

(A) OATH OF RESIDENT WITNESSES.

(Must be signed by two residents of Applicant's City or County.)

We, J. P. Ashby  
and J. W. Brinkley  
do solemnly swear that we are residents of the County  
of Southampton, in the State of Virginia and that we  
have known personally and well for 20 years the applicant  
whose name is signed to the foregoing application for aid under the  
act of the General Assembly of Virginia, approved March 10, 1920,  
amending an act approved February 28, 1918, and that the said  
applicant is a resident of the said city or county and is a woman  
of good reputation for truth and honesty, and that we have read  
the foregoing application and the answers to the questions therein  
propounded, made by the said applicant, and verily believe that the  
said applicant has been truthful in the said statements and an-  
swers, and that from our personal knowledge we verily believe the  
said applicant is justly entitled to aid under the said act, and that  
we have no personal interest in the allowance of the applicant's  
claim.

A signature made by X mark is not valid unless attested by a  
witness.

J. P. Ashby  
J. W. Brinkley  
Resident Witnesses.

WITNESS

Subscribed and sworn to before me, a notary public  
in and for the County of Southern  
State of Virginia, this 19 day of Oct, 1921  
J. P. Ashby  
Signature of Officer.

(B) AFFIDAVIT OF COMRADES.

Certificate (B) need not be filled if husband was a pensioner.

We,  
and  
do solemnly swear that we are residents of the  
of \_\_\_\_\_ in the State of \_\_\_\_\_  
and that the applicant whose name is signed to the foregoing ap-  
plication for aid under the act of the General Assembly of Virginia,  
approved March 10, 1920, amending act approved February 28,  
1918, is personally well known to us, and that we have known  
her for \_\_\_\_\_ years, and know her to be the widow of  
\_\_\_\_\_ who was a soldier (sailor  
or marine), in the military or naval service of Virginia, or of the  
Confederate States, and that we were soldiers (sailors or marines)  
in the said service during the said war, and that we were with the  
said applicant's husband, members of the same command, and that  
to our personal knowledge he died on or about \_\_\_\_\_ day of  
\_\_\_\_\_ from the effects of \_\_\_\_\_

and that he was a true and loyal soldier in the said service and was  
faithful in the discharge of his duty, and that we have no personal  
interest in the allowance of the applicant's claim.

A signature made by X mark is not valid unless attested by a  
witness.

Comrades.

WITNESS

Subscribed and sworn to before me, a \_\_\_\_\_  
in and for the \_\_\_\_\_ of \_\_\_\_\_  
State of Virginia, this \_\_\_\_\_ day of \_\_\_\_\_, 1921  
\_\_\_\_\_  
Signature of Officer.

NOTE.—If only one comrade whose address is known to the ap-  
plicant let him make affidavit B. If no such comrade is living whose  
address is known to the applicant, then let one or more reputable  
persons who have personal knowledge of the service of the appli-  
cant's husband and of cause of his death make affidavit C.

(C) AFFIDAVIT OF WITNESSES, NOT COMRADES.

(Not Necessary when Certificate B can be filled.)

We,  
and  
do solemnly swear that we are residents of the \_\_\_\_\_  
of \_\_\_\_\_ in the State of \_\_\_\_\_  
and that we personally know, and are well acquainted with the  
applicant whose name is signed to the foregoing application, and  
who is applying for aid under the act of the General Assembly of  
Virginia, approved March 10, 1920, amending act approved Febru-  
ary 28, 1918, and that we have known the said applicant for  
\_\_\_\_\_ years, and that to our personal knowledge the said ap-  
plicant is the widow of \_\_\_\_\_  
who was a loyal and true soldier (sailor or marine), in the military  
or naval service of Virginia, or of the Confederate States, in the  
war between the States, and that on or about the \_\_\_\_\_ day of  
\_\_\_\_\_ the said applicant's husband died, and that  
they lived as husband and wife up to the date of the death of said  
husband and that we have no personal interest in the allowance of  
the applicant's claim.

A signature made by X mark is not valid unless attested by a  
witness.

Witnesses not Comrades.

WITNESS

Subscribed and sworn to before me, a \_\_\_\_\_  
in and for the \_\_\_\_\_ of \_\_\_\_\_  
State of Virginia, this \_\_\_\_\_ day of \_\_\_\_\_, 1921  
\_\_\_\_\_  
Signature of Officer.

NOTE.—If no comrade in arms or other person who has knowl-  
edge of the services of the applicant's husband and the cause of his  
death is living, whose address is known to the applicant, state that  
fact here.

(D) CERTIFICATE OF PHYSICIAN.

Physician will please read carefully the answers to questions 10,  
11 and 12, and the following certificate before filling out.

I, B. F. Applewhite, a practicing physician in  
the County of Southern, in the State of  
Virginia, do certify that I am personally acquainted with the ap-  
plicant, whose name is signed to the foregoing application for aid  
under the act of the General Assembly of Virginia, approved  
March 10, 1920, amending act approved February 28, 1918, and  
that I attended her husband B. F. Applewhite  
during his last illness, and that from my professional knowledge of  
the cause of his death I verily believe that his death resulted from  
Congestion of Liver

and that I have no personal interest in the allowance of the ap-  
plicant's claim.

Given under my hand this 7 day of Oct, 1921  
B. F. Applewhite M. D.