

(A) AN OATH OF RESIDENT WITNESSES.

We, B. H. Sasse and J. W. Pulling  
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 40 years the applicant  
whose name is signed to the foregoing application for aid under acts of the  
(General Assembly of Virginia, approved March 14, 1924, and March 13,  
1926, 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 answers, and that  
from our personal knowledge the applicant is disabled, as stated in answer  
to questions 17 and 18, and we verily believe the said applicant is justly  
entitled to aid under said acts and that we have no personal interest in the  
allowance of the applicant's claim.

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

J. W. Pulling  
Resident Witnesses.

WITNESS

Subscribed and sworn to before me, a Notary Public  
in and for the County of Southampton  
State of Virginia, this 22 day of Sept, 1926  
W. J. W. B. B. Signature of Officer.

(B) AFFIDAVIT OF COMRADES.

We, \_\_\_\_\_  
do solemnly swear that we are residents of the \_\_\_\_\_  
of \_\_\_\_\_, in the State of \_\_\_\_\_  
and that the applicant whose name is signed to the foregoing application  
for aid under acts of the (General Assembly of Virginia, approved March 14,  
1924, and March 13, 1926, is personally well known to us, and that we  
have known him for \_\_\_\_\_ years, and that we were soldiers (sailors  
or marines) in the military (or naval) service of Virginia, or of the Confed-  
erate 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 applicant 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 he is disabled from the causes 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 said acts.

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

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 such comrade is living required in certificate B whose address is known to the applicant, then let one or more reputable persons who have personal knowledge of the services of the applicant and cause of his disability make affidavit C.

(C) AFFIDAVIT OF WITNESSES, NOT COMRADES.

(Not necessary when Certificate B can be filled.)

We, B. H. Sasse and J. W. Pulling  
do solemnly swear that we are residents of the County  
of Southampton in the State of Virginia  
and that we personally know, and are well acquainted with, the applicant  
whose name is signed to the foregoing application, and who is applying  
for aid under acts of the General Assembly of Virginia, approved March  
14, 1924, and March 13, 1926, and that we have known the said applicant  
for 35 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 causes, and in the manner 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 said acts.

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

J. W. Pulling  
Witnesses not Comrades.

WITNESS

Subscribed and sworn to before me, a Notary Public  
in and for the County of Southampton  
State of Virginia, this 22 day of Sept, 1926  
W. J. W. B. B. Signature of Officer.

NOTE—If no comrade is known or other person who has knowledge of the service of the applicant and the cause of his disability is living, 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, Wm. B. B., a practicing physician in the  
County of Southampton, in the State of  
Virginia, do hereby 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 SPECI-  
FICALLY the nature of the disability and the cause thereof, and if such  
disability be total, whether the applicant is deprived thereby of all ability to  
pursue his usual and ordinary occupation, or any other occupation for a living,  
and if the disability be partial, to what extent the applicant is hindered  
thereby from pursuing such occupation as aforesaid. If the physician  
considers the disability a total, he will, in addition to the cause disclosed  
by the examination, repeat the language in italics above.)

Old age. Total disability, and the  
applicant is deprived thereby of all  
ability to pursue his usual and ordinary  
occupation or any other occupation for  
a livelihood.

and that I have no personal interest in the allowance of the applicant's claim.

Given under my hand this 22 day of Sept, 1926  
W. B. B. M. D.