

(A) AN OATH OF RESIDENT WITNESSES.

We, Lora B. Payford
and Mary A. Burgess
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 fifteen 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 man 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 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 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.

Lora B. Payford
Mrs. J. M. Burgess
(Mary A.) Resident Witnesses.

WITNESS

Subscribed and sworn to before me, Notary Public
in and for the County of Southampton
State of Virginia, this 12 day of August, 1927.
J. D. Carmichael
Notary Public.

(B) AFFIDAVIT OF COMRADES.

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 him for _____ years, and that we were soldiers (sailors
or marines) in the military (or naval) service of Virginia, or of the Confed-
erate 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 applicant 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 said acts.

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 and cause of his disability make affidavit C.

(C) AFFIDAVIT OF WITNESSES, NOT COMRADES.

(Not necessary when Certificate B can be filled.)

We, Marquette M. McHenry
and Samuel H. Frazer
do solemnly swear that we are residents of the County
of Southampton, in the State of Virginia,
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 65 years, and that to our personal knowledge
the said applicant 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 manner 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 said acts.

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

Marquette M. McHenry
Samuel H. Frazer
Witnesses not Comrades.

WITNESS G. H. Carmichael

Subscribed and sworn to before me, Notary Public
in and for the County of Southampton
State of Virginia, this 12 day of Aug, 1927.
J. D. Carmichael
Notary Public.

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, B. R. Payford, a practicing physician in the
County of Southampton, in the State of
Virginia, do hereby certify that I am personally acquainted with the ap-
plicant, 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 SPECI-
FICALLY 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 living,
and if the disability be partial, to what extent the applicant is hindered
thereby from pursuing such occupation as aforesaid. If the physician
considers the disability a total, he will, in addition to the cause disclosed
by the examination, repeat the language in italics above.)

General Infirmitiy of age
Hernia and "Pahle
Leg" and entirely unable
to do anything for his
support.

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

Given under my hand this 12 day of Aug, 1927.

B. R. Payford M. D.