

patient applicant states that he has

a great deal of trouble in walking, when

pension payments of \$100.00 per year are

and that we have no interest in said pension being allowed

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

John W. Winkler Ordinary.

John W. Winkler Ordinary.

John W. Winkler Ordinary.

John W. Winkler Ordinary.

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John W. Winkler Ordinary.

John W. Winkler Ordinary.

John W. Winkler Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

Fulton COUNTY.

1. John W. Winkler Ordinary, in and for said County, hereby certify

that the applicant E. W. Highower resides in said County, and has

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

and that the witness, viz: Robert Hardy

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 me was signed.

I further certify that the tax digest of County shows that applicant

returned for taxation in his name in 1899 Dollars of

property, and in 1900 Dollars of property; in 1901

Dollars of property; in 1902

Dollars of property.

In my opinion the foregoing claim is made in good faith

Witness my hand and seal of office, this 20th day of December, 1904.

John W. Winkler Ordinary.

John W. Winkler Ordinary.

John W. Winkler Ordinary.

John W. Winkler Ordinary.

John W. Winkler Ordinary.

John W. Winkler Ordinary.

John W. Winkler Ordinary.

John W. Winkler Ordinary.

John W. Winkler Ordinary.

John W. Winkler Ordinary.

NOTE.

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

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

3. In every case the Ordinary must certify to the character of the witness, and as to the execution of the proof as above set out.

14. Give a full and correct statement of the facts of the case, and of the evidence in support of your claim.
Section 1234, Code? Old age, feebleness and inability
to stand, walk or legs
15. Who compose family? What property have they? Children's age and their earning capacity?
one child a girl 15 years old
16. What interest have you in the recovery of a pension by this applicant? none
Sworn to and subscribed before me, this 15 day of Oct, 1908.
John W. Winters Ordinary.
Robert Hardy

Witness my hand and seal of office, this 15 day of December, 1908.
John W. Winters Ordinary,
of Granton County.

NOTE.

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

POWER OF ATTORNEY.

STATE OF GEORGIA.

COUNTY: }

hereby authorize

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

at

Witness my hand and seal, this _____ day of _____ 1906.

[L. S.]

Executed in the presence of

Order Number 186.
(FOR THOSE ALREADY ENROLLED.)

Highlander, H. J.
Fulton Co.
Enrolled 7844 1906

INDIGENT
SOLDIER'S PENSION
1906. 1907

Name *H. J. Highlander*
County *Fulton*
Co. *5* Regiment *21st*

WARRANT ISSUED

Enr 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Enr

AND RETURNED TO THE OFFICE OF THE COMMISSIONER

E. P. O.
1907
No data

State of Georgia,

Fulton

County.

Personally appears H. J. Hightower 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 63 years old and by occupation a Farmer, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of 4 yrs in Company 5, of 24th Regiment of 82; that his physical condition is as follows: Aggravated

that his property consists of the following items: None

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 1906. I have heretofore, as a resident of Harris County, been allowed a pension for the year 1905.

Sworn to and subscribed before me, this the 20th day of August, 1906, H. J. Hightower Ordinary.

State of Georgia,

Fulton

County.

I, John Broderick Ordinary of said County, do certify that I am well acquainted with H. J. Hightower the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 August, 1906.

John Broderick Ordinary Fulton County.



NOTE.—This affidavit must be filed.
NOTE.—A Affidavit should not be filed before January 1st, 1906.

Mrs. H. J. H.



2/24/14.

Union St.

THE MOST MODERN FUNERAL HOME IN THE UNITED STATES

2/12/14.

Casket & Box.	40.00
Embalming & Services.	10.00
Hearse.	5.00
Bait & 15.00 4 Carriages.	30.00
Grave.	10.00
	100.00

Georgia,
Fulton County.

Personally appeared before me this the 24th. day of Feb. 1914, the undersigned O. O. Boden Mgr. for Harry G. Boden, who after being duly sworn says that the above bill is just due and unpaid.

H. G. Boden

GEORGIA, Harris County.

I, the undersigned, do certify that H. J. Hightower now Indigent Pensioner of this county, is on the Pension roll and draws a pension of Sixty Dollars for 1907. The bearer is the same man of Company 20 Regiment, who enlisted on day of May 1861, and was discharged on the day of April 1862, was granted a pension \$ 60.00 for 1907.

Proven by James M. M. as witnesses.

Given under my hand and official seal this

the 10 day of Aug 1907.

J. P. Williams
Ordinary's L. S.

(SEAL)

Application for Pension Due to a Deceased Pensioner

UNDER THE ACT OF AUG. 12, 1904, TO BE PAID TO THE ORDINARY FOR FUNERAL EXPENSES AND EXPENSES OF LAST ILLNESS.

Georgia, Fulton County.

Personally before me, the Ordinary of said County, comes Harry G. Boden.

of said County, who, after being sworn, on oath says that he knew H. J. Hightower of said County, and that he was on the Indigent Pension Roll of Fulton County at the time of his death, which occurred in Fulton County, in this State, on the 10th day of July 1914, and that a Pension of Sixty Dollars was due him and unpaid at the time of his death. That he left no widow or dependent children surviving him, and no estate of any value sufficient to pay his funeral expenses, which amounted to the sum of 100.00 Dollars, as per sworn statement, itemized, hereto attached.

Sworn to and subscribed before me

John P. Williams Ordinary
Fulton County

Georgia, Fulton County.

John P. Williams Ordinary of said County, do certify that I personally know Harry G. Boden who is a resident citizen of said County, and that he is of a truthful and trustworthy character, entitled to full faith and credit.

I also knew H. J. Hightower while he lived, that he was the same person whose name appears on the Indigent Pension Roll of Fulton County, and was paid a Pension of Sixty Dollars in said County for 1913, and I now believe him to be dead.

Given under my hand and official seal, this 24th day of February 1914.

John P. Williams Ordinary,
Fulton County.

Proven by James H. Hume as witnesses.

Given under my hand and official seal this

the 10 day of Aug 1907

(SEAL)

J. F. Williams
Ordinary's L. S.

of James H. Hume Dollars in said County for 1913 and
I now believe him to be dead.

Given under my hand and official seal, this 24 day of February 1914.

John R. Williams
Ordinary,
Ordinary County.

RECORDED O. K.
Nightower, Leander
Fulton County 1938

Widow's Application

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

County, Fulton

Name Mrs. Leander Nightower

Widow of Harvey Judson Nightower

Date of Marriage Nov. 18th, 1881

Date of Husband's Death March 1914

Company

Regiment 20th Regt. Inf.

Approved Nov. 22, 1937

R. M. ...
 Director.

En. or ...

State Dept. Public Welfare,
 Atlanta, Nov. 8, 1937.

Harvey Judson Nightower enlisted as a private in Co. C, 20th Regt. Ga. Inf. Feb. 22, 1862. Surrendered, Appomattox, Va., Apr. 9, 1865.

William ...
 Director Confederate Records Div.

AUG 19 1937

Ordinary's Certificate

STATE OF GEORGIA

Fulton

COUNTY

THOMAS H. JEFFERSON

Ordinary of said County, do certify

I know

Mrs. Leander Nightower

the applicant for pension; that

she is the person the applicant heretofore to be, and that she has been, continuously, a bona fide resident of said State since January 1st, 1920; that I also know Mrs. T. B. ...

the witness who went to the ... 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 correct as to all facts and details.

Given under my hand and seal of office this ...

(SEAL OF ORDINARY)

Fulton

County

REMARKS

1. Before any application for pension is received by the Ordinary of said County, the following facts must be ascertained: (a) Is the applicant a bona fide resident of said County? (b) Is the applicant a bona fide resident of said State? (c) Is the applicant a bona fide resident of said State since January 1st, 1920? (d) Is the applicant a bona fide resident of said State since January 1st, 1920? (e) Is the applicant a bona fide resident of said State since January 1st, 1920? (f) Is the applicant a bona fide resident of said State since January 1st, 1920? (g) Is the applicant a bona fide resident of said State since January 1st, 1920? (h) Is the applicant a bona fide resident of said State since January 1st, 1920? (i) Is the applicant a bona fide resident of said State since January 1st, 1920? (j) Is the applicant a bona fide resident of said State since January 1st, 1920? (k) Is the applicant a bona fide resident of said State since January 1st, 1920? (l) Is the applicant a bona fide resident of said State since January 1st, 1920? (m) Is the applicant a bona fide resident of said State since January 1st, 1920? (n) Is the applicant a bona fide resident of said State since January 1st, 1920? (o) Is the applicant a bona fide resident of said State since January 1st, 1920? (p) Is the applicant a bona fide resident of said State since January 1st, 1920? (q) Is the applicant a bona fide resident of said State since January 1st, 1920? (r) Is the applicant a bona fide resident of said State since January 1st, 1920? (s) Is the applicant a bona fide resident of said State since January 1st, 1920? (t) Is the applicant a bona fide resident of said State since January 1st, 1920? (u) Is the applicant a bona fide resident of said State since January 1st, 1920? (v) Is the applicant a bona fide resident of said State since January 1st, 1920? (w) Is the applicant a bona fide resident of said State since January 1st, 1920? (x) Is the applicant a bona fide resident of said State since January 1st, 1920? (y) Is the applicant a bona fide resident of said State since January 1st, 1920? (z) Is the applicant a bona fide resident of said State since January 1st, 1920?

State Dept. Public Welfare,
Atlanta, Nov. 6, 1907.

Harvey Judson Hightower as-
signed as a private in Co. G,
20th Regt. Ga. Inf. Feb. 28,
1862. Surrendered, appointment,
Mar., Apr. 9, 1865.

Director Confederate Records
Div.

RECEIVED O. K. (M)
Hightower, Leander J.
Fulton County, Ga.
Mar. 1908

Widow's Application

Under Act of 1910—As Amended by Act of
1915, and Constitutional Amendments
of 1920 and 1937.

Country: Fulton
Name: Mrs. Leander Hightower
Widow of: Harvey Judson Hightower
Date of Marriage: Nov. 1862. 1861
Date of Husband's Death: March 1864.
Company: 20th Regt. Ga. Inf.
Regiment: 20th Regt. Ga. Inf.
Approved: [Signature] 1908
Div.

Ordinary's Certificate

STATE OF GEORGIA.

Fulton COUNTY.

I, THOMAS H. JEFFRIES, Ordinary of said County, do certify
that I know Mrs. Leander Hightower, 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, 1900; that I also know Mrs. E. R. Peak,
the witness who swears to the correctness 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 19th day of August, 1907.
(SEAL OF ORDINARY) Ordinary,
of Fulton County.

INSTRUCTIONS:

- Before any questions are answered the Ordinary shall swear applicant and the witnesses in the following words: "You do solemnly swear that you will truly answer 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 black names are insufficient.
- Only evidence who appeared prior to January 1st, 1900, are entitled.
- Affidavits must be made before the Ordinary of the County in which the applicant or witness reside and must be received by such Ordinary.
- For each certified copy of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
- Put on the back of the application receipt.
- Don't use the bulky form of Marriage Certificate in regard throughout the State. A short, simple form is easier to handle.
- 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, Leander Hightower, 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) 540 Cooper St.,
April 5, 1897. Fulton County, Ga.

2. How long and since when have you been, continuously, a bona fide resident citizen of the State
of Georgia? All my life.

Give date, or year, of your birth. Mar. 28, 1857. Age: 50.

3. (1) When, (2) where and (3) to whom were you married? Nov. 16, 1861, Harris Co.,
Georgia, Harvey Judson Hightower.

- Have you married since the death of first and soldier husband? No.
- When and where did your first husband die? Mar. 1914. Atlanta, Ga.
- 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, has, Fulton Co., Ga.
- If so, when and for what cause were you or your husband placed on the roll? Soldier.

SECTION II. Was he a Soldier?

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.

- When, and where did the Commands of your husband surrender or discharge from the Service?
- Was your husband personally present with his Command when it was surrendered or discharged?
- If he was not present, state specifically and clearly where he was?
- When did he leave the Command? Nov. 1862.
- For what cause did he leave? ---
- By whose authority did he leave? ---
- For how long was his leave of absence granted? --- d. 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 his Command? ---
- Was he captured by the enemy at any time? ---
- If so, when and where? In what prison was he held and when was he released?

Sworn to and subscribed before me, this the

19th day of August, 1907.

H. K. Kemp, Ordinary

of Fulton County.
(SEAL OF ORDINARY)

Leander Hightower
Mrs. J. C. Ragsdale

An Affidavit

(Read carefully before making this affidavit.)

State of Georgia,

County of Fulton

Before me, the Ordinary of said County, comes Mrs. Leander Lightower, who, after being duly sworn, deposes and says:

1. That she is an applicant for the Georgia pension allowed to widows of Confederate soldiers;
2. That her deceased husband was not a pensioner of the State of Georgia at the time of his death, and, therefore, his Confederate military service has not heretofore been proven in connection with an application for pension;
3. That she is unable to obtain from any person or source evidence as to the Confederate military service of her deceased soldier husband;
4. That this affidavit is being made to authorize the use, as evidence, of any official record of said Confederate military service as may be preserved either at the Capitol in Atlanta, or in the office of the Adjutant-General, Washington, D. C.

Sworn to and subscribed before me, this the

1st day of August, 193 7

H. P. Kemp Ordinary,

Fulton County.

Leander Lightower
Witness to mark

Mrs W C Ragdale

Questions for Witness as to Marriage and Service of Husband.

STATE OF GEORGIA,

Fulton

COUNTY.

Mrs. W. C. Ragdale, of said State and County is hereby presented as a witness in support of the application of Mrs. Leander Lightower for the pension provided by the Act of 1910, as amended by the Act of 1919 and the Constitutional Amendments of 1920 and 1937, in said State, who, after being sworn true answers to make to the questions propounded, answers as follows, to-wit:

1. What is your name and where do you reside? (Give Post Office and County) Mrs. W. C. Ragdale, Sassa, Ga., Coweta County, St. A.
2. How long and since when have you known Mrs. Leander Lightower, applicant All my life, since her death.
3. Where does she now reside, and since when has she been, continuously, a bona fide, resident citizen of this State? 240 Cooper St. Apt. 2, Atlanta, Ga. All her life.
4. When and to whom was she married? Nov. 18, 1881, to Harvey Judson Lightower.
5. How long and since when did you know Harvey Judson Lightower, her husband? From 1880, until his death.
6. When and where did Harvey Judson Lightower the husband of applicant, die? March 1914, in Fulton County, Ga.
7. Were the applicant and her husband living together as husband and wife at the date of his death? They were.

8. If not, how long did they live apart before his death? None.
Were they divorced? No.

If the husband of the applicant was a pensioner, DO NOT answer the following questions.

9. When, where and in what Company and regiment did enlist?
(Give date and place).
10. How did you obtain your information of this service?
11. How long within your personal knowledge did he perform actual military service with this Company and Regiment? (Give dates.)
12. When and where was his Command surrendered or discharged? (Give date and place.)

13. Were you personally present with this Command when it was surrendered?
If not, where were you and how came you there?

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

When, where and for what cause did he leave his Command? (Give date.)
By whose authority did he leave his Command?

and how long was he granted leave?
How do you know all that you have stated to be true? (If of your own knowledge, state clearly and specifically.)

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

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

17. Was he captured as a prisoner? If so, when and where?
In what prison was he held? and when released?

Sworn to and subscribed before me, this the

2nd day of August, 193 7

H. P. Kemp Ordinary,

Fulton County.

(SEAL OF ORDINARY)

Mrs W C Ragdale
(Witness)

For Fulton County

Application for Expenses of Last Illness and Funeral

(UNDER ACT OF 1919)

Thos. S. Jeffries, Ordinary

For Mrs. Leander Hightower
(Name of Deceased)

Date of Death: Dec 10, 1937

Amount: \$

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

Approved, and ordered paid,

A. L. Henson
CONFEDERATE DIVISION
STATE DEPARTMENT OF PUBLIC WELFARE
A. L. HENSON,
Director, Veterans Service Office.



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

Registered No. 5427

1. PLACE OF DEATH
County Fulton Middle District (Number and Name) 1061 State of Georgia
City or Town Atlanta Length of residence in this city or town: Yrs. Mos. Ds. NON-RESIDENT (Yes or No.)
Street and Number (Sta.) Grady Hospital (Street) Ward
(If death occurred in a hospital, give the name (number of street and number):

2. FULL NAME Mrs. Leander Hightower
Residence (City or Town) 340 Cooper St. (Street and Number) (State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR White 5. MARRIAGE Widowed
(Specify whether single, married, widowed, divorced (write the word))

6. DATE OF BIRTH (month, day, year) 5/29/1867
7. AGE 80 Months Days If less than one day

(13) Trade, occupation, or profession Domestic
(14) Industry or business in which work was done, or service rendered, last, etc.

8. DECEASED (15) Date deceased last worked at this occupation (month and year) (16) Total years married

9. BIRTHPLACE GA.

10. NAME J. C. Beach

11. BIRTHPLACE GA.

12. MARRIAGE NAME Sarah Winton

13. BIRTHPLACE GA.

14. INFORMANT Mrs. T. H. Peak
(Name) 340 Cooper St. S. W.
(Address) Washview Cemetery
(Place of Burial) Atlanta, Ga. 12/11/1937

15. UNDERTAKER J. Austin Dillon Co.
(Name) by W. W. Hagood
(Address)

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec. 10, 1937 at 4:56 A.M.
(Month, Day, Year) (Hour)

17. I HEREBY CERTIFY That I attended the deceased from 12/9/1937 to 12/10/37
I last saw at after death is said to have occurred on the date and place stated above.

The principal cause of death and related causes of importance in the order of death and duration of each:
Hypertensive heart disease

Other contributory causes of importance:

What test confirmed diagnosis? Clinical
(Specify whether autopsy, operation, laboratory, or clinical)

If death was due to external cause (violence) fill in also the following:
Was injury an accident, suicide, or homicide?

Where did injury occur?
Specify city or town, if outside of limits, the country, and also the state:

Did injury occur in a house, public place or industry?
Nature of injury:
Nature of injury:

(Signed) L. H. McDonald M. D.
Grady Hospital

(Address)

18. FILED 12/11/1937
(Signed) (Local Registrar)

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

GEORGIA,
FULTON COUNTY.

Atlanta, Ga. 1/7/1938

I hereby certify that the foregoing is a true and correct copy of the record of death Number 5427.

of the series of 1937 for Mrs. Leander Hightower
as appears on file in the office of the Registrar of Vital Statistics for the City of Atlanta.

(Signed)

SEAL

REALITY OFFICE

Georgia, Harris County.

I, J. B. Peavy, Ordinary and ex-officio Clerk of the Court of Ordinary in and for said County, do hereby certify that the within is a true and correct copy of the marriage record of Harvey J. Hightower and Miss Leander Beach, as the same appears of record in this office, and of the whole of such original record.

This the 2nd day of August, 1937/

J. B. Peavy Ordinary

MARRIAGE LICENSE

AND

Issued

and Recorded on Page

of Marriage Licenses

Book

19

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 M. H. Pennington

of said County, who, after being duly sworn, on oath says that he knew Mrs. Leander C. Hightower 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 ANY KIND OR VALUE sufficient to pay the expenses of last illness and funeral, which amounted

to the sum of \$102.24, as shown by sworn statements FULLY and COMPLETELY

ITEMIZED, hereto attached.

Sworn to and subscribed before me,

this the 10 day of July, 1938.

Marvin H. Pennington Ordinary.

340 Cooper Apt 5

CERTIFICATE OF THE ORDINARY

GEORGIA, Fulton County.

I certify that Marvin H. Pennington 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. Leander Hightower 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 19 day of January, 1938.

(Seal of Ordinary) J. B. Peavy 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 certify to this blank, after this blank has been properly completed and signed as indicated.
- 5th. The completed voucher—this blank and the bill—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 filed 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.

Georgia, Harris County.
 I, J. B. Peavy, Ordinary and ex-officio Clerk of the Court of Ordinary
 in and for said County, do hereby certify that the within is a true and correct
 copy of the marriage record of Harvey J. Hightower and Miss Leander Beach, as
 the same appears of record in this office, and of the whole of such original
 record.

This the 2nd day of August, 1937/

J. B. Peavy Ordinary

MARRIAGE LICENSE
 OF

AND

19

Book
 and Recorded on Page

of Marriage License

Ordinary

that he knew *Mr. Leander C. Hightower* 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
 of any kind or value
 ANY KIND OR VALUE sufficient to pay the expenses of last illness and funeral, which amounted
 to the sum of \$102.25, as shown by sworn statements FULLY and COMPLETELY
 ITEMIZED, hereto attached.

Sworn to and subscribed before me,

this the 20 day of *July*, 1937.
Charles B. Smith Ordinary.

Mervin F. Pennington
340 Cooper Apt 5

CERTIFICATE OF THE ORDINARY

GEORGIA, Fulton County.

I certify that Mervin F. Pennington 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. Leander Hightower 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 19 day of January, 1938.

(Seal of Ordinary) *J. B. Peavy* Ordinary.

INSTRUCTIONS:

- 1st. Certified copy of Burial Certificate must accompany this application.
- 2nd. Receive these 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 vouchers, 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.

"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 owing 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 bill--must be sent to the Veterans Service Office for approval and no money must be paid out until it is returned in pay as your authority to make the payment.

6th. Return this application, and attached bill, 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 assets, 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.



Harvey J. Hightower

and Miss Leander Beach

*You are hereby authorized to join
in the Holy State of Matrimony, according to the Constitution
and Laws of this State and for so doing this shall be your License
And you are hereby required to return this License to me
with your Certificate hereon of the fact and date of the Marriage,
within thirty days after the date of said Marriage.*

Given under my hand and seal this 16th day of
November 1881

J. F. C. Williams
Ordinary (L.S.)

STATE OF GEORGIA

CERTIFICATE

COUNTY OF HARRIS

I Certify that Harvey J. Hightower *and* Miss Leander Beach

were joined in Matrimony by me this 16th day of November ~~1881~~

~~1881~~ 1881.

Recorded

(1)
Ordinary.

E. J. Burch, Minister of the Gospel

ATLANTA, GA. Jan. 8 1938.

For Funeral Expenses of Mrs. Leander E. Hightower

340 Cooper St.

J. AUSTIN DILLON COMPANY

FUNERAL DIRECTORS

802 PRYOR STREET S. W.

PHONES / MAIN 4881

MAIN 4881

PRIVATE AMBULANCE

Dec. 10 1937

Casket & Box.
Embalming & Services.
Grave Fee (10.00)
Box to cemetery.
Hearse.

102.25

Georgia.

Fulton County.

Personally appeared before me J. Austin Dillon who after being sworn says the above account is just true and paid and was for the funeral expenses of Mrs. Leander E. Hightower who died Dec. 10 1937.

J. Austin Dillon
Mr. J. Austin Dillon.

State of Georgia,
Fulton County.

Personally before the undersigned authority now comes MRS. T. R. Peck, who upon oath says that he knows Mrs. Leander Hightower, and knows that she was living with her husband Harvey Judson Hightower, 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 2nd day of August 1937

H. J. Kemp
H. J. Kemp,
C. C. Ordinary, Fulton Co., Ga.

Mrs. T. R. Peck

Atlanta, Ga., January 27 1938.

Received of Thos. H. Jeffries, Ordinary, check for \$30.00 to apply on funeral expenses of Mrs. Leander Hightower, a deceased pensioner of Fulton County. I certify that this amount has been paid by me to J. Austin Dillon and that I am entitled to be reimbursed for this amount, which is now due and owing to me and has not previously been paid to me.

Thos. H. Jeffries

STATE DEPARTMENT OF PUBLIC WELFARE

MURT BUILDING

ATLANTA

Hon. Thos. H. Jeffries, Ordinary,
Fulton County,
Atlanta, Georgia.

WHEREAS:

MRS. LEANDER HIGHTOWER, WIDOW OF HARVEY JUDSON HIGHTOWER,

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

ORDERED:

That said applicant be admitted to the pension roll of the State of Georgia for the month of January, 19 38, and thereafter; and that a copy of this order be sent to the Ordinary of said County.

This, the 27th day of December 19 37.

L. Thos. Dillon
L. Thos. Dillon
Director, Confederate Division
State Department of Public
Welfare

knows that she was living with her husband Harvey Jackson Lightowar,
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 2nd day of August 1937

H. J. Kemp

C. C. Ordinary, Fulton Co., Ga.

Miss I R Peck

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.

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

Ordinary's Certificate

STATE OF GEORGIA

Bulton

COUNTY

I, *John H. Hester*, Ordinary of said County, do certify that I have *examined* the applicant for pension. She

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

and was on the 4th November 1914 *born* *in* *Georgia*

the witness who signed the foregoing affidavit; that she is *the* *widow* of *John H. Hester*

and that she is *the* *widow* of *John H. Hester* and that they both are rightful legal

widows, and their statements are entirely true and correct.

Signed and sealed at office this *10th* day of *Oct* 1914

(SEAL)

Ordinary.

County

NOTES: Before any questions are answered the Ordinary shall read Applicant and the witness in the following words: "You are solemnly sworn that you will true answers make to each of the questions asked you and that the witness

will answer the same truthfully. If you answer falsely, you will be guilty of perjury and your oath will be forfeited."

At the expiration of ten minutes after the reading of the foregoing affidavit and that they both are rightful legal

widows, and their statements are entirely true and correct. If not, give answers by name given, or by general

Widow's Pension

Under Act 1910—as Amended by Act of 1913

County *Bulton*

Name *Mrs. J. J. Hester*

Widow of *John H. Hester*

Company *A*

Regiment *10th M.A. Co.*

Approved

J. W. LINDSEY,
Commissioner of Pensions.

Printed at the State Printing Co., State Printer, Atlanta.

10-31-1919

Ordinary's Certificate

STATE OF GEORGIA.

Fulton COUNTY.

I, T. J. Hightower, Ordinary of said County, do certify that I know Mrs. L. J. Hightower 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 1919, at the time 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 before me and official seal of office this 10th day of Oct 1919.
(SEAL) T. J. Hightower Ordinary,
Fulton County.

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant 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 truth. So help you God."
2. Additional affidavits may be attached if blank space are insufficient.
3. Only evidence who married prior to January 1st, 1919, are entitled.
4. All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by said Ordinary.
5. Alleged marital status of marriage is obtainable. If not, prove marriage, by some person, or by general reputation.

Widow's Pension

Under Act 1915-as Amended by Act 1919

County	<u>Fulton</u>
Name	<u>Mrs. L. J. Hightower</u>
Widow of	<u>John H. Hightower</u>
Company	<u>A</u>
Regiment	<u>102th Inf. Div.</u>
Approved	<u>T. J. Hightower</u>

J. W. LAMBERT
Commissioner of State Revenue

10-31-1919

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. L. J. Hightower, 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. L. J. Hightower, 12 Duval St. Atlanta, Ga.
2. How long and since when have you been a continuing resident of the State of Georgia? All of my life except two years during the Civil War.
3. When, where and to whom were you married? Saturday, 17th Dec 75, at Seale's County, Georgia, to R. H. Hightower.
4. Have you married since the death of first and soldier husband? No, same ones.
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.) In 1862, 1863 & 1864, enlisted in 1st Co. of 10th Ga. Cavalry, State Guards.
6. When and where did the commands of your husband surrender or discharge from the army? I don't know.
7. Was your husband personally present at the time of the surrender or discharge of this command? Don't know.
8. If he was not present state clearly where he was? Don't know.
9. Where was his command when he left? Don't know.
10. For what cause did he leave his command? Don't know.
11. By whose authority did he leave his command? Don't know.
12. For how long was he granted leave of absence? Don't know.
13. What was his physical condition when he left his command? Don't know.
14. What effort did he make to return to his command? Don't know.
15. In what way was he prevented from going back to Command? Don't know.
16. Was he captured by the enemy at any time? Don't know.
17. If so, when and where captured and where held as a prisoner, and when and for what cause released? Don't know.
18. When and where did your first husband die? Atlanta, Ga. June 10th 1902.
19. Were you residing together when he died? Yes.
20. If not, how long had you resided apart? Resided with him until
21. How long did you reside with him? Don't know.
22. Have you or your husband heretofore been paid a pension by the State? No.
23. If so, when and for what cause was you or your husband placed on the roll? Never have drawn a Pension.

Sworn to and subscribed before me this the

10th day of October 1919.

Charles C. Edwards Ordinary

of Fulton County.

(SEAL)

Mrs. L. J. Hightower

STATE OF GEORGIA.

Fulton COUNTY

1. What is your name and where do you reside? Arch. Arvey
188 27 St. Atlanta Ga.

2. How long and since when have you known Since boyhood marriage applicant

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

4. When and to whom was she married? 1976 to H. H. H. H. How do you know? from records

5. How long and since when did you know James Boyland and his date her husband? Aunt Hester

6. When and where did June 11-1902
the husband of applicant die? Atlanta Ga.

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

8. If not, how long did they live apart before his death? Never - remained apart.

Were they divorced? Yes

9. When, where and in what Company and Regiment did 1963 Aug. 4th Vietnam was enlist?
as private in Co A. 10th Par. Caval. 1st Air Div. 1st Caval. Div.

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

11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? 6 months

12. When and where did his Command surrender, and was discharged? *Mustered out of service at home at expiration of 6 months service.*

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

14. Was the husband of applicant personally present at ~~command~~ ^{husband's unit} ~~422~~ If not 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? I was in service with him for six months in Co. A 10th Cav.

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

21 day of Oct 1919

Charles B. Merrill Ordinary

of Fulton County.
(SEAL)

Sworn to and subscribed before me this the
 21 day of Oct. 1919
 at Fulton County.
 (SEAL)

Arch. Arary

TO PAY-
 1930. \$ 127
 C.R. & C. 1930

For Fulton County

**Application for
 Expenses of Last
 Illness and Funeral**

(UNDER ACT OF 1918)

Trinity Hospital, Ordinary

For: Mrs. Lizzie J. Hightower
 (Name of Pensioner)

Date of Death: Sept 13, 1930

Amount: \$ 165.00

PAID TO ORDINARY ON THIS CLAIM

PAID FROM WHICH PAID	AMOUNT
1. <u>Chc</u>	<u>1.00</u>
2. <u>1/30</u>	<u>127.00</u>
3. <u>1/30</u>	<u>37.00</u>
4. <u>1/30</u>	<u>1.00</u>
5. <u>1/30</u>	<u>1.00</u>
6. <u>1/30</u>	<u>1.00</u>
7. <u>1/30</u>	<u>1.00</u>
8. <u>1/30</u>	<u>1.00</u>
9. <u>1/30</u>	<u>1.00</u>
10. <u>1/30</u>	<u>1.00</u>
TOTAL	<u>165.00</u>

Approved, and ordered paid,
 FEB 21 1931

W. L. Henson
 W. L. HENSON,
 Director, Veterans Service Office.

MAR 1 1931

H. M. PATTERSON & SON
 Spring Hill at Jones
 ATLANTA, GA.

Sold to for funeral services of Mrs. Lizzie J. Hightower
 E. McDonough Road

Sept 14, 1933

To Our Complete Service Including Casket \$17.00
 SPECIAL DISBURSEMENTS FOR YOUR CONVENIENCE
 Certified Certificate .50
 Dress 15.50
 \$33.00

State of Georgia)
 County of Fulton)

The above and foregoing account is rendered
 for funeral expenses of Mrs. Lizzie J. Hightower who died without
 owning sufficient property to pay this bill.

H. M. PATTERSON & SON
 BY Robt. Nelson
 Manager



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

1. PLACE OF DEATH
 County DeKalb Middle District (Number and Name) _____ State of Georgia
 City or Town Atlanta Length of residence in this city or town: Yrs. _____ Mon. _____ Days _____ Non-Resident (Yes or No.) _____
 Street and Number (No.) _____ (Street) 1170 Boulder Crest Dr. (If death occurred in a hospital, give its name instead of street and number.) Ward _____

2. FULL NAME
Mrs. Lissie J. Hightower,
1170 Boulder Crest Dr. (Street and Number) _____ (State) _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR White 5. MARRIAGE Widowed
 6. DATE OF BIRTH (Month, Day, Year) 3/10/1888
 7. AGE 45 8. TALL 5'7" 9. BUILD Thin 10. HAIR Black 11. EYES Blue

12. OCCUPATION
 (a) Trade, profession, or particular kind of work done at address: None
 (b) Industry or business in which work was done, or nature of service: None
 (c) Date deceased last worked at this occupation (Month, Day, Year) _____ (d) Total years spent in this occupation _____

13. BIRTHPLACE (City or Town) Tenn. (If foreign, give country) _____

14. NAME Leo
 15. BIRTHPLACE (If foreign, give country) Tenn.

16. MARRIED NAME Not known
 17. BIRTHPLACE (If foreign, give country) not known

18. DEPENDENTS
 (a) Mrs. E. C. Foster,
1170 Boulder Crest Dr.
 (b) Walter C. Foster,
DeKalb Co.
 (c) H. M. Patterson & Son
Atlanta, Ga. by J. E. Bowen

19. BURIAL PLACE
Waverly Cem.,
DeKalb Co.
 20. UNDERTAKER
H. M. Patterson & Son
Atlanta, Ga. by J. E. Bowen

21. MEDICAL CERTIFICATE OF DEATH
 14. DATE OF DEATH 9/13/33 at 4 A. M.
 (Month, Day, Year) _____ (Hour) _____
 15. I HEREBY CERTIFY That I attended the deceased from 9/5/33 to 9/13/33
 I last saw a SE after on 9/12/33 death is said to have occurred on the date and hour stated above.
 The certified cause of death and related causes of importance in the order of cause and duration of each:
Neuritis rheumatica,
Arthritis - myo-cardial insufficiency
 Other contributory causes of importance: _____

What was confirmed (Suggest: Pain swelling, irregular heart action, hemorrhage, laboratory, or clinical)?
He had the flu of summer and fall; all in view the following:
 Was injury an accident, suicide, or homicide?
 Where did injury occur?
 (Specify site or town, if possible of limits, the county, and also the state)
 Did injury occur in a home, public place or industry?
 Manner or injury:
 Nature of injury:
 (Signed) J. E. Bridges, M. D.
E. Atlanta, Ga.,
 (Address) _____

16. FILED 9/13/33
 (Signed) Bohannon (Local Registrar)

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

GEORGIA,
 FULTON COUNTY.

Atlanta, Ga. 10/9/33

I hereby certify that the foregoing is a true and correct copy of the record of death Number 3599 of the series of 1933 for Mrs. Lissie J. Hightower as appears on file in the office of the Registrar of Vital Statistics of the City of Atlanta.

SEAL

(Signed)

LOCAL REGISTRAR

Application for
Payment of Expenses of Last Illness and Funeral
 (Under Act of 1919)

(To be disabused by the Ordinary)

GEORGIA, Fulton County:

Before me, the Ordinary of said County, comes Jas. Bowen, with H. M. Patterson & Son, of said County, who, after being duly sworn, on oath says that he knew Mrs. L. J. Hightower late of said County, a Confederate pensioner, and that said person is the identical person named and described in the attached certified copy of burial certificate; and that said pensioner LEFT NO WIDOW and NO ESTATE of ANY KIND OR VALUE sufficient to pay the expenses of last illness and funeral, which amounted to the sum of 193.20, as shown by sworn statements FULLY and COMPLETELY ITEMIZED, hereto attached.

Sworn to and subscribed before me, this 9 day of Oct, 1933
James Bowen, Ordinary.

CERTIFICATE OF THE ORDINARY

GEORGIA, Fulton County:

I certify that James Bowen, H. M. Patterson & Son, 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. L. J. Hightower, 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 13 day of Oct, 1933
 (Seal of Ordinary) James Bowen, 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 owing sufficient property to pay this bill.
- 4th. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and property sworn to, and all attached thereto to this blank, after this blank has been properly completed and signed as indicated.
- 5th. The completed voucher—this blank and the bill—must be sent to the Veterans Service Office for approval and no money must be paid out until it is returned to you as your authority to make the payment.
- 6th. Return this application, and attached bills, properly receipted, to the Veterans Service Office.
- 7th. Ordinary should see that the back of this blank, when folded, is filled out.
- 8th. This voucher, if approved, will be sent back to you with the funds with which to pay the approved bills. When you have paid the bills and obtained a receipt for each payment, return the voucher, with bills and receipts, to be permanently filed in the Veterans Service Office.
- 9th. The State does not authorize the payment of these expenses in the event a soldier pensioner is survived by a widow, nor if the pensioner left any estate of any kind or value sufficient to pay them, nor if the pensioner had been outside of the State of Georgia for more than twelve (12) months immediately preceding date of death.

DEKALB COUNTY
DECATUR, GA.

DECATUR, GA.

19

marriage License
State of Georgia
DeKalb County
to any ministers of the Gospel, Judge of Superior
Court, or Justice of the Peace - To DeKalb County;
you are hereby authorized and permitted
to join in the honorable State of matrimony,
R. B. Hightower
and

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

Given under my hand and seal, this 15th day
of October, 1875

John B. Stewart (Seal)
Ordinary

I hereby certify, That R. B. Hightower
and Miss L. J. Lee were joined together
in the Holy Bands of Matrimony,
on the 17th day of October 1875, by me.
Joseph M. Shry, J. P.

State of Georgia, DeKalb County

ORDINARY'S OFFICE—ss.

I, JAS. R. GEORGE, Ordinary and ex-officio Clerk of the Court of Ordinary of said County,
do hereby certify that I have compared the foregoing copy of marriage License
of the marriage of R. B. Hightower
and Miss L. J. Lee
as Recorded in Book 1873-1877 page 59
with the original record thereof, now remaining in this office, and the same is a correct trans-
cript therefrom, and of the whole of such original record.

IN WITNESS WHEREOF, I have hereunto set my hand and
affixed the seal of the Court of Ordinary, this the 16
day of October 1919

James R. George
Ordinary and ex-officio Clerk of O.

