

(A) OATH OF RESIDENT WITNESSES.

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

We, W. J. Simpson
and J. W. Jones
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 30 years the applicant
whose name is signed to the foregoing application for aid under
the act of the General Assembly of Virginia, approved March
11, 1922, amending an act approved February 28, 1918, 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 ques-
tions 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 said act, and that we have no personal interest in the allow-
ance of the applicant's claim.

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

W. J. Simpson
J. W. Jones
Resident Witnesses.

WITNESS

Subscribed and sworn to before me, a Justice of Peace
in and for the County of Southampton
State of Virginia, this 16th day of February, 1924.
C. R. Everett J.P.
Signature of Officer.

(B) AFFIDAVIT OF COMRADES.

(See Question No. 18 on page one.)

X We, None living
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 ap-
plication for aid under the act of the General Assembly of Vir-
ginia, approved March 11, 1922, amending act approved February
28, 1918, 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 Virginia, 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, members 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 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 _____, 192____

Signature of Officer.

NOTE—If only one comrade whose address is known to the applicant let
him make affidavit B. 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 service of the applicant's husband and of cause of his death
make affidavit C.

(C) AFFIDAVIT OF WITNESSES, NOT COMRADES.

(Not necessary when Certificate B can be filled.)

We, R. J. Barr
and L. B. Norham
do solemnly swear that we are residents of the County
of Southampton, in the State of va
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 act of the General Assembly
of Virginia, approved March 11, 1922, amending act approved
February 28, 1918, and that we have known the said applicant
for 50 years, and that to our personal knowledge the
said applicant is the widow of Richard H. Barr who
was a loyal and true soldier (sailor or marine), in the mili-
tary or naval service of Virginia, or of the Confederate States,
in the war between the States, and that on or about the _____
day of March, 1918, 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.

R. J. Barr
L. B. Norham
Witnesses not Comrades.

WITNESS

Subscribed and sworn to before me, a Justice of Peace
in and for the County of Southampton
State of Virginia, this 9th day of July, 1924.
C. R. Everett J.P.
Signature of Officer.

NOTE—If no comrade in arms or other person who has knowledge of
the service 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.

Physician will please read carefully the answers to questions 10,
11 and 12, and the following certificate before filling out.

I, _____, a practicing physician in the
_____ of _____, in the State of
Virginia, do certify that I am personally acquainted with the
applicant, whose name is signed to the foregoing application for
aid under the act of the General Assembly of Virginia approved
March 11, 1922, amending act approved February 28, 1918, and
that I attended her husband _____
during his last illness, and that from my professional knowledge
of the cause of his death I verily believe that his death resulted
from None living

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

Given under my hand this _____ day of _____, 192____
_____, M. D.