(A) AN OATH OF RESIDENT WITNESSES	NOTE-I no such counted in living required in Ostificate B whose address
	is known to the explicant, then let one or more reputable persons who have per- sonal knowledge of the surview of the applicant and eause of his disability make affidavia C.
Wey Y K. Dr MANN	maka affidavis C.
and R. L. L. Waxerno	(C) AFFIDAVIT OF WITNESSES, NOT COMRADES
	(Not necessary when Certificate B can/be filled)
do sciemnly swear that we are residents of the	
of Allthangine, in the State of Virginia and that we	We have a second
have known personally and well for house 10 years the applicant	and W. H. Llun
whose name is signed to the foregoing application for ald under the	
pension law, and that the said applicant is a maident of the said city	do solemnly awear that we are residents of the station of the
or county and is a man of good reputation for truth and housets	of the state of Value
and that we have read the foregoing application and the answers to the questions therein propounded, made by the said applicant,	and that we personally know, and are well acquainted with, the
and verily believe that the said applicant has been truthful in the	applicant whose name is signed to the foregoing application, and
said statements and answers, and we verily believe the said applicant	who is applying for aid under the pension law, and that we have known the mid applicant for the bary and that to our personal
19 Justly entitled to aid under said acts and that we have no nerrousi	knowledge the said spplicant was a loval and tran soldily (asilor
interest in the allowance of the applicant's claim.	or marine), in the military or naval scribe of Virginia, or of the
A signatury hade by X myrk is not yild unless attested by a	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
witness.	just and that we have no personal interest in the silowance of his
+ MULTING DEL	claim under mid sct.
KUN KIN	A signature made by X mark is not valid unless strested by a
Period Without	witness,
. · Resident Witherser:	1 the second second
WITNESS	Real and the states of the sta
	non acception (
	/Witnesses for Comrades.
Subscribed and sworn to before me, a MANA	WITNESS
in and for the Chranter of Spirit Carleton	int a tration fills
State of Virginia, this	Subscribed and sworn to before me & WHARA V WAG
N. Undes Marke	in and for the Carnety of Apithan blan
May be the Standard Asignation of Stick A	
What what I is 30 The own The sure	State of Virginia, this day of 1, 1937.
	KINWAN PARTA
(B) AFFIDAVIT OF COMRADES	V A Simultare File
We,	MOTH-II as somrade a arrestor other period who had knowlides of the
	MOTE-If no comrade in arguinger other parter who has knowinges of the services of the applicant and the same of his diministry is lives, whose address is known to the applicant, state that fast here.
and	
do solemnly sweer 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	
SVILLELS (SELLETE OF IDETIMES) IN THE MINIMPLY (OF Novel) semice of	
Virginia, or of the Confederate States, and that the said applicant,	(D) CERTIFICATE OF PHYSICIAN
who was also a soldier (sallor or marine) in the said service during the said war, with us, (members of the same command) and that	This certificate only necessary when applicant is blind or deaf.
the said applicant was a true and loyal soldier (sailor or marine) in	In either case the physician should certify whether partial or total.
the service, and was faithful in the discharge of his duty and that	I & all humen
we verily believe his claim is just and that we have no personal	Thursday The second sec
interest in the allowance of his claim under said act.	a practicing physician in the
A signature made by X mark is not valid unless attested by a	of Straughter State of Virginia, do certify that I am
witness,	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:
Comrades	Deafuers, which is
	mature Tital.
WITNESS	
	• • •
	I have no personal interest in the allowance of the applicant's
Subscribed and sworn to before me a	cizim.
in and for the	and the second of the second
	Given under my hand this J day of thely
State of Virginia, thisday of	19 2 0
	Chull
Signature of Officer.	M. D.
	m , <i>D</i> .