

**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 act approved March 14, 1924.**

I, Alice Rebecca Hill, do hereby apply for a pension under the provisions of the act of the General Assembly of Virginia, approved March 14, 1924, 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 Samuel William Hill who was a soldier (sailor or marine) in the service of the Confederate States in the War between the States, and that I was married to him on or before December thirty-first eighteen hundred and eighty-two (December 31, 1882, and 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 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 act. I do further swear that I do not hold a national, State or county office, which pays a salary or fees amounting to three hundred dollars (\$300.00), per annum, nor have I income from any source whatever which amounts to three hundred dollars (\$300.00) per annum; nor do I own in my own right, nor is there held in trust for my own benefit, estate or property other real, personal or mixed in fee or for life, which yields a total income which amounts to three hundred dollars (\$300.00) per annum, or which yields an income which, added to my income from all other sources, amounts to as much as three hundred dollars (\$300.00) 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 excepted. 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, 1882, 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 \$300.00 per year.

1. What is your name? Mrs. Alice Rebecca Hill
2. What is your age? 70
3. Where were you born? Northampton, Co. N.C.
4. How long have you resided in Virginia? 47
5. How long have you resided in the City or County of your present residence? 47 years.
6. Where do you reside? If in a city, give street address.  
Postoffice Blacksburg  
County of Southampton Virginia
7. With whom do you reside? L. R. Stacy
8. What was your husband's full name? Samuel William Hill
9. When, where and by whom were you married?  
When? December 6, 1877  
Where? Northampton County, N.C.  
By whom? Rev. B. B. Lumsden
10. When and where did your husband die? August 27, 1895, Southampton Co. Va.
11. What was the cause of his death? Typhoid Fever
12. Have you married since the death of your husband? If yes give full particulars. No
13. In what branch of the army did your husband serve?

Regiment

Co. B. 15th Battalion N.C. Cavalry Company

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

WITNESS

I, John Murray Hill Notary Public 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 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 1st day of July, 1924

14. Who were his immediate superior officers?  
Colonel J. M. Mays  
Captain J. B. Holliday
  15. Give the names and addresses of two comrades who served in the same command with your husband during the war.  
(See Certificate "B.")  
Name John T. Parkley  
Address Blacksburg, N.C.  
Name S. T. Stephenson  
Address Blacksburg, N.C.
  16. Give the names and addresses of two persons who are familiar with the circumstances of your husband's service and death.  
(See Certificate "C.")  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_
  17. 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.
18. How much property do you own?  
Real estate, \$ None  
Personal property, \$ None
  19. Was your husband on the pension roll of Virginia? If yes in what county, or city was his pension allowed?  
No
  20. Have you ever applied for a pension in Virginia before? If yes, why are you not drawing on it at this time?  
No
  21. Is there a camp of Confederate Veterans in your city or county?  
No
  22. 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.

Mrs. Alice Rebecca Hill  
Signature of Applicant.

John Murray Hill  
Signature of Officer.