(A) OATH OF RESIDENT WITNESSES. (Must be signed by the foregoing of County.) We, and do solemnly swear that we are residents of the foregoing and that we have known personally and well for foregoing application for aid under the act of the General Assembly of Virginia, approved March 11, 1922, amending an act approved February 28, 1918, 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 owner.	MOTE.—If only one somethe whose address is known to the applicant let him make address is line made address is known to the spolleaut, them let one or more reputable persons who have personal instruction of the service of the applicant's instant and of earns of his death make address. (O) AFFIDAVIT OF WITNESSES, NOT COMRADES. (Not necessary when Certificate B can be filled.) We, and h. do solamnly swear that we are residents of the
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 verify believe that the said applicant has been truthful in the said statements and answers, and that from our personal knowledge we verify 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.	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 the act of the General Assembly of Virginia, approved March 11, 1923, amending act approved February 28, 1918, and that we have known the said applicant for
WITNESS Subscribed and sworn to before me, a first of in and for the Larright of Jerthanfiles.	day of the condition 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 inlid unless attested by a witness.
State of Virginia, this	Witness not Comrades. WITNESS Subscribed and sworn to before me, a
do solemnly swear that we are residents of the	NOTE—If no comrade in arms or other person who has knowledge of the services of the applicant's husband and the errors of his death is living, whose address is known to the applicant, state that fact here.
or marine), in the military or naval service of Virginia, or of the Compederate States; and that we were soldiers (sailors or marines) in the said service marines 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.	(D) CERTIFICATE OF PHYSICIAN. Physician will please road carefully the emergers to guestions 10,
and that he was a true and loyal soldier in the said service and	It and 12, and the following corresponds before filling out. I, and 12, and the following corresponds physician in the control of the following physician in the control of the foregoing application for aid under the act of the General Assembly of Virginia approved
day of San Down the effects of	Concert I an personally acquainted with the