

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

We, W. Washington  
and J. D. Baker  
do solemnly swear that we are residents of the \_\_\_\_\_  
of \_\_\_\_\_, in the State of Virginia and that we  
have known personally and well for \_\_\_\_\_ 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 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 answers, 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.

WITNESS W. T. B. Smith Resident Witnesses.  
J. D. Baker

Subscribed and sworn to before me, a Notary Public  
in and for the County of Stafford  
State of Virginia, this 17 day of December, 1924.  
Winton Thomas Smith  
My Comm. Expires March 25, 1928. Signature of Officer. N.P.

(B) AFFIDAVIT OF COMRADES.  
(See Question No. 18 on page one.)

I, J. D. Baker  
and \_\_\_\_\_  
do solemnly swear that we are residents of the \_\_\_\_\_  
of Stafford, in the State of Virginia,  
and that the applicant whose name is signed to the foregoing appli-  
cation 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 her for 60 years, and know her to be  
the widow of Geo. J. Gray, 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 March, from the effects  
of Heart Trouble.

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 per-  
sonal interest in the allowance of the applicant's claim.

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

WITNESS J. D. Baker Comrades.  
W. T. B. Smith

Subscribed and sworn to before me, Notary Public  
in and for the County of Stafford  
State of Virginia, this 17 day of December, 1924.  
Winton Thomas Smith  
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 knowl-  
edge of the services of the applicant's husband and cause of his death make  
affidavit C.

(C) AFFIDAVIT OF WITNESSES, NOT COMRADES.  
(Not necessary when Certificate B can be filed.)

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 ap-  
plicant whose name is signed to the foregoing application, and who  
is applying for aid under the act of the General Assembly of Vir-  
ginia, approved March 14, 1924, and that we have known the said ap-  
plicant for \_\_\_\_\_ years, and that to our personal knowl-  
edge 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 between 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 allowance of the applicant's claim.

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

WITNESS \_\_\_\_\_  
\_\_\_\_\_ Witnesses not Comrades.

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'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, \_\_\_\_\_, 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  
14, 1924, and that I attended her husband \_\_\_\_\_  
during his last illness, which resulted into his death.

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

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.  
\_\_\_\_\_  
M. D.