

(A) AN OATH OF RESIDENT WITNESSES

We, W. H. Arthur
and R. E. L. Watkins
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 10 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 man 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 we verily believe the said applicant
is justly entitled to aid under said acts 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. H. Arthur
R. E. L. Watkins

.. Resident Witnesses: ..

WITNESS

Subscribed and sworn to before me, John P. Pelti
in and for the County of Southampton
State of Virginia, this 8th day of August, 1920
My com. expires 7/15/30

(B) AFFIDAVIT OF COMRADES

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 him for _____ years, and that we were
soldiers (sailors or marines) in the military (or naval) service of
Virginia, or of the Confederate States, and that the said applicant,
who was also a soldier (sailor or marine) in the said service during
the said war, with us, (members of the same command) and that
the said applicant was a true and loyal soldier (sailor or marine) in
the service, and was faithful in the discharge of his duty, and that
we verily believe his claim is just and that we have no personal
interest in the allowance of his claim under said act.

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

Comrades.

WITNESS

Subscribed and sworn to before me _____
in and for the _____ of _____
State of Virginia, this _____ day of _____, 19____.

Signature of Officer.

NOTE.—If no such comrade 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 and cause of his disability make affidavit G.

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

We, John P. Pelti
and W. H. Arthur
do solemnly swear that we are residents of the County
of Franklin 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 10 years, and that to our personal
knowledge the said applicant 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 was faithful
in the discharge of his duty, and that we verily believe his claim is
just, and that we have no personal interest in the allowance of his
claim under said act.

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

John P. Pelti
W. H. Arthur

Witnesses Not Comrades.

WITNESS

Subscribed and sworn to before me _____
in and for the County of Southampton
State of Virginia, this _____ day of _____, 1920.

NOTE.—If no comrade is living or other person who has knowledge of the services of the applicant and the cause of his disability is known, whose address is known to the applicant, state that fact here.

(D) CERTIFICATE OF PHYSICIAN

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

I, E. A. B. B. B. B.
a practicing physician in the Town
of Franklin State of Virginia, do certify that I am
personally acquainted with the applicant and that from a personal
examination of him, I am clearly of the opinion that the nature of
his affliction is as follows:

Deafness, which is
practically total.

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

Given under my hand this 7 day of July

E. A. B. B. B. B.
M. D.