## (A) OATH OF RESIDENT WITNESSES.

We, D. T. Prince

and E. Frank Story (E. Frank Story)

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 25 years the applicant whose name is signed to the foregoing application for aid under the act of the General Assembly of Virginia, approved March 14, 1924, 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 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.

D. T. Prince

E. Frank Story

*Resident Witness*

WITNESS _____

Subscribed and sworn to before me, a Notary Public

in and for the County of Southampton

State of Virginia, this 7th day of April 19 25

Geo. C. Parker, Jr.

*Signature of Officer.*

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

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 application for aid under the act of the General Assembly of Virginia, approved March 14, 1924, is personally well known to us, and that we have known him _____ years, and that we were soldiers (sailors or marines) in the military (or naval) service of Virginia, or of 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 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 the said act.

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 only one comrade whose address is known to the applicant, 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 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, _____

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 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 14, 1924, 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 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 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 living, whose address is known to the applicant, state that fact here.

none known

## (D) CERTIFICATE OF PHYSICIAN.

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

I, A. P. Hutchin, a practicing physician in the county of Southampton, in the State of Virginia, do certify that I am personally acquainted with the applicant, 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 deprived thereby 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 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 disclose by the examination, repeat the language in italics above.)

defective vision & general breakdown, due to advanced age. Disability is total and he 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 3rd day of April, 1925

A. P. Hutchin M. D.