Received of Thomas M. Jeffries, Ordinary, the sum of
\$1.05⁰⁰ to apply on funeral expenses of Mrs. L. J. Hightower
This 6 day of March, 1884.

H. M. Patterson
J. B. Brown

Received of Thomas M. Jeffries, Ordinary, \$1.07.00, for the account
of Mrs. L. J. Hightower. This amount has not previously
been paid and is now owing to me.
March 1 1884.

H. M. Patterson
J. B. Brown

Received of Thomas E. Ferriss, Cashier, \$127.00, for the account
of Mr. L. J. Higdon. This amount has not previously
been paid and is now owing to me.

March 1 1906.

Wm. B. Loomis
T. B. Loomis

Ordinary's Certificate

STATE OF GEORGIA.

Hubon

CONVICT

Thos H Jeffries

Ordinary of said County, do certify

that I know *Wm Mattie E High Tower* the applicant for pension. She

is the person who represents herself to be and she is a living female containing resident citizen of said County and was on the 4th November 1865, that I also know *J W Lindsey*

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 affidavit and that they both are truthful, trustworthy, and their statements are entitled to full faith and credit.

(SEAL)

Wm H Jeffries Ordinary,
Hubon County

NOTES: 1. Before any questions are answered, the Ordinary shall read applicant and the witness in the following words:

1. You shall give with me this truth, the living person that...
2. Only witness who swears to the service of husband...
3. All witnesses must be made before the Ordinary of the residence of the person to be sworn and certified by...
4. Attach verified copies of marriage license if obtainable. If not, prove marriage by some other, or by general reputation.

old HIGH TOWER, Mattie E
old old Hubon County

No. "OLD" CLASS 1923

Widow's Pension

Under Act 1916—as Amended by Act of 1919.

County *Hubon*
Name *Mattie E High Tower*
Widow of *J W High Tower*
Company *B*
Regiment *39th Reg Inf*
Approved *John W. Clark*
Commissioner of Pensions
10-16-25

J. W. LINDSEY,
Commissioner of Pensions.

State Printing Co., State Printers, Atlanta.

10/25 22

Ordinary's Certificate

STATE OF GEORGIA

Fulton COUNTY

I, Thos H. Blalock Ordinary of said County, do certify that I know Mathie E. Hightower the applicant for pension. She is the person she represents herself to be and she is a long time continuing resident citizen of said County and was on the 4th November 1908; that I also know J. B. Blalock 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 18 day of Sept 1912.
(SEAL) Thos H. Blalock 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, 1861, 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. Attached certified copies of marriage licenses if obtainable. If not, prove marriage, by some person, or by general reputation.

Widow's Pension

Under Act 1910 - as Amended by Act of 1912.

No. 104
County Fulton
Name Mathie E. Hightower
Widow of Jos W. Hightower
Company B
Regiment 34th Regt Inf
Approved John W. Blank
Commissioner of Pensions
11-11-12

J. W. LINDSEY,
Commissioner of Pensions,
Room 1000, Chas. B. Williams, Atlanta.

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 Mathie E. Hightower 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? Mathie Hightower 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? John W. Hightower
Sept 1865 in Fulton County Georgia
4. Have you married since the death of first and soldier husband? No
5. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service). 3rd Co. Cavalry
Infantry, Danville Ga. Company B. June 1861
6. When and where did the commands of your husband surrender or discharge from the army? April 1865 North Carolina
7. Was your husband personally present at the time of the surrender or discharge of this command? Yes
8. If he was not present state clearly where he was?
9. Where was his command when he left?
10. For what cause did he leave his command?
11. By whose authority did he leave his command?
12. For how long was he granted leave of absence?
13. What was his physical condition when he left his command?
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?
17. If so, when and where captured and where held as a prisoner, and when and for what cause released?
18. When and where did your first husband die? Atlanta Ga Sept 27th 1912
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

9th day of December 1912
Thos H. Blalock Ordinary
of Fulton County.

(SEAL)

Questions for Witnesses as to Service of Husband and Marriage

STATE OF GEORGIA.

Tellus

COUNTY.

Personally before me come J. T. Blalock who, after being duly sworn, true answers to make to the following questions, answers as follows:

1. What is your name and where do you reside? J. T. Blalock, Atlanta, Ga.

2. How long and since when have you known Mrs. Mattie Hightower 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? John W. Hightower January 25, 1885. How do you know? I was present at marriage. 5. How long and since when did you know John W. Hightower her husband? All his life.

6. When and where did John W. Hightower the husband of applicant, die? Atlanta, Ga. Sept. 27, 1912.

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? Never resided apart.

Were they divorced? No.

9. When, where and in what Company and Regiment did John W. Hightower enlist? July 1861 in Barnesville, Ga. Co. "E" 3rd Ga. Bat. afterwards consolidated with 9th Ga. Bat. and then 37th Ga. Reg.

10. Were you a member of the same Company? Yes. After Ga. Reg.

11. How long within your personal knowledge did he perform regular military service with his Company? From July 1861 to Spring of 1865 when he was elected 2nd Lt. and Regiment. Co. "E" 4th Ga. Sharpshooters under same command as 37th Ga.

12. When and where did his Command surrender, and was discharged? North Carolina November 4, 1865 under Joseph E. Johnston.

13. Were you personally present when it was surrendered? No. If so, where were you Home from Jan 1865 and how came you there? On furlough; was taken sick and unable to return in time for surrender.

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? I was in command with John W. Hightower and saw him constantly in service from July 1861 to Jan. 1865, when I was forced to leave on sick furlough.

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

5th day of December, 1922

Notary Public

Ordinary

of Fulton County.

(REAL)

18. 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. 23

James D. [Signature] Ordinary

of _____ }
Tulsa County.

(SRA)

R. HIGHTOWER, M.O.
Record of Births
1938

Widow's Application

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

County Fulton
 Name Mrs. M.O. Hightower
 Widow of Dr. R. Hightower
 Date of Marriage Feb. 2, 1893
 Date of Husband's Death Sept. 8, 1918
 Company 30th Regt. Co. Inf.
 Regiment DEC 27 1937
 APPROVED [Signature]
 Director.

State Dept. Public Welfare,
 Atlanta, Sept. 10, 1937.

Raleigh Hightower was appointed
 1st Sergeant, Co. E, 30th Regt.
 Co. Inf.; Sept. 25, 1861;...
 Captain, Oct. 26, 1863... Captured,
 Columbia, Tenn., Dec. 22, 1864.
 Released, Ft. Delaware, Del.; June 17, 1865.

Sullivan D. Henderson
 Director Confederate Records Div

AUG 19 1937

Ordinary's Certificate

STATE OF GEORGIA

Fulton

COUNTY

Thomas H. Jeffries

that I know Mrs. M.O. Hightower

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

R. H. Dentel

the witness who swears to the ~~facts~~ facts of the marriage of said 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 seal of office this

30th day of

July

SEAL OF ORDINARY

Fulton

County

INSTRUCTIONS

- Before any questions are answered the Ordinary shall receive application and fee amount in the following mode: The fee shall be paid in advance of the answers to the questions asked and the fee shall be paid in advance of the answers to the questions asked and the fee shall be paid in advance of the answers to the questions asked.
- Additional affidavits may be obtained of which copies are furnished.
- All affidavits must be made before the Ordinary in person or by some other person authorized by him.
- All affidavits must be made before the Ordinary in person or by some other person authorized by him.
- The fee shall be paid in advance of the answers to the questions asked and the fee shall be paid in advance of the answers to the questions asked.
- The fee shall be paid in advance of the answers to the questions asked and the fee shall be paid in advance of the answers to the questions asked.

An Affidavit

(Read carefully before making this affidavit.)

State of Georgia,

County of **Fulton**.

Before me, the Ordinary of said County, comes Mrs. **H. O. Lightner**, who, after being duly sworn, deposes and says:

1. That she is an applicant for the Georgia pension allowed to widows of Confederate soldiers;
2. That her deceased husband was not a pensioner of the State of Georgia at the time of his death, and, therefore, his Confederate military service has not heretofore been proven in connection with an application for pension;
3. That she is unable to obtain from any person or source evidence as to the Confederate military service of her deceased soldier husband;
4. That this affidavit is being made to authorize the use, as evidence, of any official record of Confederate military service as may be preserved either at the Capitol in Atlanta, or in the office of the Adjutant-General, Washington, D. C.

Sworn to and subscribed before me, this the

25th day of **July**, 1917

H. J. Lane O. G. Ordinary,

Fulton County.

Mrs. M. A. Lightner

Questions for Witness as to Marriage and Service of Husband.

STATE OF GEORGIA,

COUNTY.

of said State and County is hereby presented as a witness in support of the application of for the pension provided by the Act of 1910, as amended by the Act of 1919 and the Constitutional Amendments of 1920 and 1937, in said State, who, after being sworn true answers to make to the questions propounded, answers as follows, to-wit:

1. What is your name and where do you reside? (Give Post Office and County) applicant
2. How long and since when have you known applicant
3. Where does she now reside, and since when has she been, continuously, a bona fide resident citizen of this State?
4. When and to whom was she married? How do you know?
5. How long and since when did you know her husband?
6. When and where did the husband of applicant, die?
7. 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? Were they divorced?
9. If the husband of the applicant was a pensioner, DO NOT answer the following questions. When, where and in what Company and regiment did enlist? (Give date and place).
10. How did you obtain your information of this service?
11. How long within your personal knowledge did he perform actual military service with this Company and Regiment? (Give dates.)
12. When and where was his Command surrendered or discharged? (Give date and place.)
13. Were you personally present with this Command when it was surrendered? If not, where were you and how came you there?
14. Was the husband of applicant personally present with his Command at its surrender? If not where was he? and how came him there? When, where and for what cause did he leave his Command? (Give date.) By whose authority did he leave his Command? and how long was he granted leave? How do you know all that you have stated to be true? (If of your own knowledge, state clearly and specifically).
15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command?
16. What effort did he make to return to his Command and how do you know this?
17. Was he captured as a prisoner? If so, when and where? In what prison was he held? and when released?

Sworn to and subscribed before me, this the day of 193 Ordinary of County.

(Witness)

(SEAL OF ORDINARY)

STATE DEPARTMENT OF PUBLIC WELFARE

HUNT BUILDING

ATLANTA

Hon. Thos. H. Jeffries, Ordinary,
Fulton County,
Atlanta, Georgia.

WHEREAS:

MRS. M. O. NIGHTOWER, WIDOW OF DR. R. NIGHTOWER,

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, 1900, and that she was not remarried; it is, therefore,

ORDERED:

That said applicant be admitted to the pension roll of the State of Georgia for the month of JANUARY, 19 38, and thereafter; and that a copy of this order be sent to the Ordinary of said County.

This, the 27th day of December 19 37.

H. T. G. G.
Director, Confederate Division
State Department of Public
Welfare

ESTABLISHED 1881

HENRY COUNTY

OFFICE OF
COURT OF ORDINARY



McDONOUGH, GA. *July 26th 1907*

*Dr. R. Hightower and Mrs. Mary A. Morris
were joined in the holy bonds of Matrimony
on the 2nd day of Feb. 1898 by J. H. Hines D.P.
Record Book 8. Page 13*

*J. O. Tinsley Ordinary
Of Henry County Ga.*

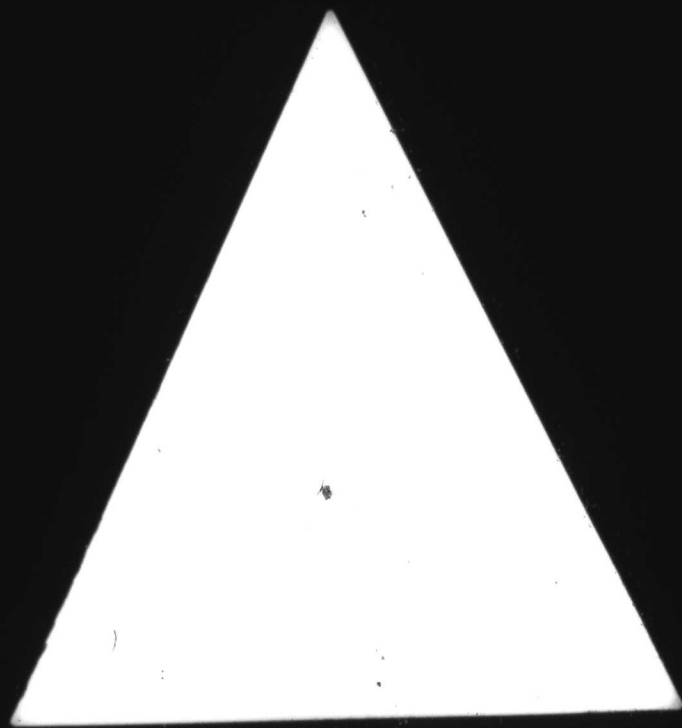
Capt. Raleigh Hightower
enlisted as first Sergt.
elected first Lieut
April 1862. Promoted
to Captain when
Capt Hitch resigned
in 1863. Wounded
November 1864 at
Decatur Alabama.
Served through the
war in Company B
31st Georgia regt.
Capt Raleigh Hightower
born Feb. 28, 1846. Died
Sept. 8, 1912.

State of Georgia,
Fulton County.

Personally before the undersigned authority now
comes R.H. Daniel who upon oath
says that he knows Mrs. M. O. Hightower, and
knows that she was living with her husband Dr. R. Hightower,
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

J. D. Fasolin
Ordinary, Henry County, Ga.

R. H. Daniel



Form No. 6

County.

_____ hereby authorize

to receive and receipts for the persons allowed and

by requests that be printed under to

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

Executed in the presence of

7

Purchase Office
10/14-1934
Applicant named
George John Lewis
from 1923 to date of
the more recent
leave subject to it
was left to go as
by police - leaving
the money - came
as distribution
cannot allow the
Purchase of any
thing - and
Cash off

William Henry
No. *100*
William Henry
INVALID
SOLDIER'S PENSION,
1904
Name *Frank A. Wilson*
County *Hutton*
On *Am. Wilson - Bat. - Reg.*
Disability *one eye*
Amount, \$ *10.00*
1904

JOHN W. LINDSEY
Chairman

WARRANT HANDS

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

John W. Marshall, State Printer, Chicago.

8/9/04
1/25-28/0

POWER OF ATTORNEY.

Form No. 1.

STATE OF GEORGIA.

County

I, _____ hereby authorize _____

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

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

day of _____ 190 _____

Executed in the presence of _____

(L. S.)

FOR USE OF APPLICANTS WHO HAVE NOT HERETOFORE DRAWN.

Form No. 1.

STATE OF GEORGIA.

County

Personally appears _____ of said _____

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

1845, that he is a bona fide citizen and resident of Georgia, and has been continuously since the _____ day of _____ 1845, that he enlisted in the military service of the Confederate State (or the State of _____) on the _____ day of _____ 1861, during the war between the States, and served in Company _____ of _____ 1st _____th Regiment of _____ Volunteers _____ Brigade, and was honorably discharged on the _____ day of _____ 1869, that whilst engaged in such military service, and in line of duty in the State of _____ at _____ day of _____ 1863 he was disabled or wounded as follows: _____

_____ while engaged in fighting _____ and bursting canisters at the _____ of Fort Milledge by the Confederates in bursting a cannon. The concussion knocked me down and burst the drum of the left ear and sympathy from the bursted drum went to my right eye - from which he lost the sight of his right eye soon thereafter and is blind in said right eye - after being released from prison he was immediately returned to his command and remained in Nashville, Tenn. until end of war because he could not get home as to his command.

Where was command surrendered? _____ Was not present

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

And by whose authority? State fully _____

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

Dependent desires to participate in the benefits of Section 1250 of the Code, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year thereunder, ending October 31st, 190 _____

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

_____ Frank A. Hillburn _____

_____ Notary Public _____

Post Office _____

Notary - Do not trouble to mention wounds which do not disable.

Notary - The Ordinary will see that all blank spaces are filled when the affidavits are signed.

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

Notary - Do not trouble to mention wounds which do not disable.

Notary - The Ordinary will see that all blank spaces are filled when the affidavits are signed.

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

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Notary - Do not trouble to mention wounds which do not disable.

Notary - The Ordinary will see that all blank spaces are filled when the affidavits are signed.

Pension Office
10/12/1904
Applicant named
Frank A. Hillburn
born 1845 to wife of
John W. Hillburn
from prison at Nashville
Tenn. released to his
command and remained
in Nashville, Tenn. until
end of war because he
could not get home as
to his command.

SOLDIER'S PENSION
1904
Frank A. Hillburn
Notary Public
Post Office
Notary - State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability. If claim is based on disease, give full and accurate history of disease, tracing it directly to service.

WARRANT HAND
JOHN W. HILLBURN
Notary Public
Post Office
Notary - State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability. If claim is based on disease, give full and accurate history of disease, tracing it directly to service.

AFFIDAVIT FOR THREE WITNESSES.

Form No. 3.

STATE OF GEORGIA.

Fulton County.

PERSONALLY appears before me, the undersigned Ordinary in and for said County, John H. Harrison,
James H. Harrison and W. H. Harrison
personally known to me to be trustworthy citizens, each of whom, being duly sworn according to law, depose that they are personally and well acquainted with Frank J. Wilkinson since the
whose application is herewith presented for a pension, that he has resided in this State continuously since the
1st day of May, 1865, that he served in Company A, of the

10th Confederate Infantry, Regiment of Georgia, and from our personal knowledge he, while in line of duty, was injured, by the service as follows: (Give full statement, and tell in your own language when, where and how the injury happened, in the disease was contracted, and to what extent applicant is disabled from work as a direct result thereof. If he does any labor, or can do any, state what.)

Deposors know of Wilkinson's knowledge that applicant went off to the war in about January at the time he alleges. Witness belonged to the same company, was with him at Ft. Pillow. That witness was engaged with applicant at Ft. Pillow, and during and during previous years before the evacuation of said forts. Because that what Wilkinson states is true about the evacuation and loss of arms. After evacuation of Ft. Pillow the company returned to Atlanta, and transferred to other companies. That is all the older ones of said company.

Where was applicant's command surrendered? It did not surrender, declared
Was he with it? Yes, when declared. Were you present? Yes, when he declared
If not, where was he? Don't know, where at time of surrender
Where were you all? Witness was with 5th Co. at Ft. Pillow and then
W. H. at surrender - April 1865 - having been transferred
How do you know the facts you state to be true? I was with J. A. Wilkinson until
after evacuation of Ft. Pillow's return to Atlanta
We personally know what stated here. We were with him in company and saw him when he was
He was honorably discharged in Atlanta. He was discharged in Atlanta
1865. Applicant is permanently disabled as stated and has lost in our certain time for ever since it.
We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me, this

16th day of May, 1904

John H. Harrison
Ordinary.

Here I, the Ordinary will see that the full text of the affidavit is endorsed by the witnesses, and that they are legally qualified to do so.
Witnesses are asked to make their statements full and explicit, stating disability to its true cause.
All blank spaces must be filled when signed.
Three witnesses are required.

PHYSICIANS' AFFIDAVIT.

Form No. 4.

STATE OF GEORGIA.

Fulton County.

PERSONALLY comes before me, John H. Harrison Ordinary of said County,
A. H. Basslin and W. T. Brown both known to me as reputable physicians of said County, who, being severally sworn, say on oath, that they have carefully examined Frank J. Wilkinson and after such personal examination, say that the present condition of applicant is as follows: That he is deaf in this left ear and blind in right eye

and that such condition is permanent. Said condition arises from the following facts:

The indications are that hearing was destroyed by the bursting of a mortar. The eye was affected through sympathy with the ear.

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

Sworn to and subscribed before me, this 14 day of May, 1903.
John H. Harrison
Ordinary.

Note 1.—State fully the physical condition and especially the extent of disability. If disability results from wound or injury, state its location, character and present condition. If from disease, give its nature and character, and its causes or origin, as well as its effects.
Note 2.—The physicians will be careful to fill every blank space in oath.

STATE OF GEORGIA.

Fulton County.

I, John H. Harrison Ordinary of said County,

do certify that I am well acquainted with Frank J. Wilkinson the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and he is disabled, as he claims, and I know he is the individual he represents himself to be, and that he resides in this County and has been a bona fide resident since the 14 day of May, 1903.

I also certify that the witnesses, to-wit: W. T. Brown and W. H. Harrison are persons of responsibility, that their statements are worthy of full credit and belief, and that the full text of the affidavit was read to and understood by them before they signed the same.

Given under my official signature and seal, this 14 day of May, 1903.

John H. Harrison
Ordinary, Fulton County.

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

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

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

Ordinary Fuller County.

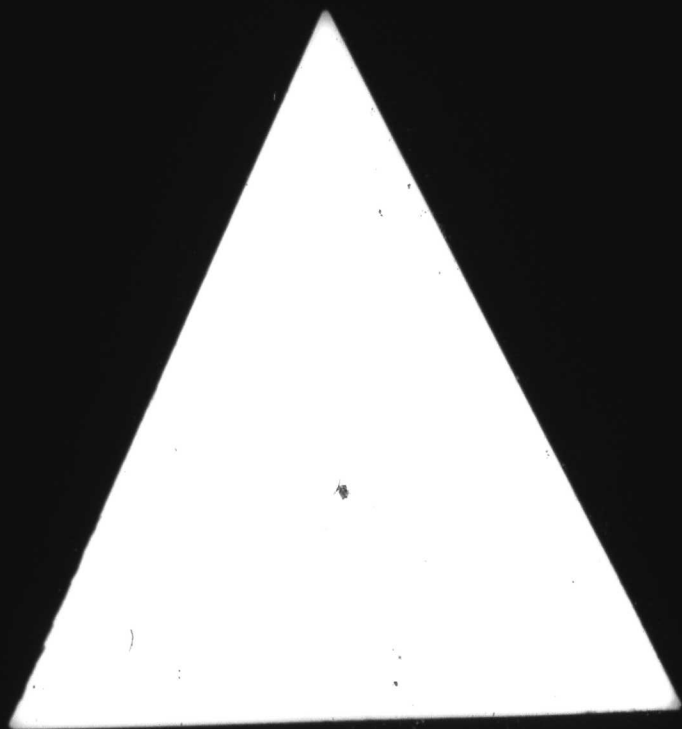
State of Georgia, }
 Fulton County. }

This is to certify that I am personally acquainted with the applicant, Mr.

John C. Williams. I have known him for several years, and to my knowledge he has not owned or possessed any property of any kind, and will further state that Mr. Williams is not able to do hard manual labor to the extent of supporting himself on account of a very bad rupture. I have personally aided him financially, and have given him meals when he was not able to pay for same in order to keep him from embarrassment. In my opinion he is worthy of drawing a pension as provided by the State of Georgia.

Signed J. Fuller mso

*Sworn to and subscribed
 before me July 18th 1910
 J. R. Wilkinson
 Ordway.*



INDIGENT PENSION

1901.

1902

Name *Ben. H. Hild*

County *Fulton*

W. H. Hild

Approved

John W. Hild

JOHN W. HILD

W. H. Hild

W. H. Hild

W. H. Hild

W. H. Hild

W. H. Hild

W. H. Hild

W. H. Hild

W. H. Hild

W. H. Hild

POWER OF ATTORNEY. STATE OF GEORGIA, County, _____

I, _____, hereby authorize _____ to receive and receipt for the pension allowed, and request that he receipt same to _____, my hand and seal, this _____ day of _____, 1901.
Executed in presence of _____

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA.

Fulton COUNTY.

Personally came before me, Allen D. Johnson and John R. Williamson, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully Ben F. Fildner, applicant for pension under Section 1354, Code, and after such personal examination say that his present physical condition is as follows:

This hearing of the right eye is badly impaired and suffers with severe pains in the back and kidneys which renders him totally unable to earn a support for himself.

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

1st day of May, 1902.

John R. Williamson Ordinary.

Allen D. Johnson and John R. Williamson Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

Fulton COUNTY.

I, John R. Williamson Ordinary in and for said County, hereby certify that the applicant, Ben F. Fildner, resides in said County, and has been a bona fide resident of this State since the 1st day of Dec, 1864, and that the witnesses, viz: L. B. Langford, & John R. Williamson

are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of Fulton County show that applicant is not liable for taxes in said County.

In testimony whereof, I have hereunto set my hand and seal of office, this

1st day of May, 1902.

John R. Williamson Ordinary.

Fulton County

NOTE.

1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses to the following words: "You shall tell every truth 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 witnesses are incompetent.
3. In every case the Ordinary must certify to the character of the witness, and as to the execution of the proof as above set out.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA.

Fulton COUNTY.

Lawson B. Langford, of said State and County, having been presented as a witness in support of the application of Benjamin Fildner for pension under Section 1354, Code, and after being duly sworn, answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? Lawson B. Langford Atlanta Fulton Co Georgia
2. Are you acquainted with Benjamin Fildner, the applicant; if so, how long have you known him? Yes since 1860
3. Where does he reside, and how long and since when has he been a resident of this State? Atlanta Georgia ever since I have known him
4. When and where and to what company and regiment did he enlist, and how do you know? Nov 1862 9th Ga. Col. Artillery I was a member
5. Were you a member of the same company and regiment? Yes
6. How long did he perform regular military duty? from the summer 1865
7. When and where was his command surrendered? I do not know only from general report
8. Were you present when it surrendered? No
9. Was applicant present? yes as reported
10. If he was not present, where was he? When did he leave his command?

By what authority he left? For what cause? How do you know all of this?

11. What property, effects or income has the applicant? (Give your means of knowledge.) None to my knowledge
12. What property, effects or income did the applicant possess in 1890, 1897, 1898, 1899 and 1900, and what disposition, if any, did he make of same? I don't know of any property or income
13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? not to my knowledge
14. What is the applicant's occupation and physical condition? He did the heavy public health
15. Is the applicant unable to support himself by labor of any sort, if so, why? Yes on account of his physical condition

16. How was he supported during the years 1898, 1899 and 1900? By Piddling and the assistance of his family

17. What portion of the support for these three years was derived from his own labor or income? I don't know of my own knowledge

18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1354, Code? I know he is suffering heavily with a broken back, and is unable to do any heavy work of his back, and of hearing

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

Sworn to and subscribed before me, this

1st day of May, 1902.

John R. Williamson Ordinary. L. B. Langford Witness.

Questions for Applicant.

STATE OF GEORGIA.

Fulton County

Benjamin F. Hildebrand 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:

- What is your name and where do you live? (Give name and address as follows: John C. O'Connell, 1111 1/2 E. 1st St., Chicago, Ill.)
1. How long and since when have you been a resident of this State? Since May 1864
2. When and where were you born? Nov 17th 1864 Eastern County, Iowa
3. When and where and in what company and regiment did you enlist or serve? Nov 1864 Co B 9th Iowa Cavalry
4. How long did you remain in such company and regiment? all during the war from enlistment to the surrender in 1865 Nov to April 9th 1865
5. When and where was your company and regiment surrendered and discharged? 9th April 1865 at Appomattox
6. Were you present with your company and regiment when it was surrendered? Yes
8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority?
9. How much can you earn (gross) per annum by your own exertions or labor? Almost nothing
10. What has been your occupation since 1865? Farming
11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infamy and poverty," or third, "blindness and poverty"? 2nd
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 infamy and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight?
- A general breaking down of my physical strength back having from the same during the war of time I have been much from it, having had to wear eye sight
13. What property, real, of personal, or income, do you possess, and its gross value? my house, etc. in Chicago value 25⁰⁰
14. What property, real or personal, did you possess in 1864, 1865, 1866, 1867, 1868, 1869 and 1900 and what disposition, if any, by sale or gift, have you made of same? I gave of land on which you are sold to pay debt for the balance of my wife and family
15. In what County do you reside during those years, and what property did you then return for taxation? within the above described property
16. How were you supported during the years 1869 and 1900? By the assistance of my two sons
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 one hundred fifty dollars one third
18. What was your employment during 1868 and 1869? What pay did you receive in each year? Post Office
19. Have you a family? Yes
20. Are you receiving any pension? If so, what amount and for what disability? Yes for disability of 100 percent
21. Have you ever made an application for pension before? No
22. How many applications have you ever made under what class? None

Sworn to and subscribed before me this the

Sworn to and subscribed before me this the 1st day of May 1902 by Benjamin F. Heidtband ^{As} ~~small~~ Applicant
John R. Wickinson Ordinary,
of Houston County.

Ordinary:

of Madison County

QUESTIONS FOR WITNESS.

STATE OF GEORGIA.

Fulton COUNTY.

Lawson B Langford, of said State and County, having been presented as a witness in support of the application of Manfredin Hildebrand for pension under Section 1254, Code, and after being duly sworn to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? Lawson B Langford
Atlanta, Fulton Co, Georgia
2. Are you acquainted with Manfredin Hildebrand, the applicant; if so, how long have you known him? Yes since 1860
3. Where does he reside, and how long and since when has he been a resident of this State? Atlanta, Georgia, we know I have known him
4. When, where and to what company and regiment did he enlist, and how do you know? Nov 1862, 9th Ga Battery Artillery, I was a member
5. Were you a member of the same company and regiment? Yes
6. How long did he perform regular military duty? 2 years & 6 months till the summer 1865
7. When and where was his command surrendered? I do not know only from general report
8. Were you present when it surrendered? No
9. Was applicant present? yes as reported
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, estate or income has the applicant? (Give your means of knowledge.) None to my knowledge
12. What property, estate or income did the applicant possess in 1896, 1897, 1898, 1899 and 1900, and what disposition, if any, did he make of same? I don't know of any property or income
13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? not to my knowledge
14. What is the applicant's occupation and physical condition? Retired, in very feeble health
15. Is the applicant unable to support himself by labor of any sort, if so, why? Yes on account of his physical condition
16. How was he supported during the years 1898, 1899 and 1900? By Piddling and the assistance of his wife
17. What portion of his support for those years was derived from his own labor or income? I don't know of my own knowledge
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? I know him as a very feeble, very feeble, suffering from his back, head of bearing the left side
19. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this 1st day of May, 1902,
John W. Williams Ordinary.

Witness.

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

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

One Service 124.
(FOR THOSE ALREADY ENROLLED.)

No. 431

INDIGENT
SOLDIER'S PENSION
1906.

Name *Ben Hilderbrand*
County *Fulton*
Co. *B* Regiment *2nd Reg*

WARRANT ISSUED

1/17 1906

JOHN W. LINDSEY.

Commissioner of Pensions.

WARRANT HANDLED TO

Jeff

See Form 124, Service 124, and Form 125, See 124, Service 124.

no date

One Service 124.
(FOR THOSE ALREADY ENROLLED.)

No. 411

INDIGENT
SOLDIER'S PENSION
1907.

Name *Ben Hilderbrand*
County *Fulton*
Co. *B* Regiment *2nd Reg*

WARRANT ISSUED

1/17 1907

JOHN W. LINDSEY.

Commissioner of Pensions.

WARRANT HANDLED TO

Jeff

See Form 124, Service 124, and Form 125, See 124, Service 124.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Fulton County.

Personally appears Ben Wildbrand 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 62 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 _____ in Company D, of 7th Regiment of Ca. 1st, 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.

Dependent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 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 1906.

Ordinary _____

State of Georgia,

Fulton County.

I, _____ Ordinary of said County, do certify that I am well acquainted with Ben Wildbrand the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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.

Ordinary _____

Fulton County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Fulton County.

Personally appears Ben Wildbrand 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 _____ 1844, that he is 67 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 3 yrs in Company D, of 7th Regiment of Ca. 1st, that his physical condition is as follows: infirmity & poverty.

that his property consists of the following items: _____

of the value of None Dollars. I am now earning by my labor, _____ Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Dependent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 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 JAN 1907.

Taken R. Williamson Ordinary.

State of Georgia,

Fulton County.

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

Given under my official signature and seal, this _____

day of JAN 1907.

Ordinary _____ Fulton County.

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

CERTIFICATE OF ORDINARY

STATE OF GEORGIA, Fulton County.

I, Thos. H. Jeffries, Ordinary of said County, do certify that I personally know Mrs. Salata Hilderbrand, the applicant, and that she is the lawful widow of B. F. Hilderbrand, who was on the Pension Roll of said Fulton County, and was paid a Pension from Fulton County for 1927, and at the time of his death on the 27 day of Dec., 1927, there was due to him and unpaid his Pension of _____ Dollars from the State of Georgia, and I know Nemie Hilderbrand, the within witness, and she is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 7th day of Dec., 1927.

(Seal of Ordinary)

[Signature] Ordinary
FULTON County

Approved File

FULTON County
192

Application for Pension
Due Deceased Soldier
(UNDER ACT 1905)
(To be paid to his Widow)

BY

Mrs. SALATA HILDBRAND
Widow of B. F. HILDBRAND
Date of Marriage Dec. 28, 1927
Date of Death Sept. 27, 1927

Approved and returned paid Dec 11 1927

RECEIVED

Comptroller of Pension

Ordinary: Fill out above in full and send this to Pension Department for the purpose of having the same recorded and the money paid to the widow of the deceased soldier in the Pension Department.

72

(To Be Paid to His Widow)

(UNDER ACT APPROVED OCTOBER 9, 1891)

STATE OF GEORGIA, Fulton County

Personally before me, the Ordinary of said County, comes Mrs. Sallie Hildenhart
of said County, who after being duly sworn, on oath says that she is the widow of _____

B.F. Hildebrand
and that said Pensioner was on the Pension Roll of Fulton County
and was paid a Pension of \$30 (\$) Dollars
from said County for Sept 1937 and that the said Pensioner died in

Tufts County on the 27 day of Sept, 1927
Applicant further swears that she married the said B. F. Hildebrand
on the 22 day of Dec, 1927, in Tufts 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 prob of Pension, 1927
due and unpaid be paid to her.

Sworn to and subscribed before me this 7 day of Oct, 1937
68 Balaton Ordinary } deleta Hildesheim S.
Fulton County }
 (Seal of Ordinary)

五、五、

STATE OF GEORGIA, Fulton County

Personally before me comes Mamie Nieldelund who
on oath says that she knew B.F. Nieldelund while in life
and that he knows Mrs. Selesta Nieldelund the
above applicant; and knows that the said B.F. Nieldelund
and Selesta Nieldelund were in due form of law married in the County
of _____ in the State of _____

the day of _____, 19____, and that they were residing together as husband and wife at the time of his death on the 27 day of Sept, 1937, and that she is his dependent widow.

Sworn to and subscribed before me this 7 day of Oct, 1917
As 13th Ordinary } Marie Hilderbrand
Fulton County }
 (Seal of Ordinary)

INSTALLATION

[illegible]

State of Georgia 3. Personally appeared before
 Justice of the Peace, Geo. B. Williamson, Ordinary
 of said County, Jas. S. Bond,
 who being sworn, deposes and says
 in answer to the questions hereunto
 appended as follows:
 I have been in the military service
 since the 1st day of April 1865
 when and where was he examined and sworn to?
 at Savannah April 24th 1865
 "8 Where was he present when he was examined?
 at Savannah
 "9 Where was he present when he was examined?
 at Savannah
 "10 Where was he present when he was examined?
 at Savannah
 where did he last see the deceased?
 at the residence of J. S. Bond on April 24th
 what caused the death of the deceased?
 he was killed by a bullet
 By what authority he left the service?
 Now do you know all this? I was there.
 Defendant

Defendant says this affidavit is made by reason
 of the fact that J. S. Bond, the other witness named
 already appearing in the affidavit to which this is
 appended, could not answer the questions indicated,
 and this affidavit is made supplemental
 thereto.
 Sworn to and subscribed before me
 this 1st day of May, 1865, at Savannah, Ga.
 John R. Williamson
 Ordinary

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Buttont COUNTY.

I, John R. Williamson Ordinary in and for said County, hereby certify
 that the applicant, Ben F. Hildesbrand resides in said County, and has
 been a bona fide resident of this State since the 1st day of Dec 1864
 and that the witness, viz: W. S. Jackson & James A. Landrum
 are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I further certify that the tax digest of _____ County show that applicant
 returned for taxation in his name in 1899 _____ Dollars of
 property, and in 1900 _____ Dollars of property.

In my opinion the foregoing claim is _____ made in good faith.
 Witness, my hand and seal of office, this 1st day of December 1902
John R. Williamson Ordinary,
Buttont County.

NOTE.

1. Before any questions are answered, the ordinary shall swear applicants 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.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Buttont COUNTY.

Personally came before me, W. S. Jackson and
W. S. Jackson, both known to me as reputable physicians
 of said County, who, being severally sworn, say on oath that they have examined carefully
Ben F. Hildesbrand, applicant for pension under Section 1254, Code, and after
 such personal examination say that his precise physical condition is as follows:

His eyesight is both badly affected, it is nearly blind, and is generally feeble. These troubles are permanent and incurable, and he has been disabled from earning a sufficient living since he was young.

Sworn to and subscribed before me, this the
5 day of March 1904
John R. Williamson Ordinary,
W. S. Jackson and
W. S. Jackson

STATE BOARD OF PUBLIC
WELFARE
J. HILDEBRAND, Secretary
DR. J. B. GILLEN, Chairman
ARTHUR LUTHE, Atlanta
A. T. MASON, Tucker
FRANK W. SPENCER, Savannah
DR. J. B. GILLEN, Treasurer

State Department of Public Welfare

HURT BUILDING
ATLANTA



October 8, 1937.

Judge Thomas H. Jeffries,
Ordinary, Fulton County,
Atlanta, Georgia.

Dear Judge:

The application of Mrs. Selma Hildebrand, widow of B. F. Hildebrand, whose death occurred on September 27, 1937, for pension payments according to the husband for the year 1937 and unpaid at the time of his death, appears to meet the conditions of the Act of the General Assembly, approved October 9, 1931; therefore, you are respectfully authorized to continue the name of this soldier on the pension roll of your county, just as if he were alive, and make the balance of the payments for the year 1937 to his widow.

