(A) OATH OF RESIDENT WITNESSES.

(Must be signed by two residents of Applicants City or County.)

We, Merritt L Raiford

and Robt E Brown

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 5 7 years 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 an act approved February 28, 1918, 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.

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

× Merritt L Raiford

Robt E Brown

Resident Witnesses.

WITNESS .....

.....

Subscribed and sworn to before me, a Notary in and for the County of Southampton State of Virginia, this 16 day of May, 1922.

C T Stephenson

Signature of Officer.

(B) AFFIDAVIT OF COMRADES.

(See Question No. 16 on page one)

We, Merrett L Raiford

and .....

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 application for aid under the act of the General Assembly of Virginia, approved March 11, 1922, amending act approved February 28, 1918, is personally well known to us, and that we have known her for 65 years, and know her to be the widow of John T Branch 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 10 day of January 1893 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 valid unless attested by a witness.

× Merritt L Raiford

.....

Comrades.

WITNESS .....

.....

Subscribed and sworn to before me, a Notary Public in and for the County of Southampton State of Virginia, this 16 day of May, 1922.

C T Stephenson

Signature of Officer.

My Comm Expires Jan 2, 1924

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 service 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 March 11, 1922, amending act approved February 28, 1918, 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.

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

.....

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Witness not Comrades.

WITNESS .....

.....

Subscribed and sworn to before me, a.....

in and for the ..... of .....

State of Virginia, this.....day of....., 192....

.....

Signature of Officer.

NOTE—If no comrade in arms or other person 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.

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(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, J F Boles, a practicing physician in the .....of....., 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 March 11, 1922, amending act approved February 28, 1918, and that I attended her husband John T Branch during his last illness, and that from my professional knowledge of the cause of his death I verily believe that his death resulted from Ascites

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

Given under my hand this 15 day of May, 192 2.

J F Boles M. D.