

(A) OATH OF RESIDENT WITNESSES  
(Must be signed by two residents of Applicant's City or County)

We, P. H. [unclear]  
and [unclear]  
do solemnly swear that we are residents of the District  
of [unclear], 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 acts of the  
General Assembly of Virginia, approved March 14, 1924; March 13,  
1926, and April 18, 1927, 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 an-  
swers 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 we  
verily believe the said applicant is justly entitled to aid under the said  
acts and that we have no personal interest in the allowance of the appli-  
cant's claim.

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

[Signature]  
[Signature]  
Resident Witnesses.

WITNESS \_\_\_\_\_

Subscribed and sworn to before me, a \_\_\_\_\_  
in and for the \_\_\_\_\_ of \_\_\_\_\_  
State of Virginia, this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.  
[Signature]  
Signature of Officer.

(Not necessary to have this Certificate B filled out if husband  
was a pensioner)

(B) AFFIDAVIT OF COMRADES  
(See Question No. 15 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 acts of the General Assembly of Virginia, approved March  
14, 1924; March 13, 1926, and April 18, 1927, 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 (sailor or marine) 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.

[Signature]  
[Signature]  
Comrades.

WITNESS \_\_\_\_\_

Subscribed and sworn to before me a \_\_\_\_\_  
in and for the \_\_\_\_\_ of \_\_\_\_\_  
State of Virginia, this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.  
[Signature]  
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 per-  
sonal knowledge of the services of the applicant's husband and cause of his  
death make Affidavit C.

(Not necessary to have this Certificate C filled out if husband  
was a pensioner)

(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 acts of the General Assembly of Virginia, approved March  
14, 1924; March 13, 1926, and April 18, 1927, and that we have known the  
said applicant for \_\_\_\_\_ years, and that to our personal  
knowledge said applicant is the widow of \_\_\_\_\_  
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 be-  
tween the States, and that on or about the \_\_\_\_\_ day  
of \_\_\_\_\_, 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 al-  
lowance of the applicant's claim.

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

[Signature]  
[Signature]  
Witnesses not Comrades.

WITNESS \_\_\_\_\_

Subscribed and sworn to before me, a \_\_\_\_\_  
in and for the \_\_\_\_\_ of \_\_\_\_\_  
State of Virginia, this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.  
[Signature]  
Signature of Officer.

NOTE—If no comrade in arms or other persons who has knowledge 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 and 11,  
and the following certificate before filling out.

If the applicant is blind, the physician shall also certify the extent,  
herein.

I, J. M. Blaud, a practicing physician in the  
County of Southampton, in the State of  
Virginia, do certify that I am personally acquainted with the applicant,  
whose name is signed to the foregoing application for aid under acts of  
the General Assembly of Virginia, approved March 14, 1924; March  
13, 1926, and April 18, 1927, and that I attended her husband Joe  
Francis, during his last illness, which resulted in his death.

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

Given under my hand this 7 day of Nov., 1927  
J. M. Blaud M. D.