

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

PENSIONERS now on the ROLL are NOT required to make new application, but must file annual Certificate.

# THIS APPLICATION must be filed with the Clerk of the Corporation Court of Your City or Circuit Court of Your County

(No application will be entertained not on the printed form.)

## FORM No. 5

APPLICATION of a widow of a Soldier, Sailor, or Marine of the late Confederacy under acts approved March 14, 1924, and March 18, 1926,

March 14, 1924 and March 18, 1926, relating to Confederate pensions. 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 next preceding the date of this application, and that I am the widow of \_\_\_\_\_ who was a soldier (sailor or marine) in the service of the Confederate States in the year between 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 loyal wife up to the time 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 acts. I do further swear that I do not hold a national, State or county office, which pays a salary or fee amounting to four hundred dollars (\$400.00) per annum, nor have I income from any source whatever which amounts to four hundred dollars (\$400.00) per annum, nor do I receive from any source whatever money, amounting in value to four hundred dollars (\$400.00) per annum; nor do I own in my own right, nor in trust held in trust for my own benefit, estate or property, either real, personal or mixed in fee or for life, which yields a total income which amounts to four hundred dollars (\$400.00) per annum, or which yields an income which, added to my income from all other sources, amounts to as much as four hundred dollars (\$400.00) per annum. I do further swear that I do not receive a pension from this or any other State or from the United States, nor do I receive necessary aid from any source, board and clothing exempted. I do solemnly swear that the answers given to the questions which I am required to answer in this application are true to the best of my knowledge and belief.

All questions must be answered fully. Widows married after December 31, 1866, are not entitled to pensions.

Any assessment of property does not affect the right to pension, but the gross income from all sources must be less than \$400.00 per year. Certificates under B, C, E and F not necessary if husband was pensioner.

1. What is your name? Margaret Ellen Griffin

2. What is your age? 78

3. Where were you born? Southampton County

4. How long have you resided in Virginia? 78 yrs

5. How long have you resided in the City or County of your present residence? 78 years.

6. Where do you reside? If in a city, give street address.  
Postoffice Courtland

7. County of Southampton Virginia.

8. With whom do you reside?  
W. Edwards

9. What was your husband's full name?  
John Henry Griffin

10. When, where and by whom were you married?  
When? April 16 1884  
Where? Southampton County  
By whom? Rev. Miles Reed

11. When and where did your husband die?  
Aug 31 1904 Southampton County

12. What was the cause of his death?

13. Have you married since the death of your husband? If yes, give full particulars.  
No

14. In what branch of the army did your husband serve? Company A Heavy Artillery 18th Battalion Regiment. Company.

14. Who were his immediate superior officers?  
Colonel \_\_\_\_\_  
Captain Prebrow

15. Give the names and addresses of two comrades who served in the same command with your husband during the war. (Not necessary if your husband was a pensioner.)  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_

16. What assistance do you receive, and what income have you from all sources? \$115.00 year

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.

17. How much property do you own?  
Real estate, \$ None  
Personal property, \$ 2913.22

18. Was your husband on the pension roll of Virginia? If yes, in what county or city was his pension allowed?  
No

19. Have you ever applied for a pension in Virginia before? If yes, why are you not drawing one at this time?  
No

20. Is there a camp of Confederate Veterans in your city or county?  
Yes

21. 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

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

WITNESS

I, C. S. Dowell Attorney at Law in and for the Southampton 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 County 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 29 day of March, 1928.  
C. S. Dowell  
My Commission Expires Feb 1 1928 Signatures of Officer.

Margaret Ellen Griffin  
Signatures of Applicant.