

(A) OATH OF RESIDENT WITNESSES.

(Must be signed by two residents of Applicant's City or County.)

We, E. R. Bryant
and W. H. Baird

do solemnly swear that we are residents of the County
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 woman
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 we verily believe the
said applicant is justly entitled to aid under the said act, 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.

E. R. Bryant
W. H. Baird
Resident Witnesses.

WITNESS

Subscribed and sworn to before me, a Notary Public
in and for the County of Southampton
State of Virginia, this 12 day of Oct, 1921
E. B. Beaton
My Commission expires Jan. 25, 22 Signature of Officer.

(B) AFFIDAVIT OF COMRADES.

Certificate (B) need not be filled if husband was a pensioner.

We, _____
and _____

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 ap-
plication for aid under the act of the General Assembly of Virginia,
approved March 10, 1920, amending act approved February 28,
1918, is personally well known to us, and that we have known
her for _____ years, and know her to be the widow of

_____, who was a soldier (sailor
or marine), in the military or naval service of Virginia, or of the
Confederate States, and that we were soldiers (sailors or marines)
in the said service during the said war, and that we were with the
said applicant's husband, members of the same command, and that
to our personal knowledge he died on or about _____ day of
_____ from the effects of _____

and that he was a true and loyal soldier in the said service and was
faithful in the discharge of his duty, 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.

Comrades.

WITNESS

Subscribed and sworn to before me, a _____
in and for the _____ of _____
State of Virginia, this _____ day of _____, 1921

Signature of Officer.

NOTE.—If only one comrade whose address is known to the ap-
plicant let him make affidavit B. If no such comrade is living whose
address is known to the applicant, then let one or more reputable
persons who have personal knowledge of the service of the appli-
cant's husband and of cause of his death make affidavit C.

(C) AFFIDAVIT OF WITNESSES, NOT COMRADES.

(Not Necessary when Certificate B can be filled.)

We, Joseph R. Bryant
and _____

do solemnly swear that we are residents of the County
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 the act of the General Assembly of
Virginia, approved March 10, 1920, amending act approved Febru-
ary 28, 1918, and that we have known the said applicant for
20 years, and that to our personal knowledge the said ap-
plicant is the widow of Robert E. Bryant

who 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 that on or about the 15 day of
April 1886 the said applicant's husband died, and that
they lived as husband and wife up to the date of the death of said
husband 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.

Joseph R. Bryant
William H. Bowler
Witnesses not Comrades.
WITNESS A. M. White

Boykin, Va.
Subscribed and sworn to before me, a Notary Public
in and for the County of Southampton
State of Virginia, this 14 day of Oct, 1921

H. Sidney Fennell
Signature of Officer.

NOTE.—If no comrade in arms or other person who has knowl-
edge of the services of the applicant's husband and the cause of his
death 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 10,
11 and 12, and the following certificate before filling out.

I, _____, a practicing physician in
the _____ of _____, in the State of
Virginia, do certify that I am personally acquainted with the ap-
plicant, whose name is signed to the foregoing application for aid
under the act of the General Assembly of Virginia, approved
March 10, 1920, amending act approved February 28, 1918, and
that I attended her husband _____
during his last illness, and that from my professional knowledge of
the cause of his death I verily believe that his death resulted from

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

Given under my hand this _____ day of _____, 1921

M. D.