(A) OATH OF RESIDENT WITNESSES.	MOTE-If only one contrade whose address is known to the applicant lat him make affidavit B. If no such commade 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 eause of his death make affidavit G.
(Must be signed by two residents of Applicant's City or County.)	the amplicant, then let one or more reputable persons who have personal
We, W. L. Apinganas N	
and J. W. Jow	(C) AFFIDAVIT OF WITNESSES, NOT COMRADES.
do solemnly swear that we are residents of the Runly	(Not necessary when Certificate B can be filled.)
or anthe institute , in the State of Virginia and that we	We, R.J. Barris
have known personally and well for 30 years the applicant	and Q.L. Romham
have known personally and well for 20 years the applicant whose name is signed to the foregoing application for aid under	do solemnly gwear that we are residents of the
the act of the Goneral Assembly of Virginia, approved March 11, 1922, amending an ast approved February 28, 1918, and that	of Romansfrom in the State of Ta
The seld applicant is a resident of the seld sity or county and is	and that we personally know, and are well acquainted with the
a woman of good reputation for truth and homesty, and that we have read the foregoing application and the answers to the ques-	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
tions therein propounded, made by the said applicant, and verily balieve that the said applicant has been truthful in the said	of Virginia, approved March 11, 1928, amending act approved February 28, 1918, and that we have known the said applicant
Delive that the said applicant has been truthful in the said	
statements and answers, and that from our personal knowledge we varily believe the said applicant is justly entitled to aid under the said act, and that we have no personal interest in the allow-	for
the said act, and that we have no personal interest in the allow- ance of the applicant's claim.	is said applicant is the widow of MAA and WIJ and 20
A signature made by X mark is not valid unless attested by	who was a loyal and true soldier (sailor or marine), in the mili- tary or naval service of Virginia, or of the Confederate States,
a witness.	
2 M Shint	in the war between the States, and that on or about the
Resident Witnesses,	day of Materia [88] the said applicant's husband died,
WITNESS	and that they gived as husband and wife up to the date of the death of said husband and that we have no personal interest in
مر کم میں بند بر ایس بر بند مرد میں کہ مرکب کر میں مرکب میں اور اور میں میں میں میں میں میں میں میں در میں مرکب مرکب میں میں میں اور میں اور میں کا میں کا میں کا میں مرکب میں	the allowance of the applicant's elatm. A signature made by X mark is not valid unless attested by
Subscribed and sworn to before me, a without Piper	a witness.
in and for the Calland of fight anyton	no in a chines
II and for the share of the state of the sta	4 Darham
State of Virginia, this / le day of Filmughe, 1994	Witnesses not Comrades.
· Carconum VIII	WITNESS
Signature of Officer.	
(B) AFFIDAVIT OF COMRADES.	Subscribed and sworn to before me, a Much & Pau
X (See Question No. 18 on page one.)	
We, <u>passe liseres</u>	in and for the of the hand for
and	State of Virginia, this fiy of, 1924
do solemnly swear that we are residents of the	CK august
of, in the State of	Signations of Officer.
	NOTH-If no commute in arms or other person who has knowledge of the services of the applicant's husband and the came of his death is living, whose address is known to the applicant, state that fast here,
and that the applicant whose name is signed to the foregoing ap- plication for aid under the set of the General Assembly of Vir-	whose address is known to the applicant, state that fast here.
ginia. approved March 11, 1922, amending out approved Websherry	و و بر بر ه در بر بر از از از ها بر از
28, 1918, is personally well known to us, and that we have known	با میں بر میں میں میں میں میں میں بران کر کھی بارین اندر ایک اور کا میں اندر میں اندر میں اور میں اور میں اور ا اندر میں اندر اندر میں میں میں میں اور انداز اور ان
her foryears, and know her to be the widow of	
or maxine) in the military or name source of Marine and the	
or marine), in the military or naval service of Virginia, or of the Confederate States, and that we were soldiers (sailors or marines)	المراجع
Confederate States, and that we were soldiers (sailors or marines) in the said pervice during the sold war, and that we many with	(D) CERTIFICATE OF PHYSICIAN.
Confederate States, and that we were soldiers (saflors 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,	(D) CERTIFICATE OF PHYSICIAN. Physician will please read carefully the answers to questions 10, 11 and 12, and the following certificate before filling out.
Confederate States, and that we ware soldiers (mailors or marines) in the said service during the said war, and that we ware with the said applicant's husband, members of the same command, and that to our personal knowledge he died on or about	(D) CERTIFICATE OF PHYSICIAN. Physician will please read carefully the answers to questions 10, 11 and 12, and the following certificate before filling out.