Mrs. Hildebrand cannot be admitted to the pension roll in her own right, until the Constitutional Amendment ratified at the June 8, 1937 election has been put in force at the extra-ordinary session of the General Assembly, to be convened by Governor Rivers before the end of this year.

With kindest regards,

Yours very truly,

L. Theo. Gillen,
Director,
Confederate Division.

*These checks have to earn a support
and that we have no chance in that position being allowed.*
Secured and subscribed before me, this the
5th day of March, 1937.
John W. Harrison Ordinary
W. H. Harrison
H. H. Harrison

Court of Ordinary

FULTON COUNTY
STATE OF GEORGIA

CERTIFIED COPY OF
MARRIAGE LICENSE
AND
CERTIFICATE OF MARRIAGE
OF

MR. BENJAMIN F. HILDEBRAND
AND

MISS SLEETIE GARMON

Recorded in Book F Page 490

THOS. H. JEFFRIES,

Ordinary.

Georgia Fulton County
 Personally Came before me Ben H.
 Hilderbrand Applicant who on
 oath says that his physical condition
 is worse than it was when he filed
 his application - that he is unable
 to earn a support at any kind of
 labor or calling - that he is almost
 deaf and his sight very bad -
 that he has rheumatism and
 very feeble (See Affidavit of
 Drs Backin and Brown of
 March 6th 1904) - Ben H. Hilderbrand
 Sworn to and Subscribed before
 me March 9th 1904
 John W. Williams

Ordinary
 Georgia Fulton County
 Personally Came before me J. A.
 Sanderson Minister to me to be a resident
 of said County and worthy of belief
 who on oath says he knows of his
 own knowledge that the facts stated
 in the foregoing Affidavit of B. H.
 Hilderbrand are true - is a neighbor
 has known him many years -
 Sworn to and Subscribed
 before me -
 March 9th 1904 } J. A. Sanderson
 John W. Williams
 Ordinary

MARRIAGE LICENSE

State of Georgia--Fulton County

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

You are hereby authorized and permitted to join in the
 honorable state of Matrimony MR. BENJAMIN F. HILDEBRAND
 and MISS SLEETIE GARNON

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 suffi-
 cient License.

RETURN THIS LICENSE, WITH YOUR CERTIFICATE THEREON TO MY OFFICE FOR RECORD
 Given under my Hand and Seal this 21 day of December 1897
R. L. CALHOUN L. S.
 Ordinary

I hereby certify that MR. BENJAMIN F. HILDEBRAND
 and MISS SLEETIE GARNON

were joined together in the HOLY BANS OF MATRIMONY
 on the 22nd day of December 1897, by me.
GEORGE JONES, W.P. & J.P.

State of Georgia, Fulton County.

ORDINARY'S OFFICE
 S. B. ATLANTA, GA. Oct. 7, 1927

I, A. S. Batterton Clerk Court of Ordinary of said County, hereby certify
 that the foregoing is a true copy of the Marriage License and Certificate of Marriage of

MR. BENJAMIN F. HILDEBRAND
 and MISS SLEETIE GARNON
 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.
Chas. A. Williams
 Clerk, Court of Ordinary.



Georgia Fulton County
Bell Telephone 101
Personally appeared before me

Ben F. Hilderbrand the within applicant for Pension who after being duly sworn says in addition to his answer to question No 19 he further swears that the three minor children there mentioned is respectively, this one boy 12 years old very Deaf and unable to earn a support for himself. One girl age 8 also very Deaf and unable to support themselves and are a burden on the Applicant for support rather than a source of income. The Applicant further swears that he has no means of support other than himself and that is fully answered in question 17

Ben F. Hilderbrand

Sworn to and subscribed before me

this 16 day of Dec. 1902

John R. Wilkinson
County

Georgia Fulton County
Personally came before me Ben F. Hilderbrand Applicant who on oath says that his physical condition is worse than it was when he filed his application - that he is unable to earn a support at any kind of labor or calling - that he is almost deaf and eye sight very bad - that he has Rheumatism and very feeble (See Affidavit of Dr. Backin and Brown of March 8th 1904) - Ben F. Hilderbrand Sworn to and Subscribed before me March 9th 1904

John R. Wilkinson

Ordinary

Georgia Fulton County
Personally came before me J. V. Sandrum known to me to be a resident of said County and worthy of belief who on oath says he knows of his own knowledge that the facts stated in the foregoing Affidavit of B. F. Hilderbrand are true - is a neighbor has known him many years - Sworn to and Subscribed before me - March 9th 1904

John A. Sandrum
John R. Wilkinson

Ordinary

John Williamson
Ordinary

BELL TELEPHONE 1018

Atlanta, Ga. Dec 15 1902

Georgia
Fulton County }

Personally appeared before me

W. F. Jackson who after being duly sworn says
that he is well acquainted with the applicant
Ben F. Hildebrand also with his family and
circumstances. The said applicant has no
means of support except these small minor
children age twelve eight and six neither
one of whom are able to earn a support
for their debts

W. F. Jackson

Sworn to and subscribed before me,

this 16 day of Dec 1902

John R. Williamson
Ordinary

BELL TELEPHONE 1018

Georgia
Fulton County } Atlanta, Ga. Dec 15 1902

Personally appeared before me

Ben F. Hildebrand The within applicant
for Pension who after being duly sworn says
in addition to his answer to question 110 19
he further swears that The three minor children
there mentioned is respectively, this
one boy 12 years old very delicate and
unable to earn a support for himself.
One girl age 8 sleep one, age 6 neither
one able to support themselves and are
a burden on the applicant for support
rather than a source of income. The
applicant further swears that he has no
means of support other than himself and
that is fully answered in question 17

Ben F. Hildebrand

Sworn to and subscribed before me,

this 16 day of Dec 1902

John R. Williamson
Ordinary

Georgia
Fulton county

Atlanta, Ga. Dec 15 1902

Personally appeared before me

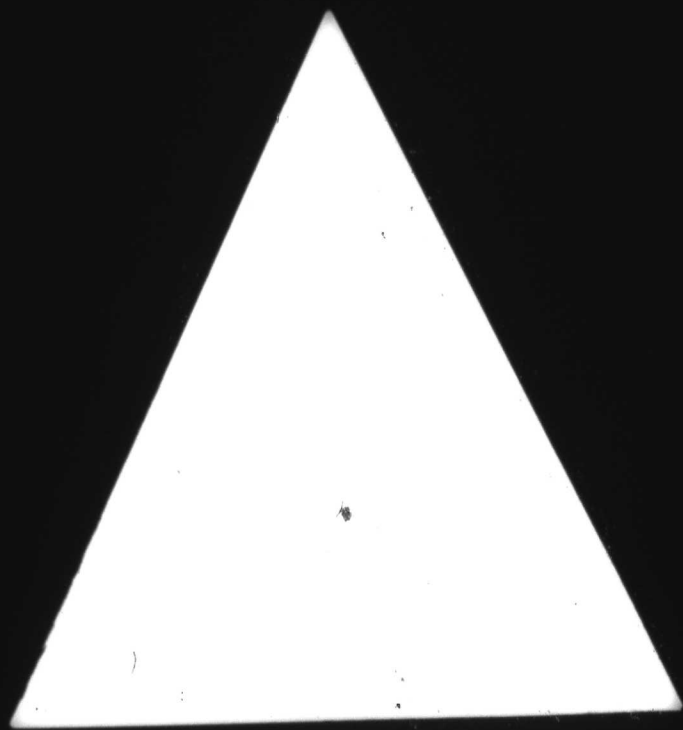
James A. Landrum a citizen of Fulton County
Georgia who on oath says that he is well acquainted
that with the Applicant for Pension Ben F.
Hildebrand also with his family said family
consisting of wife and three minor children
aged respectively twelve, eight & six
neither one of which are able to earn
anything in the way of a support for the
said Applicant Ben F. Hildebrand and
further says that neither one of the minor
children are able to support themselves
and that the said minor children are a
burden on the Applicant

Sworn to and subscribed before me,

this 16 day of Dec 1902

John R. Wilkinson
Clerk

James A. Landrum



State Dept. Public Welfare,
Atlanta, Dec. 31, 1937.

B. F. Hilderbrand enlisted
as a private in Co. B, 9th
Batta, Ga. Light Artillery
Nov. 1862. Captured. In
U. S. A. Military Hospital
(Libby) Richmond, Va., Apr.
10, 1865. Received by Pro-
vost Marshal General, Wash-
ington, D. C. Apr. 17, 1865,
and was furnished transporta-
tion to Nashville, Tenn.

Placed on pension rolls, 1906,
Fulton County, on the state-
ment that he surrendered at
Appomattox, Va., Apr. 9, 1865.

L. H. Hilderbrand
Director Confederate Records
Div.

Hilderbrand, Helena
Fulton County
Dec 31 1938

Widow's Application

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

County FULTON
Name MRS. HELENA HILDERBRAND
Widow of B. F. HILDERBRAND
Date of Marriage Dec. 22, 1867
Date of Husband's Death Rep. 27, 1867
Company B
Regiment 9th Batta Light Artillery
Approved 62 30 32 193
L. H. Hilderbrand
Director

CONFEDERATE DIVISION
STATE DEPARTMENT OF PUBLIC WELFARE

NOV 12 1937

Ordinary's Certificate

STATE OF GEORGIA

FULTON COUNTY

I, Thomas H. Jeffries,

that I know Mrs. Helena Hilderbrand

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

the witness who presents to the service of husband and/or the marriage; that both of them are now residents
of said County and were duly sworn by me before signing the foregoing affidavit, and that they are
trustful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and seal of office this 31st day of Dec, 1937.
(SEAL OF ORDINARY)

Thomas H. Jeffries
Ordinary
FULTON County.

INSTRUCTIONS

1. Before any application is submitted the Ordinary shall give applicant and the witness in the following order: "The
State of Georgia, County of Fulton, do hereby certify that the foregoing is a true and correct copy of the
affidavit of the applicant and the witness as sworn to before me on this day of December, 1937, at the County of
Fulton, State of Georgia, and that the same is a true and correct copy of the original on file in my office."
2. The Ordinary shall also certify that the applicant and the witness are bona fide residents of the County of
Fulton, State of Georgia, and that they are trustworthy and their statements are entitled to full faith and credit.
3. The Ordinary shall also certify that the applicant and the witness are bona fide residents of the County of
Fulton, State of Georgia, and that they are trustworthy and their statements are entitled to full faith and credit.
4. The Ordinary shall also certify that the applicant and the witness are bona fide residents of the County of
Fulton, State of Georgia, and that they are trustworthy and their statements are entitled to full faith and credit.

An Affidavit

(Read carefully before making this affidavit.)

State of Georgia,

County of _____

Before me, the Ordinary of said County, comes Mrs. _____ who, after being duly sworn, deposes and says:

1. That she is an applicant for the Georgia pension allowed to widows of Confederate soldiers;
2. That her deceased husband was not a pensioner of the State of Georgia at the time of his death, and, therefore, his Confederate military service has not heretofore been proven in connection with an application for pension;
3. That she is unable to obtain from any person or source evidence as to the Confederate military service of her deceased soldier husband;
4. That this affidavit is being made to authorize the use, as evidence, of any official record of said Confederate military service as may be preserved either at the Capitol in Atlanta, or in the office of the Adjutant-General, Washington, D. C.

Sworn to and subscribed before me, this the _____

day of _____, 1937

Ordinary,

County.

Questions for Witness as to Marriage and Service of Husband.

STATE OF GEORGIA,

County.

Mamie Hildner of said State and County is hereby presented as a witness in support of the application of _____ for the pension provided by the Act of 1910, as amended by the Act of 1919 and the Constitutional Amendments of 1920 and 1937, in said State, who, after being sworn true answers to make to the questions propounded, answers as follows, to-wit:

1. What is your name and where do you reside? (Give Post Office and County)
Mamie Hildner Atlanta Ga.
2. How long and since when have you known _____ applicant
all my life
3. Where does she now reside, and since when has she been, continuously, a bona fide, resident citizen of this State?
all her life
4. When and to whom was she married? _____ How do you know?
all my life all my life
5. How long and since when did you know _____ her husband?
all my life
6. When and where did _____ the husband of applicant, die?
all my life all my life
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?
never lived apart
9. If the husband of the applicant was a pensioner, DO NOT answer the following questions.
When, where and in what Company and regiment did _____ enlist? (Give date and place).
10. How did you obtain your information of this service?
11. How long within your personal knowledge did he perform actual military service with this Company and Regiment? (Give dates).
12. When and where was his Command surrendered or discharged? (Give date and place).
13. Were you personally present with this Command when it was surrendered?
If not, where were you _____ and how came you there?
14. Was the husband of applicant personally present with his Command at its surrender?
If not where was he? _____ and how came him there?
When, where and for what cause did he leave his Command? (Give date).
By whose authority did he leave his Command?
and how long was he granted leave?
How do you know all that you have stated to be true? (If of your own knowledge, state clearly and specifically).
15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command?
16. What effort did he make to return to his Command and how do you know this?
17. Was he captured as a prisoner? _____ If so, when and where?
In what prison was he held? _____ and when released?

Sworn to and subscribed before me, this the _____

Atlanta day of Sept 1937
Ordinary
of Fulton County.
(SEAL OF ORDINARY)

Mamie Hildner
(Witness)

Court of Ordinary

FULTON COUNTY
STATE OF GEORGIA

CERTIFIED COPY OF
MARRIAGE LICENSE
AND
CERTIFICATE OF MARRIAGE
OF

MR. BENJAMIN F. HILDEBRAND

AND

MISS SLEETIE GANON

Recorded in Book Page 480

THOS. H. JEFFRIES,

Ordinary.

STATE DEPARTMENT OF PUBLIC WELFARE

HURT BUILDING

ATLANTA

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

WHEREAS:

MRS. SILETA HILDEBRAND, WIDOW OF B. F. HILDEBRAND,

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, 1900, and that she was not remarried; it is, therefore,

ORDERED:

That said applicant be admitted to the pension roll of the State of Georgia for the month of January, 19 36, and thereafter; and that a copy of this order be sent to the Ordinary of said County.

This, the 27th day of December 1937.

Thos. H. Jeffries *G. Ganon*

Director, Confederate Division
State Department of Public
Welfare

MARRIAGE LICENSE

State of Georgia--Fulton County

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

You are hereby authorized and permitted to join in the honorable state of Matrimony MR. BENJAMIN F. HILDEBRAND and MISS EILENIE GARNON

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 31 day of December 1887
W. L. CALHOON L. S.
Ordinary

I hereby certify that MR. BENJAMIN F. HILDEBRAND and MISS EILENIE GARNON

were joined together in the HOLY BANS OF MATRIMONY
on the 30th day of December 1887 by me.

SEABORN JONES, F.P. & J.P.

State of Georgia,
Fulton County.

ORDINARY'S OFFICE

S. S.

ATLANTA, GA. Oct. 7, 1887.

I, A. S. BATTISTON, Clerk Court of Ordinary of said County, hereby certify that the foregoing is a true copy of the Marriage License and Certificate of Marriage of

MR. BENJAMIN F. HILDEBRAND
and MISS EILENIE GARNON

as the same appears of record in this office.

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

day and year aforesaid.

A. S. Battiston
Clerk, Court of Ordinary.

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

MR. BENJAMIN F. HILDEBRAND

MRS. ELIZABETH GANON

and

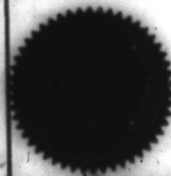
as the same appears of record in this office.

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

day and year aforesaid.

Al B. B. B.

Clerk, Court of Ordinary.



POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

before me

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

Witness my hand and seal this _____ day of _____, 1897.

Executed in presence of

asked by
Hildebrand H. F.
Hilton
No. *2280*

INDIGENT PENSION
1897.

Name *H. H. Hildebrand*

County *Fulton*

Approved *7/8* 1897.

WARRANT HANDED TO

appot

Jan 14 1897

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 _____ 1897.

Executed in presence of _____

Questions for Applicant.

STATE OF GEORGIA,

Fulton County.

W. H. Heldebrand

of said State and County, desiring to avail himself of the Pension Act approved December 16th, 1894, hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (give State, County and post office).
W. H. Heldebrand, near Oak Shade, Fulton County, Georgia
2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State?
Same place as above. Has resided in Georgia about fifty years
3. When and where were you born?
In Monticello, Jasper Co., Georgia
4. When and where and in what company and regiment did you enlist or serve?
4th Georgia Battalion, Regular Artillery, 1st Division, in 1862 and served until end of war. Co. B.
5. How long did you remain in such company and regiment?
Between 2 and 3 years
6. For how long a period did you discharge regular military duty?
Between 2 and 3 years
7. When, where and under what circumstances were you discharged from service?
At end of war, at Albany, Ga. after surrender
8. What is your present occupation?
Has been farming
9. How much can you earn (gross) per annum by your own exertions or labor?
Hardly anything. Can work
10. What has been your occupation since 1865?
Farming
11. Upon which of the following grounds do you base your application for pension, viz.: first "age and poverty," second "infirmary and poverty" or third "blindness and poverty"?
First and second
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third state whether you are totally blind and when and where you lost your sight?
I am 70 years of age. Since 1890 have not been able to support myself. I am feeble and have rheumatic pains in my joints that prevent my working
13. What property, effects or income do you possess and its gross value?
None
14. What property, effects or income did you possess in 1894, 1895 and 1896 and what disposition, if any, did you make of same?
None
15. In what County did you reside during those years and what property did you then return for taxation?
Fulton County. Returned two or less worth of real estate in 1894, but this has been decided away in 1895.
16. How were you supported during the years 1895 and 1896?
By wife and children and Macons
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?
Perhaps ten dollars a month. Practically nothing
18. What was your employment during 1895 and 1896? What pay did you receive in each year?
Farming. Received no pay
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead?
I have a wife and four children. Farming their means of support. Wife owns a little piece of land. The same is not recorded as homestead
20. Are you receiving any pension, if so what amount and for what disability?
None

Every Question must be answered

Sworn to and subscribed before me this the _____

_____ day of _____ 1897.

W. H. Heldebrand
Ordinary.

County.

Applicant.

Subscribed by
W. H. Heldebrand
on 7/8

INDIGENT PENSION

1897.

W. H. Heldebrand

Fulton

7/8

WARRANT DATED 30

Chas

1897

QUESTIONS FOR WITNESS.

STATE OF GEORGIA.

Fulton County, }
J.S. Heard of said State and County, having been presented as a witness in support of the application of W.H. Helderbrand for pension under the Act approved December 16th, 1894, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? J.S. Heard
in Fulton Co Ga lived in said County 61 years
2. Are you acquainted with W.H. Helderbrand, the applicant, is of how long have you known him? fifty years
3. Where does he reside, and how long has he been a resident of this State? in Fulton Co for more than 51 years
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? I know he was in Confederate army. He was in same Company Co 13th Ga Infantry & Battery
5. When, where and in what company and regiment did he enlist? 1862. Company "D" 11th Infantry in 4th Division
6. Were you a member of the same company and regiment? yes
7. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? Retired 1 year. I was in Cavalry with applicant

8. What property, effects or income has the applicant? (Give your means of knowledge.)

I am informed that applicant has no property whatever

9. What property, effects or income did the applicant possess in 1895 and 1896, and what disposition, if any did he make of same? Applicant had no property in 1895 & 1896 as I know of

10. What is the applicant's occupation and physical condition? Applicant occupation when able to work was that of a farmer. He is no not able to work

11. Is the applicant unable to support himself by labor of any sort, if so, why? He is not

12. How was he supported during the years 1895 and 1896? by his wife and children. His wife helped him

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

14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 16th, 1894? He is a very poor man not able to perform manual labor his physical condition is poor

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

Sworn to and subscribed before me, this 18th day of July, 1897. J.S. Heard Witness.

Notary Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA.

Fulton County, }
 Personally seen before me, W.D. McWhorter and W.H. Helderbrand, both known to me as reputable physicians of said county, who being severally sworn, say on oath that they have examined carefully

W.H. Helderbrand, applicant for pension under the Act of 1894, and after such personal examination say that his present physical condition is as follows:

that he has chronic Rheumatism, and that he is physically unable to do manual labor,

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 14 day of July, 1897. W.D. McWhorter and W.H. Helderbrand Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

Fulton County, }
 I, W.D. McWhorter, Ordinary in and for said County, hereby certify that the applicant, W.H. Helderbrand, 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. W.D. McWhorter and W.H. Helderbrand are of trustworthy character and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of Fulton County show that applicant returned for taxation in his name in 1895, two dollars of property, and in 1896, none dollars of property.

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

Witness my hand and seal of office, this 14 day of July, 1897. W.D. McWhorter Ordinary of Fulton County.

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

POWER OF ATTORNEY.

State of Georgia,

County.

I, _____ hereby authorize

of _____

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

by _____

at _____

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

day of _____ 1898.

Executed in presence of _____

[L. S.]

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, _____ hereby authorize

of _____

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

at _____

by _____

Witness my hand and seal this _____ day of _____ 1899.

Executed in presence of _____

[L. S.]

Hildbrand, W.H.
Lawton Co.
 (For These Already Enrolled.)

NO. 365

INDIGENT

SOLDIER'S PENSION,

1898.

Name *W. H. Hildbrand*
 County *Fulton*

WARRANT ISSUED

1/17

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

appt

See W. H. Hildbrand, State Prisoner, Atlanta

No data

Hildbrand, W.H.
Guilford Co. N.C.
 CODE SEC. 1354.
 (For These Already Enrolled.)

No. 474

INDIGENT

SOLDIER'S PENSION,

1899.

Name *W. H. Hildbrand*
 County *FULTON*

WARRANT ISSUED

1/20

1899

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

appt

See W. H. Hildbrand, State Prisoner, Atlanta.

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears W. H. Hulsey 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 _____ 1888; that he is 79 years old and by occupation a Farmer; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 3 years in Company B, of 9th Regiment of Georgia Vol. Infantry; that his physical condition is as follows: Old and infirm

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 _____ day of _____ 1898.

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 W. H. Hulsey the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 _____ 1898.



Note.—The blank space must be filled.

W. H. Hulsey Ordinary Fulton County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

FULTON County.

Personally appears W. H. Hulsey 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 _____ 1888; that he is 80 years old and by occupation a Farmer; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served for the term of 3 years in Company B, of 9th Regiment of Ga Vol. Infantry; that his physical condition is as follows: Old and infirm

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 _____ day of _____ 1898.

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 W. H. Hulsey the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 _____ 1898.



W. H. Hulsey Ordinary FULTON County.

Note.—The blank space must be filled.
Note.—A Month should not be filled before January 1st, 1899.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, _____ hereby authorize

of

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

at

by

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

[L. S.]

Executed in presence of

*William W. A.
Guthrie, Ga.*

(For Those Already Enrolled)

No. 360

INDIGENT

SOLDIER'S PENSION.

1901.

Name *W. W. Wildband*

County *Guthrie*

WARRANT ISSUED

Jan 14 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT RAIDED TO

W. W. Wildband, State Prisoner, Atlanta.

no data.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

I, _____ hereby authorize

of _____

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

at _____

by _____

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

[L. S.]

Executed in presence of _____

Deliberate, W. H. C. Fulton County

GEORGIA, 1900.

(For Those Already Enrolled.)

no 39

INDIGENT

SOLDIER'S PENSION,

1900.

Name *W. H. C. Fulton*

County FULTON

WARRANT ISSUED

July 7 1900

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT BLANKET TO

W. H. C. Fulton

No data

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 _____ 1900.

[L. S.]

Executed in presence of _____

No data

(For Those Already Enrolled.)

no 39

INDIGENT

SOLDIER'S PENSION,

1900.

Name *W. H. C. Fulton*

County FULTON

WARRANT ISSUED

July 7 1900

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT BLANKET TO

W. H. C. Fulton

No data

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize

of _____

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

at _____

by _____

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

[L. S.]

Executed in presence of _____

GOOD REC. 1904

(For Those Already Enrolled.)

NOV 3 9

INDIGENT

SOLDIER'S PENSION,

1900.

Name *W. G. McLebrand*
County _____

WARRANT ISSUED

1900.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

W. G. McLebrand
John W. Lindsey, New Prison, Atlanta

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize

of _____

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

at _____

by _____

Witness my hand and seal, this _____ day of _____ 1902.

[L. S.]

Executed in presence of _____

(FOR THOSE ALREADY ENROLLED.)

No. *50*

INDIGENT

SOLDIER'S PENSION

1902.

Name *W. G. McLebrand*
County *Wilcox*

Co. *B* Regiment *9th*

WARRANT ISSUED

1902.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

W. G. McLebrand
John W. Lindsey, New Prison, Atlanta

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

County.

Personally appears W. H. Hilderbrand 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 _____ 1888; that he is 81 years old and
by occupation a Farmer that he enlisted in the military service of the Confed-
erate States (or of the State of Ga.) during the war between the States,
and served for the term of 3 yrs. in Company B. of 9th Regiment of
Ga. Bat. Regt. Artillery; that his physical condition is as
follows: Old and infirm

that his property consists of the following items _____

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

Deponent desires to participate in the benefits of the Act, approved December 16th,
1894, and the Acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 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 _____ day of _____ 1900. W. H. Hilderbrand
Ordinary

State of Georgia,

County.

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

Given under my official signature and seal, this 17
day of Jan 1900.
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 W. H. Hilderbrand 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 _____ 1888; 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 Ga.) during the war between the
States, and served for the term of 3 yrs. in Company B. of 9th Regiment
of Ga. Bat. Regt. Art.; that his physical condition is as
follows: Old infirm

that his property consists of the following items _____

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

Deponent desires to participate in the benefits of the Act, approved December 16th,
1894, and the Acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 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 the _____ day of _____ 1902. W. H. Hilderbrand
Ordinary

STATE OF GEORGIA,

Fulton County.

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

Given under my official signature and seal, this _____
day of Jan 1902.
Ordinary Fulton County.

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

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

Given under my official signature and seal, this 17

day of January 1900.



Ordinary FULTON County.

Note.—The blank spaces must be filled.
Note.—An affidavit should not be attested before January 1st, 1900.

be and that he resides in this County.

Given under my official signature and seal, this

day of Jan 17 1900.



Ordinary Fulton County.

Note.—The blank spaces must be filled.
Note.—An affidavit should not be attested before January 1st, 1900.

William B. Smith
of the 1st Regt. Ala. Inf.
must for service

No. 1000000000

Confederate

Soldier's Application

UNDER ACT 1910.

County *Franklin*
Name *Andrew S. Hill*
Company *H. & H. Co. 1st Regt.*
Regiment
Approved

A. W. LINDSEY
Commissioner of Prisons

CHAS. F. STEIN, Sec'y, ALA. ARMY.

7/2/94
325 ENTERED ROSTER OFFICE

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA,

Julia *County*

I, *Julia*, of said State and County, hereby apply for the pension provided by Act of 1910, to Confederate Soldiers, and submit the sworn statement, with his testimony to make out the same, and after being duly sworn true answers to make to the questions prescribed, evidence as follows to wit:

1. What is your name and where do you reside? (Give County and Post-office.)
Andrew Hall Atlanta Ga

2. How long and when have you been a law-abiding resident citizen of this State?
73 years since 1848

3. And you were in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865?
Yes

4. What was your rank in what Company and Regiment, did you follow (Give name and date of Service)?
4th Co 1st Regt Georgia 1848 to 1861

5. How long did you remain in the actual military service with said Company and Regiment?
4 years 10 months 15 days

6. (Give date of discharge) When and where did you surrender or discharged from the service?
Apr 22 1865 from Co 1st Regt

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

8. If so, did you actually present, state specifically and clearly where you were?
Yes

9. Where was your Command when you left it?
Yes

10. When did you leave the Command?
Yes

11. For what cause did you leave?
Yes

12. By whose authority did you leave?
Yes

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

14. Why did you not return to your Command after leave expired?
Yes

15. In what way were you prevented?
Yes

16. What offer did you make to rejoin?
No

17. Were you captured during the war?
No

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

19. 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. 1865? (Make list by items and value.)
None have your valued at 50¢

20. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov. 1865. To whom and for what price?
No

21. What property of any description of any kind and of any value now owned and is in the use, possession and control of yourself and wife and its cash value? (Make itemized list.)
None

22. What amount of monthly income or savings of yourself and wife and the source derived have you?
None

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

24. Have you ever applied for the Georgia Pension and had it refused and for what cause it was not allowed?
No

25. In and to what State before me, this day of *July* 1911, at *Atlanta*, Georgia, County of *Fulton*.

Julia *County*

Soldier's Application

Confederate

UNDER ACT 1910

County *Fulton*

Name *Andrew H. Hall*

Company *4th Co 1st Regt*

Approved

A. W. LAMBERT

CLERK OF SUPERIOR COURT

ENTERED POSTAL OFFICE

QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA,

DeKalb County.

John P. Chandler & J. R. Leamon and State and County is lawfully presented as a witness in support of the applicant, *Andrew F. Hill* for the present provided by the Act of 1910, in said State, and after being sworn true answers to make to the questions propounded answers are follows:

1. What is his name and where do you know him?
John P. Chandler & J. R. Leamon Atlanta Ga
2. How long and since when have you known him?
Andrew F. Hill the applicant
25 years since 1861

3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State and how do you know?
Atlanta Ga - since 1861 - has been personally acquainted and known all the time

4. When, where and in what Company and Regiment did he serve?
April 1861 - August 1862 K & C Co
was from 1861 to 1862? (Give date and place)

5. How did you obtain your information of this service?
Observed with him in same Co & Regt

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date)
About 2 years until June 30, 1862

7. When and where was his Command surrendered or disbanded?
at which time he was captured & taken as Prisoner
April 1862 at Appomattox Va

8. Were you personally present at the Surrender?
No

9. If not, where were you and how came you there?
Home & Leamon captured in prison

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

11. If not where was he and how came him there?
He was transported to
Norfolk April 1862

12. When did he leave his Command?
April 1862 Where was his Command when he left it?
Orange Co Va In what cause did he leave?
Paroled by

By whose authority did he leave?
Officers and how long was he granted leave?
He was paroled How do you know all that he has stated to be true? If of your own knowledge (tell clearly and specifically)
He was present

13. In what way was he prevented from returning to his Command?
He was How do you know?
He was

14. What effort did he make to return to his Command and how do you know?
He was

15. Was applicant captured as a prisoner?
No If so, when and where?
Yes In what prison was he held?
He was and when released?

and subscribed before me, this the
25th day of *April* 1911
Wm. H. Williams Ordinary
DeKalb County

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,

County.

Personally before me, came _____ 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 his name, possession and control of himself and wife and of its cash value to wit: (Make list by items and value.)

1. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov 1906? (State fully by items.)
 2. When and to whom was it sold or given to?
 3. What was the price paid or stated to be paid?
 4. What relation is the party to applicant?
 5. What disposition was made of the proceeds of the sale?
 6. Was the disposition of this property made in good faith and full value? or was it made to obtain a pension?
- Sworn to and subscribed before me, this the _____ day of _____ 1911.
- at _____ Ordinary, _____ County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

County.

I, _____ Ordinary of said County, certify that I know the applicant _____ for Pension is the person he represents himself to be and resides in said County. That I also know _____ the witness swearing to the service and _____ who are freeholders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Returns of _____ shows that _____ and wife value for tax in 1908 \$ _____ for 1909 \$ _____ for 1910 \$ _____

Sworn under my hand and official seal of office this _____ day of _____ 1911.

at _____ Ordinary, _____ County.

NOTES 1. Before any questions are answered the Ordinary shall swear Applicants and all witnesses in the following words: You do solemnly swear that you will true answers make to each question asked you and the evidence you state you shall be the whole truth to help you true.

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

3. An affidavit must be made before the Ordinary and verified by him.

4. If applicant had no property at all in his possession, use or control of self and wife, affidavits of freeholders were not needed.

14. What effort did he make to return to his homeland and how do you know?

15. Was Applicant captured as a prisoner? *As* If so, when and where? *X*

In what prison was he held?

and when released?

and when released before me, this day

25th

day of

1917

Marcellus H. Anderson

J. J. Spinden
J. R. Leamon

Justice

"You do solemnly swear that you will true answers make to each question asked you and the evidence you
and give them in the whole truth, so help you God."
1. Adversely affects the way he is treated if black people are hospitalized.
2. It affects the way he is treated in the Company and certified by him.
3. If Applicant had the property of all in his possession, the number of self and wife, affidavits of freeholders
necessary.

W W Lindsey, Commissioner of Pensions

J. R. Dyer
 b. - 9th - Boston.
 City, no date of
 indictment -
 first, June
 1864 in London
 No. 15
 Street, and date of
 trial. The witness
 was discharged. What
 released.

UNDER ACT 1910

Da er Karl
Widow's Pension

Wild mustard

One

Friction

1

Donty, P. N.

1

John R. Rice

Q-
for the last study

J. W. LINDBERT, JR.

Comparison of Versions

Public Funding for Public Pension Assets, 69

10/25-1918
12/12-1918

Application for Pension By a Widow Under Act of 1910

STATE OF GEORGIA, Fulton County

Personally before me comes Mrs. Dorothy C. Bell 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: Wentley Hill, 525 S. Moreland

3. When, where and to whom were you married? To John G. Hill,
Feb 1, 1857, Cassville, Tennessee

4. When, where and in what Company and Regiment did your husband enlist as a soldier in the Confederate Army of Georgia Militia? (State the arms and class of Service). *Atlanta Ga. Co. Cat. Company "C", Capt. Thompson*

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 Taylors*
8. Where was his command when he left? *My command*
- a. For what cause did he leave his Command? *for lack of pay*
- b. By whose authority did he leave his Command? *By my superior officers*
- c. For how long was he granted leave of absence? *One month*
- d. What was his physical condition when he left his Command? *(bad)*
- e. What effort did he make to return to his Command? *was never tried*
- f. In what way was he prevented from going back to Command? *no*
- 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?

4. When and where did your first husband die? *Atlanta April 8th 1890.*
 5. Where you residing together when he died? *yes*
 6. If not, how long had you resided apart?
 7. Are you now a widow? *yes*
 8. What property of any description did you own, hold or control for your use and its cash
 value Nov. 4, 1908? (State name by items and where situated) *1.*
Home Plot at 500 S. Maryland Ave. Value \$1,800 -

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.)

My home gold seed \$500.00
about pasture that is about all gone
used for turning pasture

11. What property of any description of any value have you now? none
Give list and cash value
12. What are your annual earnings or income from any source and their value? none

13. Have you or your husband heretofore been paid a pension by the State? no
when and for what cause were you or your husband placed on the Roll?

Sworn to and subscribed before me this the
10 day of May 1918 by Dorothy P. Rice
William B. Mauchey Ordinary.
of Hudson County.

These solemnly discharged
Sworn to and subscribed before me this the
10 day of May 1918 } Mrs. Maggie Johnson
William R. Marshall Ordinary,
Fulton County

(SEAL) William R. Marshall Ordinary,
Fulton County

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only evidence who married prior to first January, 1910, are entitled.
4. All affidavits must be made before the Ordinary.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

H. M. PATTERSON

ESTABLISHED 1886

FRED W. PATTERSON

Madison
H. M. PATTERSON & SON
FUNERAL DIRECTORS

26 North Forsyth Street
Adjoining Carnegie Library

Atlanta, Ga., March 9, 1921.

Sold to Funeral Expenses of Mrs. Dorothy F. Hill:

Casket and Box
Transfer to Office
Embalming, Etc.
Robe
Underwear
Shoes
Constitution notice
Georgian notice
Journal notice
Drayage for Box
Grave and lining
Water Hearse
Three Lincolns
Taxicab for musicians

90
75
75
60
96
50

207 59

Fulton County
Georgia.

Personally appeared before me F.W. Patterson
who on oath states that the above account is
correct, due and unpaid.

Sworn to before me this March 25, 1921....
W.D. Samp N.P. Gutter to the

See Hill, D. R. Comm. 1921
Application for Pension Due
Deceased Pensioner
Under Act 1904

Thos. H. Jeffries Ordinary
For *Dorothy F. Hill*
of *Fulton* County
of Co. *Mich 9-1921* Regiment
Died *1921*
Amount \$ *125.00*

Approved and ordered paid:

Nov. 12 1921

J. W. LINDSEY,
Commissioner of Pensions.

207 59
X Paid

STATE OF GEORGIA.
COUNTY OF FULTON.

Personally before the undersigned authority now comes
MRS. DOROTHY P. HILL, who upon oath states:

That her husband, John R. Hill enlisted in Company A
9th Co. Bat. under Capt. Melcomb and Major Ladden, in June 1862 and
went with his Company to Virginia, where he was in the service until
February 1863, when he was granted leave on account of hemorrhage of
the lungs. He was at home on furlough from then until the end of the
war, his furlough being extended from time to time and his ill health
preventing him from again joining his Company.

Sworn to and subscribed before me
this December 17, 1918.

Arthur R. Moulton
C. C. Ordinary Fulton Co., Ga.

STATE OF GEORGIA.
FULTON COUNTY.

Personally before the undersigned authority now comes
MRS. MAGGIE JOHNSON, who upon oath says:

That she is the sister of Mrs. Dorothy P. Hill, the
affiant in the above affidavit; that she has been closely associated
with the said Mrs. Dorothy P. Hill all of her life and knew her hus-
band John R. Hill. That she is well acquainted with all of the facts
set forth by the said Mrs. Dorothy P. Hill in her above affidavit and
knows of her own personal knowledge that all of said statements are
true.

Sworn to and subscribed before me
this December 17, 1918.

Arthur R. Moulton
C. C. Ordinary Fulton Co., Ga.

Application for Pension Due to a Deceased Pensioner

Under the Act of August 15, 1904

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

GEORGIA, Fulton County.

