

(A) OATH OF RESIDENT WITNESSES.

We, H. B. McLinn  
and E. H. H. H. H.  
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 20 years the applicant  
whose name is signed to the foregoing application for aid under  
the act of the General Assembly of Virginia, approved March 10,  
1920, amending an act approved February 28, 1918, and that the  
said applicant is a resident of the said city or county and is a man  
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 an-  
swers, and that from our personal knowledge the applicant is dis-  
abled, as stated in answer to questions 17 and 18, and we verily be-  
lieve the said applicant is justly entitled to aid under the said act,  
and that we have no personal interest in the allowance of the ap-  
plicant's claim.

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

H. B. McLinn  
E. H. H. H.  
Resident Witnesses.

WITNESS

Subscribed and sworn to before me, a Deputy Clerk  
in and for the County of Southampton  
State of Virginia, this 26 day of Aug, 1924  
R. M. Mills, Deputy Clerk  
Signature of Officer.

(B) AFFIDAVIT OF COMRADES.  
(See Question No. 19 on page one.)

We, H. B. McLinn  
and E. H. H. H.  
do solemnly swear that we are residents of the County  
of Southampton in the State of Virginia  
and that applicant whose name is signed to the foregoing applica-  
tion for aid under the act of the General Assembly of Virginia,  
approved March 10, 1920, amending an act approved February 28,  
1918, is personally well known to us, and that we have known him

20 years, and that we were soldiers (sailor or  
marines) in the military (or naval) service of Virginia, or of the  
Confederate States, during the war between the United States and  
the Confederate States, and that the said applicant, who was also  
a soldier (sailor or marine) in the said service during the said war,  
was, with us, members of the same command and that the said ap-  
plicant was a true and loyal soldier (sailor or marine) in the ser-  
vice, and was faithful in the discharge of his duty, and that we  
verily believe he is disabled from the cause and in the manner  
in his application stated and that his claim is just and that we  
have no personal interest in the allowance of his claim under the  
said act.

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

H. B. McLinn  
E. H. H. H.  
Comrades.

WITNESS

Subscribed and sworn to before me, a J. S. Bandshy  
in and for the County of Southampton  
State of Virginia, this 26 day of Aug, 1924  
J. S. Bandshy  
Signature of Officer.

NOTE.—If only one comrade whose address is known to the appli-  
cant, let him make affidavit B. If no such comrade is living whose  
address is known to the applicant, then let one of more reputable  
persons who have personal knowledge of the services of the appli-  
cant and cause of his disability 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 ap-  
plicant whose name is signed to the foregoing application, and who  
is applying for aid under the act of the General Assembly of Vir-  
ginia, approved March 10, 1920, amending an act approved Febru-  
ary 28, 1918, and that we have known the said applicant for  
\_\_\_\_\_ years, and that to our personal knowledge the said  
applicant 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 was faithful in the discharge  
of his duty, and that we verily believe he is disabled from the  
cause, and in the manner in his application set forth, and that his  
claim is just, and that we have no personal interest in the allow-  
ance of his claim under the said act.

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

Witnesses not Comrades.

WITNESS

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 comrade in arms or other person who has knowledge  
of the services of the applicant and the cause of his disability is liv-  
ing, whose address is known to the applicant, state that fact here.

(D) CERTIFICATE OF PHYSICIAN.

Physician will please read carefully the answers to questions 17  
and 18, and the following certificate before filling out.

I, J. N. Applewhite, a practicing physician in the  
County of Southampton, in the State of  
Virginia, do certify that I am personally acquainted with the ap-  
plicant, and that from a personal examination of him I am clearly  
of the opinion that he is disabled by reason of (physician will here  
state SPECIFICALLY the nature of the disability and the cause  
thereof, and if such disability be total, whether the applicant is de-  
prived thereby of all ability to pursue his usual and ordinary occu-  
pation, or any other occupation for a livelihood, and if the dis-  
ability be partial, to what extent the applicant is hindered thereby  
from pursuing such occupation as aforesaid. If the physician con-  
siders the disability total, he will, in addition to the cause disclosed  
by the examination, repeat the language underscored above).

and that he is disabled on account  
of his age for any work

and that I have no personal interest in the allowance of the appli-  
cant's claim.

Given under my hand this 28 day of Aug, 1924  
J. N. Applewhite M. D.