(B) AFFIDAVIT OF COMPADER We. Heulis S. M. thanking in the State of dents of the do solemnly swear that we are resi-whose name is signed to the shnexed application for aid under the act of the General Age mbly of Virginia, approved April 2, 1902, is personally well known ginis, or of the Confederate States, during the war between the United States and the Confederate States, and that the said a of Vir-....., who was also a soldier (gailor or marine) in the said service during the said war, was, with us, members of there state command the discharge of his duties, and that we verily believe he is disabled from the causes and in the manner in his application stated, and that his claim is just, and that we have no personal interest in the allowance of his claim under the said act. Subscribed and sworn to before me, are Nora-If only one comrade whose residence and address is known to applicant, let him make the whose address is known to applicant, then let one or more reputable persons who have personal knowledge of the services of the applicant and of cause of his disability, make the following affidavit: Public tack county of Sourchample stor Subsculet and work to before of men 1902 of Trigmin, by 7 x Vaughen, The 14 AFFIDAVIT OF WITNESSES, NOT COMRADES and of thein the State of., and that we personally know, and (or naval) service of Virginia, or of the Confederate States in the war between the States, and was faithful in the discharge of his duty, and that we verify believe he is disabled from the causes, and in the manner in his application set forth, and that his claim is just, and that we have no personal interest in the allowance of his claim under the said act, ************************************ Subscribed and sworn to before me, a in and for the Nora-If no comrade in arms or other person who has knowledge of the service of the applicant and of the cause of his disability is living, whose residence is known to applicant, state that fact here. (D) CHRTIFICATE OF PHYSICIAN ATAMACN....,'as to tightisability ast forth in his application and the cause thereof, I am clearly of the opinion that he is disabled sons of (here state specifically the nature of the disability and the cause thereof, and if such disability be total, whether the applicant is deprived thereby of all ability to pursue his usual and ordinary occupation for a livelihood, or any other occupation for a livelihood, and if the disability be partial, eximit the applicant is hindered thereby from pursuing such occupation as aforesaid) LAIM DUG male, he ha at the TD. d. a. Allag Lattle With Course 11.9. B. I 1les and that I verily believe his disability is wholly due to causes assigned in the said application, and that he is catitled to aid under the provisions of the said act, and that I have no personal integest in the allowance of the applicant's claim. Ycoduare mi (3) CERTIFICATE OF CAMP OF CONFEDERATE VETERANS. The Wint Sulling ... Camp of Confederate Veterans of the . County ot ... Southangelin for aid under the sot of the General Assembly of Virginia, approved April 2, 102, and being satisfied of the justice of his claim, hereby recommends the mid the said act, and that it has no personal interest in the allogiance of the applicant's claim.

Norm.-If there is no camp of Confederate veterans in applicant's city or county, then the certificate of two or Confederate soldiers, well known and of good reputation, residing in said city or county, must be obtained as follows:

(7)

OERTIFICATE OF EX-CONFEDERATE SOLDIERS.

We, J.O. Gan, of Some La. Confidence of Virginia in the war between the States, and that we have examined into the merits J.F. Yauj REALIZATION (**@**) CHRITIFICATH OF THE COMMISSIONER OF THE REVENUE. af ind is signed to the annexed application for aid under the act of the General Assembly of Virginia, approved April 3, 1903, is charged on the land and personal dollars. i 4 Derictory gene