

(A) OATH OF RESIDENT WITNESSES.  
(Must be signed by two residents of Applicant's City or County.)

We, J. B. Gay  
and W. H. Sanford

do solemnly swear that we are residents of the County  
of Smithampton, in the State of Virginia and that we  
have known personally and well for \_\_\_\_\_ years the applicant whose  
name is signed to the foregoing application for aid under the act of the  
General Assembly of Virginia, approved March 21, 1916, 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 questions therein propounded, made  
by the said applicant and verily believe that the said applicant has been  
truthful in the said statements and answers, and that from our personal  
knowledge, we verily 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.

J. B. Gay  
W. H. Sanford

Resident Witnesses.

WITNESS...

Subscribed and sworn to before me, a Notary Public  
in and for the County of Smithampton  
State of Virginia, this 25 day of April 1916  
J. R. Edwards  
Signature of Officer.

(B) AFFIDAVIT OF COMRADES.  
(See Question No. 16 on page one.)

We, \_\_\_\_\_  
and \_\_\_\_\_

do solemnly swear that we are residents of the \_\_\_\_\_  
of \_\_\_\_\_, in the State of \_\_\_\_\_  
and that the applicant whose name is signed to the foregoing application  
for aid under the act of the General Assembly of Virginia, approved  
March 21, 1916, is personally well known to us, and that we have known  
her for \_\_\_\_\_ years, and know her to be the widow of \_\_\_\_\_

\_\_\_\_\_ who was a soldier (sailor or marine), in  
the military or naval service of Virginia, or of the Confederate States, and  
that we were soldiers (sailors or marines) in the said service during 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

\_\_\_\_\_ day of \_\_\_\_\_ from the effects of \_\_\_\_\_

and that he was a true and loyal soldier in the said service, and was faithful  
in the discharge of his duty, 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.

WITNESS...

Comrades.

Subscribed and sworn to before me, a \_\_\_\_\_  
in and for the \_\_\_\_\_ of \_\_\_\_\_  
State of Virginia, this \_\_\_\_\_ day of \_\_\_\_\_ 1916

Signature of Officer.

NOTE.—If only one comrade whose name is known to the applicant, let him make  
affidavit B. If no such comrade is living whose address is known to the applicant then  
let one or more reputable persons who have personal knowledge of the services of the appli-  
cant's husband and of cause of his death, make affidavit C.

(C) AFFIDAVIT OF WITNESSES, NOT COMRADES.

(Not necessary when Certificate B can be filled.)

We, J. E. Weedy  
and S. R. Nicholson

do solemnly swear that we are residents of the County  
of Smithampton, 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 the act of the General Assembly of Virginia, approved March  
21, 1916, and that we have known the said applicant for 15 years,  
and that to our personal knowledge the said applicant is the widow of

E. A. Johnson, who was,  
a loyal and true soldier (sailor or marine), in the military or naval service  
of Virginia, or of the Confederate States, in the war between the States,

and that on or about the \_\_\_\_\_ day of January 1915  
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 valid unless attested by a  
witness.

J. E. Weedy  
S. R. Nicholson  
Witnesses not Comrades.

WITNESS...

Subscribed and sworn to before me, a Notary Public  
in and for the County of Smithampton  
State of Virginia, this 25 day of April 1916  
J. R. Edwards  
Signature of Officer.

NOTE.—If no comrade in arms or other person who has knowledge of the services of  
the applicant's husband and the cause of his death is living, whose address is known to the  
applicant, state that fact here.

(D) CERTIFICATE OF PHYSICIAN.

Physician will please read carefully the answers to questions 10,  
11 and 12, and the following certificate before filling out.

I, R. H. Gott, a practicing physician in the

County of Smithampton, in the State of  
Virginia, do certify that I am personally acquainted with the applicant,  
whose name is signed to the foregoing application for aid under the act of  
the General Assembly of Virginia approved March 21, 1916, and that I

attended her husband, E. A. Johnson  
during his last illness, and that from my professional knowledge of the  
cause of his death, I verily believe that his death resulted from

red eye

and that I have no personal interest in the allowance of the applicant's  
claim.

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_ 1916

[Signature]  
M. D.