

PENSIONERS now on the ROLL are NOT required to make new application, but must file annual certificate.

THIS APPLICATION must be filed with the Clerk of the Corporation Court of Your City or Circuit Court of Your County

(No application will be entertained not on the printed form.)

FORM No. 4

APPLICATION of a disabled Soldier, Sailor or Marine of the late Confederacy under acts approved March 14, 1924, and March 13, 1926.

Wickliffe J. S. Cobb
do hereby apply for a pension under the provisions of the acts of the General Assembly of Virginia, approved March 14, 1924, and March 13, 1926, relating to Confederate pensioners.
I do solemnly swear that I am a citizen of the State of Virginia, and that I have been an actual resident of said State for two years next preceding the date of this application, and that I was a soldier (sailor or marine) of the Confederate States in the war between the States, and that I am now disabled, and that from the effects of such disability I am incapacitated my command or voluntarily abandoned my post of duty in the said service, and that by reason of such service and disability I am now entitled to receive a pension under the provisions of said acts. And I do further swear that I do not hold a national, State, city or county office or any position which pays me a salary or fees which amounts to Four Hundred (\$400.00) dollars per annum; nor have I an income from any other employment or source whatever which amounts to Four Hundred (\$400.00) dollars per annum; nor do I receive from any one, nor does my wife own, nor does any one hold in trust for my wife, estate or property either real, personal, or mixed, either in fee or for life, which yields a total income which amounts to Four Hundred (\$400.00) dollars per annum, or which yields an income, which, added to my income from all other sources, amounts to as much as Four Hundred (\$400.00) dollars per annum. I do further swear that I do not receive a pension from this or any other State or from the United States, nor do I receive necessary aid from any source whatever, board and clothing excepted; and that I am not an inmate of any soldiers home. I do solemnly swear that the answers given to the questions which I am required to answer in this application are true to the best of my knowledge and belief.

All questions must be answered fully. Any assessment of property does not affect the right to pension, but the gross income from all sources must be less than \$400.00 per year.

1. What is your name? Wickliffe J. S. Cobb
2. What is your age? Eighty four years
3. Where were you born? Southampton Co., Va.
4. How long have you resided in Virginia? Since birth
5. How long have you resided in the City or County of your present residence? Since birth 84 years.
6. In what branch of the service were you?
24th Calvary (Virginia) Regiment.
5th Company.
7. Who were your immediate superior officers?
Colonel Robins
Captain William Martin
8. When did you enter the service? 1862
9. Where did you enter the service? Southampton Co.
10. When and why did you leave the service?
War ended.
11. Where do you reside? If in a city, give street address.
Postoffice Beville
County of Southampton Virginia.
12. Have you ever applied for a pension in Virginia before? If so, why are you not drawing one at this time.
No

13. What is your usual and ordinary occupation for earning a livelihood?
Farming
14. Are you following such occupation or any other occupation or employment at this time? If yes, state the nature and extent of same.
No
15. What is your annual income? \$
NOTE—By income is meant the total gross receipts derived by you from all crops (whether sold or used), wages and other sources valued in dollars.
16. How much property do you own?
Real estate \$
Personal Property \$
17. What is the exact nature of your disability and the cause thereof?
Paralysis of ...
18. Are you totally or partially incapacitated by such disability?
Totally
19. Give the names and addresses of two comrades who served in the same command with you during the war.
Name R. B. ...
Address Franklin, N. C.
Name Others dead.
Address
20. Is there a camp of Confederate Veterans in your city or county?
No
21. Give here any other information you may possess relating to your service or disability which will support the justice of your claim.
I was paralyzed in Oct. was unable to sit up until Christmas and am still unable to use arm or leg now

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

WITNESS
W. P. Morrison Clerk Circuit Court
of Southampton, in the State of Virginia, do certify that the applicant whose name is signed to the foregoing application personally appeared before me in my Court aforesaid, having the aforesaid application read to him and fully explained, as well as the statements and answers therein made, the said applicant made oath before me that the said statements and answers are true.
Given under my hand this 7 day of Feb, 1928
W. P. Morrison Clerk
Signature of Applicant: Wickliffe J. S. Cobb
Signature of Officer: W. P. Morrison