	من الله من المراجع المنظلينية بما المنظلينية المراجع المنظلينية المراجع المنظلينية المراجع المنظلينية الم
(A) OATH OF RESIDENT WITNESSES (Must be signed by two residents of Applicant's City or County)	NOTH-If no such comrade is living required in Cartificate B whose address is known to the applicant, then let one or more reputable paraons who have par- senal knowledge of the services of the applicant's husband and cause of his death make Affdevit C.
We Clande J. Edwards	Olot necessary to have this Cartificate C filled out if husband
andR. H. Cobb	
do solemnly swear that we are residents of the GOUDLTY	(C) AFFIDAVIT OF WITNESSES, NOT COMRADES (Not necessary when Certificate B can be filled)
ofSouthampton, in the State of Virginia and that we	We, _Claude_JKdwards
have known personally and well for SO years the applicant whose name is sloned to the foresoing application for aid under acts of the	and <u>K. H. Cobb</u>
whose name is signed to the foregoing application for ald under acts of the General Assembly of Virginia, approved March 14, 1924; March 13,	
1926, and April 18, 1927, and that the said applicant is a resident of the	do solemnly swear that we are residents of the <u>COUNTy</u>
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 ap-	of Southampton in the State of Va.
swers to the questions therein propounded, made by the said applicant,	of Southampton in the State of Ya.
and verify believe that the said applicant has been truthful in the said statements and answers, and that from our personal knowledge we	whose name is signed to the foregoing application, and who is applying
verily believe the said applicant is justly entitled to aid under the said	14, 1924; March 13, 1926, and April 18, 1927, and that we have known the
acts and that we have no personal interest in the allowance of the appli-	anid applicant for <u>80</u> years, and that to our personal
tant's claim A signature made by X mark is not valid unless attested by a	to the state of the state of Edvard T. Cobb
witness Agrand Coward	mental service of Virginia, or of the Confederate States, in the war be-
Resident Witnesses.	turen the States, and that on or about the 77he day
Resident Witnesses.	of December, 1909 the suband and wife up to the date of husband died, and that they lived as husband and wife up to the date of
WITNESS	i the death of said bushered and that we have no terminal interval in the AP
WIINESS	the death of said hushand and that we have no personal interest in the ar-
Subscribed and sworn to before me, a Notary Public	A signatury fade by X mark is not valid unless attested by a
in and for the <u><u>GOUNTY</u> BULLO</u>	WILLIAM (La I Kan har h
State of Window	A signator fade by X hask is not valid unless attested by a witness.
State of Virginia, the <u>17th</u> day of <u>NOV</u> , <u>1987</u> <u>have brave</u> <u>Signature</u> of Officer.	- Munopper
man under an	
	WITNESS
(Not necessary to have this Certificate B filled out if husband	
was a pensioner)	Subscribed and sworn to before me, a Notary Public
(B) AFFIDAVIT OF COMRADES (See Question No. 15 on page one)	in and for the county Southampton
(des Question No. 15 on page one) We,	State of Vindula shis 17th and Now.
	State of Virginia, this 17the day of NOV. 1927. Tous line due of Officer.
do solamoly made that **	Stratege and your
do solemnly swear that we are residents of the	
of, in the State of and that the applicant whose named is signed to the foregoing application	NOTE-if no contrains in arms or other persons who has knowledge of the services of the gentlemat's hashand and the same of his death is living.
for aid under acts of the General Assembly of Virginia, approved March	the services of the applicant's hundred and the cause of his death is living, whose address is known to the applicant, sints that fast here.
14, 1924; March 13, 1926, and April 18, 1927, is personally well-known to	
us, and that we have known her for	:
know her to be the widow of	·
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	(D) CERTIFICATE OF PHYSICIAN
our personal knowledge he died on or aboutday of	Physician will please read carefully the answers to questions 10 and 11, and the following certificate before filling out.
, from the effects of	and the following certificate before filling out. If the applicant is blind, the physician shall also certify the extent,
	herein.
	I, <u>Ra He CObb</u> , a practicing physician in the
and that he was a true and loyal soldier (sailor or marine) in the said	COUNTY of Southempton in the State of
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.	Virginia, do certify that I am personally acquainted with the applicant,
A signature made by X mark is not valid unless attested by a	whose name is signed to the foregoing application for all under acts of
witness.	the General Assembly of Virghia, approved March 14, 1924; March
	19 1004
	13, 1926, and April 18, 1927, and that I attended her husband
	13, 1926, and April 18, 1927, and that I attended her husband
Comrades.	
Comrodes. WITNESS	
<i>Comrades.</i> WITNESS	
Conredes. WITNESS	Edward I. Cobburing his last illness, which resulted in his death.
Conredes. WITNESS	Edwared. T. Cobduring his last illness, which resulted in his death.
Comrodes. WITNESS	Edwared I. Cobduring his last illness, which resulted in his death.
Conrodes. WITNESS	Edwared II. Cobjuring his last illness, which resulted in his death.
Comrodes. WITNESS	Edwared T. Cobjuring his last illness, which resulted in his death.