

(A) OATH OF RESIDENT WITNESSES.

We, S. J. Pope
and J. no. n. Seirell Sr
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 50 years the applicant whose
name is signed to the foregoing application for aid under the act of the
General Assembly of Virginia, approved February 28, 1918, as amended,
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 pro-
pounded, 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 the applicant is disabled, as stated
in answer to questions 17 and 18, and 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.
A signature made by X mark is not valid unless attested by a
witness.

S. J. Pope
J. no. n. Seirell Sr
Resident Witnesses.

WITNESS

Subscribed and sworn to before me, a Notary Public
in and for the County of Southampton
State of Virginia, this 15 day of Oct 1921
[Signature]
Signature of Officer.

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

We, P. C. Vaughan
and J. L. Barham
do solemnly swear that we are residents of the County
of Southampton, in the State of Virginia
and that the applicant whose name is signed to the foregoing applica-
tion for aid under the act of the General Assembly of Virginia,
approved February 28, 1918, is personally well known to us, and that we
have known him 25 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 appli-
cant was a true and loyal soldier (sailor or marine) in the service,
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.

P. C. Vaughan
J. L. Barham
Comrades.

WITNESS

Subscribed and sworn to before me, a Notary Public
in and for the County of Southampton
State of Virginia, this 15 day of Oct 1921
[Signature]
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 and cause of his disability 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 appli-
cant whose name is signed to the foregoing application, and who is
applying for aid under the act of the General Assembly of Virginia,
approved February 28, 1918, and that we have known the said applicant
for _____ years, and that to our personal knowledge the said appli-
cant 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 man-
ner in his application set forth, 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.

Witnesses not Comrades.

WITNESS

Subscribed and sworn to before me, a _____
in and for the _____ of _____
State of Virginia, this _____ day of _____ 19____
[Signature]
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 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 17
and 18, 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,
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 deprived thereby
of all ability to pursue his usual and ordinary occupation, or any other
occupation for a livelihood, and if the disability be partial, to what
extent the applicant is hindered thereby from pursuing such occupa-
tion as aforesaid. If the physician considers the disability total, he
will, in addition to the cause disclosed by the examination, repeat the
language underscored above).

On account of age

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

Given under my hand this _____ day of _____ 1921
[Signature]
M. D.