

(A) OATH OF RESIDENT WITNESSES.

We, A. G. Broadshaw
and G. P. Whitfield
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 65 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 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 an-
swers, and that from our personal knowledge the applicant is dis-
abled, as stated in answer to questions 17 and 18, and we verily be-
lieve the said applicant is justly entitled to aid under the said act,
and that we have no personal interest in the allowance of the ap-
plicant's claim.

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

A. G. Broadshaw
G. P. Whitfield
Resident Witnesses.

WITNESS

Subscribed and sworn to before me, a Notary Public
in and for the County of Southampton
State of Virginia, this 21 day of April, 1924.
May 1924
Signature of Officer.

(B) AFFIDAVIT OF COMRADES.
(See Question No. 19 on page one.)

We, J. W. Seabell
and _____
do solemnly swear that we are residents of the County
of Southampton, in the State of Virginia
and that applicant whose name is signed to the foregoing applica-
tion for aid under the act of the General Assembly of Virginia,
approved March 10, 1920, amending an act approved February 28,
1918, is personally well known to us, and that we have known him
60 years, and that we were soldiers (sailors or
marines) in the military (or naval) service of Virginia, or of the
Confederate States, during the war between the United States and
the Confederate States, and that the said applicant, who was also
a soldier (sailor or marine) in the said service during the said war,
was, with us, members of the same command and that the said ap-
plicant was a true and loyal soldier (sailor or marine) in the ser-
vice, and was faithful in the discharge of his duty, and that we
verily believe he is disabled from the causes and in the manner
in his application stated and that his claim is just and that we
have no personal interest in the allowance of his claim under the
said act.

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

J. W. Seabell
Comrades.

WITNESS

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

NOTE.—If only one comrade whose address is known to the appli-
cant, let him make affidavit. 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 services of the appli-
cant and cause of his disability make affidavit.

(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 ap-
plicant whose name is signed to the foregoing application, and who
is applying for aid under the act of the General Assembly of Vir-
ginia, approved March 10, 1920, amending an act approved Febru-
ary 28, 1918, and that we have known the said applicant for
_____ 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 he is disabled from the
causes, and in the manner in his application set forth, and that his
claim is just, and that we have no personal interest in the allow-
ance of his claim under the said act.

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 _____, 19____.
Signature of Officer.

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

(D) CERTIFICATE OF PHYSICIAN.

Physician will please read carefully the answers to questions 17
and 18, and the following certificate before filling out.

I, R. R. R., a practicing physician in the
County of Southampton, in the State of
Virginia, do certify that I am personally acquainted with the ap-
plicant, and that from a personal examination of him I am clearly
of the opinion that he is disabled by reason of (physician will here
state SPECIFICALLY the nature of the disability and the cause
thereof, and if such disability be total, whether the applicant is de-
prived thereby of all ability to pursue his usual and ordinary occu-
pation, or any other occupation for a livelihood, and if the dis-
ability be partial, to what extent the applicant is hindered thereby
from pursuing such occupation as aforesaid. If the physician con-
siders the disability total, he will, in addition to the cause disclosed
by the examination, repeat the language underlined above).

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

Given under my hand this 21 day of April, 1924.
R. R. R. M. D.