Confederate States, and that we were soldiers (mailors 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	(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
Confederate States, and that we ware soldiers (mailors or marines) in the said service during the said war, and that we ware with the said applicant's husband, members of the same command, and that to our personal knowledge he died on or about	(D) CERTIFICATE OF PHYSICIAN. Physician will please read carefully the answere to questions 10, 11 and 12, and the following certificate before filling out. I,, a practicing physician in the Virginia, do certify that I am proceeding in the State of
Confederate States, and that we ware soldiers (millors or marines) in the said service during the said war, and that we ware 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 loval soldier in the said service and	(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 Virginia, do certify that I am personally acquainted with the applicant, where name is decade to the source of the source
Confederate States, and that we ware soldiers (millors 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 dury and that we ware and	(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 Virginia, do certify that I am personally acquainted with the applicant, where name is decade to the source of the source
Confederate States, and that we ware soldiers (millors 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 dury and that we ware and	(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 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 hushand
Confederate States, and that we ware soldiers (millors 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 dury and that we ware and	(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 Virginia, do certify that I am personally acquainted with the applicant, whose name is signed to the foregoing application for aid under the sot of the General Assembly of Virginia approved March 11, 1922, amending set approved February 28, 1918, and that I attended her husband
Confederate States, and that we ware soldiers (millors or marines) in the said service during the said war, and that we ware 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 yolid unlast at the bar	(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 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 filness, and that from my professional knowledge of the cause of his death I verily believe that his death resulted
Confederate States, and that we ware soldiers (sailors or marines) in the said service during the said war, and that we ware with the said applicant's husband, members of the same command, and that to our personal knowledge he died on or about	(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 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 filness, and that from my professional knowledge of the cause of his death I verily believe that his death resulted
Confederate States, and that we ware soldiers (millors or marines) in the said service during the said war, and that we ware with the said applicant's husband, members of the same command, and that to our personal knowledge he died on or about	(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 Virginia, do certify that I am personally acquainted with the applicant, whose name is signed to the foregoing application for aid under the sot of the General Assembly of Virginia approved March 11, 1922, amending set approved February 28, 1918, and that I attended her husband during has last filness, and that from my professional knowledge of the cause of his death I verily believe that his death result from
Confederate States, and that we ware soldiers (sailors or marines) in the said service during the said war, and that we ware with the said applicant's husband, members of the same command, and that to our personal knowledge he died on or about	(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 Virginia, do certify that I am personally acquainted with the applicant, whose name is signed to the foregoing application for aid under the sot of the General Assembly of Virginia approved March 11, 1922, amending set approved February 28, 1918, and that I attended her husband during has last filness, and that from my professional knowledge of the cause of his death I verily believe that his death result from
Confederate States, and that we ware soldiers (milors or marines) in the maid service during the said war, and that we ware with the said applicant's husband, members of the same command, and that to our personal knowledge he died on or about	(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 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 filness, and that from my professional knowledge of the cause of his death I verily believe that his death resulted
Confederate States, and that we ware soldiers (millors or marines) in the maid 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	(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, a practicing physician in the Virginia, do certify that I am personally sequainted with the applicant, whose name is signed to the foregoing application for aid under the sot of the General Assembly of Virginia approved March 11, 1922, amending set 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 varily believe that his death resulted from
Confederate States, and that we ware soldiers (sailors or marines) in the said applicant's husband, members of the same command, and that to our personal knowledge he died on or about	(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, a practicing physician in the virginia, do cartify that I am personally acquainted with the applicant, whose name is signed to the foregoing application for sid under the act of the General Aasembly of Virginia approved March 11, 1922, amending act approved February 28, 1918, and that I attended her husband during his last filmes, and that from my professional knowledge of the cause of his death I verily believe that his death resulted from
Confederate States, and that we ware soldiers (millors or marines) in the maid 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	(D) CERTIFICATE OF PHYSICIAN. Physician will please read carefully the answers to questions 10, 11 and 12, and the following certificate before filling ont. I, a practicing physician in the , a practicing physician in the , in the State of Virginia, do cartify that I am personally acquainted with the applicant, whose name is signed to the foregoing application for sid 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 filmes, and that from my professional knowledge of the cause of his death I verily believe that his death resulted from
Confederate States, and that we ware soldiers (millors or marines) in the maid applicant's husband, members of the same command, and that to our personal knowledge he died on or about	(D) CERTIFICATE OF PHYSICIAN. Physician will please read carefully the answers to questions 10, 11 and 12, and the following certificate before filling out. 1
Confederate States, and that we ware soldiers (millors or marines) in the maid 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	(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, a practicing physician in the Virginia, do cartify that I am personally acquainted with the applicant, whose name is signed to the foregoing application for sid under the act of the General Aasembly of Virginia approved March 11, 1922, amending act approved February 28, 1918, and that I attended her husband during his last filmes, and that from my professional knowledge of the cause of his death I verily believe that his death resulted from