Personally before me, the Ordinary of said County, comes
F. W. Patterson of said County, who, after being sworn, on oath says that
he knew Mrs. Dorothy P. Hill of said County, and that he was on
the Widows Pension Roll Fulton County at the
time of his death, which occurred in Fulton County, in this
State, on the 24 day of March 1918, and that
a Pension of One Hundred Twenty-five Dollars was due and
unpaid at the time of death. That she left no will dependent estate and no estate
of any value sufficient to pay his funeral expenses, which amounted to the sum of \$107.54
Dollars, as per sworn statement, itemized, hereto attached.

Sworn to and subscribed before me
this 16 day of March 1919
Arthur R. Moulton Ordinary.
Fulton County.

GEORGIA, Fulton County.

AFFIDAVIT OF ORDINARY

I, Thos. H. Jeffries Ordinary of said County, do certify
that I personally know F. W. Patterson who is a resident
citizen of said County, and that he is of a truthful and trustworthy character, entitled to full faith and
credit.

I also knew Mrs. Dorothy P. Hill while in life; that he
was the same person whose name appears on the Widows Pension
Roll of Fulton County, and was paid a Pension
of One Hundred Dollars in said County for 1918 and
I now believe him to be dead.

Given under my hand and official seal, this 18 day of March 1919
Thos. H. Jeffries Ordinary.
Fulton County.

NOTE.—Require these "claiming accounts" for expenses of last illness and for funeral expenses, to make out the
account in itemized form, giving value of each item and for what. Running accounts, other than those consen-
sed with last illness before death, cannot be paid. All accounts must be made out and sworn to before the Ord-
inary, in the following form:

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

Further who pay each bill must see to it that they are itemized and sworn to in above directed before
presenting them for payment by the State.
The Ordinary must see that an affidavit has been made on the face or back of each bill submitted for pay-
ment, and must then attach each bill to this voucher and send to the Pension Office so that his account may be
given credit for the money thus paid out. If you have any doubt about a claim, send it to this Office for inspec-
tion.

knows of her own personal knowledge that all of said statements are true.

Sworn to and subscribed before me

this December 17, 1918.

William R. Maule
C. C. Ordinary Allen Co., Va.

Mrs. Maggie Johnson

Given under my hand and official seal, this 17th day of December, 1918.

Ordinary.

County.

NOTE.—Require those claiming accounts for expenses of last illness and for funeral expenses, to make out the account in itemized form, giving value of each item and for what. Running accounts, other than those connected with last illness before death, cannot be paid. All accounts must be made out and sworn to before the Ordinary, in the following form:

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

Persons who pay such bills must see to it that they are itemized and sworn to as above directed before presenting them for payment by the State.

The Ordinary must see that an affidavit has been made on the face or back of each bill submitted for payment, and must then attach such bills to this voucher and send to the Treasurer Office so that his account may be given credit for the money thus paid out. If you have any doubt about a claim, send it to this Office for instructions.

40 E. F. Mrs.
Fulton for 1915-
County
No. 7/10-

Widow's Pension

UNDER ACT 1910

✓
County Fulton

Name Mrs. C. P. Hill

Widow of Crastine P. Hill

GA - 5th Ga. Cavalry

J. W. LINDSEY,

Commissioner of Pensions

Chas. F. Scott, State Printer

7/10-1914

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

STATE OF GEORGIA,

Jackson County.

Personally before me comes Mrs. E. P. Keel 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. E. P. Keel, Atlanta Ga.
2. How long and since when have you been a continuing resident of the State of Georgia? Since 1885
3. When, where and to whom were you married? Dec. 30, 1888, in Griffin Ga. to E. P. Keel
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.) Enlist early in 1861, Company 1st Co. 2nd Ga. Cavalry, known as "The 2nd Ga. Cavalry" and the command of your husband surrender or discharge from the army? at Fort Fisher, N.C. in 1865. No other information of kind.
5. Was your husband personally present at the time of the surrender or discharge of this Com-
mand? No.
6. If he was not present state clearly where he was? At Fort Fisher, N.C. and at the office of the Surgeon General at Washington, D.C.
7. Where was his command when he left? at Fort Fisher, N.C.
8. For what cause did he leave his Command? He was killed - action.
9. By whose authority did he leave his Command? Colonel of Regiment.
10. For how long was he granted leave of absence? As long as his superior required.
11. What was his physical condition when he left his Command? Good.
12. What effort did he make to return to his Command? He tried to, but was not able to.
13. In what way was he prevented from going back to Command? He was killed and buried in 1865.
14. Was he captured by the enemy at any time? No.
15. If so, when and where captured and where held as a prisoner, and when and for what cause released? No.

16. When and where did your husband die? At Fort Fisher, N.C.
17. Were you residing together when he died? Yes.
18. If not, how long had you resided apart? No.
19. 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.

20. What property of any kind have you sold or given away since Nov. 4, 1908? What was re-
ceived for it and what did you do with the proceeds thereof? (Give items and cash value.) None.

21. What property of any description of any value have you now? None.

22. Give list and cash value.

23. What are your annual earnings or income and their value? Nothing.

24. Have you heretofore been paid a pension by the State? No.

If so, when and for what cause were you struck from the Roll? No.

Sworn to and subscribed before me this the 10th day of June, 1914.

John W. Keel Ordinary.
of Jackson County.

Widow's Pension

UNDER ACT 1798

Jackson

Mrs. E. P. Keel

Widow of E. P. Keel

GA - 5th Reg. Cavalry

1. W. L. L. L. L.

Commissioner of Pensions

Class of Pension

1910-1914

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

STATE OF GEORGIA,

Fulton 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? _____ How do you know? _____
5. How long and since when did you know _____ her husband?
6. When and where did _____ the husband of Applicant die?
7. 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? _____ Were they divorced?
9. When, where and in what Company and Regiment did _____ enlist?
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____ of _____ County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,

Fulton County.

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

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

Schedule (B). We know the property held by _____ since Nov. 4th, 1908, its cash value to be as follows

Personal property \$ _____
Money, Notes and Accounts due \$ _____

Schedule (C). We know what property she has now in her possession, use and control to-wit:

Acres of land _____ \$ _____
Horses and Mules \$ _____
Cows and Hogs \$ _____
Other property \$ _____
Income and Earnings \$ _____
Total value of all property and effects \$ _____

Sworn and subscribed before me this the _____ day of _____ 19____

Wm. R. Hubert Ordinary.
of Fulton County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

_____ County.

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

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

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

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

(SEAL) _____ Ordinary.
(SEAL) _____ 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 exact and true answers 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.

Chatham County.

Personally before me comes A. B. LeRue, Deputy Sheriff, 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? A. B. LeRue, Deputy Sheriff
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? _____ How do you know? _____
5. How long and since when did you know _____ her husband? _____
6. When and where did _____ the husband of Applicant die? _____
7. 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? _____
- Were they divorced? _____
9. When, where and in what Company and Regiment did George F. Hill enlist? Co. A, 1st Va. Cavalry (known as Co. B of the 1st Tennessee)
- They met part of the war about 1861
10. Were you a member of the same Company? Yes
11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? He was discharged with us about 2 years. He was promoted to a higher position with some other Company. He was a gallant soldier.
12. When and where did his Command surrender, and was discharged? _____
13. Were you personally present when it was surrendered? Yes. If not where were you _____ and how came you there? _____
14. Was the husband of applicant personally present at surrender? He had not been. 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 was one of the best officers that was ever in the war
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

14 day of Jan, 1914

Ordinary.

of Chatham County.



HENRY McALPIN,
Judge Court Ordinary
JOSEPH MOLINA,
Clerk Court Ordinary

STATE OF GEORGIA
CLAYTON COUNTY
Office of Ordinary

Savannah, Ga. Jan. 14, 1914.

Hon. John R. Wilkinson,
Ordinary Fulton County,
Atlanta, Ga.

Dear Sir:-

Your letter of the 12th instant, in reference to obtaining certain evidence for the widow of Lieut. Erasmus P. Hill, was duly received. I have located two of my pensioners, who were members of his Company. They have testified to his service as Sgt as they can, but as he was promoted to a higher position, with some other Company, they are unable to give further testimony. They state that Lieut Hill was a most gallant Officer, and they do not doubt but what he was with his command at the surrender, if living.

When we are unable to get a complete service for an applicant, my clerk writes to the Congressman, from this District, and within a few days, we have the record of the soldier from his enlistment to his discharge.

Hoping that Mrs. Hill will secure her pension, I am,

Yours very truly,

Henry McAlpin
Ordinary Clayton Co., Ga.

STATE OF GEORGIA
CLAYTON COUNTY.

I, Henry McAlpin, Ordinary of said County, do certify that I knew A. B. LaRoche and Seymour C. Stewart, the witnesses who swear to the service of Lieutenant Erasmus P. Hill. That they are residents of said County, and were duly sworn by me before signing the foregoing affidavit, and that they are all truthful, trustworthy, and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 14th day of January, 1914.

Henry McAlpin
Ordinary Clayton Co., Ga.

Georgia, Spalding County.

I, J. A. Dreezy, Ordinary in and for said county do certify that the within and foregoing marriage license of Krastus P. Hill and Fannie E. Gordon is a true and correct copy of the marriage license of said parties now of record in this office.

Given under my hand and seal of office, this 31st day of January, 1914

J. A. Dreezy
Ordinary
Spalding County, Georgia.

MARRIAGE LICENSE

Krastus P. Hill

AND

Fannie E. Gordon

Issued December 29th, 1913 PM

and Recorded on Page 86 Book

A of Marriage License

John D. Stewart,

Clerk

JOHN R. WILKINSON
ORDINARY
AND
JUDGE COURT OF ORDINARY
FULTON COUNTY

Atlanta, Ga., July 8 1914

My dear friend:

Please look over the within application of Mrs. Hill, and tell me if the evidence submitted is sufficient for you to allow a pension -

I am more than anxious that Mrs. Hill be put upon our rolls. She is a most worthy applicant, very old and almost self reliant for support. I have known her every since I can remember and have been told many times by her friends that Aunt Nell was one of our bravest soldiers.

She has relied upon me to get the money for her and I am unable to locate other witnesses.

Yours friend

John R. Wilkinson
Ordinary

STATE OF
GEORGIA

COUNTY OF
SPALDING

MARRIAGE LICENSE

To any Judge, Justice of the Peace or Minister of the Gospel,

You are hereby authorized to join

Erastus P. Hill and Fannie E. Gordon

*in the Holy State of Matrimony according to the Constitution
and Laws of this State and for so doing this shall be your License.
And you are hereby required to return this License to me with
your Certificate hereon of the fact and date of the Marriage.*

Given under my hand and seal this

29th

day of

STATE OF GEORGIA,

John D. Stewart
SPALDING COUNTY, (L. 2)

Ordinary

I Certify that Erastus P. Hill and Fannie E. Gordon

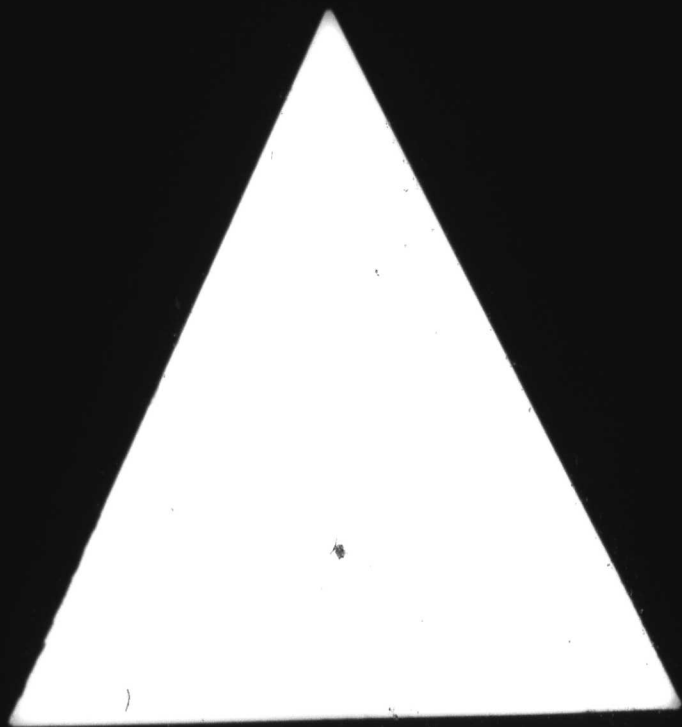
were joined in Matrimony by me this thirtieth day of December, 1888. *Sign here*
Hundred and

Recorded February 18th, 1889.

Charles R. Jewett, M.G.

John D. Stewart,

Ordinary



Hall, James
St. J. 1916

No. _____

Widow's Pension

UNDER ACT 1916

✓
County *Fulton*
Name *Mr. James T. Hill*
Residence *Atlanta, Ga.*
On 10-1-16 to 1-1-17
at 10-1-16 to 1-1-17
at 10-1-16 to 1-1-17

J. W. LINDSEY,
Commissioner of Pensions

State of Georgia, State Printer

9/12-1916

County:

Sworn to and subscribed before me this the 14th day of Jan 1899 at St. Paul Minn.
John A. Thompson Ordinary.
 of St. Paul County.

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

County.

Personally before me comes A. B. Harrison 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? A. B. Harrison, Atlanta, Ga.
2. How long and since when have you known Herman L. Hill applicant?
3. How long and since when has she continuously resided in this State? (Give date.)
4. When and to whom was she married? A. B. Hill How do you know? He is her husband
5. How long and since when did you know A. B. Hill her husband? Since 1897
6. When and where did the husband of Applicant die? At Atlanta, Ga. Jan. 1914
7. Were the applicant and her husband living together as husband and wife at the date of his death? Yes
8. If not, how long did they live apart before his death? Not known
9. When, where and in what Company and Regiment did A. B. Hill enlist? Co. 2, 1st Reg. U.S. Cavalry, at Fort Worth, Texas, Aug. 1897
10. Were you a member of the same Company? Yes
11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? Until he was discharged from the service
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 signed before me this

day of

Jan 1914

Ordinary

of

Fulton County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.

County.

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

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

Schedule (B).

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

Personal property \$
Money, Notes and Accounts \$

Schedule (C).

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

Acres of land worth \$
Horses and Mules \$
Cows and Hogs \$
Other Property \$
Income and Earnings \$
Total Value of all property and effects \$

Sworn and subscribed before me this the

day of

1914

Ordinary.

of Fulton County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

Fulton County.

I, John B. Harrison Ordinary of said County do certify that, I know John B. Hill the applicant for pension. She is the person she represents herself to be and she is a bona fide continuing resident citizen of said County and was on the 4th Nov. 1908.

That I also know John B. Hill the witness who swears to the service of husband, and John B. 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 truthful, trustworthy, and their statements are entitled to full faith and credit.

That the Tax Returns None Returned for Tax is for 1908 \$ None for 1910 \$ None for 1911 \$ None for 1912 \$ None for 1913 \$ None

Sworn under my hand and official seal of office this 9 day of January 1914

(SEAL.)

(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 such 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 other or by good reputation.

APPLICATION FOR PENSION BY A WIDOW UNDER ACT OF 1920.

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,
Fulton, County.

Personally before me comes Jane V. Hill,
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 _____, 1920, and submit testimony to make
out the same, true answers make to the following questions
to wit:

- 1- What is your name, and where do you reside? Jane V. Hill
Atlanta, Ga.
- 2- How long and since when have you been a continuing resident
of the State of Georgia? Six years-1909.
- 3- When, where and to whom were you married? 1868
Stewart County-Andrew P. Hill
- 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) 1863, American, Co.
First Light Guard, Co. K- 4th Ga., 1863
transferred C.S.A. Va., 4th R.
- 5- When and where did the Command of your husband surrender
or discharge from the army? Richmond, Va.
- 6- Was your husband personally present at the time of the sur-
render or discharge of this Command? Yes at Greensboro, N.C.
April 26, 1865.
- 7- If he was not present state clearly where he was?
- 8- Where was his command when he left?
- 9- For what cause did he leave his command?
- 10- By whose authority did he leave his command?
- 11- For how long was he granted leave of absence?
- 12- What was his physical condition when he left his command?
- 13- What effort did he make to return to his command?
- 14- In what way was he prevented from going back to command?
- 15- Was he captured by the enemy at any time?
- 16- If so, when and where captured and where held as a prisoner,
and when and for what cause released?

Page 2- Jane V. Hill.

- 1- When and where did your husband die? June 29/14-Soldiers'
Home.
- 2- Were you residing together when he died? Yes
- 3- If not, how long had you resided apart?
- 4- 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
- 5- 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.)
.....
- 6- What property of any description of any value have you now?
.....
Give list and cash value
- 7- What are your annual earnings or income from any source and
their value?
.....
Nothing
- 8- 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?
.....
- 9- Sworn to and subscribed before me this the)
9 day of Jan. 1915.) Jane V. Hill
John R. Wilkinson, Ordinary,
of Fulton County.

Ben. W. Kinberg
Commissioner of Prisons
Atlanta, Ga.

QUESTIONS FOR THE WITNESSES AS TO SERVICE OF
HUSBAND AND MARRIAGE.

STATE OF GEORGIA,
.....Fulton.....County)

Personally before me comes ...O.C. Furlow, 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? O.C. Furlow, Atlanta, Ga.

Ga.

2-How long and since when have you known(Since 1860) the applicant.

3- How long and where when has she continuously resided in this State?(Give date)

4-When and to whom was she married? A.P. Hill How do you know? I lived in same town.

5-How long and since when did you know A.P. Hill, her husband? Since 1847.

6-When and where did _____ the husband of Applicant die? At Soldiers' Home, Atlanta, Ga. June 1914.

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? No

9-When, where and in what Company and Regiment did A.P. Hill, enlist? April 27th 1861-American, Ga.-Co. K- 4th Ga. Regt.

10-Were you a member of the same Company? Yes

11-How long within your personal knowledge did he perform actual military service with his Company and Regiment? Until the Fall of 1862, when he was transferred to the Navy.

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

Ben. W. Kinberg
Commissioner of Prisons
Atlanta, Ga.

#2 - Questions for the witnesses Etc., Contd.

Jane V. Hill.

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, and 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 of how?

Sworn to and subscribed before me this the)

_____ day of Jan 1915 } O.C. Furlow
John R. Wilkinson, Ordinary
of Fulton County.

Gen. W. Kinberg
Commissioner of Pensions
Atlanta, Ga.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA)

Fulton County)

I, John R. Wilkinson, Ordinary of said County do certify that I know Jane Y. Hill the applicant for pension. She is the person she represents herself to be and she is a bona fide continuing resident citizen of said County and was on the 4th Nov. 1908.

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

That the Tax Returns..... Returned for Tax is for 1908 \$None, 1910 \$None, for 1911 \$None, for 1912 \$None, for 1913 \$None,

Sworn under my hand and official seal of office this

5 day of January 1915

(Seal)

John R. Wilkinson, Ordinary.
Fulton County.

Gen. W. Kinberg
Commissioner of Pensions
Atlanta, Ga.

COPY.

HM-Ca.

Navy Department Library & Naval War Records. Enclosure.

December 18, 1914.

Dear Sir:-

Replying to your letter of the 11th instant to the Hon. Secretary of the Navy, requesting information regarding the service in the Confederate Navy of ANDERSON P. HILL, I have the honor to state that the files of this Office show that A.P. Hill was serving on board the U.S.S. VIRGINIA, No. 2, of the James River Squadron, in the capacity of yeoman in the last quarter of 1864, the latest record of the vessel in the possession of the Department.

The VIRGINIA, No. 2, was at this time commanded by Captain Francis H. Sheppard, U.S. Navy.

Respectfully yours,

CHARLES W. STEWART.
Superintendent, Library and Naval War Records.

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

Q.E. Jan 1910.

WIDOW'S PENSION

UNDER ACT 1910

County Police

Name Mrs. Jane V. Hill,

Widow of Anderson P.

Co. 14th Co., Inf., and Genl.

STATE NAVY Va & A-G.S.M.

1/18/1910

HEM-Cn.

Navy Department,
Library and Naval War Records,

Washington, D. C.,

January 12, 1910.

My Dear Madam:-

Your letter, dated the 1st instant, addressed to the Office of Confederate Naval Records in Richmond, Va., requesting information regarding the service of your husband, ANDREW FULLER HILL, in the Confederate Navy, has found its way to this Office.

In reply, I have the honor to enclose a copy of a reply to a letter from J. W. Lindsay, Commissioner of Pensions of the State of Georgia, addressed to the Hon. Secretary of the Navy.

It would seem that the letter to the Commissioner of Pensions showing that your husband was in the Naval service as late as December 31, 1864 ought to be sufficient evidence of his faithful service to the end of the war.

Upon the evacuation of Richmond, April 2, 1865, the VIRGINIA, No. 2, the vessel on which your husband was serving, and the other ships composing the James River Squadron, was destroyed and the crews organized into what was designated as the Naval Brigade and placed under the command of Admiral Semmes. This band served with the Army of General Joseph E. Johnston until the surrender of the Army at Greensboro, N. C.

This Department is not in possession of the records of the James River Squadron or the Naval Brigade subsequent to December 31, 1864.

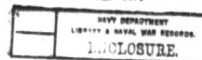
Very respectfully,

M. S. Thompson
Acting Superintendent, Library and Naval War Records.

Mrs. Andrew F. Hill,
#305--Cherokee Avenue,
Atlanta, Ga.

Copy.

HM-Gn.



December 15, 1914.

Dear Sir:-

Replying to your letter of the 11th instant to the Hon. Secretary of the Navy, requesting information regarding the service in the Confederate Navy of ANDERSON F. HILL, I have the honor to state that the files of this Office show that A. F. HILL was serving on board the U.S.S. VIRGINIA, No. 2, of the James River Squadron, in the capacity of yeoman in the last quarter of 1864, the latest record of the vessel in the possession of the Department.

The VIRGINIA, No. 2, was at this time commanded by Captain Francis P. Shepperd, U. S. Navy.

Respectfully yours,

CHARLES W. STEWART.

Superintendent, Library and Naval War Records.

J. T. Lindsey,
Commissioner of Penitents,
Atlanta, Ga.



Wm. Jackson
Fulton Tenn
1914

No. _____

**Confederate
Soldier's Application.**

UNDER ACT 1910.

Company *Fulton*
Edwards Johnson
Company *B*
Bat of 1st
Approved *Credits*

J. W. LINDSEY,
Commissioner of the

ENCL. P. 1718. ENCL. 1718. 1718.

10/21/1914

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.

Fulton County.

Personally before me came Edmund M. Martin who on oath says that John R. Wilkerson is a freeholder residing in said County and is known to John R. Wilkerson.

John R. Wilkerson the applicant for pension and we know the property that is now in the name of John R. Wilkerson and wife and of its cash value to wit: (Make list by item and value)

that the said property is the same as that which was owned by the said John R. Wilkerson and wife from 1861 to 1865

1. What property, if any, has been sold or given away by the applicant or his wife since 1861 to 1865? None

2. How long and since when have you known John R. Wilkerson the applicant? About July 20th 1864

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? He lives in the town of Milledgeville, Georgia, and has lived there since 1864.

4. When, where and in what Company and Regiment did John R. Wilkerson enlist during war from 1861 to 1865? (Give date and place) He enlisted in the 1st Georgia Cavalry, at Milledgeville, Georgia, in 1861.

5. How did you obtain your information of this Service? From the records of the War Department.

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) About one year - from 1861 to 1862.

7. When and where was his Command surrendered or disbanded? (give date and place) At Augusta, Georgia, about 1865.

8. Were you personally present at the Surrender? No.

9. If not, where were you and how came you there? At home in Milledgeville.

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

11. If not where was he and how came him there? He was at home in Milledgeville.

12. When did he leave his Command? During the war.

13. How long was he granted leave? He was granted leave for 1865.

14. What efforts did he make to return to his Command and how do you know? None necessary.

15. Was applicant captured as a prisoner? No.

16. In what prison was he held? None.

17. How long was he held? None.

18. How long was he held? None.

19. How long was he held? None.

20. How long was he held? None.

21. How long was he held? None.

22. How long was he held? None.

23. How long was he held? None.

24. How long was he held? None.

25. How long was he held? None.

26. How long was he held? None.

27. How long was he held? None.

28. How long was he held? None.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

Fulton County.

John R. Wilkerson Ordinary of said County, certify that I know the applicant John R. Wilkerson for Pension is the person he represents himself to be and resides in said County. That I also know John M. Green the witness swearing to the service and Edmund M. Martin who are freeholders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Returns of John R. Wilkerson show that he and wife value for tax is in 1868 \$ none for 1869 \$ none for 1870 \$ none for 1871 \$ none for 1872 \$ none for 1873 \$ none for 1874 \$ none for 1875 \$ none for 1876 \$ none for 1877 \$ none for 1878 \$ none for 1879 \$ none for 1880 \$ none for 1881 \$ none for 1882 \$ none for 1883 \$ none for 1884 \$ none for 1885 \$ none for 1886 \$ none for 1887 \$ none for 1888 \$ none for 1889 \$ none for 1890 \$ none for 1891 \$ none for 1892 \$ none for 1893 \$ none for 1894 \$ none for 1895 \$ none for 1896 \$ none for 1897 \$ none for 1898 \$ none for 1899 \$ none for 1900 \$ none for 1901 \$ none for 1902 \$ none for 1903 \$ none for 1904 \$ none for 1905 \$ none for 1906 \$ none for 1907 \$ none for 1908 \$ none for 1909 \$ none for 1910 \$ none for 1911 \$ none for 1912 \$ none for 1913 \$ none for 1914 \$ none for 1915 \$ none for 1916 \$ none for 1917 \$ none for 1918 \$ none for 1919 \$ none for 1920 \$ none for 1921 \$ none for 1922 \$ none for 1923 \$ none 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APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA.

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

What is your name and where do you reside? (Give County and Post-office.)
Lodovick Johnson Hill, Atlanta, Newton County, Ga.

How long and since when have you been a continuous resident citizen of this State?
Since birth, January 16, 1846

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

When and where, and in what Company and Regiment did you enlist? (Give the armory place.)
At Marietta, Ga. in the 1st Regt. of Col. A. H. Stephens' 1st Ga. Inf.

How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge.)
From May 10, 1862 to May 20, 1865

When and where was your Company and Regiment surrendered or discharged from the Service?
At Augusta, Georgia, May 20, 1865

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

If you were not actually present, state specifically and clearly where you were.
In Newton County, Georgia, at a place where I was not through

Where was your Command when you left it?
At Augusta, Georgia

When did you leave the Command?
At Augusta, Georgia, in June, 1865

For what cause did you leave?
On account of sickness

By whose authority did you leave?
From the Command

For how long was your leave granted? In what way?
Time uncertain, recovery, and no pay for a specified period

Why did you not return to your Command after leave expired?
Personal health

In what way were you prevented?
By the war and had not a court

What effort did you make to return?
No one for reasons stated above

Were you captured during the war?
No

If so, when, and where? In what prison were you held and when were you released?
No

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.)
Only household and kitchen furniture, some small tools and a few articles of clothing

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

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 list by items and value.)
The same as described above

What annual or monthly income or earnings of yourself and wife and the source derived herefrom?
None

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

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 19th day of Oct 1914

Lodovick Johnson Hill Ordinary

of Newton County.

Confederate

Soldier's Application.

UNDER ACT 1910.

County Newton
Company 1st
Regiment 1st
Batt of Inf
Cavalry 1st

J. W. LAMBERT,

Notary Public for Georgia.

FILE IN 1910, NEW PENSION, GEORGIA.

10/21/1914

STATE OF GEORGIA.
FULTON COUNTY.

I, Walter Colquitt Carter, United States Commissioner for the Northern District of Georgia, of 864 Peachtree Street, Atlanta, Georgia, married a niece of the applicant and have known him and his wife intimately for about thirty years. I know he sustained serious financial reverses some years ago and know of no property they have since owned other than household effects, the value of which must be very small, having been long in use. Any statement of the applicant is worthy of implicit belief as his integrity is unquestioned.

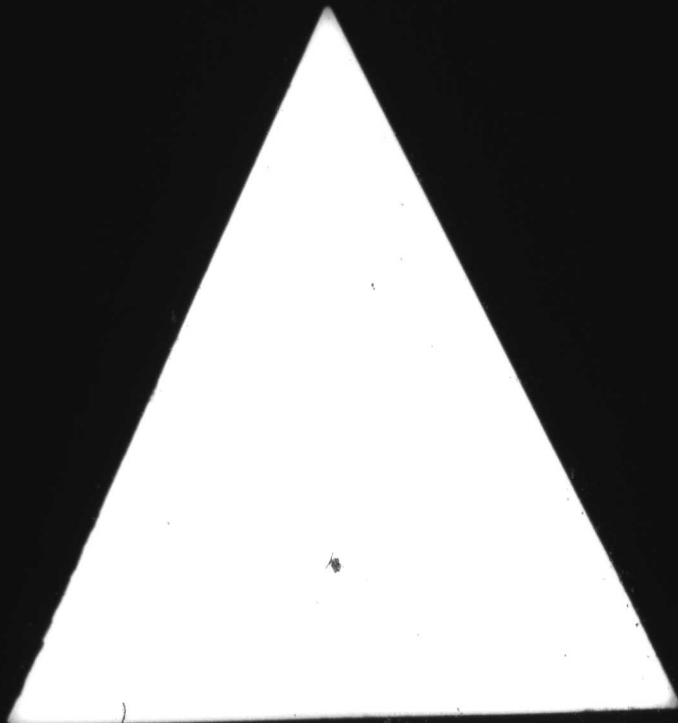
Walter Colquitt Carter

*Sworn to and subscribed to before
me this 22 day of Oct 1911*

*John W. Robinson
Clerk*

*Old habit, now living in Atlanta Ga.
L. E. McCluskey, Traffic Manager, S. R. Rd.
No. 4, Holiday
A. J. Shropshire
Jno. W. Pearce, Secretary, Ga.
W. F. Patterson*

L. E. McEliskey, Traffic Manager, S. C. Ry.
No. 4. Holiday
a. J. Shropshire
Jno. W. Pearce, Treasurer, Ga.
W. F. Patton



Hill, Mary J.
Nov 1912
Gulton, C.

No. _____

Widow's Pension

UNDER ACT 1910

County *Tulsa*

Name *Mrs Mary J*

Widow of *V B*

B. E. In Cal.

ENTERED ROSTER OFFICE
J. W. LINDREY,
Commissioner of Pensions.

Chas. F. Ryan, State Printer

10/24/11

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

STATE OF GEORGIA,

Butt County.

Personally before me comes Mary J. Hill 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? Mary J. Hill resides in Atlanta Ga
2. How long and since when have you been a continuing resident of the State of Georgia? 66 years
3. When, where and to whom were you married? April 26, 1865 in Gordon County Ga to Wm. B. Hill
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) See Company B 84th Infantry from Aug. 1864 to July 1865
5. When and where did the Commands of your husband surrender or discharge from the army? At McLean Va but was finally paroled at Appomattox Va
6. Was your husband personally present at the time of the surrender or discharge of this Command? He was surrounded with his Command and paroled with it
7. If he was not present state clearly where he was? _____
8. Where was his command when he left? _____
- a. For what cause did he leave his Command? _____
- b. By whose authority did he leave his Command? _____
- c. For how long was he granted leave of absence? _____
- e. What was his physical condition when he left his Command? _____
- f. What effort did he make to return to his Command? _____
- g. In what way was he prevented from going back to Command? _____
- h. Was he captured by the enemy at any time? Yes. At Appomattox Va
- i. If so, when and where captured and where held as a prisoner, and when and for what cause released? from April to 12 or 13 May
- j. When and where did your husband die? See Atlanta May 7, 1865
- k. Were you residing together when he died? Yes
- l. If not, how long had you resided apart? _____
9. What property of any description did you own, hold or control for your use and its cash value, Nov. 4, 1908? (State same by items.) None he was dead
10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received for it and what did you do with the proceeds thereof? (Give items and cash value.) None I had none to give away or sell
11. What property of any description of any value have you now? Nothing
Give list and cash value _____
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? None etc. see The Roll

Subscribed and sworn to before me this 29 day of Sept 1914 at Atlanta Ga.
Ordinary.
of Butt County.

Widow's Pension

UNDER ACT 1910

County Butt

Name Mary J. Hill

Widow of W. B.

B. S. Hill

ENTERED ROSTER OFFICE

IN LIEUTENANT

Commissioner of Pensions

1914/11

George H.
H. H. H.
H. H. H.

H. H. H.
H. H. H.
H. H. H.
County.

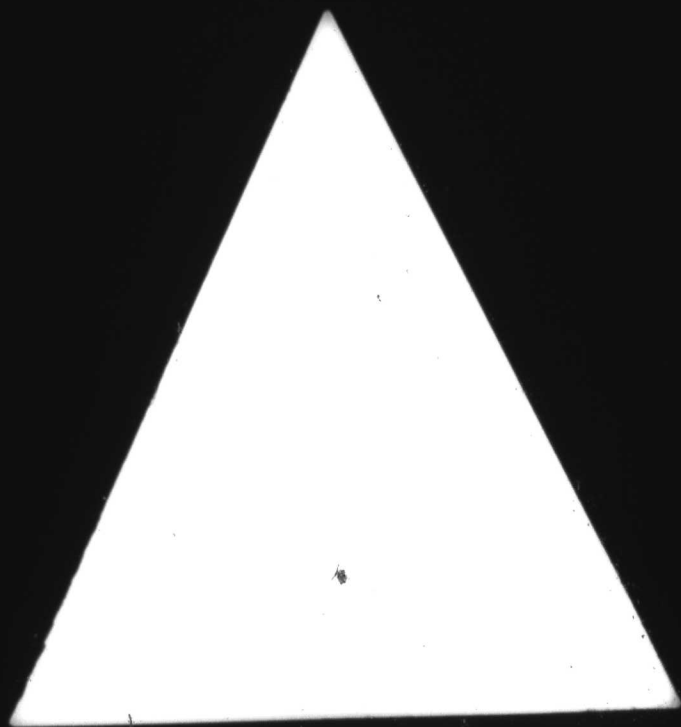
the evidence you shall give will be the truth. Do not give false evidence.
Additional evidence may be introduced if the same is necessary.
All affidavits must be made before the Ordinary.
Only widows who married prior to first January 1875, are entitled.
A single married couple of marriage license is obtainable. It not given marriage by some person, or by general reputation.

State of Georgia } Personally
Fulton County } appeared before

Ordinary in and for said County H.
Stanton who being by me duly sworn
deposed and says that he is personally
acquainted the applicant for license
person & has known her for the past
fifty years that she, Mary Hill
is a bona fide resident of said Fulton
County, and has been for the past
fifty years that she has no property
now and has not owned any property
for the past twenty years

Deem & subscribed
for me this
day of October 1911
Marcellus H. Anderson
Clerk of Court

3
H. H. H.



POWER OF ATTORNEY.

STATE OF GEORGIA.

Franklin (county)

Know all Men By these Presents That I

County, in said State, do hereby appoint

of *Atlanta*

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

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

14 day of *April* 1891 [L.S.]

Executed in the presence of us

David M. Webb

DIRECTIONS.

If allowed, send amount by

me at *Atlanta*

to



Hilly Creek
Franklin County

1891.

No. 1166

Widows' Pension

PAID TO

Mrs. Sarah Hill

OF *Franklin* County.

\$100.00.

Warrant Issued

1891

AND HANDED TO

[Signature]

Wm. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

Form No. 5.

STATE OF GEORGIA.

Franklin County

Know all Men by these Presents That I

Linah Hill
of *Franklin*
County, in said State, do hereby appoint

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

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

18 day of *April* 1891

Executed in the presence of us

Carle McAllister
Ordinary

DIRECTIONS.

If allowed, send amount by *Carle McAllister* to me at *Franklin* and oblige.



1891. 11/66
Widows' Pension
PAID TO
Linah Hill
of
Franklin County
\$100.00.
Warrant Issued
AND HANDLED TO
1891

Affidavit to be Made by the Widow.

Form No. 1.

STATE OF GEORGIA

County of *Franklin*

Mrs. *Linah Hill*

In person came before me, the undersigned Ordinary

and for the County of *Franklin*

who being sworn according to law, says under oath that she is the widow of *John Hill*, who was a soldier in the service of the Confederate States, and served as a member of Company *B*, of the

34 Regiment of *Volunteers*; that he enlisted in said service on or about the *12* day of *May* 1862, and was in the *Western* Army up to *April* 1865. That while in the Army, he was on the day of 186 (See Note No. 1)

On the month of *April*, 1865, he was taken with *Chronic Diarrhea* and was sent to the hospital and remained there until about the 17 June, 1865 and was sent home on *quarantine* and was never able to return to the Army, was never able to do anything, was confined to his bed for 12 months prior to his death which occurred on the 2nd day of *July* 1867, from *chronic diarrhoea* contracted while in said service

Deponent further swears that she was the wife of said deceased soldier during his term of service in the Army, and that she has never married since his death; that she became his wife on the 25th day of *Sept* 1862, and that she has resided in Georgia continuously since the day of *Birth* 18 ; that Georgia is her home, and was such on the 23d day of December, 1890, and since said date she has not lived in any other State or locality. Deponent, as the widow of said deceased soldier husband, applies for the pension provided by Act of the General Assembly of Georgia, approved December 23d, 1890, for the pension year ending February 15th, 1892, and herewith tenders the proof of her right to receive the allowance granted by said Act.

Sworn to and subscribed before me, this, *18* day of *April* 1891, *Linah Hill*
Carle McAllister Ordinary.

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

Affidavit for Three Witnesses.

Form No. 2.

STATE OF GEORGIA,

County of Franklin

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

and J. B. Garner (each known to said Attesting Officer as truthful, reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge, Mrs. Linah Will, of the County of Franklin, State of Georgia, is the widow of John Will, who was a soldier in Company 1 of the 5th Regiment of 22d Volunteers. That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or about the 2 day of March, 1862. That while in said service, or by reason of said service in the Army, he lost his life as follows: In the month of April, 1862, he was taken sick with chronic diarrhea, and died, but the doctor still did not recommend that until the 1st of June 1862 at which time he was sent home on sick leave, and from the effects of said disease he was not able to return to the army for duty. He was then and is now gravely ill, and that he died from the effects of said disease, on the 2nd day of July 1862, at his home, as known to the above facts from him. Member of the same company with 20 disease soldier

We further swear that Mrs. Linah Will was the wife of said soldier during the service, and that she has not intermarried since his death, and that she resides in Franklin County of the State of Georgia. J. B. Garner

Sworn to and subscribed before me, this, the 5 day of April, 1891.

