

(A) OATH OF RESIDENT WITNESSES

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

We, W. F. P. P. P.
and J. F. P. P. P.
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 40 years the applicant
whose name is signed to the foregoing application for aid under the
pension law, 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 answers, and that from our personal knowledge
we verily believe the said applicant is justly entitled to aid under the
law 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.

W. F. P. P. P.
J. F. P. P. P.
Resident Witnesses.

WITNESS

Subscribed and sworn to before me, Justice J. J. J.
in and for the County of Southampton
State of Virginia, this 17 day of September, 1930
W. F. P. P. P.
Signature of Officer.

(Not necessary to have this Certificate B filled out if husband was a pensioner)

(B) AFFIDAVIT OF COMRADES
(See Question No. 15 on page one)

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 appli-
cation for aid under the pension law 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 Vir-
ginia, 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 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 (sailor or marine) 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 _____, 1930

Signature of Officer.

NOTE—If no such command is living required in Certificate B whose address is known to the applicant, then let one or more reputable persons who have personal knowledge of the services of the applicant's husband make Affidavit C.

(Not necessary to have this Certificate C filled out if husband was a pensioner)

(C) AFFIDAVIT OF WITNESSES, NOT COMRADES
(Not necessary when Certificate B can be filled)

We, J. H. P. P. P.
and J. N. P. P. P.
do solemnly swear that we are residents of the County
of Southampton in the State of Virginia
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 pension law, and that we have
known the said applicant for 50 years, and that to our personal
knowledge said applicant is the widow of R. J. P. P. P.
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 7 day
of August 1928 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.

J. H. P. P. P.
J. N. P. P. P.
Witnesses not Comrades.

WITNESS

Subscribed and sworn to before me, Justice J. J. J.
in and for the County of Southampton
State of Virginia, this 17 day of Sept., 1930
W. F. P. P. P.
Signature of Officer.

NOTE—If no comrades in arms or other persons who have knowledge 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

This certificate only necessary when applicant is blind. In which case the physician should certify whether partial or total.

I, B. A. P. P. P.
a practicing physician in the County
of Southampton State of Virginia, do certify that I am
personally acquainted with the applicant and that from a personal
examination of her, I am clearly of the opinion that the nature of
her affliction is as follows:

Partial blindness due to inflammation of eye.

I have no personal interest in the allowance of the applicant's claim.

Given under my hand this 10 day of Sept.

1930

B. A. P. P. P.
M. D.