(A)	
Was J. D. Jirguram, and C. P. Resident Witnesses.	₩
Who can be in the State of Windows and that we have the control of the state of the	wear that we are residents of the
to the foregoing application for aid under the set of the General Assembly of Virginia, approved April 2, 1902, as amended, and the control of the Control of the Control of Virginia, approved April 2, 1902, as amended, and the control of the Cont	and that the said applicant is a resident of the said city or county
to the foregoing application for aid under the act of the General Assembly of Virginia, approved April 2, 1902, as amended, and is a man of good reputation for truth and honesty, and that we have read the foregoing application and the answers and verily believe that the said applicant has been truthful in the said statements and answers, and that from our personal tions 17 and 18, and we verily believe the said applicant is justly entitled to aid under the said set, and that we have no	to use questions therein propounded, made by the said applicant knowledge the applicant is disabled as stated in anywers to ques-
	<b>A A (./3</b> <sup>-</sup>
FIA signature made by X mark is not valid unless attested by a witness. "Si	Re P. Recelle
	The state of the s
•	Of Recult
Witness	Resident Witnesses.
•••••	
this 20 day of man of man 1912.	1 Sharette
in and for the	, State of Virginia,
this 20 day of march, 1012	100 10
•	of do staller f. 0
	inglandro or Cather.
· <b>(B)</b>	
APPIDAVIT OF COMPANES	
We, Bold Steven of Standard in the State of Standard Constitution of Standard in the State of Standard Constitution of St	
Wa Bd Stevens	<b>i</b>
donte of the County of Anthony in the State of	do solumnly swear that we are resi-
the foregoing application for ski under the act of the General Assembly of Virginia, approved April 2, 1902, as amended, is	
years, and that we were soldiers (miless or marines) in the military (or naval) service of Virginia	or of the Confederate States, during the year between the Years
States and the Confederate States, and that the said applicant who was also a soldier (sailor or marine) in the said applicant who was also a soldier (sailor or marine) in the said service and that the said applicant was a true and lovel soldier (sailor or marine) in the said applicant was a true and lovel soldier (sailor or marine) in the said applicant was a true and lovel soldier (sailor or marine) in the said applicant was a true and lovel soldier (sailor or marine) in the said applicant was a true and lovel soldier (sailor or marine).	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 causes and in the manner in his application stated and that his claim is just and that we have no personal interest in the all that we have no personal interest in t	or me duty and that we verily believe he is disabled fro n the llowance of his claim under the said act.
	n wis fi-
WITNESS & now full	. 17 . L. Sleins
./	R.F. Hurris
	Comrades.
Subscribed and sworn to before me, a. Justies of the fires in and for the Bady of Jan. Line 20 day of March	Sharuddown Bloss of Vine inch
his this 20 day of march 1014	
was desired to the state of the	A de lose J. Jan.
	Signature of Officer.
• • • • • • • • • • • • • • • • • • • •	. 4 .
NOTE.—If only one commude whose address is known to applicant, let him make affidavit B. If no such commude is living whose who have personal knowledge of the services of the applicant and of cause of his disability, make affidavit C.	address is known to applicant, than let one or more reputable persons
(C)	
AFFIDAVIT OF WITNESSES, NOT COMRADES. (Not necessary when Certificate B can be filled)	
We, and	
of the	do solemnly swear that we are residents
acquainted with the applicant whose name is signed to the foregoing application, and who is applying for aid under the ac	and that we personally know, and are well
as amended, and that we have known the said applicant for	to the cold applicant was a lovel and two coldina (author control of the coldina (author)
as amended, and that we have known the said applicant for	in the discharge of his duty, and that we verily balieve he is dis-
For A signature made by X mark is not velid unless attested by a witness. 199	The same same was to the death throat the said sor.
WITNESS	
•••••••••••••••••••••••••••••••••••••••	Witnesses, not Commiles.
Subscribed and sworn to before me, ain and for the	
State of	
NOTE,—If no comrade in arms or other person who has knowledge of the services of the applicant and of the cause of his disabil here	lity is living, whose address is known to the applicant, state that fact
(D)	
CERTIFICATE OF PHYSICIAN.	
Physician will please read carefully the enswers to questions 17 and 18 and the folio	
1 / Marie ani 6/	f of of
Minio of Virginia, do rectify that I am personally acquainted with the applicant, and that from a personal examination of hi	im. I am dienrie of the control that he be the state in the
Hate of Virginia, do rectify that I am personally acquainted with the applicant, and that from a personal examination of his (physician will here state SPECIFICALLY the nature of the disability and the cause thereof, and if such disability be total pursue his usual and ordinary occupation, or any other occupation for a livelihood, and if the disability be partial such groupation as aforgaid. If the physician considers the disability total, he will, in addition to the cause disability in the cause disability in the cause disability is partially and the cause disability in the cause disability is partially and the cause disability in the cause disability is a state of the cause disability in the cause disability in the cause disability is a state of the cause disability in the cause disability is a state of the cause disability in the cause disability is a state of the cause disability in the cause disability is a state of the cause disability in the cause disability is a state of the cause disability in the cause of the cause disability is a state of the cause disability in the cause disability is a state of the cause disability in the cause disability is a state of the cause disability in the cause disability is a state of the cause disability in the cause disability is a state of the cause disability in the cause disability is a state of the cause disability in the cause disability is a state of the cause disability in the cause disability is a state of the cause disability in the cause disability is a state of the cause disability in the cause disability is a state of the cause disability in the cause disability is a state of the cause disability in the cause disability is a state of the cause disability in the cause disability in the cause disability is a state of the cause disability in the cause disability is a state of the cause disability in the cause disability in the cause disability is a state of the cause disability in the cause disability in the cause disability is a state of the cause disability in	l, whether the applicant is deprived thereby of all ability to
Ruftured and Theunistian, the tetter is due &	the examination, repeat the language underscored above)
goller in his heart. The officert is defii	
to large the state of the state	poure of of all ability
to further his where and orthing verificing or or	y other orches it for a livelihout
	<i>( ( ( ( ( ( ( ( ( (</i>
and I have no personal interest in the allowance of the applicant's claim.	
Cliven under my hand, this 26 th day of March 101 2	1
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•	1 and V 1 PM