David M. Hargreave
Ordinary.

G. H. Stovall
B. F. Garner

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

Form No. 3.

STATE OF GEORGIA,

County of Franklin

I, David M. Hargreave, Ordinary

in and for said County of Franklin

State of Georgia, hereby certify that I am acquainted with Mrs. Linah Will the applicant for a pension in this case, and know, from my own knowledge, or from positive proof presented to me by reputable witnesses, that she resides in this County, and that she resided in the State of Georgia on December 23d, 1890, and has not lived out of the State since that date. I also certify that the witnesses whose testimony she presents to sustain her claim are known to me to be truthful witnesses, entitled to full faith and credit as such. I am fully satisfied that this claim is made in good faith, and that I have caused the applicant and the witnesses to read or hear read the proofs they sign.

In Witness Whereof, I have herunto set my hand and affixed the seal of my office; this, the 10 day of April, 1891.

SEAL

David M. Hargreave

Ordinary.

Form No. 4.

NOTES.

The pension is only payable to certain classes of widows.

Those whose husbands were killed in service.

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

Those whose husbands went to the army and have never been heard from since the war.

Those whose husbands were wounded in the army and have since died from the direct effects of the wounds.

Those whose husbands contracted disease in the service, and who after the war, died of the disease caused by the service. The disease directly causing the death.

No widow is entitled unless she was the wife of the soldier during the war, and has never remarried.

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

The facts to establish a claim must be substantiated by the testimony of three witnesses who personally know of the enlistment of the husband and his death and the immediate cause of the death.

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

There is no need of employing a lawyer or other agent to attend to these claims. The Department will furnish full and specific instructions, and give ample opportunity to every claimant.

If witnesses live in another County from that wherein applicant resides, they must go before the Ordinary and testify. The attestation of a Justice of the Peace or Notary will not answer.

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

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

By order of the Governor.

W. H. HARRISON,
Sec. Ex. Department.

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

Sworn to and subscribed before me, this, the

8 day of April, 1891.

David McKenzie

Ordinary.

J. M. Harrison

G. N. Stovall

B. H. Gomer

If witnesses live in another County from that wherein applicant resides, they must go before
the Ordinary and testify. The attestation of a Justice of the Peace or Notary will not answer.

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

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

By order of the Governor.

W. H. HARRISON,

Sec. Ex. Department.

Hillman, Mary
E. L. Hillman, Jr. (son)

No. _____

Widow's Pension

UNDER ACT 1910

✓
County _____

Name Mary Hillman

Widow of _____

E. L. Hillman, Jr.

J. W. LINDSEY,

Commissioner of Pensions

Chas. F. Boyd, State Printer

727-1914

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

STATE OF GEORGIA,
Fulton County.

Personally before me comes Mary Hillman 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? Mary Hillman Fulton County
2. How long and since when have you been a continuing resident of the State of Georgia? Twenty years
3. When, where and to whom were you married? 31 of November 1864 James H. Hillman
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) Co. C. 4th Inf. Savannah May 27, 1861.
5. When and where did the Commands of your husband surrender or discharge from the army? discharged at Richmond Va Aug 1862
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?
8. Where was his command when he left?
9. For what cause did he leave his Command? Sickness
10. By whose authority did he leave his Command?
11. For how long was he granted leave of absence?
12. What was his physical condition when he left his Command? Sick
13. What effort did he make to return to his Command?
14. In what way was he prevented from going back to Command?
15. Was he captured by the enemy at any time? no
16. If so, when and where captured and where held as a prisoner, and when and for what cause released?
17. When and where did your husband die? Hampton Henry Co Va
18. Were you residing together when he died?
19. If not, how long had you resided apart?
20. 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
21. What property of any kind have you sold or given away since Nov. 4, 1908? What was received for it and what did you do with the proceeds thereof? (Give items and cash value.) nothing
22. What property of any description of any value have you now? none
Give list and cash value.
23. What are your annual earnings or income from any source and their value? none
24. Have you or your husband heretofore been paid a pension by the State?
If so, when and for what cause were you or your husband placed on the Roll? no

Sworn to and subscribed before me this the

16th day of May 1914
John P. Thompson Ordinary.

of Fulton County.

Mary Hillman
Signature

Widow's Pension

UNDER ACT 1910

County Fulton

Name Mary Hillman

Widow of James H. Hillman

Residence 316 1/2 St. N. E.

J. W. LINDSEY
Commissioner of Pensions

Date of Filing Return Pension

7-27-1914

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?..... How do you know?.....

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

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

7. 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?.....

Were they divorced?.....

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

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.

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 11th 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. 11th, 1908, its cash value to be as follows:

Personal property..... \$.....
Money, Notes and Accounts..... \$.....

Schedule (C).
We also know what property she has now in her possession, use and control to-wit:

Acres of land.. worth..... \$.....
Horses and Mules..... \$.....
Cows and Hogs..... \$.....
Other Property..... \$.....
Income and Earnings..... \$.....
Total Value of all property and effects..... \$.....

Sworn and subscribed before me this the..... day of..... 1914

John P. Williamson..... Ordinary.
of..... County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

County.

I, John P. Williamson..... 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 11th Nov. 1908.

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

That the Tax Returns..... Returned for Tax is for 1908 \$..... for 1910 \$..... for 1911 \$..... for 1912 \$..... for 1913 \$.....

Sworn under my hand and official seal of office this..... day of..... 1914

(SEAL.) John P. Williamson..... 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.

For Fulton County

1930

**Application for Pension
Due Deceased Pensioner**
(UNDER ACT 1904)

(To pay expenses of last illness and funeral)

For Thos H. Jeffries Ordinary

For Mary Hillman

Date of Death June 19 1929

Amount \$100.00

Approved and ordered paid OK

Wm. H. Lawrence R. de T. Lawrence
Commissioner of Pensions.

2 L. Ref.

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

X

AWTRY & LOWNDES COMPANY
FUNERAL DIRECTORS
AMBULANCE SERVICE

11 Cain Street, N. W.

ATLANTA, GA. Jan/16/1930/

Miss. Myrtice Hamilton,

No. 531 Ashby Street, Atlanta, Ga.

For Mrs. Mary Turner Hillsman.

Oath: June/19/29/
Georgia, Fulton county, Ga.
Personally appeared Burial case. \$200.00
before me; J. W. Awtry, Embalming and Service. 17.00
who on oath says; Hearse. 25.00
He is Pres. and Treas. One Limousine. 15.00
of Awtry and Lowndes Dress. 30.00
Co., a Corp. and Hoge. 1.50
is authorized to make Constitution. 3.00
this affidavit, and Journal. 3.15
that the above account Georgia. 5.50
against. Miss Myrtice Hamilton 317.95
is correct.
Sworn to and subscribed before me this 16 day June 1929

J. W. Awtry
Pres. and Treas. AWTRY AND LOWNDES CO.

SEAL. Benjamin M. Hatcher Notary Public
My commission expires May 1930.

George Sollier Roster
Commissioner
SOLDIER ROSTER
Atlanta - Ga.

June 23, 1914.

Awtry and Lowndes Co.

21 Cain Street, N. W.

7 12 - 1929

Received of Mr Myrtle Hamilton
Three Hundred seventy five and no/100 Dollars
for funeral expenses of Mrs Mary T Hillsman

Amount 375.00
By J. W. Awtry

I, L. E. Henderson, Assistant Superintendent Ga. Soldier Roster Commission, do hereby certify that the rolls of file in this office show that

Hillsman, Jeremiah L., enlisted as a private in said company and regiment on the 27th day of May 1863, and was discharged, disability, Aug. 1865.

L. E. Henderson
Asst. Supt. Ga. Soldier Roster Comm.

State of Georgia, Fulton County.

Personally Appeared before me, John R. Wilkerson ordinary in and for said County, Mary Hilleman whose name is hereto subscribed, who on oath saith that to the best of her knowledge and belief, that there is no person now living that she could prove the services of Jerrinia Hilleman of Crawford County, Georgia, who enlisted in Company E. 6 Ga. Inf.

Sworn to before me, this 16th day of May 1914.

John R. Wilkerson
Ordinary *Mary Hilleman*
Mark

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 18, 1904)

GEORGIA, Fulton County.

Personally before me, the Ordinary of said County, comes Miss Mary Hilleman of said County, who, after being sworn, on oath says that she knew Miss Mary J. Hilleman 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 19 day of June, 1907, and that pensioner left no widow surviving, and no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of \$ 3.75 ^{paid by myself}, per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me,

Charles B. Mason, Ordinary
Fulton County
(Seal of Ordinary)

Myrtal Hamilton
531 Ashby St. S.W. apt. 2
Atlanta Ga

CERTIFICATE OF ORDINARY

GEORGIA, Fulton County.

I, Thos H. Goffines, Ordinary of said County, do certify that I personally know Myrtal Hamilton 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 Mary Hilleman 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 1907, 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 21st day of June, 1913.
(Seal of Ordinary) *Thos H. Goffines* 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:
"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 hereto to this blank, after this blank has been properly completed as indicated.
- 4th. The completed voucher—the bill and the bills—must be sent to the Pension Department for approval and no money must be paid out until it is returned to you as your authority to make the payment.
- 5th. Return this application, and attached bills, properly receipted, to the Pension Department.
- 6th. Ordinary should see that the back of this blank, when folded, is filled out.

I, J. D. Davis, Ordinary Fayette County Georgia,
 do hereby certify that this is a true and correct
 copy of the marriage license of Jerry L. Williams
 and Mary Turner found on page 466, Book C,
 in my office. (Record of marriage license)
 This Apr. 24, 1914
 J. D. Davis
 Ordinary
 Fayette County Georgia

MARRIAGE LICENSE

Jerry L. Williams

Mary Turner

Issued Oct 24 1913

and Recorded on Page 466 Book

C of Marriage Licenses.

Edward C. Davis
 Ord.

and many others in my office. (Record of marriages)
This Apr. 24. 1914
Ordinary
Waynes County Georgia

MARRIAGE LICENSE

Jerry L. Williams

Mary Turner

Issued Oct 26 1914

and Recorded on Page 466 Book

C of Marriage Licenses

Edward Connor

Ordinary

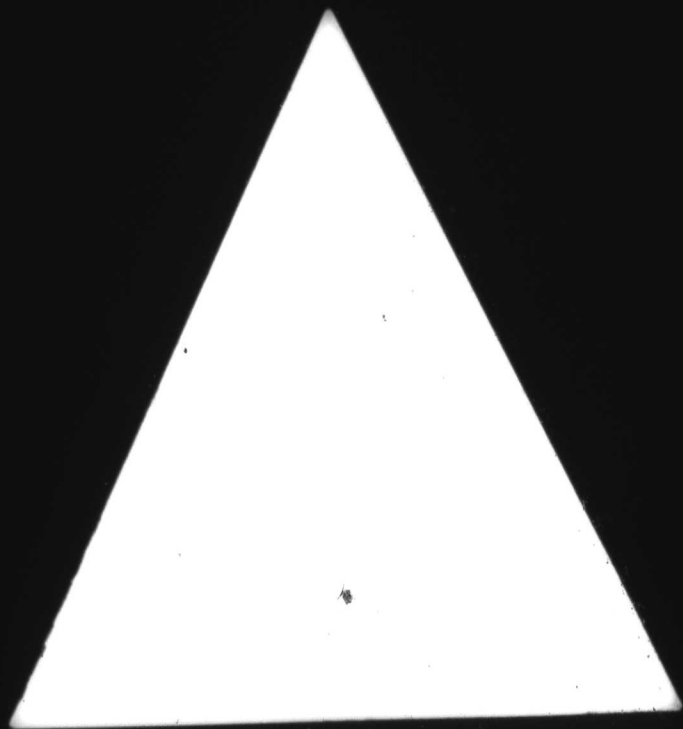


(Copy) TO ANY CLERK, JUSTICE OF THE PEACE, OR MINISTER OF THE GOSPEL.

You are hereby authorized to join
Jerry L. Villaman and Mary Turner
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 26th day of
Oct 1867 at Edwards Corner Ordinary (L.S.)

STATE OF GEORGIA ~~CERTIFICATE~~ COUNTY OF FAYETTE

I Certify that Jerry L. Villaman and Mary Turner
were joined in Matrimony by me this 3rd day of Nov 1867 Hundred
and Sixty-seven (1867)
Recorded Dec. 20th 1867 491
Edwards Corner Ordinary R. A. Henderson J.P.



State of Georgia, Walton Co.
 Ed. H. Barrett, Ordinary of said County, certify
 that I know the within swearing to the above
 that he is a resident of said County and was
 duly sworn by me before signing the foregoing
 Affidavit and he is truthful & true country and
 his statements are true to fact and Credit.
 This Sept 25 / 1914
 Ed. H. Barrett
 Ordinary for Walton Co.

Soldier's Application

Under Act 1910-As Amended by Act of 1913

Confederate

No. 21, 111, 111, 111

County

Walton

Name

Geo. H. Barrett

Ordinary

Ed. H. Barrett

Regiment

9th Regt.

Approved

J. W. LAMAR, Jr.
 Commissioner of Prisons

Printed and Published by the State Printing Office, Atlanta

10-23-1914

NOTES: 1. Before any questions are answered the Ordinary shall read and witness in the following words:
 "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence
 you give make in the whole truth, do not say that."
 2. Additional affidavits may be taken if those given are insufficient.
 3. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and
 must be certified by such Ordinary.

(REAL)

of _____
 County _____
 Ordinary _____

Before me, my hand and official seal of office this _____ day of _____ 1914

ing affidavits and _____ all truthful and trustworthy and their statements are entitled to full faith and
 credit; that _____ with residents of said County and were duly sworn by me before signing the foregoing
 affidavits. _____
 the applicant _____ for pension in the person he represents himself to be and
 I, _____ Ordinary of said County, certify that I know

STATE OF GEORGIA
 COUNTY _____
 Ordinary _____

Ordinary's Certificate

Ordinary's Certificate

STATE OF GEORGIA,

Fulton COUNTY

I, T. H. Daffner Ordinary of said County, certify that I know the applicant Geo. H. Hickey for pension is the person he represents himself to be and resides in said county he is a very clean man that has been residents of said county and were duly sworn by me before signing the foregoing affidavit and are truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn and subscribed before my official seal of office this 15 day of Oct 1919

T. H. Daffner Ordinary
of Fulton County

(SEAL)

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

No. 10-23-1919
Confederate
Soldier's Application
Under Act 1910-As Amended by Act of 1919
County Fulton
Name Geo. Hickey
Ordinary C. B.
Signature T. H. Daffner
Approved

J. W. LINDSEY,
Commissioner of Pensions.

Printed and Published by the State Printer, Atlanta.

10-23-1919

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

Questions For Applicants to Answer

STATE OF GEORGIA,

Fulton COUNTY

George Hickey of said State and County, hereby applies for the pension provided by Act of 1910, as amended by Act of 1919, to Confederate Soldiers, and submits his sworn statement, with his testimony to make out the same, and after being duly sworn true answers to make to the questions propounded, answers as follows, to-wit:

1. What is your name and where do you reside? (Give County and Post-office)
George Hickey, 218 West Peachtree St., Atlanta, Fulton County, Ga.
2. How long and since when have you been a continuous resident citizen of this State?
For 22 years & six months.
3. Did you enlist in the Army of the Confederate States or in the organized militia of this State from 1861 to 1865?
Yes.
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service)
Capt. Company C, 2nd Georgia Infantry, 1st Regt. Conf. Arty. of Merce.
5. How long did you remain in the actual military service with said Company and Regiment? (Give date of discharge)
From 11th March 1862 to 11th May 1865.
6. When and where was your Company and Regiment surrendered or discharged from the Service?
At Appomattox, Virginia, 1865.
7. Were you actually present with your command when it was surrendered or discharged?
Yes.
8. If you were not actually present, state specifically and clearly where you were at the time of the surrender of the command.
a. Where was your command when you left it? At the time of the surrender of the command.
b. When did you leave the command? At the time of the surrender of the command.
c. For what cause did you leave? At the time of the surrender of the command.
d. By whose authority did you leave? At the time of the surrender of the command.
e. For how long was your leave granted? In what way? At the time of the surrender of the command.
- f. Why did you not return to your command after leave expired?
At the time of the surrender of the command.
- g. In what way were you prevented?
At the time of the surrender of the command.
- h. What effort did you make to return?
At the time of the surrender of the command.
- i. Were you captured during the war?
No.
- j. If so, when, and where? In what prison were you held and when were you released?
At the time of the surrender of the command.
9. Are you drawing a pension of any amount from this State or the United States?
No.
10. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not granted?
No.

Sworn to and subscribed before me, this 15 day of Sept 1919
Arthur R. Hickey Ordinary
of Fulton County
(SEAL)

George Hickey

[Handwritten notes and signatures at the bottom of the first page, including "Confederate" and "Soldier's Application"]

*** INPUT PRINT CALLS ***

Walter

COUNTY

Henry D. McDaniel

1. What is your name and where do you reside? Henry J. Daniel, Jr., on
St. Daniel St. Monroe, Madison County, Georgia.

2. How long and since when have you known George Kilduff, the applicant?

3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State, and how do you know? *Since then I went to New York in 1906, since then*

4. When, where and in what Company and Regiment did... Sgt. Killian ...enlist during

5. How did you obtain your information of this Service? From a friend who was in the Service.

6. How long within your own personal knowledge did he perform actual military service with this

- 7 When and where was his command surrendered or discharged (give date and place) At Tientsin

4. Were you personally present at the surrender? Yes

- [illegible]

10. Was the applicant personally present with his command at surrender? *I do not know, & am not qualified to say.*

12. When did he leave his command? August 2, 1901 1891 Where was his command?

- By whose authority did he leave San Jose, Calif. and how

- all that you have stated to be true? If of your own knowledge, tell clearly and specifically.....

13. In what way was he prevented from returning to his command? ... *Illness on 10/1/40*

14. What effort did he make to return to his command and how do you know?

15. Was applicant captured as a prisoner? Yes (10) If so, when and where? Aug 11/40

- when released 2400 (10) above

25th G. H. Co. 1st Regt. 1st Div. 1st Army

----- Ordinary)

(SNAI)

NAME **Hillgar, George.** YEAR **1880** COUNTY **Fulton.**

WHEN AND WHERE BORN? **Resident of Georgia for 84 years & 6 Months.**

ENLISTED WHEN AND WHERE? **June 11, 1861 at Monroe, Walton Co. Ga.**

RANK: **Capt. and Major.**

COMPANY AND REGIMENT? **Co. C. 9th Ga. Regt. Infantry.**

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED:

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

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? **Resigned with permission of Pres. Davis, in person to accept duty as auditor of W & A RR. Oct. 20, 1863.**

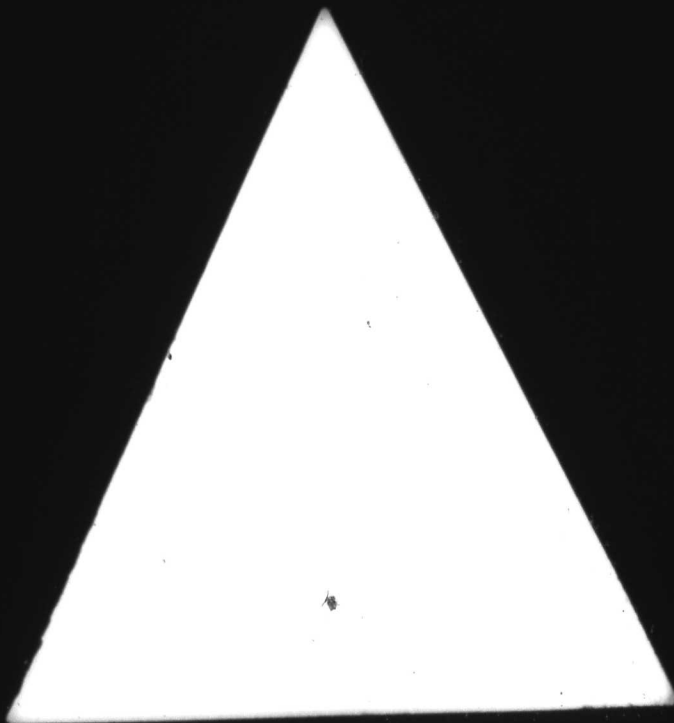
DIED, WHEN AND WHERE?

BURIED:

WITNESSES: **Henry D. McDaniel-----Same Regiment-----no date.**

WITH SUBJECT: **HARRY D. MURKIN**-----same Regiment-----no date.

END.



STATE OF GEORGIA

Frederick

COUNTRY

1

11/11/11

Ordinary of said County, do certify

that I know Carrolla Williams 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 1996; that ~~she~~ she ~~was~~ is

~~the following statements to the effect of~~ that there is
was being signed the forgoing affidavits and that they are truthful and correct
work, and these statements are entitled to full faith and credit.

(REAL)

1740

Summary

County:

[illegible]

Under Act 1910—as Amended by Act of 1919.

County Fulton

Name Mrs C E Hilman

Widow of C. G. Hilman

Company 21

Regiment 5th Ga Bat.

Approved _____

J. W. LINDSEY.

Commissioner of Pensions.
 Best Printing Co., State Printers, Atlanta.

STATE OF GEORGIA

Swear under my hand and official seal of office this 15 day of Oct 1992
(SEAL) _____ Ordinary _____ County _____

NOTE 1 Before any questions are answered the Ordinary shall examine applicant and the witness in the following words:
"You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."

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

3 Only widows who married prior to January 1st, 1881, are entitled.

4 All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by such Ordinary.

5 Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

Widow's Pension

Order Act 1919—as Amended by Act of 1919

County Tulston
Name Mrs C E Hileman
Address C. G. Hileman
City Ad
State 5th ga. Dist
Occupation Unemployed

J. W. LINDSEY,
Commissioner of Pensions.

Questions for Applicant

STATE OF GEORGIA.

Fulton COUNTY

Personally before me comes.....Mrs. Camilla Wilman.....of said State and County, and, after being duly sworn, says that she desires to apply for a pension allowed under the Act of 1910, as amended by Act of 1919, and submit testimony to make out the same, true answers makes to the following questions to-wit:

- What is your name, and where do you reside? ... Mrs. C.E. Hileman, 257 St. Charles
Avenue, 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? Dec. 15, 1879, America, Ga. & 10
... Clayton Gray Hileman
- 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 Con-
federate Army or Georgia Militia? (State the arms and class of Service.) Jan'y 1863, Macon, Ga.
Co. "A", 5th Ga. Bat. (Heavy Arty.)
5. When and where did the commands of your husband surrender or discharge from the army?
Macon, Ga.
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.
8. Where was his command when he left? Macon, Ga.
9. For what cause did he leave his command? Sickness.
10. By whose authority did he leave his command? Commanding officer.
11. For how long was he granted leave of absence? Sixty days.
12. What was his physical condition when he left his command? Very sick.
13. What effort did he make to return to his command? Unable to return.
14. In what way was he prevented from going back to Command? Sickness.
15. Was he captured by the enemy at any time? No.
16. If so, when and where captured and where held as a prisoner, and when and for what cause released?
17. When and where did your first husband die? Dec. 15, 1900, Atlanta, Ga.
18. Were you residing together when he died? Yes.
19. If not, how long had you resided apart? Never resided apart.
20. Are you now a widow? Yes.
21. Have you or your husband heretofore been paid a pension by the State? No.
22. 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 _____ day of _____, 19____.

Sworn to and subscribed before me this the
15 day of Sept. 1919
Allen R. Ryndel Ordinary
of Pulaski County.
(SEAL)

(SEAL)

Probate Judge.

Questions for Witnesses as to Service of Husband and Marriage

STATE OF ~~MISSISSIPPI~~ Alabama,

Houston. COUNTY.

Personally before me come I. R. Goodin 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? I. R. Goodin, At Dothan, Ala.
2. How long and since when have you known Mrs. G. G. Hillman applicant? Never have known her Personally have known of her since her Marriage, G. G. Hillman, about 10 years.
3. How long and since when has she continuously resided in this State? (Give date.) all of her Life.
4. When and to whom was she married? 1870 to G. G. Hillman do you know? Witnesses
5. How long and since when did you know G. G. Hillman I was an account of their Marriage in a News Paper, (American Co.
6. When and where did G. G. Hillman husband? all of his Life up to the 15th Day of December, 1900, which was the date of his Death.
7. Were the applicant and her husband living together as husband and wife at the date of his death? Don't know.
8. If not, how long did they live apart before his death?
9. When, where and in what Company and Regiment did G. G. Hillman enlist? January, 1898, at Macon, Ga. Company 747 5th Georgia Inf. Georgia (Reserves)
10. Were you a member of the same Company? I was.
11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? 18 months.
12. When and where did his Command surrender, and was discharged? Macon, Ga. Paroled at Macon, Ga.
13. Were you personally present when it was surrendered? Yes. If not, where were you and how came you there?
14. Was the husband of applicant personally present at surrender? No. If not where was he? at Home When, where and for what cause did he leave Command? (Give date.) Sickness, (February, 1898). By whose authority did he leave his Command? Commanding Officer. And how long was he granted leave? 60 Days. How do you know all this? Because I was Present and with the Company, all the Time.
15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command? Being Disabled by Sickness.
16. 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 he he was never able to Return.

Sworn to and subscribed before me this the

15th day of September, 1912
Wm. B. Smith
of Houston County.

(SEAL)

J. R. Goodin

Ma

ORDINARY'S OFFICE

GEORGIA—SUMTER COUNTY.

I, John A. Cobb, Ordinary and ex-officio Clerk of the Court of Ordinary of said County, hereby certify that the within paper is a true and correct copy of

Marriage License and Certificate of Marriage of C. G. Hileman and Camilla Hamilton

as of file and record in this office.

I also certify that I am my own clerk—I have no clerk.

In Testimony Whereof I hereunto set my hand and affix the seal of the Court of Ordinary, this

10th day of *September*

J. A. Cobb
Ordinary and Ex-officio Clerk, C. O. S. C. O.

STATE OF GEORGIA.
COUNTY OF FULTON.

Personally before the undersigned authority now comes S. T. HILEMAN, who upon oath says:

That he has known Mrs. Camilla Hileman over thirty years and knew her husband, C. G. Hileman; that he knows of his own personal knowledge that the said Mrs. Camilla Hileman and the said C. G. Hileman lived together continuously as man and wife for over twenty-years before the death of the said C. G. Hileman, who died in Atlanta, Ga., on December 15, 1900; that the said Mrs. Camilla Hileman has not remarried since the death of her husband and is now his lawful widow.

Sworn to and subscribed before me this 16 day of Sept., 1919.

William R. Russell

C O ORDINARY, Fulton Co., Ga.

MARRIAGE LICENSE

Copy
OF
C. G. Hileman

AND

Mrs. Camilla Hamilton

Issued *Dec 14* 1870

and Recorded on Page *153* Book

1870 of Marriage Licenses

B. F. Bell

Ordinary

and Camilla Hamilton of Atlanta

as of file and record in this office.

I also certify that I am my own clerk—I have no clerk.

In Testimony Whereof I hereunto set my hand and affix the seal of the Court of Ordinary, this

10th day of September 1878
B. F. Bell
Ordinary and Ex-officio Clerk, C. O. G. G.

Copy
MARRIAGE LICENSE

OF
C. G. Hilsman

AND

Camilla Hamilton

Issued Dec 14 1878

and Recorded on Page 53 Book

1870 of Marriage Licenses

B. F. Bell
Ordinary

STATE OF GEORGIA.
COUNTY OF FULTON.

Personally before the undersigned authority now comes S. T. HILSMAN, who upon oath says:

That he has known Mrs. Camilla Hilsman over thirty years and knew her husband, C. G. Hilsman; that he knows of his own personal knowledge that the said Mrs. Camilla Hilsman and the said C. G. Hilsman lived together continuously as man and wife for over twenty years before the death of the said C. G. Hilsman, who died in Atlanta, Ga., on December 15, 1900; that the said Mrs. Camilla Hilsman has not remarried since the death of her husband and is now his lawful widow.

Sworn to and subscribed before me
this 16 day of Sept., 1919.

William R. Russell
C C ORDINARY, Fulton Co., Ga.

S. T. Hilsman

Sworn to and subscribed before me
this 16 day of Sept., 1919.

William Russell

C C ORDINARY, Fulton Co., Ga.

S. J. Hillman



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

You are hereby authorized to join
S. J. Hillman and *Miss Camilla Hamilton*
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.

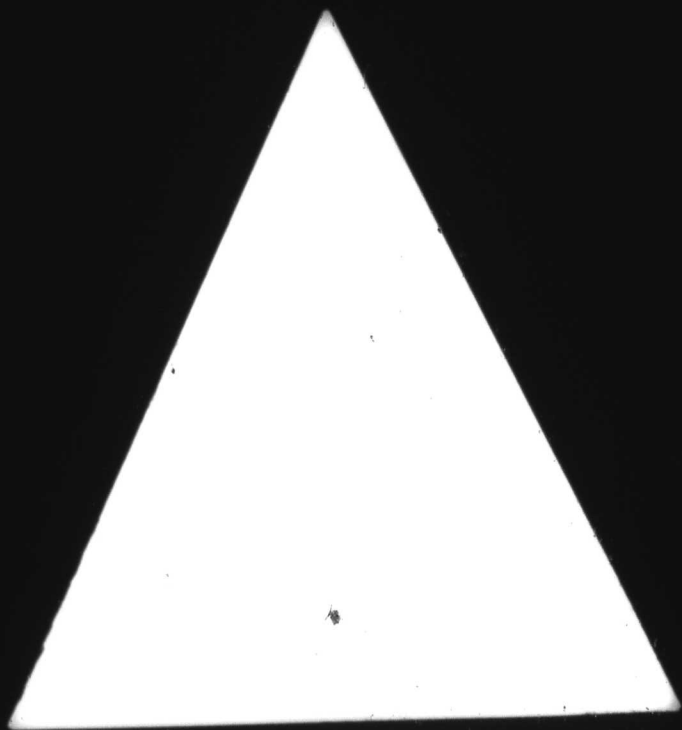
Given under my hand and seal this *14* day of
December *1919* *B. F. Bell* Ordinary (L.S.)

STATE OF GEORGIA **CERTIFICATE** COUNTY OF SUMTER

I Certify that *S. J. Hillman* and *Miss Camilla Hamilton*
were joined in Matrimony by me this *15* day of *December* *1919* Hundred
and *Seventy*

Recorded *B. F. Bell* *1920*
Ordinary

G. T. Wilkerson
M. H.



Ordinary's Certificate

STATE OF GEORGIA,

Fulton COUNTY
 I, Thos H Jeffries Ordinary of said County, do certify
 that I know Mrs S A Hileman 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 she is
 the widow of the late S A Hileman (that both of them are now residents of said County and
 were duly sworn by me before 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 28 day of Oct 1920
 (SEAL) Thos H Jeffries Ordinary,
W H County

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

Widow's Pension

Under Act 1885-as Amended by Act of 1910

County Fulton
 Name Mrs S A Hileman
 Widow of Mr Hileman
 Company B 36
 Regiment 1st Ga Reg
 Regiments 10-11-22
John W. Garland
10-30-1920

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. A. Hileman 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 A Hileman, 301 Washington St.
East Point Ga
 2. How long and since when have you been a continuing resident of the State of Georgia?
Since 1917
 3. When, where and to whom were you married? June 1 1873 to J W Hileman in
Fayette County, Ga.
 4. Have you married since the death of first and soldier husband? No
 5. When, where and in what Company and Regiment did your husband enlist as a soldier in Con-
federate Army or Georgia Militia? (State the arms and class of Service.) In 1861 in Hancock Co
Ga. in Co "B" 1st Ga. Reg. of Regulars
 6. When and where did the commands of your husband surrender or discharge from the army?
Greensboro, NC
 7. Was your husband personally present at the time of the surrender or discharge of this command?
Yes
 8. If he was not present state clearly where he was? Don't know
 9. Where was his command when he left? Don't know
 10. For what cause did he leave his command? Don't know
 11. By whose authority did he leave his command? Don't know
 12. For how long was he granted leave of absence? Don't know
 13. What was his physical condition when he left his command? Don't know
 14. What effort did he make to return to his command? Don't know
 15. In what way was he prevented from going back to Command? Don't know
 16. Was he captured by the enemy at any time? Yes
 17. If so, when and where captured and where held as a prisoner, and when and for what cause released?
Don't know
 18. When and where did your first husband die? April 1919, Atlanta, Ga.
 19. Were you residing together when he died? Yes
 20. If not, how long had you resided apart? Never resided apart
 21. Are you now a widow? Yes
 22. 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? Husband drew a
pension for five years in State of Alabama, but never applied in Ga.
- Sworn to and subscribed before me this 28 day of Oct 1920
Thos H Jeffries Ordinary
Fulton County
 (SEAL)

STATE OF GEORGIA.
FULTON COUNTY.

Personally before the undersigned authority now comes Mrs.
S A Hileman, who upon oath says:

That she is the widow of J W Hileman, who was a member of
Co. B, 1st Ga. Reg. and who served with said company and regiment during
practically the four years of the war; That she has made every effort to
locate some member of said company and regiment who could make affidavit
as to the service of her husband in the Confederate Army, but has been
unable to do so and now knows of no living member of said company and
regiment. She, therefore, asks that the papers heretofore accepted
as proof of the service of her said husband.

Sworn to and subscribed before me
this October 28, 1920.

S A Hileman

STATE OF GEORGIA.
COUNTY OF FULTON.

Personally before the undersigned authority now comes Mrs.
Julia F. McCannell, who upon oath says:

That she knows Mrs. S A Hileman and knew her husband, J. W.
Hileman, deceased; That she knows of her own personal knowledge that the
said Mrs. S A Hileman and J W Hileman lived together as man and wife con-
tinuously for more than a year before the death of the said J W Hileman;
that the said Mrs. S A Hileman has not remarried since the death of her
husband and is now his lawful widow.

Sworn to and subscribed before me
this October 28, 1920.

Mrs. Julia F. McCannell

Questions for Witnesses as to Service of Husband and Marriage

STATE OF GEORGIA.

COUNTY

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

1. What is your name and where do you reside? _____ applicant?
 2. How long and since when have you known _____?
 3. How long and since when has she continuously resided in this State? (Give date.) _____
 4. When and to whom was she married? _____ How do you know? _____
 5. How long and since when did you know _____ her husband? _____
 6. When and where did _____ the 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? _____ Were they divorced? _____
 9. When, where and in what Company and Regiment did _____ enlist?
 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
- of _____ County.
(SEAL)

WAR DEPARTMENT.
THE ADJUTANT GENERAL'S OFFICE.
WASHINGTON, Apr. 12, 1919.

Respectfully returned to

Mrs. J. A. Hilman
Washington St. 801
East Third, Ga.

With the information that the name

J. W. Hilman has not been
found on the rolls of the Army
Regt. the Inf. 8th.

Reasons of our record
shows that J. W. Hilman
part. to 6, 1891. The Register, 1891
was printed at Greenville, N. C.
May 1, 1919.

J. C. Harris
The Adjutant General

Form No. 100-1-A-11-11
100-1-A-11-11-11

GEORGIA PAYETTE COUNTY.

I, J. J. Davis, Ordinary of said State and County, do hereby certify that this instrument of writing contains a true and correct copy of the marriage license of J. W. Hilman, and Miss, S. A. Milner, as appears of record, Book, 'M' Page 39, now on file in my office.

Given under my hand and seal of office

This the 9th day of May, 1919.

J. J. Davis
Ordinary
& Ex-officio clk Court of Ordinary.

Copy
MARRIAGE LICENSE

of
J. W. Hilman
and
Miss S. A. Milner

Issued May 30 1919

and Recorded on Page 39

Book of Marriage Licenses.

L. C. Briggs
Clerk

Form No. 100-1-A-11-11-11

Respectfully returned to

Miss S. A. Milner
Washington, D. C.
East Front, E. A.

With the information that the name
J. W. Hilman has not been
found on the rolls of the Army
Regt. the Inf. 6th
Prisoners of war record
shows that J. W. Hilman
Capt. Co. B, 1st Regt. the Regulars
was paroled at Winchester, Va.
May 1, 1863.

J. B. Harris
The Adjutant General

U. S. GOVERNMENT PRINTING OFFICE
1919

Miss, S. A. Milner, as appears of record, Book, 'E' Page 39, now on file
in my office.

Given under my hand and seal of office

This the 9th day of May, 1919.

Ordinary
& Ex-officio clk Court of Ordinary.

Copy
MARRIAGE LICENSE

J. W. Hilman
AND

Miss S. A. Milner

Issued May 20 1919

and Recorded on Page 29

Book

of Marriage License

L. B. Briggs

Ordinary

Printed & Bound by J. B. Harris



J. W. Hillman You are hereby authorized to join
and *Miss S. A. Milner*
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 *30* day of
May *1873* *L. B. Linger* (L.S.)
Ordinary

STATE OF GEORGIA CERTIFICATE COUNTY OF FAYETTE
I Certify that *J. W. Hillman* and *Miss S. A. Milner*
were joined in Matrimony by me this *1st* day of *June* *1873*
Recorded *53* *Alt.* 191 *J. D. Hewell R.R.*
Ordinary



STATE OF ALABAMA
DEPARTMENT OF EXAMINERS OF ACCOUNTS

CHAS E McCALL, CHIEF EXAMINER
EXAMINERS
C C BROOKS, CLAYTON FOSQUE
J H CHAPMAN, F S JARMAN JR
L A EASTERLY, J L PURIFOY

MONTGOMERY.

