

PENSIONERS now on the ROLL are NOT required to make new application, but must file annual Certificate

# THIS APPLICATION must be filed with the Clerk of the Corporation Court of Your City or Circuit Court of Your County

## FORM No. 6

APPLICATION of a disabled Soldier, Sailor or Marine of the late Confederacy under act approved March 26, 1922, and March 10, 1928, as amended by an act approved March 24, 1930.

I, \_\_\_\_\_ do hereby apply for a pension under the provisions of the acts of the General Assembly of Virginia, relating to Confederate pensions.

I do solemnly swear that I am a citizen of the State of Virginia, and that I have been an actual resident of said State for one year next preceding the date of this application, and that I was a soldier (sailor or marine) of the Confederate States in the war between the States, and that during the said war I was loyal and true to my duty, and never at any time deserted my command or voluntarily abandoned my post of duty in the said service, and that by reason of such service and disability I am now entitled to receive a pension under the provisions of said acts. And I do further swear that I do not hold a national, State, city or county office or any position which pays me a salary or fees exceeding one thousand dollars (\$1,000.00) per annum; nor have I an income from any employment or source

whatever exceeding one thousand (\$1,000.00) dollars per annum; nor do I own in my own right, nor does any one hold in trust for my benefit or use, estate or property, either real, personal, or mixed, either in fee or for life, which yields a total income exceeding one thousand (\$1,000.00) dollars per annum, or which yields an income, which, added to my income from all other sources, exceeding one thousand (\$1,000.00) dollars per annum. I do further swear that I do not receive a pension from this or any other State, and that I am not an inmate of any soldiers home. I do solemnly swear that the answers given to the questions which I am required to answer in this application are true to the best of my knowledge and belief.

Any assessment of property does not affect the right to pension, but the gross income from all sources must not exceed \$1,000.00 per year.

1. What is your name? George Washington Barnes

2. What is your age? 73 years.

3. Where were you born? Winston County, N.C.

4. How long have you resided in Virginia? 11 (10) years

5. How long have you resided in the City or County of your present residence? 10 years.

6. In what branch of the service were you?  
68th North Carolina Regiment.  
Pvt. Company K Company.

7. Who were your immediate superior officers?  
Colonel James W. (?) Hinton  
Captain Brady Poole

8. When did you enter the service? July, 1863

9. Where did you enter the service? Winston County, N.C.

10. When and why did you leave the service?  
Did not leave service until  
was over in 1865.

11. Where do you reside? If in a city, give street address.  
Post office 706 High St. Franklin  
County of Franklin Virginia.

12. Have you ever applied for a pension in Virginia before? If so, why are you not drawing one at this time?  
no

13. What is your usual and ordinary occupation for earning a livelihood?  
Nothing for 10 years.

14. Give sources of income none

15. What is your annual income? \$ none  
NOTE.—By income is meant the total gross receipts derived by you from all crops (whether sold or used), wages and all other sources valued in dollars.

16. What is the exact nature of your disability and the cause thereof?  
Extreme deafness and  
foot eczema.

17. Are you incapacitated by such disability? Yes

18. Give the names and addresses of two comrades who served in same command with you during the war if living.

Name None living according to

Address My knowledge

Name \_\_\_\_\_

Address \_\_\_\_\_

19. Is there a camp of Confederate Veterans in your city or county? Yes

Winston-Sittelle Camp.

20. Give here any other information you may possess relating to your service or disability which will support the justice of your claim.

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

WITNESS

I, Edwards Mader, in and for the County of Franklin, in the State of Virginia, do certify that the applicant whose name is signed to the foregoing application personally appeared before me in my County of Franklin, having the aforesaid application read and carefully explained, as well as the statements and answers therein made, the said applicant made oath before me that the said statements and answers are true.

Given under my hand this 10 day of July, 1928

Signature of Officer.