

(A) OATH OF RESIDENT WITNESSES

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

We, Marion G. Wilson  
and Mr. C. J. Stearns  
do solemnly swear that we are residents of the Town  
of Franklin, 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 the  
pension law, 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  
law 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.

Agnes C. Wilson  
Res. Agnes C. Wilson  
WITNESS Franklin Franklin

Subscribed and sworn to before me, a Notary Public  
in and for the County of Loudoun  
State of Virginia, this 14 day of March, 1931  
Notary Public Franklin Franklin  
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 \_\_\_\_\_  
in the State of \_\_\_\_\_  
and that the applicant whose name is signed to the foregoing appli-  
cation for aid under the pension law 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 Vir-  
ginia, 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 of the same command, and  
that to our personal knowledge 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 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.

WITNESS \_\_\_\_\_ Comrades.

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 persons are being required in Certificate B whose address  
is known to the applicant, then let one or more reputable persons who have per-  
sonal knowledge of the services of the applicant's husband 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 the pension law, 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 allowance of the applicant's claim.

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 \_\_\_\_\_, 19\_\_\_\_  
Signature of Officer.

NOTE—If no comrades in arms or other persons who have 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

This certificate only necessary when applicant is blind. In which  
case the physician should certify whether partial or total.

I, \_\_\_\_\_  
a practicing physician in the \_\_\_\_\_  
of \_\_\_\_\_ State of Virginia, do certify that I am  
personally acquainted with the applicant and that from a personal  
examination of her, I am clearly of the opinion that the nature of  
her affliction is as follows:

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

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_  
\_\_\_\_\_, 19\_\_\_\_

M. D.