Mrs J. O. Newman
East Point Ga
301 Washington St

Dear Madam

The files of the auditors office
show your husband's application and his
stated he was a private Co B 1st Ga Regiment
was wounded at battle of Mowbray Ridge
Walter Gastlett was witness to his application
he possibly lives in Atlanta. He had cash on order
before W. L. Hood a Nolan, Pugh, Galloway & Co.

To make proof certain you could possibly write
to the Congressman from your district giving
him your husband's name, Company, Regiment,
State, Branch of Service name of his Captain and
Colonel if you know where your husband was captured
and whether or not he was paroled and where
and where and when paroled

Yours truly

Chas E. McCall

And wheel and when passed
 Yours Truly
 Chas. E. Bell

NOTES.

In order to avoid unnecessary delay to applicants, and to enable all parties interested in understanding the law provided by the Governor, the following regulations are submitted for the consideration of the Governor.

1. If an applicant has been wounded in battle, and is unable to perform his duty, he must be certified by a physician, and the certificate must be filed with the application.
2. The law makes no allowance for an arm or leg, unless the arm or leg has been rendered substantially and permanently useless.
3. It will not answer to say that an arm is "substantially" useless for ordinary purposes of the Act, in reference to the arm or leg, but the limb must be rendered substantially and permanently useless.
4. If the application is for a wounded leg, it would seem to be a fair construction of the Act, and the law above quoted, to say that unless the injury is such as to require the constant use of crutch or stick, and the applicant is unable to perform his duty, the arm or leg must be considered substantially and permanently useless.
5. If papers are submitted and certified by a physician, the certificate must be filed with the application, and the certificate must be made under oath before an officer, and the facts must show that the applicant has been rendered substantially and permanently useless.
6. The certificate of the several witnesses are specially requested to call the attention of the physicians and applicants to these points.

Wm. H. Harrison
Chas. J. Smith

No. 1050
 APPLICATION FOR ALLOWANCE

FOR
Right Leg Disabled
 Applicant *Augustine Butler*
 County *Madison*
 Amount *50*
 Date of Warrant *March 11*
 Entered on record *March 11*
 1882
 SECRETARY RECEIVED DEPARTMENT

ERO 1438
 applicant

Wm. H. Harrison
Chas. J. Smith

The proof made in
 Wisconsin is not
 properly authenticated
 no seal or signature
 upon Court of record
 showing Official Character
 in collecting of fees
 The proof by applicant
 and his physicians
 must show absolute
 truth that the applicant
 leg is permanently
 disabled and
 useless
 W. H. Harrison

Chas. J. Smith

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

in and for telephone habits, and I further certify that Mr. [redacted] was a commissioned officer in the Confederate army.

significant, was not that his legs were
substantially present by blackness.

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 *free*
free citizen of this State, and resides in _____ county, and we
are well satisfied that all the statements in his affidavit are true.

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

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

STATE OF GEORGIA,

County,

PERSONALLY comes before me *W. B. Coleman* Ordinary of said county,
Brown A. Cooper and *J. E. Coleman* both known to
me as reputable physicians of said county, who, being severally sworn, say on oath that
they have carefully examined *Augustus Keiser* and after such
examination say that the applicant has been injured as follows:

*Gun shot Wounds on right leg & arm. The ball
enters about the middle of the arm passing
down the thigh near the femoral artery. Remains
embedded in the muscle. In the year 1864 he lost
his right eye. Since that leg is injured
for life. He is unable to do any work.*
W. B. Coleman

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

W. B. Coleman
Ordinary.

READ NOTE.—The physician will state fully the nature of the wound, and therefore does to state the nature of
the disability resulting therefrom.

*Sworn to and subscribed before
me, August 4th 1889
W. B. Coleman*

STATE OF GEORGIA,

County,

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

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

Given under my official signature and seal, this 2nd day of *Aug* 1889

W. B. Coleman
Ordinary *Fuller* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County,

Know all Men by these Presents, That I,

of _____

county, in said State, do hereby appoint _____

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

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

Executed in the presence of us: _____ (L. S.)

STATE OF GEORGIA,

Fulton County.

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

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

Given under my official signature and seal, this 7th day of *January* 1890

W. L. Ballou

Ordinary

Fulton

County.

STATE OF GEORGIA,

Fulton County.

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

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

Given under my official signature and seal, this 7th day of *Feb* 1891.

W. L. Ballou

Ordinary

Fulton

County.

Fulton Co.
Hellen, Augustus

1890.

No. 464
APPLICATION FOR ALLOWANCE
FOR THE YEAR ENDING IN 1890.

Leg. Dec. 1890
Augustus Hellen
Fulton Co.

Amount, \$50
Date of warrant, Feb 7

Entered on record Feb 7 1891
do not
No. 173

Applicant

Leg. Dec. 1890
Fulton Co.

Hellen, Augustus

PAID 1891, No.

No. 173

Application for Allowance

FOR THE YEAR ENDING IN 1890.

Leg. Dec. 1890
Augustus Hellen
Fulton Co.

Amount, \$50
Date of warrant, Feb 7

Entered on record Dec 7 1891
do not

Applicant

STATE OF GEORGIA

FOR APPLICANTS HEREIN

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

PERSONALLY appears *Augustus Hiltner* 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 continually since the *1st* day of *May* 1864; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *F*, of *22nd* Regiment of *Ma* Volunteers *Deag*'s Brigade; that whilst engaged in such military service, at the battle of *Shiloh* in the State of *Tennessee*, on the *7th* day of *April* 1862, he was wounded as follows: *from shot wound on the right groin the wound rendering him incapable of performing the ordinary manual avocations of life*

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

Sworn to and subscribed before me, this *7th* day of *February* 1890.

W. H. Hiltner
Augustus Hiltner

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,

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

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

Witness my hand and seal, this _____ day of _____ 1890. [L. S.]

Executed in the presence of us: _____

DIRECTION.

STATE OF GEORGIA,

to _____

County, Georgia.

P. O.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

PERSONALLY appears *Augustus Hiltner* 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 *1st* day of *May* 1864; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *F*, of *22nd* Regiment of *Ma* Volunteers *Deag*'s Brigade; that whilst engaged in such military service at the battle of *Shiloh* in the State of *Tennessee*, on the *7th* day of *April* 1862, he was wounded as follows: *on the right hip the wound rendering him incapable of performing the ordinary manual avocations of life*

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1891. I have heretofore been allowed a pension of *Five* dollars, for *1890*.

Sworn to and subscribed before me, this *7th* day of *Feb* 1891.

W. H. Hiltner
Augustus Hiltner

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Fulton County.

Know all Men by these Presents, That I, _____ of _____ County, State of Georgia, do hereby appoint _____ my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of 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 _____ 1891.

Executed in the presence of us: _____ [L. S.]

DIRECTION.

Send money to me as follows, by _____ to _____

STATE OF GEORGIA,

County, Georgia.

P. O.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Pulston County.

Personally appears Augustus Hilston

of Pulston County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of Georgia, and has been such continuously since the _____ day of _____, 1861, that he enlisted

in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a Private in Company _____

of 22th Regiment of Ala Volunteers Brigade; that whilst engaged in such military service at the battle of Spilch in the State of _____ on the _____ day of _____, 1862, he was wounded as follows:

Spilch 1862, he was wounded as follows: from the right groin rendering his right leg substantially and essentially useless

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 25, 1892. I have heretofore been allowed a pension of _____

Fifty Dollars for 1892.

Sworn to and subscribed before me this the _____ day of _____, 1892.

W. L. O'Griffin Ordinary.

Hereby 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,

Pulston 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 _____, 1892.

Executed in the presence of us: _____ [L-]

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

DIRECTION.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Pulston County.

Personally appears Augustus Hilston of Pulston

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 _____, 1861; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a Private in Company _____ of 22th Regiment of Ala Volunteers Brigade; that whilst engaged in such military service at the battle of Spilch in the State of _____ on the _____ day of _____, 1862, he was wounded as follows:

Spilch 1862, he was wounded as follows: from the right groin rendering his right leg substantially and essentially useless

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 25, 1892. I have heretofore been allowed a pension of _____ dollars for 1892.

Sworn to and subscribed before me, this, the _____ day of _____, 1892.

W. L. O'Griffin Ordinary.

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

STATE OF GEORGIA,

Pulston County.

I, W. L. O'Griffin Ordinary of said County,

do certify that I am well acquainted with Augustus Hilston 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 the foregoing affidavit was made and power of attorney was signed, is a bona fide citizen and resident of said County, and the said affidavit and signatures thereto are genuine.

Given under my official signature and seal, this _____ day of _____, 1892.

W. L. O'Griffin Ordinary Pulston County.

STATE OF GEORGIA,

POWER OF ATTORNEY.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.

Pulaski County.

PERSONALLY appears Augustus Hilton of Pulaski County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of 18 65, that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company 7, of 33 th Regiment of Alabama Volunteers, Dean's Brigade; that whilst engaged in such military service at the battle of Shiloh in the State of Tenn. on the 7th day of April 1862, he was wounded as follows: Gun shot wound of the right groin & entering his right leg substantially and essentially useless

*Reports out of State
since you by your agent
Hilton, F.
These already Enrolled.*

**Soldier's Pension.
1894.**

Name Augustus Hilton
County Pulaski
Disability Wounded Leg
Amount \$50

1894

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDLED TO

applicant

See W. H. Harrison, State Prison, Atlanta

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

PERSONALLY appears Augustus Hilton 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 1864; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company 7, of 22 th Regiment of Alabama Volunteers, Dean's Brigade; that whilst engaged in such military service at the battle of Shiloh in the State of Tenn. on the 7th day of April 1862, he was wounded as follows: Gun shot wound of the right groin & entering his right leg substantially and essentially useless

*Hilton Augustus
Fulton Co*

(For Those Already Enrolled.)

No. 2629

**SOLDIER'S PENSION.
1895.**

Name Augustus Hilton
County Fulton
Disability Wounded Leg
Amount \$50

1895

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

app

See W. H. Harrison, State Prison, Atlanta

No Data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.

Fulton

County.

PERSONALLY appears — Augustus Hilton 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 1865, that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company 7, of 22d Regiment of Alabama Volunteers, 2nd Brigade, that whilst engaged in such military service at the battle of Shiloh in the State of Tenn. on the 7th day of April 1862, he was wounded as follows: Gun shot wound of the right groin, maiming his right leg substantially and essentially useless.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26th, 1894. I have heretofore been allowed a pension of Fifty dollars, for the year 1893.

Sworn to and subscribed before me, this, 13th day of March 1894.

W. L. Calhoun Ordinary

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

STATE OF GEORGIA.

Fulton

County.

I, W. L. Calhoun Ordinary of said County, do certify that I am well acquainted with Augustus Hilton the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 March 1894.



W. L. Calhoun

Ordinary

Fulton

County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

PERSONALLY appears Augustus Hilton 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 1865; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company 7, of 22d Regiment of Alabama Volunteers, 2nd Brigade; that whilst engaged in such military service at the battle of Shiloh in the State of Tenn. on the 7th day of April 1862, he was wounded as follows: Gun shot wound of right groin, rendering him incapable of performing the ordinary manual operations of life.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26th, 1895. I have heretofore been allowed a pension of \$50.00 dollars, for the year 1894.

Sworn to and subscribed before me, this, 11th day of March 1895.

W. L. Calhoun Ordinary

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

STATE OF GEORGIA,

Fulton County.

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

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



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 _____ 1896.

[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 _____ 1897.

[L. S.]

Executed in presence of _____

ACT OF MARCH, 1881.
(For Those Already Enrolled.)

No. 968

SOLDIER'S PENSION.

1896.

Name Augustus Sifton

County Fulton

Disability Disabled Leg

Amount, \$ 3/26 1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT MAILED TO

Effect

Wm. W. Johnson, State Printer, Atlanta

No date

Acting Registrar
Fulton Co

ACT OF MARCH, 1881.
(For Those Already Enrolled.)

No. 631

INVALID

SOLDIER'S PENSION.

1897.

Name Augustus Sifton

County Fulton

Disability Disabled Leg

Amount, \$ 50.00 1897

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT MAILED TO

Effect

Wm. W. Johnson, State Printer, Atlanta

No date

STATE OF GEORGIA

For Applicants Heretofore Allowed Pensions.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton

County.

Personally appears Augustus Hilton 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 18 5th; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company F, of 22nd Regiment of Alabama Volunteers, 1st Division, 1st Brigade; that whilst engaged in such military service in the State of Tennessee, on the 7th day of April 1862, he was wounded, injured or diseased as follows: *gun shot wound of right groin rendering him incapable of performing the ordinary manual vocations of life*

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

Sworn to and subscribed before me, this, the 26th day of July 1890.

M. L. Bachman
Notary Public for Georgia.
Note—State fully the nature of wound or 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, W. L. Talbott Ordinary of said County, do certify that I am well acquainted with Augustus Hilton the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 26th day of July 1890.



Ordinary

Fulton

County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton

County.

Personally appears Augustus Hilton 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 1865; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company F, of 22nd Regiment of Alabama Volunteers, 1st Division, 1st Brigade; that whilst engaged in such military service in the State of Tennessee, on the 7th day of April 1862, he was wounded, injured or diseased of follows: *gun shot wound of right groin rendering him incapable of performing the ordinary manual vocations of life.*

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1890. I have heretofore under said law as a resident of Fulton county been allowed an invalid pension of Fifty Dollars, for the year 1886.

Sworn to and subscribed before me, this, the 19 day of July 1890.

M. L. Bachman
Notary Public for Georgia.
Note—State fully the nature of wound or 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, A. H. Wiley Ordinary of said County, do certify that I am well acquainted with Augustus Hilton the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 19 day of July 1890.



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 _____ 1898.

[L. S.]

Executed in presence of _____

Hilton
Hilton Co
NOT A NOT. IN
(For Those Already Enrolled.)

No. 2224

INVALID

SOLDIER'S PENSION.

1898.

Name, *J. C. Hilton*
County, *Spalding*
Disability, *Cracked leg*
Amount, \$ *50.00*

2/17 1898

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDSD TO

Alfred

NOT A NOT. IN

W. C. L. C.

INVALID
SOLDIER'S PENSION.

1899.

Name, *C. F. Hilton*
County, *Spalding*

Disability

Amount, \$ *8.00*

2/17 1899

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDSD TO

Alfred

NOT A NOT. IN

W. C. L. C.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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

by _____

at _____

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

day of _____ 1899.

[L. S.]

Executed in presence of _____

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears *John A. Hilton* 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 *1845*, that he enlisted in the military service of the Confederate States (or of the State of *GA*) during the war between the States, and served as a *Private* in Company *B*, of *22*th Regiment of *Ala* Volunteers, *Deas*'s Brigade; that whilst engaged in such military service in the State of *Tennessee*, on the *7th* day of *April*, 1862, he was wounded, injured or diseased as follows:

Gun shot wound to right groin -
Wounded in right groin -

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 20th, 1890. I have heretofore under said law as a resident of *Fulton* county been allowed an invalid pension of *\$5.00* Dollars, for the year 1889.

Sworn to and subscribed before me, this, *17* day of *July*, 1890. *John A. Hilton* POST-OFFICE

John A. Hilton

STATE OF GEORGIA,

Fulton County.

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

Given under my official signature and seal, this *17* day of *July*, 1890.



H. D. Pender
Ordinary *Fulton* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears *John A. Hilton* 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 *1845*; that he enlisted in the military service of the Confederate States (or of the State of *GA*) during the war between the States, and served as a *Private* in Company *B*, of *22*th Regiment of *Ala* Volunteers, *Deas*'s Brigade; that whilst engaged in such military service in the State of *Tenn*, on the *7th* day of *Apr*, 1862, he was wounded, injured or diseased as follows:

Wounded in right groin -

Deponent makes application for the pension to which he is entitled for the year ending October 20th, 1890. I have heretofore under said law as a resident of *Fulton* County been allowed an invalid pension of *\$5.00* Dollars, for the year 1889.

Sworn to and subscribed before me, this, *17* day of *July*, 1890. *Augustus Hilton* POST OFFICE

Augustus Hilton

STATE OF GEORGIA,

Fulton County.

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

Given under my official signature and seal, this *17* day of *July*, 1890.



H. D. Pender
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 _____ 1900.

[L. S.]

Executed in presence of _____

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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

by _____

at _____

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

day of _____ 1901.

[L. S.]

Executed in presence of _____

*Yellow Springs, Georgia
Fulton County*

COPIES SECTION 101.

(For Those Already Enrolled.)

No. 574

INVALID

SOLDIER'S PENSION.

1900.

Name *Ch. Hilton*

County *Fulton*

Disability _____

Amount, \$ *50*

Warrant issued *July 5* 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

Ch. Hilton

and of Veterans, State Prison, Atlanta.

No date

*Yellow Springs, Georgia
Fulton County*

COPIES SECTION 101.
(For Those Already Enrolled.)

No. 397

DISABLED

SOLDIER'S PENSION.

1901.

Name *A. Hilton*

County *FULTON*

Disability *decreased in right arm*

Amount, \$ *50.00*

July 18 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

Ch. Hilton

and of Veterans, State Prison, Atlanta.

No date

STATE OF GEORGIA

For Applicants Heretofore Allowed Pensions

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears A. Hilton 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 County, and has resided therein continuously ever since the day of 1865, that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company B, of 22nd Regiment of Ala. Volunteers, Deas's Brigade; that whilst engaged in such military service in the State of Georgia, on the 24th day of April, 1862, he was wounded, injured or diseased as follows:

Wounded in right groin

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1900. I have heretofore under said law as a resident of Fulton County been allowed an invalid pension of

Dollars, for the year 1899

Sworn to and subscribed before me, this 1st day of March, 1900, Augustus Hilton POST OFFICE

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

STATE OF GEORGIA,

Fulton County.

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

Given under my official signature and seal, this 5th day of March, 1900, M. H. Hulley Ordinary Fulton County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears A. Hilton 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 1865; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company C, of 2nd Regiment of Ala. Volunteers, Deas's Brigade; that whilst engaged in such military service in the State of Georgia, on the 7th day of April, 1862, he was wounded, injured or diseased as follows:

Wounded in right groin

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

Dollars, for the year 1890

Sworn to and subscribed before me, this 17th day of May, 1901, John R. Wilkinson Postoffice Atlanta Ga

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

STATE OF GEORGIA,

Fulton County.

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

Given under my official signature and seal, this 17th day of May, 1901, John R. Wilkinson 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 _____ 1908.

[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 _____ 1908.

[L. S.]

Executed in presence of _____

(FOR THOSE ALREADY ENROLLED.)

No. 168

DISABLED

SOLDIER'S PENSION

1902.

Name A. Bilton

County Fulton.

Co. 7th Regiment 22nd Ala

Disability *General*

Amount, \$ 50.00

1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

John W. Lindsey, Commissioner of Pensions.

(FOR THOSE ALREADY ENROLLED.)

No. 63

DISABLED

SOLDIER'S PENSION

1903.

Name A. Bilton

County Fulton.

Co. 7th Regiment 22nd Ala

Disability *General*

Amount, \$ 50.00

1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

John W. Lindsey, Commissioner of Pensions.

STATE OF GEORGIA,

FOR APPLICANTS HERETOFORE ATTORNEY PENSIONERS

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County,

Personally appears A. Killion 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 1862; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company B, of 22nd Regiment of Ala Volunteers, Deas's Brigade; that whilst engaged, in such military service in the State of Fla, on the 7 day of April, 1862, he was wounded, injured or diseased as follows:

Wounded in right groin

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1902. I have heretofore, under said law, as a resident of

Fulton County, been allowed an invalid pension of

Fifty Dollars, for the year 1901.

Sworn to and subscribed before me, this 1st day of Jan, 1903, at Post-office

John R. Williamson
Notary Public in and for the State of Georgia.
Here—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. Williamson, Ordinary of said County,

do certify that I am well acquainted with A. Killion, the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 3 1903

Ordinary Fulton County.

NOTE.—Fill all blanks and of Company and Regiment.

NOTE.—All vouchers and affidavits must bear date after January 1, 1903.

HOME OF VETERANS

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County,

Personally appears A. Killion of

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the

day of 1862; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company B, of 22nd Regiment of Ala Volunteers, Deas's Brigade; that whilst engaged in such military service in the State of Fla, on the 7 day of April, 1862, he was wounded, injured or diseased as follows:

Wound right groin

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1903. I have heretofore, under said law, as a resident of

County, been allowed an invalid pension of

50 Dollars, for the year 1902.

Sworn to and subscribed before me, this 1st day of Jan, 1903, at Post-office

Augustus N. Glass
John R. Williamson
Notary Public in and for the State of Georgia.
Here—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. Williamson, Ordinary of said County,

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

Given under my official signature and seal, this

day of Jan, 1903

Ordinary Fulton County.

NOTE.—Fill all blanks and of Company and Regiment.

NOTE.—All vouchers and affidavits must bear date after January 1, 1903.

HOME OF VETERANS

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I,

hereby authorize

of

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

by

at

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

day of 1904

[L. S.]

Executed in the presence of

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I,

hereby authorize

of

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

by

at

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

day of 1905.

[L. S.]

Executed in the presence of

Hilton, Augustus
Fulton Co

FORM SERVICE 120.
(FOR THOSE ALREADY ENROLLED.)

No.

DISABLED

SOLDIER'S PENSION

1904.

Name *A. Hilton*

County *Fulton.*

Co. *F. Regiment 22 Ala*

Disability *disabled & blind*

Amount, \$ *7.40*

1904.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDLED TO

14/9

no data

Hilton, Augustus
Fulton County

FORM SERVICE 120.
(FOR THOSE ALREADY ENROLLED.)

No.

DISABLED

SOLDIER'S PENSION

1905.

Name *Augustus Hilton*

County *Fulton.*

Co. *F. Regiment 22 Ala*

Disability *leg disabled*

Amount, \$ *52.00*

1905.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDLED TO

14/9

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Fulton County.

Personally appears *Augustus Hilton* of _____
County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen
and resident of said State, and has resided therein continuously ever since the
day of _____ 1863, that he enlisted in the military service of the Con-
federate States (or of the State of *Georgia*) during the war between the
States, and served as a *Private* in Company *F*, of *22nd* Regiment
of *Ala* Volunteers *Rece*'s Brigade, that whilst engaged
in such military service in the State of *Tenn*, on the *7* day
of *Sept* 1862, he was wounded, injured or diseased as follows:

Wound right arm

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

Sworn to and subscribed before me, this the _____

day of *JAN 21* 1904 1904

John R. Wilkinson

A. Hilton

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 *Augustus Hilton*
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by him in his said affidavit are true, and I know 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 21* 1904
day of _____ 1904

John R. Wilkinson
Ordinary **Fulton** County.

Note.—Fill all blanks and of Company and Regiment.
Note.—All vouchers and affidavits must bear date after January 1, 1904.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Fulton COUNTY.

Personally appears *Augustus Hilton* 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 *20*
day of *April* 1832, that he enlisted in the military service of the Con-
federate States (or of the State of *Alabama*) during the war between the
States, and served as a *private* in Company *F*, of *22nd* Regiment
of *Ala* Volunteers _____'s Brigade; that whilst engaged
in such military service in the State of *Tenn*, on the *7* day
of *April* 1862, he was wounded, injured or diseased as follows:

Leg disabled Shilo, Tenn.

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
Fifty **Fulton** County, been allowed an invalid pension of
Dollars, for the year 1904.

Sworn to and subscribed before me, this the _____

day of *JAN 21* 1905.

A. Hilton

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

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

John R. Wilkinson
Ordinary **Fulton** County.

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



Ordinary Fulton County.

Notes.—Fill all blanks and of Company and Regiment.
Notes.—All vouchers and affidavits must bear date after January 1, 1864.



Ordinary Fulton County.

Notes.—Fill all blanks and of Company and Regiment.
Notes.—All vouchers and affidavits must bear date after January 1, 1864.

Audited

1889.

COMPTROLLER GENERAL

Fulton Co
Hilton, Augustus
Maimed Soldiers.

Voucher No. 1050

Amount \$ 50

Paid to Augustus Hilton
For Right leg
disabled
March 4 1889

Included in Warrant No.
issued to Treasurer.

1889

WARRANT CLERK

W. J. Campbell, State Prison, Collections Job Office

applicant

Audited Feb. 7 1890
Wm A Mingle
COMPTROLLER GENERAL

Maimed Soldiers.

Voucher No. 464

Amount \$ 50.

Paid to Augustus Hilton
For Leg disabled

Decy 7 1890

Included in warrant No.
issued to Treasurer.

18

WARRANT CLERK

W. J. Campbell, State Prison, Collections Job Office

applicant

No. 1250

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga. March 4 1889

Mr. *Augustus Hilton* 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, 1888, and the same having been allowed for

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

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



By the Governor

W. H. Harrison

CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty

Dollars.

per above voucher, this

4 of *March* 1889.
Augustus Hilton

No. 464

STATE OF GEORGIA.

EXECUTIVE DEPARTMENT.

Atlanta, Ga. July 9 1890

Mr. *Augustus Hilton* 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,

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

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

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

J. B. Gordon
GOVERNOR.

By the Governor,

W. H. Harrison

CLERK EXECUTIVE DEPARTMENT.

\$ 50

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty

Dollars.

per above voucher, this

7 of *July* 1890
Augustus Hilton

NAME, Hilton, Augustus

WHEN AND WHERE BORN?

ENLISTED WHEN AND WHERE?

COMPANY AND REGIMENT? Private, Co. F, 22d Regiment Ala Vols.
Deas Brigade.

NAME OF CAPTAIN AND COLONEL? O. W. Shepard, Comm. Off.

WOUND? At Shilo Tenn., Apr. 7, 1862 shot in right groin, entering
hip joint.

CAPTAIN, COLONEL, AND COMPANY?

RELEASED,

WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WAS I PUT,

DIED, WHEN AND WHERE?

BURIED,

WITNESSES, C. V. Shepard. No date.

F.O.

1862

COUNTY.

Fulton

Audited _____ 1891.

COMPTROLLER GENERAL

Hilton, Augustus

Gulston

1891.

Maimed Soldiers.

Voucher No. 173

Amount \$ 50⁰¹

Paid to Augustus Hilton
for "Sag dis."

J. P. Kelly 7

1891.

Included in warrant No.

issued to Treasurer.

1891

WARRANT CLERK

Geo. W. Harrison, State Printer, Chas.

Apple court

1891.

No. 173

STATE OF GEORGIA, }
EXECUTIVE DEPARTMENT. }

Atlanta, Ga. Feb'y 7 1891.

Mr. Augustus Nelson 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 Acts
approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for

Leg dis.
He is entitled to receive the sum of Fifty 000 Dollars

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

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



W. J. Gordon
GOVERNOR.

By the Governor,

A. H. Hanson
Sec'y EXECUTIVE DEPARTMENT.

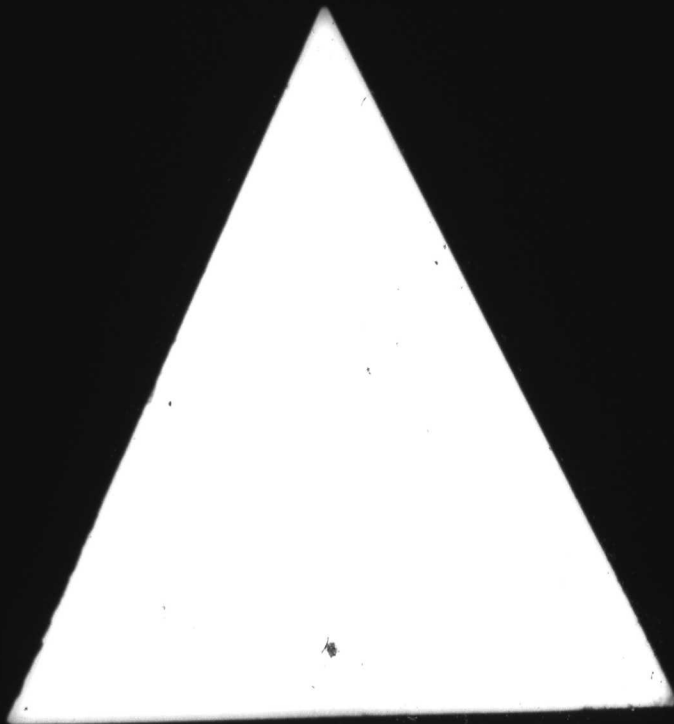
\$ 50

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

Fifty 000 Dollars,
per above voucher, this 7 of Feb'y 1891.

Augustus Nelson

per above voucher, this 7 of July 1891.
Augustus Milton



POWER OF ATTORNEY.

STATE OF GEORGIA.

M. M. M.

Know all Men by these Presents, That I, *M. M. M.* County of *Fulton*

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *19th* day of *June*, 18*91*.

Executed in the presence of us
Wm. T. McCully, Clerk

DIRECTIONS.

If allowed, send amount by

me at _____ and oblige



Hilton, Caroline
Fulton County

1891.

No. *3307*

Widows' Pension

PAID TO

Mrs. Caroline Hilton
of
Fulton COUNTY.

\$100.00.

Warrant Issued

1891

AND HANDED TO

Geo. W. Harrison, State Printer, Atlanta

POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA,

M. H. H.

County.

Know all Men by these Presents, That I,

Mrs. Caroline Hilton

Hilton County

County in said State, do hereby appoint

J. H. Harrison

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

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

9th day of *June* 1891

Caroline Hilton [L. S.]

Executed in the presence of us,

Wm. S. McSwain, Attorney

DIRECTIONS.

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



Widow's Pension	PAID TO	1891.
<i>Mrs. Caroline Hilton</i>	of	<i>Hilton County</i>
<i>Caroline Hilton</i>	County.	
\$100.00.		
Warrant Issued		
AND HANDED TO		1891

Affidavit to be Made by the Widow.

Form No. 1.

STATE OF GEORGIA,

County of *Fulton*

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

Mrs. *Caroline Hilton*

, who being sworn according to law, says under oath that she is the widow of *J. H. Hilton*

, who was a soldier in the service of the Confederate States, and served as a member of Company *C* of the *10th* *Regiment* of *Georgia* Volunteers; that he enlisted in said

service on or about the *28* day of *August* 1863, and was in the *Confederate* Army up to *27* *July* 1865. That while in the

Army, he was on the _____ day of _____ 1865. (See Note No. 1)

While in Virginia on or about first of March 1865 J. H. Hilton took the Malaria and after fatally becoming he stated he was and was very near death with them had died in March in on 27 day of July 1865 from Malaria which was the cause of his death.

Deponent further swears that she was the wife of said deceased soldier during his term of service in the Army, and that she has never married since his death; that she became his wife on the *1st* day of *July* 1861, and that she has resided in Georgia continuously since the *24* day of *February* 1861; that Georgia is her home, and was such on the 23d day of December, 1890, and since said date she has not lived in any other State or locality. Deponent, as the widow of said deceased soldier husband, applies for the pension provided by Act of the General Assembly of Georgia, approved December 23d, 1890, for the pension year ending February 15th, 1892, and herewith tenders the proof of her right to receive the allowance granted by said Act.

Sworn to and subscribed before me, this,

20 day of *June* 1891.

W. L. Harrison Ordinary.

Caroline Hilton

Post Office.

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

1891.

210. 2307.

Hilton, Caroline

Affidavit for Three Witnesses.

Form No. 2.

State of Georgia,

County of *Spalding*

In person came before me, the undersigned Ordinary

in and for said County, witnesses *J. F. Lester*

and *J. P. Pierson* (each known to said Attesting Officer as truthful, reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge,

Mrs. *Caroline Hillton* of the County of *Spalding*, who was a soldier in the State of Georgia, is the widow of *George H. Hillton*, who was a soldier in Company *C* of the *1st* Regiment of *Georgia* Volunteers.

That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or about the *2nd* day of *August*, 186*2*. That while in said service, or by reason of said service in the Army, he lost his life as follows:

A. P. Lester says, he was taken sick with measles while in the army near Fredericksburg, Virginia, because of which he was furloughed to his home with our army, but died from a relapse from said disease in Macon Ga. before reaching his home, and was buried at his (Lester's) father's.

Thos Clements says, said Hillton was a soldier in the Confederate army and a reliable comrade in the summer of 1862, that he was at that time the husband of Caroline Hillton, the applicant and that he died in Macon Hospital, Ga. sometime in the summer of 1862. J. P. Pierson says that said Hillton was a Confederate soldier enlisted for the summer of 1862 was the husband of applicant at that time and died in Macon Ga. from sickness in the summer of 1862.

Our opportunity for knowing the facts stated in reference to death of applicant's husband were that we were his near neighbors and took care of him at the hotel of above mentioned, and know that was true at or about the time mentioned.

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

Sworn to and subscribed before me, this, the *29th* day of *June*, 1891.

John P. McGinty Ordinary.

J. F. Lester
Thos Clements
J. P. Pierson

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

Form No. 3.

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

State of Georgia,

County of *Hall*

W. L. Leachman Ordinary

in and for said County of *Hall*, State of Georgia, hereby certify that I am acquainted with Mrs. *Caroline Hillton* the applicant for a pension in this case, and know, from my own knowledge, or from positive proof presented to me by reputable witnesses, that she resides in this County, and that she resided in the State of Georgia on December 23d, 1890, and has not lived out of the State since that date. *I also certify that the witnesses whose testimony she presents to sustain her claim are known to me to be truthful witnesses, entitled to full faith and credit as such.* I am fully satisfied that this claim is made in good faith, and that I have caused the applicant and the witnesses to read or hear read the proofs they sign.

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

30th day of *June*, 1891.

SEAL

W. L. Leachman Ordinary.

Form No. 4.

NOTES.

The pension is only payable to certain classes of widows. Those whose husbands were killed in service. Those whose husbands died in the army of wounds or disease contracted in the service. Those whose husbands went to the army and have never been heard from since the war. Those whose husbands were wounded in the army and have since died from the direct effects of the wounds. Those whose husbands contracted disease in the service, and who after the war, died of the disease caused by the service. The disease directly causing the death. No widow is entitled unless she was the wife of the soldier during the war, and has never remarried.

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

The facts to establish a claim must be substantiated by the testimony of three witnesses who personally know of the enlistment of the husband and his death and the immediate cause of the death.

Widows who have married since the service of their husbands in the army are not entitled. There is no need of employing a lawyer or other agent to attend to these claims. The Department will furnish full and specific instructions, and give ample opportunity to every claimant.

If witnesses live in another County from that wherein applicant resides, they must go before the Ordinary of their County and testify. The attestation of a Justice of the Peace or Notary will not answer.

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

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

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

By order of the Governor.

W. H. HARRISON,
Sec. Ed. Department.

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

Form No. 2.

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

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, 7th day of February, 1893.
 W. L. Gainoun Ordinary

POWER OF ATTORNEY.

Form No. 2.

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

In Witness Whereof, I have hereunto set my hand and seal, this day of 1893.

[L. S.]

Executed in the presence of us

DIRECTIONS.

Send amount by me at and oblige to

FOR THOSE HERETOFORE PAID,
 1893.
 270. 14.34
 Widows' Pension,
 for year ending February 15th, 1893.
 — PAID TO —
 Mrs. Caroline Milton
 — OF —
 FULTON COUNTY.
 Warrant Issued
 AND REMITTED TO
 1893

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

Form No. 2.

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

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, 1st day of February, 1894.
 W. L. Gainoun Ordinary.

POWER OF ATTORNEY.

Form No. 2.

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

In Witness Whereof, I have hereunto set my hand and seal, this day of 1894.

[L. S.]

Executed in the presence of us

DIRECTIONS.

Send amount by me at and oblige to

FOR THOSE HERETOFORE PAID,
 1894.
 270. 14.34
 Widows' Pension,
 for year ending February 15th, 1894.
 — PAID TO —
 Mrs. Caroline Milton
 — OF —
 FULTON COUNTY.
 Warrant Issued
 AND REMITTED TO
 1894

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of WULTON

Personally comes Mrs

Caroline Hilton

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

WULTON State of Georgia, and that she has resided in said State continuously ever since *February 24th* 1861 That she is the Widow of*C. W. Hilton* who was a Soldier in Company

of the 10th Battalion 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 *July 9th* 1863 That he lost hislife on the *9th* day of *July* 1863 (State here

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

C. W. Hilton was killed about mid-March 1863. C. Hilton took the Measles and after partially recovering he started home and on his way he caught with them and died in March 1863 on the 9th day of July 1863 from Measles contracted in the service in Virginia.

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, 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 for the year ending February 15th, 1892, and now apply for the allowance provided by law for the year ending February 15th, 1893.

Sworn to and subscribed before me, this

30th day of January 1893.*M. L. Washburn* Ordinary.

Post-office

Mrs Caroline Hilton

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of WULTON

Personally comes Mrs

Caroline Hilton

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

WULTON State of Georgia, and that she has resided in said State continuously ever since *February 24th* 1861 That she is the Widow of*C. W. Hilton*

who was a Soldier in Company

of the 10th Battalion 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 *July 9th* 1863 That he lost hislife on the *9th* day of *July* 1863 (State here

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

While in Virginia on or about first of March 1863 C. W. Hilton took the Measles and after partially recovering he started home and on his way home relapsed with them and died in March 1863 on the 9th day of July 1863 from Measles contracted in the service in Virginia.

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, 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 for the year ending February 15th, 1893, and now apply for the allowance provided by law for the year ending February 15th, 1894.

Sworn to and subscribed before me, this

18th day of February 1894.*M. L. Washburn* Ordinary.Post-office *Wulton**Caroline Hilton*

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

Form No. 1.

STATE OF GEORGIA, County of Fulton

I, W. L. Calhoun Ordinary in and for said County of Fulton State of Georgia, hereby certify that I am acquainted with Mrs. Caroline Hilton the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of George W. Hilton deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1894.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, 15th day of February, 1895.

