

(A) OATH OF RESIDENT WITNESSES.
(Must be signed by two residents of Applicant's City or County.)

We, L. E. Baillie & J. W. Pittman

and
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 acts of the
General Assembly of Virginia, approved March 14, 1924, and March 13,
1926, 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 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 that
from our personal knowledge we verily believe the said applicant is justly
entitled to aid under the 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.

L. E. Baillie
J. W. Pittman
Resident Witnesses.
WITNESS _____

Subscribed and sworn to before me, a Justice of the Peace
in and for the County of Southampton
State of Virginia, this 26 day of June, 1926
M. D. Ralphy, Jr.
Signature of Officer.

(Not necessary to have this Certificate B. filled out if husband
was a pensioner.)

(B) AFFIDAVIT OF COMRADES.
(See Question No. 15 on page one.)

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 application
for aid under acts of the General Assembly of Virginia, approved March 14,
1924, and March 13, 1926, 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 knowl-
edge he died on or about _____ day of _____
from the effects of _____

and that he was a true and loyal soldier (sailor or marine) in the said serv-
ice and was faithful in the discharge of his duty, and that we have no per-
sonal 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 _____, 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's husband and cause of his death make Affidavit C.

(Not necessary to have this Certificate C. filled out if husband
was a pensioner.)

(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 applicant
whose name is signed to the foregoing application, and who is applying for
aid under acts of the General Assembly of Virginia, approved March 14,
1924, and March 13, 1926, and that we have known the said applicant
for _____ years, and that to our personal knowledge said
applicant is the widow of _____
who 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 that on or about the _____ day
of _____ 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 al-
lowance of the applicant's claim.

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 persons who has knowledge of the services
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 and 11, and
the following certificate before filling out.

If the applicant is blind, the physician shall also certify the extent,
herein.

I, Dr. B. F. B. B., a practicing physician in the
County of Southampton, 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 acts of the
General Assembly of Virginia, approved March 14, 1924, and March 13,
1926, and that I attended her husband Edgar Salathie
Barnett during his last illness, which resulted in his death.
Anterior Sclerosis + Paralysis

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

Given under my hand this 25 day of June, 1926
B. F. B. B. M. D.