

 The Applicant must read or have read to her, every word in this Application.

PENSIONERS new on the ROLL are NOT required to make new applications, but must file annual certificates.

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. 3.

APPLICATION of a Widow of a Soldier, Sailor or Marine of the late Confederacy
Under Act of April 2, 1902, as amended.

I, Ann L. B. Smith, do hereby apply for a pension under the provisions of the act of the General Assembly of Virginia, approved April 2, 1902, as amended, entitled "An act to aid the citizens of Virginia who were disabled by wounds received during the war between the States while serving as soldiers, sailors, or marines of Virginia, and such as served during the said war as soldiers, sailors, or marines of Virginia, who are now disabled by disease contracted during the war, or by the infirmities of age, and the widows of soldiers, sailors, or marines of Virginia who lost their lives in said service, or whose death resulted from wounds received or disease contracted in said service, and providing penalties for violating the provisions of this act." 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, and of

the city or county of my present residence for one year next preceding the date of this application, and that I am the widow of John B. Smith who was a soldier (sailor or marine) in the service of the Confederate States in the war between the States, and that, to the best of my knowledge, during the said war my husband was loyal and true to his duty, and never, at any time, deserted his command or voluntarily abandoned his post of duty in the said service, and that I was never divorced from my said husband, and that I never voluntarily abandoned him during his life, but remained his true, faithful, and lawful wife up to the date of his death, and that I am a widow at the date of making this application, and that 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 position or office, either national, State, city or county, which pays me in salary or fees Two Hundred (\$200.00) dollars per annum; nor have I an income from any other employment or source whatever which amounts to Two Hundred (\$200.00) dollars per annum; nor do I receive from any source whatever, money or other means of support amounting in value to the sum of Two Hundred (\$200.00) dollars per annum nor do I own in my own right, nor does any one hold in trust for my benefit or use estate or property, either real, personal, or mixed, either in fee or for life, of the assessed value of Seven Hundred and Fifty (\$750.00) dollars; nor do I receive any aid or pension from any other State, or from the United States, or from any other source, and that I am without means of support, either direct or indirect; 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? Ann L. B. Smith
2. What is your age? Twenty-eight years.
3. Where were you born? Southampton County, Virginia
4. How long have you resided in Virginia? My whole life
5. How long have you resided in the City or County of your present residence? 7 1/2 years.
6. Where do you reside? If in a city, give street address.
Post-office Smiths Station
County of Southampton, Virginia.
7. With whom do you reside?
Alone
8. What was your husband's full name?
John B. Smith
9. When, where and by whom were you married?
When? Nov. 1864
Where? Southampton County, Virginia
By whom? Rev. J. B. Smith
10. When and where did your husband die?
Nov. 1864, Southampton County, Virginia
11. What was the cause of his death?
Wounds received in battle
12. Give name and address of physician who attended your husband at the time of his death.
Name Dr. J. B. Smith
Address Southampton County, Virginia
See Certificate "D."
13. Have you married since the death of your said husband? If yes, give full particulars.
No
14. In what branch of the army did your husband serve?
Regiment
Company

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

WITNESS

I, John B. Smith, 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 her 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 19th day of November, 1912.

15. Who were his immediate superior officers?
Colonel Gen. M. M. Davis
Captain E. M. B. Smith Wm. Hood first captain
16. Give the names and addresses of two comrades who served in the same command with your husband during the war.
Name John B. Smith
Address Southampton County, Virginia
Name John B. Smith
Address Southampton County, Virginia
See Certificate "B."
17. Give the names and addresses of two persons who are familiar with the circumstances of your husband's service and death.
Name H. K. Williams
Address Southampton County, Virginia
Name J. D. Brown
Address Southampton County, Virginia
See Certificate "C."
18. What assistance do you receive, and what income have you from all sources?
None
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.
19. How much property do you own?
Real Estate \$400.00
Personal Property \$50.00
20. Was your husband on the pension roll of Virginia? If yes, in what county or city was his pension allowed?
No
21. Have you ever applied for a pension in Virginia before? If yes, why are you not drawing one at this time?
No
22. Is there a camp of Confederate Veterans in your city or county?
No
23. Give here any other information you may possess relating to the service of your husband or the cause of his death which will support the justice of your claim.
None

(Signature of Applicant.)

Signature of Officer.