W. L. Calhoun Ordinary.

Form No. 2.

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 as a widow of a Confederate soldier, as stated in the foregoing affidavit; hereby authorizing my said Attorney to mortgage in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

In WITNESS WHEREOF, I have hereunto set my hand and seal, this 15th day of February, 1895.

[L. S.]

Executed in the presence of:

DIRECTIONS.

Send amount by me at and oblige

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

Form No. 1.

STATE OF GEORGIA, County of Fulton

I, W. L. Calhoun Ordinary in and for said County of Fulton State of Georgia, hereby certify that I am acquainted with Mrs. Caroline Hilton the applicant for a pension in this case, and

know from my own knowledge (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of George W. Hilton deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1895.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this 15th day of February, 1895.

W. L. Calhoun Ordinary.

Form No. 2.

POWER OF ATTORNEY.

STATE OF GEORGIA, County.

I, hereby authorize to receive and receipt for the pension paid heron and request that he remit same to at

In WITNESS WHEREOF, I have hereunto set my hand and seal, this 15th day of February, 1895.

[L. S.]

Executed in the presence of

Hilton Caroline
Fulton County
FOR THESE HERETOFORE PAID.

1896.

No. 2303

WIDOW'S PENSION,

for year ending February 15th, 1896.

PAID TO

Caroline Hilton

OF

Fulton County.

widow of George W. Hilton

WARRANT ISSUED

27

1896.

AND ORDERED TO

444

W. L. Calhoun Ordinary.

Hilton Caroline
Fulton County
FOR THESE HERETOFORE PAID.

1895.

No. 566

WIDOW'S PENSION,

for year ending February 15th, 1895.

PAID TO

Caroline Hilton

OF

Fulton County.

widow of George W. Hilton

WARRANT ISSUED

27

1895.

AND ORDERED TO

444

W. L. Calhoun Ordinary.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Fulton

Personally Comes Mrs.
Caroline Hilton

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 February 24th 1881 That she is the Widow of
G. W. Hilton who was a Soldier in Company
C of the 10th Battalion Regiment of Georgia
Volunteers, that he enlisted in said Regiment on or about the month of August
1862 and served in the Army up to July 9th 1863 That he lost his
life on the 9th day of July 1863 (State here

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

While in Virginia or or about first of March 1863 G. W. Hilton took the
measles and partially recovering he started home and on his way home
relapsed with them and died in Mason Ga. on the 9th day of July 1863
from Measles contracted in the service in Virginia

Deponent swears that she was the wife of said deceased soldier, during his service in the
army as a soldier, and that she has never married since his death aforesaid, that she became
his wife in the year 1881, that Georgia is her home and she resided in this State 23d day
of December, 1890, and has not lived in any other State or locality since that date. I have
been allowed a pension for the year ending February 15th, 1894, and now apply for the
allowance provided by law for the year ending February 15th, 1895.

Sworn to and subscribed before me, this
20th day of Feby 1895.
W. L. Bachman Ordinary.

Caroline Hilton
Post-office

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Fulton

Personally Comes Mrs.
Caroline Hilton

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 February 24th 1881 That she is the Widow of
G. W. Hilton who was a Soldier in Company
C of the 10th Battalion Regiment of Georgia
Volunteers, that he enlisted in said regiment on or about the month of August
1862 and served in the Army up to July 9th 1863 That he lost his
life on the 9th day of July 1863 (State here

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

While in Virginia or or about first of March 1863 G. W. Hilton took the
measles and partially recovering he started home and on his way home
relapsed with them and died in Mason Ga. on the 9th day of July 1863 from
Measles contracted in the service in Virginia

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier,
and that she has never married since his death aforesaid, that she became his wife in the year 1881,
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, 1895, and now apply for
the pension provided by law for the year ending February 15th, 1896.

Sworn to and subscribed before me, this
20th day of Feby 1896.
W. L. Bachman Ordinary.

Mrs. Caroline Hilton
Post-office

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

Form No. 5.

STATE OF GEORGIA, County of Fulton
 I, W. H. Halsey
Fulton
Caroline Hilton
 Ordinary in and for said County of
 State of Georgia, hereby certify that I am acquainted with Mrs.
Caroline Hilton the applicant for a pension in this case, and
 know from my own knowledge (or from positive proof presented to me by reputable witnesses,) that she
 resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not
 lived out of the State since that date. That she is the widow of Gen H. Hilton
 deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1896.
 In Witness Whereof, I have hereto set my hand and affixed the seal of my office, this
 day of Feb 1897.
W. H. Halsey
 Ordinary

POWER OF ATTORNEY.

STATE OF GEORGIA. County.
 I, _____ hereby authorize _____
 of _____ to receive and receipt for the pension paid hereon and request
 that he remit same to _____ at _____
 In Witness Whereof, I have hereto set my hand and seal, this
 day of _____ 1897.
 Executed in the presence of _____ [L. S.]

POWER OF ATTORNEY.

State of Georgia.
 County. }
 I, _____ hereby authorize _____
 to receive and receipt for the pension paid hereon and request that he remit same to _____
 at _____
 IN WITNESS WHEREOF, I have hereto set my hand and seal, this
 day of _____ 1898.
 Executed in presence of _____ [L. S.]

Hilton, Caroline
Fulton County
 For These Heretofore Paid.

1898.

No. 2134

WIDOW'S PENSION,

For year ending February 15th, 1898.

PAID TO
Mrs. Caroline Hilton

Fulton County

Widow of Gen H. Hilton

RICHARD JOHNSON,
 Commissioner of Pensions.

WARRANT ISSUED

7/2
 AND PAID TO
offt

1898.

W. H. HARRISON, STATE PRINTER, ATLANTA.

WIDOW'S PENSION,

For year ending February 15th, 1897.

PAID TO
Caroline Hilton

Fulton County

Caroline Hilton

RICHARD JOHNSON,
 Commissioner of Pensions.

WARRANT ISSUED

7/4
offt

1897.

1897.

No. 1070

Hilton, Caroline
Fulton County

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of *Fulton*

Personally Comes Mrs.

Caroline Hilton

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

February 24th

1861. That she is the Widow of

E. M. Hilton

who was a Soldier in Company

*C*of the *10th*

Regiment of

Georgia

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

1862 and served in the Army up to

July 9th

1863 That he lost his

life on the

*9th*day of *July*

1863 (State here

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

*While in Virginia on or about first
of March 1863 he took the measles
from which he died in Macon Ga
on the 10th day of July 1863*

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

day of *July* 1897.*Caroline Hilton*

Post-office

allenton

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of *Fulton*

Personally Comes Mrs.

Caroline Hilton

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

Feb 24th

1861. That she is the Widow of

E. M. Hilton

who was a Soldier in Company

*C*of the *10th*

Regiment of

Georgia

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

1862 and served in the Army up to

July 9th

1863 That he lost his

life on the

*9th*day of *July*

1863 (State here

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

*Died with measles. Contracted in
the army.*

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1861.

I have been allowed a pension as a resident of *Fulton* County for the year ending February 15th, 1897, and now apply for the pension provided by law for the year ending February 15th, 1898.

Sworn to and subscribed before me, this

day of *Aug* 1898.*M. H. Hilton*

Ordinary.

Post-Office

Caroline Hilton

State of Georgia,

County.

Ordinary of said County, certify that I am well acquainted

with Mrs. *Caroline Hilton* who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the

23rd day of *Dec* 1890

Given under my official signature and seal this the

2 day of *July* 1898.

Official Seal.

Ordinary of *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

at

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

day of _____ 1890.

[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

at

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

day of _____ 1900.

[L. S.]

Executed in presence of

Hilton, Caroline
Fulton Co.

For These Herebefore Paid.

1899.

NO. 817

WIDOW'S PENSION,

For year ending February 1st, 1899.

PAID TO
Mr. Caroline Hilton

or

FULTON

County

Widow of *H. W.*

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT ISSUED

2/9 1899.

AND REMITTED TO

affd.

SEC. W. HARRISON, STATE PRINTER, ATLANTA.

Hilton, Caroline
Fulton County
To These Herebefore Paid.

1900.

NO. 734

WIDOW'S PENSION,

For year ending February 1st, 1900.

PAID TO
Mr. Caroline Hilton

or

Fulton

County,

Widow of

JNO. W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

Feb. 13 1900.

AND REMITTED TO

affd.

SEC. W. HARRISON, STATE PRINTER, ATLANTA.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of FULTON

Personally Comes Mrs.

*Caroline Hilton*who, being sworn, says on oath, that she is a bona fide resident of said county of
State of Georgia, and that she has resided in said State

FULTON

continuously ever since *July 24th*

1861 That she is the Widow of

Edw. Hilton

who was a soldier in Company

of the

*10th*Regiment of *62^d*

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

1862 and served in the Army up to

July 9th

1863 That he lost his

life on the

*9th*day of *July*

1863 (State here

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

*Died with measles contracted
in the army*Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that
she has never married since his death aforesaid, and that she became his wife in the year 1861

I have been allowed a pension as a resident of FULTON

County for the year ending

February 15th, 1899, and now apply for the pension provided by law for the year ending February 15th, 1899.

Sworn to and subscribed before me, this

day of *July*, 1899.*Caroline Hilton*

Post-Office

State of Georgia,
FULTON County.

I W. H. HULSEY,

Ordinary of said County, certify that I am well acquainted

with Mrs. *Caroline Hilton* who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she
has continuously resided in this State since the *23rd* day of *Dec*, 1890Given under my official signature and seal this the *9* day of *July*, 1899.

Ordinary of

FULTON

County.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of *Fulton*

Personally Comes Mrs.

Caroline Hilton

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 *July 24th*

1861 That she is the Widow of

Edw. Hilton

who was a soldier in Company

of the

*10th*Regiment of *62^d*

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

1862 and served in the Army up to

July 9th

1863 That he lost his

life on the

*9th*day of *July*

1863 (State here

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

*Died of measles contracted
in army*Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that
she has never married since his death aforesaid, and that she became his wife in the year 1861I have been allowed a pension as a resident of *Fulton* County for the year ending

February 15th, 1899, and now apply for the pension provided by law for the year ending February 15th, 1900.

Sworn to and subscribed before me, this

18 day of *July*, 1900.*Caroline Hilton*

Post-Office

State of Georgia,
Fulton County.I *W. H. Hulseay*

Ordinary of said County, certify that I am well acquainted

with Mrs. *Caroline Hilton* who made the above affidavit and am satisfiedthat the facts therein stated are true, and I know she is the individual she represents herself to be, and that she
has continuously resided in this State since the *23rd* day of *Dec*, 1890Given under my official signature and seal, this the *18* day of *July*, 1900.

Ordinary of

Fulton County.

CLERK OF VILLAGE

POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

I, _____ hereby authorize

of

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

at

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

day of _____ 1901.

[L. S.]

Executed in presence of

POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

I, _____ hereby authorize

of

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

at

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

day of _____ 1902.

[L. S.]

Executed in presence of

To Those Herebefore Paid.

1901.

No. 237

WIDOW'S PENSION,

For year ending January 1st, 1901.

Mr. Caroline Kittern

Fulton County.

Widow of Geo. Kittern

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

Jan 17 1901.

AND HANDLED TO

Wm. H. Lindsey

Wm. H. Lindsey, State Printer, Atlanta, Ga.

To Those Herebefore Paid.

1902.

No. 33

WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO

Mr. C. Kittern

Fulton County.

Widow of Geo. Kittern

Co. _____ Regiment.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

Jan 17 1902.

AND HANDLED TO

Wm. H. Lindsey

Wm. H. Lindsey, State Printer, Atlanta, Ga.

STATE OF GEORGIA

FOR WIDOWS HEREFORE ALLOWED PENSIONS

STATE OF GEORGIA

FOR WIDOWS HEREFORE ALLOWED PENSIONS

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Fulton

Personally Comes Mrs.

Caroline Hutton

Fulton who, being sworn, says on oath, that she is a bona fide resident of said County of
State of Georgia, and that she has resided in said State
continuously ever since May 7th 1861 That she is the Widow of
Geo. H. Hutton who was a soldier in Company
of the 10th Regiment of Ga
Volunteers, that he enlisted in said regiment on or about the month of
1862 and served in the Army up to July 9th 1863 That he lost his
life on the 9th day of July 1863 (State here
particulars of the husband's death, when, where and from what cause)

Died of measles contracted in army

Dependent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that
she has never married since his death aforesaid, and that she became his wife in the year 18 61

I have been allowed a pension as a resident of Fulton County for the year ending
February 15th, 1901, and now apply for the pension provided by law for the year ending February 15th, 1901.

Sworn to and subscribed before me, this
16th day of January 1901.

John R. Wilkinson Ordinary

Caroline Hutton

Post Office Atlanta Ga

State of Georgia,

Fulton County.

John R. Wilkinson

Ordinary of said County, certify that I am well acquainted

with Mrs. Caroline Hutton who made the above affidavit and am satisfied
that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she
has continuously resided in this State since the 23rd day of Dec 18 90

Given under my official signature and seal, this 16th day of January 1901.

Official
Seal.

John R. Wilkinson
Ordinary of Fulton County.

FOR WIDOWS OF VETERANS

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Fulton

PERSONALLY COMES MRS.

Caroline Hutton

Fulton who, being sworn, says on oath, that she is a bona fide resident of said County of
State of Georgia, and that she has resided in said State
continuously ever since Feb 24th 1861 That she is the Widow of
Geo. Hutton who was a soldier in Company
of the 10th Regiment of Ga
Volunteers, that he enlisted in said regiment on or about the month of
1862 and served in the Army up to July 9th 1863 That he lost his
life on the 9th day of July 18 63 (State here
particulars of the husband's death, when, where and from what cause)

Died of Measles Contracted in army

Dependent swears that she was the wife of said deceased soldier, during his service in the Army as a
soldier, and that she has never married since his death aforesaid, and that she became his wife in
the year 18 61

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

Sworn to and subscribed before me,

John R. Wilkinson Ordinary

Caroline Hutton

Post Office 330 N. Fourth St

State of Georgia,
Fulton County.

Ordinary of said County, certify that I am well
acquainted with Mrs. Caroline Hutton who made the above affidavit and
am satisfied that the facts therein stated are true, and I know she is the individual she represents
herself to be, and that she has continuously resided in this State since the 23rd
day of Dec 18 90

Given under my official signature and seal, this 16th day of January 1902.

Official
Seal.

John R. Wilkinson
Ordinary of Fulton County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA.

COUNTY.

I, _____ hereby authorize

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

at _____

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

day of _____ 1903.

[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

at _____

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

day of _____ 1904.

[L. S.]

Executed in presence of _____

To Those Herebefore Paid.

1903.

No. 138

WIDOW'S PENSION,

For year ending Dec. 31, 1903.

PAID TO

Mrs. C. K. Kilton

OF

Fulton, County,

Widow of _____
Co. _____ Regiment _____

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1903

AND HANDED TO

WITNESSES: _____

Hilton, Caroline
Fulton County
TO THOSE HERETOFORE PAID.

1904.

No. 421

WIDOW'S PENSION

FOR
YEAR ENDING DECEMBER 31, 1904.

PAID TO

Mrs. C. K. Kilton

OF

Fulton, County,

Widow of _____
Co. _____ Regiment _____

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1904

AND HANDED TO

WITNESSES: _____

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Fulton.

PERSONALLY COMES Mrs

C. Keilton

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 Feb 24th 1861 That she is the Widow of Lys Keilton who was a soldier in Company C of the 10th Regiment of Inf Volunteers, that he enlisted in said regiment on or about the month of July 9th 1862 and served in the Army up to July 9th 1863 That he lost his life on the 9th day of July 1863 (State here particulars of the husband's death, when, where and from what cause.)

Died of Malaria contracted in army

Dependent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1861

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

Sworn to and subscribed before me, this JAN 22 1904 day of JAN 22 1904 1904. _____ Ordinary.

Post-Office _____

State of Georgia,

County of Fulton.I, John R. WilliamsonOrdinary of said County, certify that I am well acquainted with Mrs. C. Keilton who made the above affidavits and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 24 day of Feb 1861

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



Ordinary of _____

County.

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

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of Fulton.

PERSONALLY COMES Mrs

C. Keilton

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 Feb 24th 1861 That she is the Widow of Lys Keilton who was a soldier in Company C of the 10th Regiment of Inf Volunteers, that he enlisted in said regiment on or about the month of July 9th 1862 and served in the Army up to July 9th 1863 That he lost his life on the 9th day of July 1863 (State here particulars of the husband's death, when, where and from what cause.)

Died of Malaria contracted in army

Dependent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1861

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

Sworn to and subscribed before me, this JAN 22 1904 day of JAN 22 1904 1904. _____ Ordinary.

Post-Office _____

State of Georgia,

County of Fulton.I, John R. WilliamsonOrdinary of said County, certify that I am well acquainted with Mrs. C. Keilton who made the above affidavits and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 24 day of Feb 1861

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



Ordinary of _____

County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I, _____, hereby authorize

of _____

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

at _____

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

day of _____ 1906.

[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

at _____

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

day of _____ 1906.

[L. S.]

Executed in presence of _____

1905.

No. _____

WIDOW'S PENSION,

For year ending Dec. 31, 1906.

PAID TO
Mrs. Caroline Hilton
or
Fulton.

County,
Widow of H. H. Hilton
Co. 10 Regiment 1st Div.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

1/23 1906.

AND HANDSD TO

AP

See Pensions of Pensions, Volume 1, page 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.

1906.

No. 233

WIDOW'S PENSION

For year ending Dec. 31, 1906.

PAID TO
Mrs. Caroline Hilton
or
Fulton.

County,
Widow of H. H. Hilton
Co. 10 Regiment 1st Div.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

1/23 1906.

AND HANDSD TO

AP

See Pensions of Pensions, Volume 1, page 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.

STATE OF GEORGIA

FOR WIDOWS HEREIN ALLOWED PENSIONS

STATE OF GEORGIA

FOR WIDOWS HEREIN ALLOWED PENSIONS

For Widows Heretofore Allowed Pensions.

Form No. 1

STATE OF GEORGIA,
County of Fulton.

PERSONALLY COMES, Mrs.

Caroline Hilton

Fulton

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

continuously ever since all her life. That she is the Widow of
C. H. Hilton who was a soldier in Company
6 of the 10th Regiment of Georgia
Volunteers, that he enlisted in said regiment on or about the month of Aug
1862 and served in the Army up to July 1865. That he lost his
life on the 9th day of July 1865. (State here
particulars of the husband's death, when, where and from what cause.)

Died measles, July 1865

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a
soldier, and that she has never married since his death aforesaid, and that she became his wife in
the year 1861.

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

Sworn to and subscribed before me,
this 2 day of JAN 1905.
J. P. Rives Ordinary.

Caroline Hilton
Post-Office Gifford

State of Georgia,
Fulton County.

I, J. P. Rives Ordinary of said County, certify that I am well
acquainted with Mrs. Caroline Hilton who made the above affidavit and
am satisfied that the facts therein stated are true, and I know she is the individual she represents
herself to be, and that she has continuously resided in this State since the
day of 18.

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

Official
Seal

J. P. Rives
Ordinary of Fulton County.

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

For Widows Heretofore Allowed Pensions.

Form No. 1

STATE OF GEORGIA,
County of Fulton.

PERSONALLY COMES, Mrs.

Caroline Hilton

Fulton

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

continuously ever since all her life. That she is the Widow of
C. H. Hilton who was a soldier in Company
6 of the 10th Regiment of Cal
Volunteers, that he enlisted in said regiment on or about the month of August
1862 and served in the Army up to 1865. That he lost his
life on the 9th day of July 1865. (State here
particulars of the husband's death, when, where and from what cause.)

Died measles, July 1865

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a
soldier, and that she has never married since his death aforesaid, and that she became his wife in
the year 1861.

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

Sworn to and subscribed before me
this 7 day of JAN 1906.
J. P. Rives Ordinary.

Caroline Hilton
Post Office Gifford

State of Georgia,
Fulton County.

I, J. P. Rives Ordinary of said County, certify that I am well
acquainted with Mrs. Caroline Hilton who made the above affidavit, and
am satisfied that the facts therein stated are true, and I know she is the individual she represents
herself to be, and that she has continuously resided in this State since the
day of all her life.

Given under my official signature and seal, this 7 day of JAN 1906.

Official
Seal

J. P. Rives
Ordinary of Fulton County.

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



State of Georgia.

Executive Department.

Atlanta, June 30, 1891.

Wm. G. Loring, Esq. Personally appears before
the undersigned Attesting Officer, Nannie Moran,
Lucy Hardin and Martha A. Hood, each of
whom being duly sworn, say on oath that
Mrs. Caroline Kitter was the wife of L.
M. Kitter during his service in the Army
and that she has never married since his
death.

Witness to the Subscribed Mrs. Nannie Moran

before me June 30 1891. My L. & C.

W. L. Lockman,

Ordinary Fulton Co.

Martha A. Hood

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I, _____ hereby authorize

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

at

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

day of _____ 1907.

[L. S.]

Executed in presence of

Hilary Caroline Fulton Co.	No. 10	1907.	PAID TO M. Caroline Kitter	OF Fulton, County, Widow of L. M. Kitter Co. C. Regiment 10 th Va.	JOHN W. LINDSEY, Comptroller of Penitents.	WARRANT ISSUED 1/18 1907, AND HANDED TO 1/18	W. L. Lockman, State Printer, Atlanta
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For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Fulton

PERSONALLY COWES Mrs.

Caroline Kilton

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

1843

That she is the Widow of

J. W. Kilton

who was a Soldier in Company

No. 1010Regiment of CaVolunteers, that he enlisted in said regiment on or about the month of Aug1864, and served in the Army up to 1865 That he lost hislife on the 7 day of 18 (State here

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

Died in action July 1865.

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1861

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

Sworn to and subscribed before me

this 2 day of JAN 2, 1907.John R. Wilkinson, Ordinary.Post Office St. James Ave

State of Georgia,

County of Fulton

Ordinary of said County, certify that I am well

acquainted with Mrs. Caroline Kilton, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the

day of 18Given under my official signature and seal, this the JAN 2 day of 1907.

John R. Wilkinson
Ordinary of Fulton County.

NOTE—All documents must be filed.
Volunteers and Soldiers must have cash after January 1st, 1907.

herself to be, and that she has continuously resided in this State since the

day of _____ 18__

Given under my official signature and seal, this the _____ day of JAN 2- 1907.

Official
Seal

John R. Wilkinson
Ordinary of Fulton County.

NOTE—All blanks must be filled.

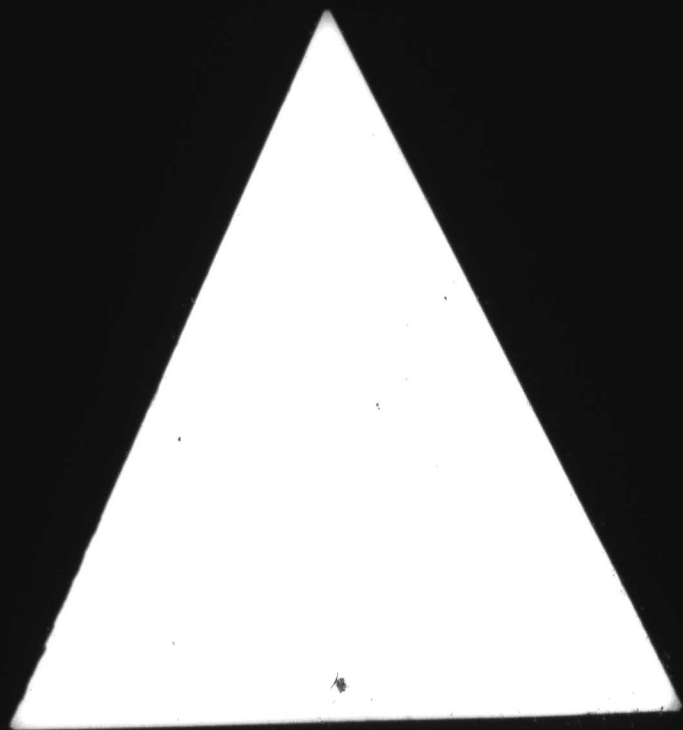
Volunteers and Absentees must file each after January 1st, 1907.

Ordinary's Office

I hereby certify that A. F. Lester
Chas. Clements, and J. J. Dumas
are all citizens of this County
personally known to me and that
they are reliable and worthy of
belief.

Witness my hand and seal
of the Court this 10th day of June
1891

John F. McKinley
Ordinary



POWER OF ATTORNEY.

STATE OF GEORGIA,

Fulton County.

I, Mrs Elizabeth Kinderman, hereby authorize
W A Mauldin of Fulton Co Ga
to receive and receipt for the pension paid hereon, and request that he remit same to

at _____
In Witness Whereof, I have hereunto set my hand and seal, this 22nd
day of Jan 1908, Mrs Elizabeth Kinderman [L. S.]
Wife

Executed in the presence of

John R. Wilkinson
Ordinary

Mrs Elizabeth Kinderman
Fulton Co

To Those Heretofore Paid.

1903.

No. 243

INDIGENT
WIDOW'S PENSION,

For year ending Dec. 31, 1903.

PAID TO
Mrs Elizabeth Kinderman

or
Fulton County,

Widow of Thomas
C. 1st Lt Regiment

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
123 1903

AND HANDSD TO
W A Mauldin

FOR INDIGENT WIDOW'S PENSION

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

PERSONALLY COMES MRS.

County of FultonElizabeth Reidman

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 1865 That she is the Widow of

Thomas Reidman who was a soldier in Company E of the 16th Regiment of SC

Volunteers, that he enlisted in said regiment on or about the month of March 1862, and served in the ARMY up to April 1865 That he died on the 6th day of April 1865

Agnes County

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1852 10 Oct

I have been allowed an Indigent pension as a resident of Fulton County, under Act 1900, for the year 1908, and now apply for the pension provided by law for the year ending December 31, 1908.

Sworn to and subscribed before me, the 2nd day of Jan 1908
John R. Wilkinson Ordinary

Mrs. Elizabeth Reidman
 Post-Office

State of Georgia,

County of Fulton

John R. Wilkinson
 Ordinary of said County, certify that I am well

acquainted with Mrs. Elizabeth Reidman, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 1865 day of 1865

Given under my official signature and seal, this 2nd day of Jan 1908.

John R. Wilkinson
 Ordinary of Fulton County.

NOTE.—All blanks must be filled.
 Vouchered and returned to the State Auditor, January 1st, 1908.

GEORGIA,
FULTON COUNTY.

Personally appeared before the undersigned E. L. Smith who being duly sworn, deposes and says:

That he was a member of the same regiment that Thomas Hindman belonged to. Dependent served three years with Hindman, from 1862 to 1865. Dependent was an intimate personal friend of Thomas Hindman. Dependent saw him every day, - hence dependent was always in a position to know of Hindman's movements. Dependent was present when Hindman received his furlough. Dependent inspected said furlough; the same was issued by Colonel William Butler, January 28th, 1865, good for sixty days. Dependent says that the reason Hindman failed to return to his command was because he was taken ill while at his home, remaining desperately ill until after the surrender. Dependent saw Hindman immediately after the close of the war, and he was then confined to his bed.

E. L. Smith

Sworn to & subscribed before me
November 21st 1905.

John R. Wilkinson
Ordinary Fulton

I certify that E. L. Smith attests above
resides in Fulton Co. and his statements
entitled to full credit & belief.

John R. Wilkinson
Ordinary
Fulton

I certify that J. L. Smith attests above
resides in Fulton, B. and his statements
entitled to full credit & belief.

John R. Williamson
Ordinary
Fulton, B.

Pension office 16/May. 1916.

Applicant fails to state and prove much a service accounting for husband to class of the war. Surrender fell Md. Co. 'K' does not show husband present at surrender. Witness knows nothing of his whereabouts of his own knowledge. Hearsay information and belief will not answer as evidence.

J. W. Lindsey, Gen Of Penn

Widow's Pension
4/20-1911

Widow's Pension

UNDER ACT 1910.

Fella
County
Callie Anderson
Widow of *Ryan R. New*

J. W. LINDSEY,
Commissioner of Pensions.

Rec'd
2/9/11
2/9-1911

Gen. S. Ward, Penn. Prison

Pension office 10/20th. 1910.

Applicant fails to state and prove such a service accounting for husband to close of the war. Surrender roll Md. Co. Co. "K" does not show husband present at surrender. Witness knows nothing of his whereabouts of his own knowledge. Hearsay information and belief will not answer as evidence.

J.W. Lindsey, Com Of Pens

UNDER ACT 1910

Widow's Pension

J. W. LINDSEY,
Commissioner of Pensions

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

STATE OF GEORGIA,

Fulton County.

Personally before me comes Lillie Hardwick Hines 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? Lillie Hardwick Hines, Atlanta, Ga.
2. How long and since when have you been a continuing resident in the State of Georgia? Have lived in Georgia all my life.
3. When, where and to whom were you married? 1866, St. Louis, Mo. Bryan Randolph
4. When, where and in what Company and Regiment did your husband enlist as a soldier in the Confederate Army or Georgia Militia? (State the date and class of Service.) 1861, Franklin Street Co. Co. Company K. 2nd Ga Regiment
5. When and where did your husband surrender or discharge from the army? In 1865
6. Was your husband personally present at the time of the surrender or discharge of this Command?
7. If he was not present state clearly where he was?
8. Where was his Command when he left?
9. For what cause did he leave his command?
10. By whose authority did he leave his command?
11. For how long was he granted leave of absence?
12. What was his physical condition when he left his Command?
13. What effort did he make to return to his command?
14. In what way was he prevented from going back to Command?
15. Was he captured by the enemy at any time?
16. If so, when and where captured and where held as a prisoner, and when and for what cause released?

17. When and where did your husband die? Were you residing together when he died? If not, how long had you resided apart? May 12, 1889, Columbus, Ga. He was

18. 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.

19. 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

20. What property of any description of any value have you now?

Give list and cash value: None.

21. What are your annual earnings or income and their value? Interest on \$1200. Twelve hundred dollars Savings Bank for the sale of my home.

22. Have you heretofore been paid a pension by the State? By none.

If so, when and for what cause were you struck from the Roll?

Sworn to and subscribed before me this the _____ day of _____, 1910.
Marcella McIndoe by Lillie Hardwick Hines
of Fulton County.

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

STATE OF GEORGIA,

Fulton County.

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

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

Sulton

County.

Harriet H. Anderson Ordinary of said County do certify that I know *Mr. Sulton* 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. 1908

That I also know *Clarence A. Evans* the witness who swears to the service of husband, and *who are* *freemasons*. 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 *None* Returned for Tax is for 1908 \$ for 1910 \$

Sworn under my hand and official seal of office this *15th* day of *August*

1910
SEAL *Harriet H. Anderson*
Sulton 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

1. What is your name and where do you reside? *Clarence A. Evans Atlanta*
2. How long and since when have you known *the person Harriet H. Anderson*?
3. How long and since when has she continuously resided in this state? (Give date.) *From childhood to this date*
4. When and to whom was she married? How do you know? *By general hearsay*
5. How long and since when did you know *her* husband? *He was my 1st cousin, knew him from boyhood*
6. When, where and in what Company and Regiment did *Byron A. Harris* enlist? *The record shows he enlisted and served in Co K 2d Reg. Jan 17, 1861 to Nov. 2, 1864. He was a member of the said Company in 1864*
7. Were you a member of the said Company in 1864?
8. How long within your personal knowledge did he perform actual military service with his Company and Regiment? *I belonged to a different Reg. I have no personal knowledge*
9. When, and where did his Command surrender, and was discharged? *At Appomattox April 1865*
10. Were you personally present when it was surrendered? *Yes* If not where were you *and how came you there?*

11. 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?* *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?
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 *15th* day of *August*, 1910 *Clarence A. Evans*
Harriet H. Anderson Ordinary.
of *Sulton* County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,

County.

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

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

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

Personal property	\$
Money, Notes and accounts	\$

Schedule (C).
We also know what property she has now in her possession, use and control to wit

Acres of land worth	\$
Horses and Mules	\$
Cows and Hogs	\$
Other property	\$
Income and earnings	\$

Total Value of all property and effects
Sworn and subscribed before me this the *19* day of *August*, 1910 *Clarence A. Evans*
Ordinary.
of *Sulton* County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

Muscogee County.

I, Wm. R. Ridd, Ordinary of said County do certify that I know Wm. R. Ridd the applicant for pension. She is the person she represents herself to be and she is a bona fide continuing resident citizen of said County and was in the 4th Nov. 1908. Having come from Muscogee Co. to this County

That I also know Wm. S. Shepherd & Th. Chaffin the witness who swears to the service of husband, and who are residents. 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 8th day of July

1911 Wm. R. Ridd Ordinary,

SEAL. Muscogee 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 black spouses 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.

Muscogee County.

Personally before me comes Wm. S. Shepherd & Th. Chaffin 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? Wm. S. Shepherd & Th. Chaffin Clinton
2. How long and since when have you known B. Randolph 09m applicant? Since 1867
3. How long and since when has she continuously resided in this State? (Give date) Born & raised in Georgia
4. When and to whom was she married? B. Randolph 1866 How do you know? Long acquaintance
5. How long and since when did you know B. Randolph 09m her husband? Since 1866

6. When and where did B. Randolph 09m the husband of Applicant die? Within in Ga. May 1880

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? From his being Were they divorced? No

9. When, where and in what Company and Regiment did B. Randolph 09m enlist? With 2nd Co. Regt. Infantry July 1861 (Richmond Va) from Augusta Ga. to

10. Were you a member of the same Company? Same Regiment

11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? From September to close of the War

12. When, and where did his Command surrender, and was discharged? April 9th 1865 Appomattox Co. Va.

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

14. Was the husband of applicant personally present at surrender? No If not where was he? At home in Sta. Georgia when, where and for what cause did he leave Command? (Give date) Dis By whose authority did he leave his Command? Officer in charge and how long was he granted leave? Until coming How do you know all this? Capt. Chaffin Co. B. was in Command of Bn. at Savannah

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

16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? He made his way to his Command & from there

Sworn to and subscribed before me this the 8th day of July 1911.

Wm. R. Ridd Ordinary, Th. Chaffin County. Wm. S. Shepherd Lt. Col. Com. 2nd Co. B. 2nd Regt.

Witness to and sworn by Wm. R. Ridd Ordinary of Muscogee County, Georgia, this 8th day of July 1911.

Witness to and sworn by Th. Chaffin Ordinary of Muscogee County, Georgia, this 8th day of July 1911.

JOHN R. WILKINSON
ORDINARY
AND
JUDGE COURT OF ORDINARY,
FULTON COUNTY.

Atlanta, Ga., _____ 19

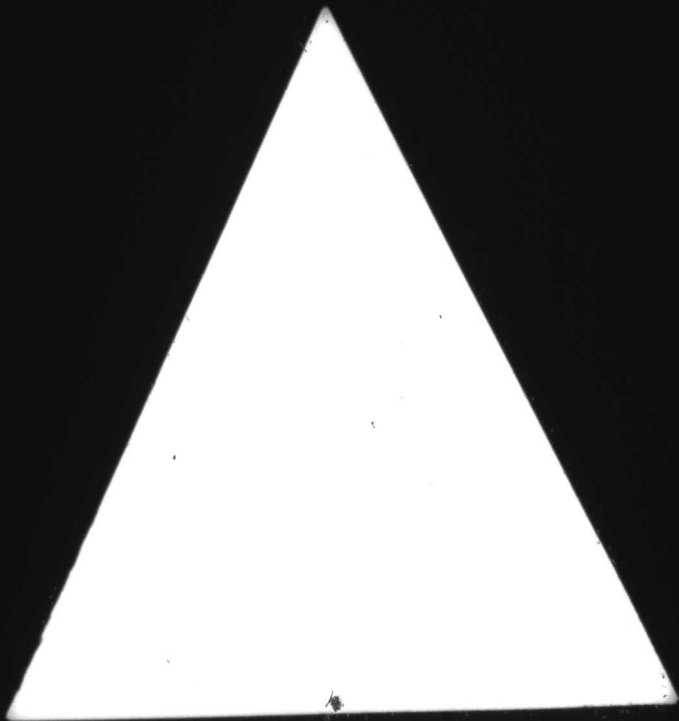
State of Georgia,
Fulton County, Personally appeared before
the undersigned Sallie H. Hoines who after being
duly sworn says, in support of her previous application
that her husband Frank Randolph Hoines was
wounded in his left knee at the battle of Chickamauga
September 1863 and suffered with rheumatism from
around the remainder of his life & caused his death when only
46 years of age. He was granted a furlough on account
of this wound and I saw him two weeks before the
surrender at home sick and believe that he was at home
sick on the day of the surrender or was on the way back to his
Company, or in the hospital.

I know this to be a fact & my nonpersonal knowledge
for I knew him all during the war—

Sallie H. Hoines
before me January 27th, 1911—
Hannah M. Anderson
Clerk Court of Ordinary
Fulton Co. Ga.

Mrs Sallie H. Hoines

Matthew M. Anderson
Allen County, Indiana
Fulton Co. Ga.



POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I,

herely authorize,

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

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

day of 1901.

[L. S.]

Executed in presence of

Henson Anne (Mac)
Tulston County

To Those Heretofore Paid.

1901.

No. 283

WIDOW'S PENSION,

For year ending February 15th, 1901.

PAID TO

Mrs. Anne Henson

of

Tulston County.

Widow of *Al Henson*

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

Jan 17

1901,

AND HANDED TO

HH

One W. Harrison, State Printer, Atlanta Ga.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Gulton

Personally Comes Mrs.

Ann Henson

who, being sworn, says on oath, that she is a bona fide resident of said County of Gulton State of Georgia, and that she has remained in said State continuously ever since Aug 17th 1865. That she is the Widow of William E. Henson who was a soldier in Company Confederate of the 2nd Regiment of Infantry Volunteers, that he enlisted in said regiment on or about the month of April 17th 1861 and served in the Army up to April 1865. That he lost his life on the 21st day of April 1865. (State here particulars of the husband's death, when, where and from what cause)

Died from wounds received
in battle at Chickamauga

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18 65

I have been allowed a pension as a resident of Gulton County for the year ending February 15th, 1 90, and now apply for the pension provided by law for the year ending February 15th, 1901.

