(A) OATH OF RESIDENT WITNESSES. (Must be signed by two residents of Applicant's City or County.) We, Milling La Cal and a DI W JMICS are residents of the Co. addasse. by	NOTE-If no such commune is living required in Cartificate B, whose address is known to the applicant, then let one or more reputable purpose who have personal knowledge of the services of the applicant's hashend and cause of its death scale Affidenti C. (Not necessary to have this Cartificate C. filled out if husband was a pensioner.)
do solutionly swear that we are residents of the	(C) AFFIDAVIT OF WITNESSES, NOT COMRADES. (Not necessary when Certificate B can be filled.)
of <u>ALLA T (et Lt. DURL</u> ; in the State of Virginia and that we have known personally and well for <u>D</u> years the applicant whose name is signed to the foregoing application for aid under acts of the	We, and do solemnly swear that we are residents of the
General Amembly of Virginia, approved March 14, 1924, and March 13, 1926, and that the mid 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	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, and March 13, 1926, and that we have known the said applicant
entitied to aid under the sold sots and that we have no personal interest in the allowance of the applicant's claim.	for years, and that to our personal knowledge said applicant is the widow of ((/ / / / / / / /
applicant has been truthful in the said statements and answers, and that from our personal knowledge we werly believe the said applicant is justly entitied to aid under the said sots 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.	service of Virginia, or of the Confederate States, in the war between the
+ Andferick Savidant Winsees.	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-
WITNESS	A signature made by X mark is not valid unless attested by a
Subscribed and swom to index may Monore in and a and for the Cocces ely of South and for State of Virginia, this <u>31</u> day of <u>July 19</u> H19 Druce and the state	witness.
States of Virginia, this 21 Ary of Jebry 1927 At 19 My Lemmer Cherle Corriginations Constants, Signature of Officer.	Witnesses soi Comreiles.
(Not necessary to have this Cartificate B. filled out if husband was a pensioner.)	Subscribed and sworn to before me, a
(B) AFFIDAVIT OF COMRADES (See Question No. 15 on page one.)	in and for the of of State of Virginia, this day of, 19
We,	Signature of Officer.
do solemnly swear that we are residents of the	
of, in the State of, and that the applicant whose named is signed to the foregoing application for aid under acts of the General Assembly of Virginia, approved March 14, 1924, and March 13, 1926, is personally well-known to us, and that we	MOTE-If no commutes in some or other persons who has knowledge of the services of the applicant's hashand and the came of his death is living, whose address is known to the applicant, state that fast here.
have known her foryears, and know her to be the widow of, who was a soldier (sellor or marine), in the military or naval service of Virginia, or of the	
(sellor or marine), in the military or naval service of Virginia, or of the Confederate States, and thist we were soldiars (sellors or marines) in the seld service during the seld war, and that we were with the seld applicant's husband, members of the same command, and that to our personal knowl-	(D) CERTIFICATE OF PHYSICIAN.
edge he died or or about	_Physiclap, will please read carefully the compare to questions 10 and 11, and the following carlificate before jilling out. If the applicant is blind, the physician shall also cartify the extent, herein.
	I,, a practicing physician in the
and that he was a true and loyal soldier (sellor or marina) in the sold serv- ics and was faithful in the discharge of his duty, and that we have no per- sonal intrest in the allowance of the applicants claim. A signature made by X mark is not valid unless attested by a witness.	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, and March 13,
	1926, and that I attended her husband, during his last illness, which resulted in his death.
WITNESS Comrades.	
Subscribed and sworn to before me, a	
in and for the	and that I have no personal interest in the allowance of the applicant's claim.
State of Virginia, thisday of, 19,	Given under my hand thisday of 19
Signature of Officer.	M. D.