

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 or Circuit Court of Your City or 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 Act Approved February 28, 1918.

I, John A. Council, do hereby apply for a pension under the provisions of the act of the General Assembly of Virginia, approved February 28, 1918, entitled, "An Act to amend and re-enact an act approved March 21st, 1914, relating to Confederate pensions."

I do solemnly swear that I am a citizen of the State of Virginia, and that I have been an actual resident of the 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 from following my usual and ordinary occupation, or any other occupation for a livelihood; and that during the said war I was loyal and true to my duty, and never, at any time deserted 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 act. And I do further swear that I do not hold any national, State, city or county office or position which pays me in salary or fee Three hundred (\$300.00) dollars per annum; nor have I an income from any other employment or any source whatever which amounts to Three hundred (\$300.00) dollars per annum; nor do I receive from any source whatever money or other means of support amounting in value to the sum of Three hundred (\$300.00) dollars per annum; nor do I own in my own right, nor does any one hold in trust for my benefit or use, 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, of the assessed value of Two thousand (\$2,000) dollars; nor do I receive any pension from any other State, or from the United States, or from any other source, and that I am not an inmate of any soldiers' home and am without necessary means of support from any source, and I do further swear that the answers given to the following questions are true:

All questions must be answered fully—be explicit.

1. What is your name? John A. Council
2. What is your age? 80 years
3. Where were you born? Southampton Co Va
4. How long have you resided in Virginia? All my life
5. How long have you resided in the City or County of your present residence? 80 years.
6. In what branch of the service were you?
Cavalry Regiment.
"C" Company.
7. Who were your immediate superior officers?
Colonel Joel R. Griffin
Captain L. G. Burham
8. When did you enter the service? Jan 1862
9. Where did you enter the service? Franklin Va
10. When and why did you leave the service?
January 1865
Discharged
11. Where do you reside? If in a city, give street address.
Postoffice 2207, Virginia
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.
Have surrendered my occupation over to my son, not being able to continue it.
15. What is your annual income? \$ 100.00
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 \$ 92.00
Personal Property \$ —
17. What is the exact nature of your disability and the cause thereof?
Old Age, and results from accident occurring a few years back
18. Are you totally or partially incapacitated by such disability?
Partially
19. Give the names and addresses of two comrades who served in the same command with you during the war.
Name Wells E. Stephenson
Address Franklin, Va
Name _____
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.
Was discharged during most of war and was in Confederate Service until discharged.

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

WITNESS

I, John A. Council, in and for the County 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 office, 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 16 day of September 1918

John A. Council Ex. in. Secy. of 1918

John A. Council
Signature of Applicant.

W. E. Stephenson H.P.
Signature of Officer.