Sworn to and subscribed before me, this

15 day of Aug, 1901.John R. Wickham Ordinary.Post Office Atlanta

State of Georgia,

County of Gulton

Ordinary of said County, certify that I am well acquainted

with Mrs. Ann Henson who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 27th day of Dec 1860.

Given under my official signature and seal, this the 15 day of Aug, 1901.

CLERK OF GEORGIA

Ordinary of Gulton County.

BOMER OF ALLOKNEY

that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she
has continuously resided in this State since the 27th day of Dec 1890

Given under my official signature and seal, this the 15 day of May 1901.



Notary

Ordinary of

Fulton

County.

STATE OF GEORGIA

POWER OF ATTORNEY

STATE OF GEORGIA

Country

hereby authorize

to receive and receipt for the person allowed and request that we remit same to

2

5

Witness my hand and seal, this

day of

150

Executed in presence of

—[L. 8]

INDIGENT PENSION

1904

JOHN W. LINDSEY

WARRANT HANDED

Ordinary will with value of Applicant, Company and Registered in Italy as indicated above.

Franklin Pierce and Stephen D. Olin, *W. Jackson*, 172

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 _____ by _____

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

190_____

[L. 8.]

Executed in presence of _____

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

COUNTY.

I, John W. Hinson, of said State and County, desiring to avail himself of the Pension Act (Section 1234, Code), hereby submit his person, 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 W. Hinson Atlanta Ga

How long and since when have you been a resident of this State? 69 years old

Lifetime

2. When and where were you born? Hawesville Tennessee Ga

4. When and where and in what company and regiment did you enlist or serve? enlisted in 28th Ga

Jeffersons Brigade Company C at Hawesville Tennessee Ga 22 July 1861

5. How long did you remain in such company and regiment? admitted continuously till

end of War discharged at Appomattox with army Jan 1865

6. When and where was your company and regiment surrendered and discharged? at Appomattox

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? Honorable discharged by Lieutenant M.D.D.

9. How much can you earn (gross) per annum by your own exertions or labor? practically nothing

10. What has been your occupation since 1865? feeding

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?" Blindness & 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? total loss of eye right

eye left caused from wound received at

at Appomattox they exploding shells wounded me as

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? had None

15. In what County did you reside during those years, and what property did you then return for taxation? None

16. How were you supported during the years 1901, 1902, 1903, 1904 and 1905? charitable assistance of board friends

17. How much did your support cost for each of the years, and what portion did you contribute thereon by your own labor or income? During that period about \$6 per week

18. What was your employment during 1901, 1902, 1903, 1904 and 1905? What pay did you receive in each year? feeding when able

19. Have you a family? If so, who supports such family? Give their means of support. Have they a home, aged, or other property? Their ages and how employed? Wife Maude Hinson (deceased)

Henry Hinson 41 Maude Hinson 38 John Hinson 13

John Hinson 10 Charles Hinson 8

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

21. Have you ever made an application for pension before? No

22. How many applications have you ever made and under what class? None

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

John W. Hinson Applicant.

John R. Wilkerson Ordinary.

John R. Wilkerson County, GA.

Ordinary, Fulton Co.

Every Question MUST Be Answered

Pension office 1671 W
Applicant must state his name and
also how he is allowed, and also
from all to be taken as he wishes to

INDIGENT PENSION.

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QUESTIONS FOR WITNESS.

STATE OF GEORGIA.

Fulton COUNTY.

Charles Collins, of said County, being presented as a witness in support of the application of J. H. Henson 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?
Fulton Ga

2. Are you acquainted with J. H. Henson, the applicant, if so how long have you known him?
Since 1861

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

4. Where, where and in what company and regiment did he serve, and how do you know?
1st Lt. James Lee Henson 2nd Inf. 1st Regt. 1861

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

6. How long did he perform regular military duty?
Feb. 1862 - 1865

7. When and where was his command surrendered?
1865 - Appomattox Va

8. Were you present when it surrendered?
Yes

9. Was applicant present?
Yes

10. If he was not present, where was he?
Saw him & talked with him

When did he leave his command?
April 1865

By what authority he left?
Surrender

How do you know all of this?
Was with him knew all the time

Was his friend in same Regt?
Yes

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?
Bad health - wounded in war in head - lost right eye

15. Is the applicant unable to support himself by labor of any sort; if so, why?
No because of age - sound - loss of eye - weakness

16. How was he supported during the years 1901, 1902, 1903, 1904 and 1905?
By my Grand Children & little Paddy

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

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

19. Who comprises family? What property have they? Children's ages and their earning capacity?
Wife & Child has nearly blind

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

Sworn to and subscribed before me, this 5th day of Sept 1906

John R. Wexler, Ordinary.

Charles Collins, Witness.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA.

Fulton COUNTY.

Personally came before me J. V. Vaughan and M. C. Martin, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully

J. H. Henson, applicant for pension under Section 1254, Code, and after

a personal examination say that his precise physical condition is as follows:

Totally blind in right eye & partially blind in left eye with deaf & wounded in head caused by explosion of shell during Civil War.

and that we have no interest in said pension being allowed.

Sworn to and subscribed before me, this 5th day of Sept 1906

John R. Wexler, Ordinary.

J. V. Vaughan and M. C. Martin, Physicians.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

Fulton COUNTY.

I, J. V. Vaughan, Ordinary, in and for said County, hereby certify

that the applicant, J. H. Henson, is entitled to said Pension, did not die before the expiration of the term of his disability, and that he is now a resident of this State, and that the witnesses, J. V. Vaughan and M. C. Martin, 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 Fulton County shows that applicant returned for taxation in his name in 1901 \$0.00 Dollars of property; in 1902 \$0.00 Dollars of property; in 1903 \$0.00 Dollars of property; in 1904 \$0.00 Dollars of property; in 1905 \$0.00 Dollars of property.

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

Witness my hand and seal of office, this 5th day of Sept 1906

John R. Wexler, Ordinary.

of Fulton County.

NOTES.

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

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

3. In every case the Ordinary must certify to the character of the witness, and as to the execution of the proof as above set out.

George Fulton County
 Personally came before me
 S J Weaver of said County
 Car Spring 4 1/2th Street Atlanta Ga
 who on oath says that he has
 been well acquainted with
 J M Henson ever since 1865 in
 July - Saw him at his home at
 that time - he had a wound on
 or near top of the head - wound it
 was made with a bullet - Defendant
 saw said Henson's Parol at that
 time and have seen it since
 about 15 years ago - Henson's
 Service in the Army has never
 been disputed before - Defendant
 has known him all along up
 to this time.

Signed to and
 Subscribed before

me Dec 14th 1908

John W. Simpson

Clerk and

Fulton Co Ga

S J Weaver

Jno. W. Linberg,
 Commissioner of Pensions,
 Atlanta, Ga.

PENSION OFFICE,

November 17 - 1908

To J W Henson

Fulton, & Atlanta Ga.

Sir:

You are hereby notified to furnish to this office on or by the 15 day
 day of December 1908, sufficient competent evidence, why you should
 not be stricken from the Indigent Pension Roll of

Fulton County, for cause stated below, preferred against you

by Mr. Charles Leasing - not appearing by affidavit
that you are not the man the length the above identifying

This evidence must be first-class, made before Ordinary of your County, clearly
 and distinctly showing, beyond doubt, your right to this Pension under the law.

The Change is - that you have
 not proven a proper claim for
 Pension -

J W Linberg
 Secy of Pension

D. W. L. M.
 1918-1919
 Applied by James and John A. Lee
 Working on the Case being brought to the
 Court by James and John A. Lee
 Case not under review at 1918-1919
 Appeal that James and John A. Lee
 Indigent James and John A. Lee
 1918-1919 and 1919 James and John A. Lee

Expenditures Applied

1918-1919

1918-1919

Expend

1918-1919

1918-1919

1918-1919
 1918-1919
 1918-1919

1918-1919

1918-1919
 1918-1919
 1918-1919

Co. of River & Ocean

Handwritten note on a piece of paper:

40-181
Wrote today
R.F.K.
Let's hang them
R.F.K.

4th After two years, no doubt instigated by the enemies of Henson, he became an enemy also,

and from malice, makes an affidavit that he was mistaken in the man, and it was another Henson he knew in the army but does not give the full name, residence or other particulars about the other Henson.

5th How could he have been mistaken in his first affidavit? He had discussed the Service and record of J M Henson often for many years, with him and with and in the presence of others whose affidavits are hereto attached.

6th Collins's first affidavit is positively corroborated by J M Henson himself, and by E L Smith as to J M Henson's Service in the army, and by declarations often made by Collins to and in presence of others, who so testify, while his affidavit that he was mistaken, is, in part, and not corroborated by any evidence, positive or circumstantial.

7th If Collins more honestly believed he was mistaken in his first affidavit, and the affidavit is true or the facts sworn to are true, then his belief that he was mistaken can not alter the truth of the facts stated in his first affidavit.

8th "Evidence to be believed must be reasonable." No doubt the Honorable Court will consider the Character of the witnesses, their interest, malice and find the preponderance of evidence and give the Defendant the benefit of any doubt as in Criminal Cases - for this is a quasi Criminal Case: it subjects him to loss of his Annual Pension; to disgrace to himself and family, to the Contempt of all his Comrades, and to a prosecution for perjury.

9th Relying upon the Justice and Equity of his Cause; the intelligence, fairness and honest judgment of the Court, who is favorable for all these virtues and from whom there is no appeal. The Defendant confidently trusts his Cause.

Georgia White County.
Personally appeared H. L. Henninger And on
Oath Says that he joined Co. "C" 34th Ga.
Regt. At the time it was Organized
in Aug. 1861. That said Company was Organ-
ized in White County Ga. And that there
was no such man in Co "C" 34th Ga.
(As J. H. Henninger. That said Company was
composed of White County men And that
there was not a Town's County man in
said Company. The following named persons
who served in Co. "C" Are still living And
now reside in White County,
James Glen. & A. P. Williams. Sanders Ga.
James J. Merritt. Cleveland Ga. Bonds #8.
P. M. Alexander. Laif Ga. J. F. West. Leo Ga.
L. C. Smith. Cleveland Ga. Bonds #1. J. H. Williams
Washington, D. C. B. C. West. Andrich. Fla.
R. G. Tate. Wm. Tate. Rome Ga. There are
others living in different States who served
in Co. "C" 34th Ga. R. J. Henninger
Sworn to And Subscribed.
before me, This March, 1887.
H. L. Brown. Ordinary White County, Ga.

Georgia Fulton County
Personally appeared before
me, S. H. Fumelrum, a Justice of the
Peace in and for said State & County,
C. C. Collins who on oath says that he
was mistaken in the man J. H. Henninger
when he signed as one of the Vouches
in order that he might draw a
Pension and since signing said
papers complaint by various old soldiers
have come to my knowledge that I must
have been mistaken in this man Henninger
and that it was a different man
by the same name that I had in my
command at the time I signed his
papers for a pension. I have carefully
investigated the matter and I find
that I was sadly mistaken in the man
and I do solemnly swear now that
he is not the J. H. Henninger that I thought
he was at the time I vouched for
him. there was a man by the same
name in my command but I am fully
convinced now that this man now claiming
a pension is not entitled to it
Sworn to and Subscribed
before me this 20th day of Feb. 1891.
S. H. Fumelrum
Shall's Collins

Sept. 24. 1869
Mrs. W. Lindsay Commissioner of Prisons
Atlanta Ga

My Dear friend

Your letter dated Feb 24th Aug.
has been read & waiting for information
about one J. M. Hanson, who claims
to have belonged to co. D. of the 54th
Ga Regt. He had only one name
W. Hanson that belonged to co. D.
of the 54th Ga Regt and he
was honorably discharged from the
Service in Sept 1868. He now lives
in White County Ga and he is a
very old man now over sixty years
that the James M. Hanson you
refer to claiming to have enlisted
in co. C. of the 54th Ga Regt
is a fraud for my old co was
co. D. and co. C. was made up
in White Co Ga I am very sure no
other James M. Hanson belonged to my
co. I suppose he is another man, ready
to finger himself to avoid a state
prison. Thus am I of my old
co. D. 54th Ga living in this
County

My Self, L. J. Ransom, W. H. Elder
E. H. Denton (Indict.) Wood
Richard Hudson News & returned
home from the prison in Atlanta
I made an affidavit as you told
me to do in regard to S. D. Murrey
but I do not yet have his last
arrest I made my affidavit before
Jesse H. Dicks in Tennessee
who was a N.P. & J.P. and I
mailed the same to you at once
but I heard nothing more about
the matter but we hear from you
and any information you desire
that I heard I will readily
inform you but I must
say in conclusion that your
case James M. Hanson seems
to be a falsehood and fraud
it by some other person who has
also done falsely.

Yours friend
J. P. Ransom

Tues Jan 4 - 8. 1868

Jos. W. Lindsey, Commissioner
Atlanta, Ga.

My Dear friend,

I made the affidavit, being one
Superior court in Hindsville.

I made the affidavit, before

Col John. H. Dade Notary Public
and City of Ga and told him
to mail them to you at once

in regard to the James M. Henson
you speak of. I. Lord, Richard,
Whaler of my old company
to make a joint affidavit with
me in regard to the only

James M. Henson that belonged
to Co. D. of the 54th Va Regt
Whaler was the only member of
our old Company present when
General Lee surrendered at -

Appomattox Court House in Va

I hope you have succeeded
in locating the James M. Henson
that claimed to belong to my old
Co. I again assure you that
no such person belonged to my old
Co. nor the 54th Va Regt.

except the old negro James
Henson, who was handsomely discharged
on account of disability in Va
and he now resides in White Co.
Ga.

With best wishes for you
and yours

I am your true friend
J. P. Crossley.

Georgia White County.

Personally appeared before the undersigned
Ordinary, James F. West, and after being
duly sworn, says that he volunteered in
Company "C" 34th La. Regiment when said
Company was first organized, and left
at once to enter the Confederate Service,
August, 24th 1861. And there was no
man in said Co. "C" by the name of
J. W. Henson, nor no such man ever during
the war, belonged to said Company, nor Regiment
that I have any knowledge of. Subscribed James F. West
to before me this March 11th 1865.
J. L. Brown, Ordinary of
White County Ga.

Georgia Fulton County
Personally came before me
Alfred L. Smith of said County
known to me to be worthy of
credit who on oath says he has
been well acquainted with
J. W. Henson of said County ever
since 1860. Deponent was member
of 1st South Carolina regulars
is now and has been on the
Indigent Pension roll of Georgia
about six years - while in the
Army saw J. W. Henson serving
in the Army in Company Co-24th
La Regiment - Saw him at Kings
ton N.C. about May 1863 - again
saw him at Culpepper Va still
in the Army about last July 1863 -
Saw him again in Sept or Oct
1864 at near Charleston S.C.
Serving in same Company and
Regiment - Saw him at the end of the
war - know while in the Army
he was wounded in the head
know he was Paroled at Crumblaw
N.C. 26th April 1865 - Deponent was
Paroled at same time
Saw him to V. Subscribed
before me July 2nd 1865.
John R. West Henson
Ordinary

E. L. Smith

Georgia Fulton County
 Personally came before me M.D.
 Vaughan - who on oath says
 he is 62 years of age - a Confederate
 Veteran & resident of said County
 1019 McDaniel Street Atlanta, Ga.
 that he has known J. W. Henson
 since 1861 - knows that said Henson
 went to the Confederate army from
 Franklin County Ga in 1862 - was
 living about 1/4 mile from him
 when he went to the army - did
 not know Elisha Chisk
 who went with Henson and
 at the same time - does not know
 whether said Chisk is living
 now or not - he was living in
 Va; last I heard of him - have
 been knowing J. W. Henson
 here in Atlanta since 1892 -
 I have no interest whatever
 in the Affairs of Henson
 I came to and
 Subscribed before

me this 30th 1908

John W. Henson

Edmund

Georgia, Towns County.

Personally appeared before me J. P. Berrong and R. F. Wheeler, both
 well known to me and who being duly sworn says on oath that they were
 both enlisted in Company "D" of the 24 Georgia Regiment in the late war
 between the states and both say that they both enlisted in said Company in
 August 1861 and both served till the year 1864 when J. P. Berrong was capt-
 ured near Madisonville, Tenn and that R. F. Wheeler served till the surrender
 and surrendered at Appomattox Court House. They both state that they knew
 James W. Henson personally well. They state that said Henson was a soldier
 in said Regiment until he was honorably discharged in Virginia and that
 he was the only Henson that ever belonged to the said Company or
 Regiment to the best of our knowledge. They further state that to the
 best of their knowledge the other Henson is a fraud. James W. Henson who
 did serve and was discharged now resides in White County, Georgia and is
 some 85 or 86 years old.

J. P. Berrong

R. F. Wheeler

Sworn to and subscribed to before
 me this 23rd day of March, 1908.

John W. Henson - N.P.

Of Towns County, Georgia.

STATE OF GEORGIA
OFFICE OF THE
COURT OF ORDINARY
WHITE COUNTY
R. L. BROWN, CLERK

Cleveland, Ga. March 4th 1909.

Hon. J. D. Lindsey,

Atlanta Ga.

Dear Col:-

Yours of 3rd Inst. received in regard to J. W. Henson, of Co. C, 24th La. I have examined the Roster of Confederate Soldiers in my Office, in which Co. C, 24th La. is recorded, & fail to find Mr. Henson's name. on same I saw Hon. B. F. Henimer, of this place and let him know who was a member of Co. "C" 34th La. He said he did not remember such a man. He also said that he did not think that Co. "C" 34th La. had a Towns County man in it he said that Co. "C" was organized in this White County and was made up of White County men. The men you want me that were in 24th La. in this County live out in the country and I don't often see them, but I will give you their address. S. S. Crumley,

Robertstown Ga.

W. V. Goff. Lynch. Ga.

STATE OF GEORGIA
OFFICE OF THE
COURT OF ORDINARY
WHITE COUNTY
R. L. BROWN, CLERK

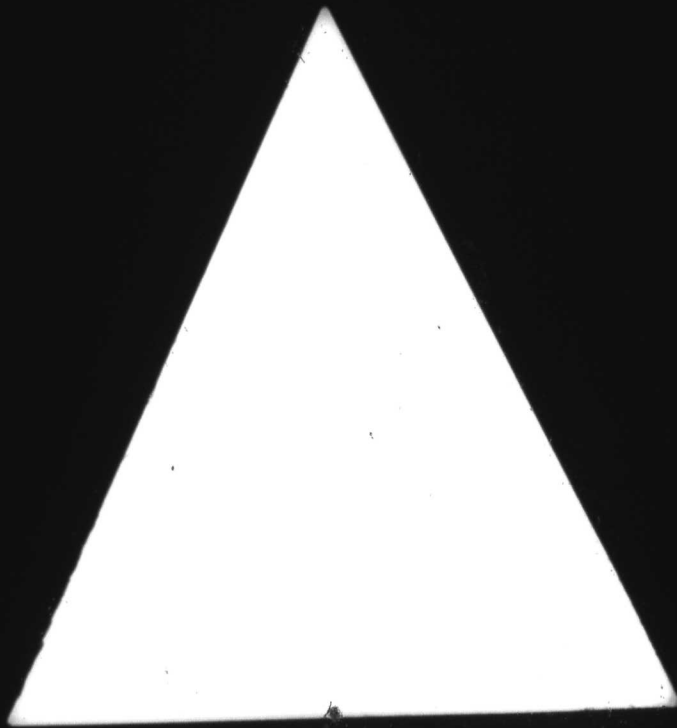
Cleveland, Ga.

190

S. C. Smith, Cleveland Ga. N. F. D. # 1.
J. M. Alexander. Leaf Ga.
I will also give you some other names.
James F. ~~W. B.~~ Co. Ga. was Lieut. in Co. "C".
A. P. Williams, Sautee, Ga.
J. J. Westmoreland, Sautee, Ga. was not in Co. "C" but belonged to 34th La. He seems to have a good recollection about the service,

Your friend
R. L. Brown, Ord.

Address. S. S. Crumley,
Robertstown Ga.
W. V. Goff. Lynch. Ga.



STATE OF GEORGIA.

Henry County.

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

GIVEN under my official signature and seal, this *2nd* day of *March*, 1892.

Ordinary.

W. H. Harrison

County.

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1891.

Name

Wm Harrison

County

Fulton

Disability

Long leg

Amount, \$

100

Entered on record

March 2

1892.

W. H. HARRISON,

W. H. Harrison

AGENT.

Applicant

STATE OF GEORGIA.

Hall County.

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

Given under my official signature and seal, this *22* day of *March* 189*2*

W. L. Harrison

Ordinary. *Hall* County.

POWER OF ATTORNEY.
STATE OF GEORGIA.

County.

Know all Men by these Presents, That I, _____ County, State of Georgia, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____ day of _____ 189*2*

Executed in the presence of us,

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

Wm Harrison
Fuller
No 321.

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1892.

Name *Wm Harrison*
County *Fuller*
Disability *don't say*
Amount \$ *100*
Entered on record *March 2*
W. H. HARRISON
No 321
AGENT.
Applicant.

Harrison William
Fuller
No 321

1893

Application for Pension
State of Georgia
Fuller
No 321
Wm Harrison
Fuller
No 321
March 2
W. H. HARRISON
No 321
AGENT.
Applicant.

STATE OF GEORGIA.
FOR APPLICANTS HEREFORE ALLOWED PENSIONS

For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA.

PERSONALLY appears William Hinson of Fulton County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of Georgia, and has been such continuously since the day of 1866; that he enlisted in the military service of the Confederate States (or, of the State of Georgia) during the war between the States, and served as a Private in Company E of 48th Regiment of Georgia Volunteers Night Brigade; that whilst engaged in such military service at the battle of Seven Pines in the State of Virginia, on the 27th day of June, 1862, he was wounded as follows: gun shot wound in the right leg and arm essentially disabling and essentially disabling and the arm has recently been amputated above the elbow

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1892. I have heretofore been allowed a pension of One Hundred Dollars for 1891.

Sworn to and subscribed before me this 2nd day of March, 1892. W. L. Latham Ordinary.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 2nd day of March, 1892.

Executed in the presence of: W. L. Latham

Send money to me as follows, by W. L. Latham to County, Georgia. P. O.

For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA.

PERSONALLY appears William Hinson 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 1866; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company E of 48th Regiment of Georgia Volunteers Night Brigade; that whilst engaged in such military service at the battle of Seven Pines in the State of Virginia, on the 27th day of June, 1862, he was wounded as follows: gun shot wound in the right leg and arm essentially disabling and essentially disabling and the arm has recently been amputated above the elbow

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1892. I have heretofore been allowed a pension of One Hundred dollars, for 1892.

Sworn to and subscribed before me, this 15th day of March, 1892. W. L. Latham Ordinary.

Here—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA.

W. L. Latham Ordinary of said County.

do certify that I am well acquainted with William Hinson 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 entitled to the amount he claims, and I know he is the individual he represents himself to be, and that he resides in this County.

I further certify that W. L. Latham is a duly qualified and sworn attorney in fact, and is authorized 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.

Given under my official signature and seal, this 15th day of March, 1892. W. L. Latham Ordinary.

STATE OF GEORGIA.
POWER OF ATTORNEY.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

I, _____ hereby authorize _____

of _____

to receive and receipt for the pension paid hereon and request that he remit same to

by _____

at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal this _____

day of _____ 1902.

21 FEBRUARY

[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 _____ 1903.

[L. S.]

Executed in presence of _____

(FOR THREE ALREADY ENROLLED.)

Fulton
No. 100
John W. Lindsey 1901
DISABLED

SOLDIER'S PENSION
1902.

John W. Lindsey
County *Fulton*
Co. *4* Regiment *11th Ga*
Disability *from right leg*
Amount, \$ *10.00*

1902.

JOHN W. LINDSEY,
Commissioner of Pensions

WARRANT DATED TO

John W. Lindsey
Sec. of State, State Prison, Atlanta.

no data

(FOR THREE ALREADY ENROLLED.)

No. *37*

DISABLED
SOLDIER'S PENSION
1903.

Name *John W. Lindsey*
County *Fulton*
Co. *4* Regiment *11th Ga*
Disability *from right leg*
Amount, \$ *10.00*

1903.

JOHN W. LINDSEY,
Commissioner of Pensions

WARRANT DATED TO

John W. Lindsey
Sec. of State, State Prison, Atlanta.

no data

STATE OF GEORGIA

FOR APPLICANTS HERETOFORE AVOIDED PENSIONS

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Bolton County,

Personally appears Wm R Robinson of Bolton County,

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 14th day of March 1844; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company 4, of 48th Regiment of Ga Volunteers, Wright's Brigade; that whilst engaged in such military service in the State of Ga, on the 27 day of June 1862, he was wounded, injured or diseased as follows:

Wounded in right leg at Battle of Seven Rivers

Deponent makes application for the pension to which he is entitled for the year ending October 30th, 1903. I have heretofore, under said law, as a resident of Chatham County, been allowed an invalid pension of One Hundred Dollars, for the year 1901.

Sworn to and subscribed before me, this 10th day of January 1903, at Post-office Wrightsville Ga

Subs.—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,

Bolton County,

I, John R. Wilkinson Ordinary of said County,

do certify that I am well acquainted with the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 13th day of June 1903

John R. Wilkinson Ordinary of said County.

Notes.—Fill all blanks and of Company and Regiment.
Beware of all vouchers and affidavits must bear date after January 1, 1904.

BOOK OF VOUCHERS

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Bolton County,

Personally appears Wm R Robinson of Bolton County,

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 14th day of March 1844; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company 4, of 48th Regiment of Ga Volunteers, Wright's Brigade; that whilst engaged in such military service in the State of Ga, on the 27 day of June 1862, he was wounded, injured or diseased as follows:

Wounded in right leg

Deponent makes application for the pension to which he is entitled for the year ending October 30th, 1903. I have heretofore, under said law, as a resident of Bolton County, been allowed an invalid pension of 100 Dollars, for the year 1902.

Sworn to and subscribed before me, this 10th day of January 1903, at Post-office Wrightsville Ga

Subs.—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,

Bolton County,

I, John R. Wilkinson Ordinary of said County,

do certify that I am well acquainted with Wm R Robinson the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 13th day of June 1903

John R. Wilkinson Ordinary of said County.

Notes.—Fill all blanks and of Company and Regiment.
Beware of all vouchers and affidavits must bear date after January 1, 1904.

BOOK OF VOUCHERS

POWER OF ATTORNEY.

STATE OF GEORGIA.

COUNTY.

I, _____ hereby authorize

of

to receive and receipt for the pension paid hereon, and request that he remit same to

by

at _____

In WITNESS WHEREOF, I have hereunto set my hand and seal, this

day of _____ 1904

[L. S.]

Executed in the presence of

POWER OF ATTORNEY.

STATE OF GEORGIA.

COUNTY.

I, _____ hereby authorize

of

to receive and receipt for the pension paid hereon, and request that he remit same to

by

at _____

In WITNESS WHEREOF, I have hereunto set my hand and seal, this

day of _____ 1905

[L. S.]

Executed in the presence of

Hinson, William H.

Fulton Co

(FOR THOSE ALREADY ENROLLED.)

DISABLED

SOLDIER'S PENSION

1904.

Name *Wm. H. Hinson*

County *Fulton*

Co. *4th Regt*

Disability *Lost Leg*

Amount, \$ *175*

Year *1904*

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Wm. H. Hinson

Wm. H. Hinson

no date

Hinson, W. H.

Fulton County

(FOR THOSE ALREADY ENROLLED.)

DISABLED

SOLDIER'S PENSION

1905.

Name *W. H. Hinson*

County *Fulton*

Co. *4th Regt*

Disability *Lost Leg*

Amount, \$ *100.00*

Year *1905*

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Wm. H. Hinson

Wm. H. Hinson

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton. County.

Personally appears *W. H. Hinson*

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 *14* day of *March* 18 *54* 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 *B*, of *48*th Regiment of *Georgia* Volunteers *Wright's* Brigade; that whilst engaged in such military service in the State of *Georgia* on the *27* day of *June* 186 *3*, he was wounded, injured or diseased as follows:

Wounded in right leg

Deponent makes application for the pension to which he is entitled for the year ending October 29th, 1904. I have heretofore, under said law, as a resident of *117* **Fulton** County, been allowed an invalid pension of _____ Dollars, for the year 1903.

Sworn to and subscribed before me, this the

day of *Jan* 1904

W. H. Hinson

Post-office

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*, *Gm* Ordinary of said County, do certify that I am well acquainted with *W. H. Hinson* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 21* 1904 day of _____ 1904.

Ordinary

W. H. Hinson

Fulton County.

Note.—Fill all blanks and of Company and Regiment.

Note.—All vouchers and affidavits must bear date after January 1, 1904.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton. COUNTY.

Personally appears *H. H. Hinson* 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 _____ 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 _____ in Company *E*, of *48*th Regiment of *Georgia* Volunteers *Wright's* Brigade; that whilst engaged in such military service in the State of *Georgia* on the *27* day of *June* 186 *3*, he was wounded, injured or diseased as follows:

Lost leg Union River, Ga.

Deponent makes application for the pension to which he is entitled for the year ending October 29th, 1905. I have heretofore, under said law, as a resident of **Fulton** County, been allowed an invalid pension of *One Hundred* Dollars, for the year 1904.

Sworn to and subscribed before me, this the

day of *JAN 2* 1905

H. H. Hinson

Post-office

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*, *Gm* Ordinary of said County, do certify that I am well acquainted with *H. H. Hinson* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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.

Ordinary

W. H. Hinson

Fulton County.

Note.—Fill all blanks and of Company and Regiment.

Note.—All vouchers and affidavits must bear date after January 1, 1905.

POWER OF ATTORNEY.

STATE OF GEORGIA.

COUNTY.

hereby authorize

of
to receive and receipt for the pension paid hereon, and request that he remit same to
by

at

In WITNESS WHEREOF, I have hereunto set my hand and seal, this

day of 1906.

[L. S.]

Executed in the presence of

GEORGIA, Fulton County.

I, John W. Lindsey, Ordinary of said county, do certify that I personally know Mrs. Mary J. Lindsey, the applicant, and that she is the lawful widow of W. W. Lindsey, and was on the Invalid Pension Roll of said Fulton county, and was paid a Pension from Fulton county for 1907, and at the time of his death on the 31st day of December 1906, there was due to him and unpaid his Pension of One hundred dollars from the State of Georgia, and I know Fulton the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 17th day of January 1907
John W. Lindsey Ordinary
Fulton County.

State of Georgia 1906
(FOR THOSE ALREADY ENROLLED.)

No.

40

DISABLED
SOLDIER'S PENSION
1906.

Name W. W. Lindsey
County Fulton
Co. A Regiment 4th Cal.
Disability Lost Leg.
Amount, \$100.00

45 1906.

JOHN W. LINDSEY

Commissioner of Pensions

WARRANT HANDED TO

17th
1907

1907

GEORGIA, _____ County.

I hereby authorize and constitute _____ of said county, my lawful attorney to collect and receipt for me in my name the Pension due me for 1907, through my deceased husband _____, who was on _____ Pension Roll and paid from _____ for 1906.

Witness my hand this _____ day of _____ 1907.

Attested before me:

Application for Pension
Due Deceased Soldier

Under Act 1881.

BY

Mrs. Mary J. Lindsey
Widow of W. W. Lindsey
of County Fulton
Co. 5 Reg't 1st Cal.

Approved and Paid

17th
1907

J. W. LINDSEY,
Commissioner of Pensions

No. 40
1907

Mrs. Mary J. Lindsey
(widow of W. W. Lindsey)

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Fulton County,

Personally appears H. H. Winson 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 14 day of March 1848; that he enlisted in the military service of the Confederate States, (or of the State of Georgia) during the war between the States, and served as a Private in Company 4th, of 48th Regiment of Volunteers Brigade; that whilst engaged in such military service in the State of va on the 27 day of June 1863 he was wounded, injured or diseased as follows:

Lost Leg. Steven Pince, va.

Deponent makes application for the pension to which he is entitled for the year ending October 29th, 1906. I have heretofore, under said law, as a resident of Fulton County, been allowed an invalid pension of Five Hundred Dollars, for the year 1906.

Sworn to and subscribed before me, this 1st day of JAN 1 1906 1906.

J. P. Winson his 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, J. P. Winson Ordinary of said County, do certify that I am well acquainted with H. H. Winson the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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. P. Winson Ordinary, Fulton County.



Note.—Fill all blanks and of Company and Regiment.
Note.—All responses and affidavits must bear date after January 1st, 1906.

APPLICATION FOR PENSIONS DUE DECEASED SOLDIER.

UNDER ACT APPROVED OCTOBER 9, 1891.

STATE OF GEORGIA, Fulton County.

Personally before me come Mrs. Angie Johnson of said county, after being duly sworn, on oath says that she is the widow of W. H. Johnson who was duly enrolled as a Private Pensioner from the county of Fulton and was paid a Pension of One hundred Dollars from Fulton county for 1906, and that the said W. H. Johnson died in Fulton county on the 3rd day of December 1906, and at the time of his death a Pension of \$100.00 was due him from Fulton county

and unpaid for 1907. Applicant further swears that she married the said W. H. Johnson on the 23rd day of June 1903, in Fulton county and State of Georgia and resided with him from date of marriage to his death as his lawful wife, and is now his dependant widow, and she asks that the Pension so due and unpaid be paid to her.

Sworn to and subscribed before me this 17th day of January 1907 John P. Winson ORDINARY Angie Johnson [L.S.]
Fulton County.

AFFIDAVIT OF WITNESS.

GEORGIA, Fulton County.

Personally before me come Lutie Hall, who on oath says that he knew W. H. Johnson while in life and that he knows Mrs. Angie Johnson the above applicant; that he knows that the said W. H. Johnson and Angie Johnson were in due form of law married in the county of Fulton in the State of Georgia on the 23rd day of June 1903, and that they resided together as husband and wife from date of marriage to the day of his death on the 3rd day of December 1906, and I now know that she is his dependant widow.

Sworn to and subscribed before me this 17th day of January 1907 John P. Winson ORDINARY Lutie Hall
Fulton County.

Note.—This form can be used by guardian of minor children where there is no widow and. Ordinary must send in all cases certified copy of marriage license attached.

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 _____

Copy Remitted 1907.
(FOR THOSE ALREADY ENROLLED)

No. _____

DISABLED
SOLDIER'S PENSION
1907.

Name, *H. H. Keim*

County, *Wilkes*

Co., *4th En*

Disability, *Lost leg*

Amount, *\$400.00*

1907.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO _____

See W. Keim, 1907 Pensions, 1907.

Notary Public, State of Georgia
FRANK E. KEILBACK



JORDAN F. BRIDGES
COUNTY ADMINISTRATOR
COUNTY CLERK

Wilmington, Ga. Feb 6 - 1907

State of Georgia, }
Chatham County, }

To whom it may concern: -

This is to certify that William H. Keim a resident of this County is a crippled ex-Confederate soldier who has for several years past drawn a pension of One hundred dollars from the State of Georgia through this office.

I do further certify that on January 25, 1898 Hon. H. L. Thrill then Ordinary of this County granted to said Keim, a soldier's license to do business in any County or municipality of the State of Georgia said license is still of force and virtue.

Mr. Keim lost his right leg in Battle of Seven Pines Va. He is entitled under the statutes of the State of Georgia to all the rights and privileges of a crippled soldier.

FRANK E. KEILBACK
Ordinary Chatham Co. Ga.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Fulton County.

Personally appears W. H. Winson of Fulton

County, State of Georgia, who, being duly sworn, says on oath that he is a free citizen and resident of said State, and has resided therein continuously ever since the day of 18; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company 4th of 4th th Regiment of Pa Volunteers, 1st Brigade; that whilst engaged in such military service in the State of Pa; on the 27 day of June, 1863, he was wounded, injured or diseased as follows:

Lost leg. River Run, Va

Deponent makes application for the pension to which he is entitled for the year ending October 30th, 1907. I have heretofore, under said law, as a resident of Fulton County, been allowed an invalid pension of One hundred Dollars, for the year 1906.

Sworn to and subscribed before me, this the day of JAN 2, 1907.

John R. Williamson

Postoffice

Born—State fully the nature of the wound or character of disease which causes the disability, and specify particularly the extent of the disability resulting from the wound or disease.

State of Georgia,

Fulton County.

I, John R. Williamson Ordinary of said County,

do certify that I am well acquainted with W. H. Winson the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1907.

John R. Williamson

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.

Winson, W. H.
Fulton

1891.

Maimed Soldiers.

Audited 1891.

COMPTROLLER GENERAL

Voucher No. 475

Amount \$ 100

Paid to W. H. Winson
for Salad Dis

July 10 1891.

Included in warrant No.

issued to Treasurer.

1891.

WARRANT-CLERK

Dec. W. Harrison, State Printer, Atlanta.

Applicant

1891.

No. 425

STATE OF GEORGIA.

EXECUTIVE DEPARTMENT. }

Atlanta, Ga. Feby 10 1891.Mr. Wm A. Kinison

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 Acts approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for

Total dist by woundHe is entitled to receive the sum of One Hundred Dollars for such disability, the same being the allowance due for the year ending October 24, 1891.

The Treasurer will pay the same and hold his receipt on this voucher and return same to Executive Department for warrant.

By the Governor,

GOVERNOR.

Dr H. Hamson

Sec'y EXECUTIVE DEPARTMENT.

\$ 100

RECEIVED OF R. U. HAMMERS, Treasurer of the State of Georgia.

One Hundred

Dollars,

per above voucher, this 10 of Feby 1891.W H Hamson