(A) QATH OF RESIDENT WITNESSES.	MOTE
	to the applicant, then let one or more reputable parsons who have personal
We the second	HOTE.—If only one comrede whose address is known to the applicant, let im make address is known to the applicant, then let one of more reputable persons who have personal knowledge of the services of the applicant and cause of his disability make affidentit 0.
and the for the second	(C) AFFIDAVIT OF WITNESSES, NOT COMRADES. (Not necessary when Certificate B can be filled.)
do solomily gwear that we are residents of the County	We,
And T RAAM TA	
of Virginia and that we	and
have known personally and well for 120 years the applicant whose name is signed to the forenoing application for aid under the act of the	do solemnly swear that we are residents of the-
General Assembly of Virginia, approved February 28, 1018, as amended,	
and share and another a standart of the sold site or complex site is	of, in the State of
a man of good reputation for truth and honesy, and that we have read the foregoing application and the answers to the questions therein pro-	cant whose name is signed to the foregoing application, and who is applying for aid under the act of the General Assembly of Virginia,
nonnella made by the said annicent and verily believe that the said	approved February 28, 1918, and that we have known the said applicant
applicant has been truthful in the said statements and answers, and that from our personal knowledge the applicant is disabled, as stated	
that from our personal knowledge the applicant is disabled, as stated in answer to questions 17 and 18, and we verily believe the said	foryears, and that to dur personal knowledge the said appli- cant 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
applicant is justly entitled to aid under the said act, and that we have	between the States, and was faithful in the discharge of ms duty, and
A signature made by X mark is not valid unless attested by a	that we verily believe he is disabled from the causes, and in the man-
witness. Die C Juni by	ner in his application set forth, and that his claim is just, and that we have no personal interest in the allowance of his claim under the
17 0 11	and act. /
4 a stallant	A signature made by X mark is not valid unless attested by a witness.
Resident Witnesses.	ringulation with super substrays so supported at generation of the second
WITNESS	
	Winsses not Comrodes.
Subscribed and sworn to before me, a HetergRuble	WITNESS
Subscribed and sworn to before the, address the first the second state of the second s	
in and for the Consulter of Boruhamply	
State of Virginia, this 6 day of Deplember 1918	Subscribed and sworn to before me, a
O Mointernal 42	in and for theOfOfOf
Con Engine Crep 2/16 - G Signature of Officer.	State of this day of
	······································
(B) AFFIDAVIT OF COMRADES.	Signature of Officer.
(See Question No. 19 on page one.)	
We	NOTE
mailles T. Alexand	address is known to the applicant, state that fast here.
د هار این بیوران اوه موراو و بر بر ممارو و موان و و میگران مزد مار ماز بوار بیو مورد ما و و موافر و دوم هر کار از ا	ه ه داندانوه و ما هنان از دانان در باز دانان برای این این این این این این این این این ا
do solemnly swear that we are residents of the Concentry	
of Pouchrunpler in the State of the ges in a	
and that the applicant whose name is signed to the foregoing applica-	
tion for aid under the act of the General Assembly of Virginia,	(D) CERTIFICATE OF PHYSICIAN.
approved February s6, 1918, is personally well known to us, and that we	Physician will please read carefully the answers to questions 17
have known himyears, and that we were soldiers (sailors or marines) in the military (or naval) service of Virginia, or	and 18, and the following cartificate before filling out.
of the Confederate States, during the war between the United States	I, I Signed The spracticing physician in the
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,	Virginia, do sertify that I am personally acquainfad with the applicant.
was, with us, members of the same command and that the said appli-	
cant was a true and loyal soldier (sailor or marine) in the service, and was faithful in the discharge of his duty, and that we verily believe	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
he is disabled from the causes and in the manner in his application	SPECIFICALLY the nature of the disability and the cause thereof,
stated and that his claim is just and that we have no personal interest in the allowance of his claim under the said act.	and if such disability be total, whether the applicant is deprived thereby
A signature made by X mark is not valid unless attested by a	of all ability to pursue his usual and ordinary occupation, or any other occupation for a livelihood, and if the disability be partial, to what
Witness. Chil En # Tap ???	extent the applicant is hindered thereby from pursuing such occupa-
	il tion as aforessid. If the physician considers the disability total, he
والمراجعين والمراجعين بالمجراطات والمراجع وبرجار وبرجيز وبرجيز وبرجار والمراجع محاذات الأدمو ومحازية	will, in addition to the cause disclosed by the examination, repeat the language upderscored above).
Comrades.	ali age + hereit !! are inter
WITNESS	which acounted in to all
م موجوع هم المواجع بالم المان والعام الله من والع من منه من علم منه المان الما المان المان المان ال	all the second with the first second
Subscribed and sworn to before me, a Holing Peuble i	China and - Capaca
Subscribed and sworn to before me, and the second state of the sec	prosicile including
in and for the Courts of Southample	
State of Virginia this 16 day of SEAlson br n ror &	and that I have no personal interest in the allowance of the applicant's claim.
	Given under my hand this 20 May of 1915
	ii Alaan maat my mud the state state of a state the state of the state
C. T. K. C. J. P	
State of Virginia, this 16 day of September 1918 (".J.M. Signature of Officer. 7/144 in une in in Gaug S/1919	Given under my hand that the second of the s