

(A)

OATH OF RESIDENT WITNESSES.

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

We,, and, do solemnly swear that we are residents of the..... of....., in the State of Virginia and that we have known personally and well for..... years the applicant whose name is signed to the foregoing application for aid under the act of the General Assembly of Virginia, approved April 2, 1902, as amended, 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 act, and that we have no personal interest in the allowance of the applicant's claim.

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

Resident Witnesses.

WITNESS.....

Subscribed and sworn to before me, a..... in and for the..... of..... State of Virginia, this..... day of..... 191.....

Signature of Officer.

(B)

AFFIDAVIT OF COMRADES.

(See Question No. 10 on page one.)

We, L. J. Bishop and J. H. Channing do solemnly swear that we are residents of the County of Southampton of the State of Virginia and that the applicant whose name is signed to the foregoing application for aid under the act of the General Assembly of Virginia, approved April 2, 1902, as amended, is personally well known to us, and that we have known her for 4 1/2 years, and know her to be the widow of James T. Bishop 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 the 12 day of Oct 1915 from the effects of Paralysis.

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.

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

WITNESS.....

Subscribed and sworn to before me, a Justice in and for the County of Southampton State of Virginia, this 10th day of June 1916.

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 services 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, 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 the act of the General Assembly of Virginia, approved April 2, 1902, as amended, and that we have known the said applicant for..... years, and that to our personal knowledge the 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 allowance of the applicant's claim.

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

WITNESS.....

Witnesses, not Comrades.

Subscribed and sworn to before me, a..... in and for the..... of..... State of Virginia, this..... day of..... 191....., 191.....

Signature of Officer.

NOTE.—If no comrade in arms or other person who has knowledge of the services of the applicant's husband and of the cause of his death is living, whose address is known to the applicant, state that fact here

(D)

CERTIFICATE OF PHYSICIAN.

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

I, E. W. Lassiter a practicing physician in the Town of Rich Square 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 April 2, 1902, as amended, and that I attended her husband James T. Bishop during his last illness, and that from my professional knowledge of the cause of his death, I verily believe that his death resulted from.....

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

Given under my hand, this 1st day of July 1916.

M. D.