(A) OATH OF RESIDENT WITNESSES.	NOTE If only one comrade whose address is known to the ap- plicant 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 service of the appli- cant's husband and of cause of his death make affidavit C.
· (Must be signed by two residents of Applicant's City or County.)	address is known to the applicant, than let one or more reputable persons who have personal knowledge of the service of the appli-
We, Janue M. Bulls	
and the At Jac	(C) AFFIDAVIT OF WITNESSES, NOT COMRADES.
do solemnly swear that we are residents of the faundag	(Not Necessary when Certificate B can be filled.)
	the games and Att the
of Acul Lasseflan, in the State of Virginia and that we	and
have known personally and well for	do solemnly swear that we are residents of the Course
whose name is signed to the foregoing application for aid under the act of the General Assembly of Virginia, approved March 10, 1920,	
amonding an act approved February 28, 1918, and that the said	of AruT and black in the State of Giorgia in the state of Giorgia inted with the
applicant is a resident of the said city or county and is a woman	applicant whose name is signed to the foregoing application, and
of good reputation for truth and homesty, and that we have read the foregoing application and the answers to the questions therein	who is applying for aid under the act of the General Assembly of
propounded, made by the said applicant, and varily believe that the	Virginia, approved March 10, 1920, amending act approved Febru- ary 28, 1918, and that we have known the said applicant for
said applicant has been trathful in the said statements and an- swers, and that from our personal knowledge we verily believe the	- Mill
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	plicent is the widow of Lungaman Moran Conference
elaim. A signature made by X mark is not valid unless attested by a	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
witness,	war between the States, and that on or about the 31 the day of
(m	
And We spag	the said applicant's husband died, and that they lived as husband and wife up to the date of the death of said
S 1 DO Chart Resident Witnesses.	husband and that we have no personal interest in the allowance of
WITNESS	the applicant's claim.
SK Sullen	A signature made by X mark is not valid unless attested by a witness.
Subscribed and sworn to before me, a. 4	Jamis ary Bullio
	maria
in and for the Cathonic of Arus house have	Witnesses not Comrades.
State of Virginia, this State of Office 192	
M. P. E. Lley G. A	WITNESS Collaboration
Signature of Officer.	A. A feldse
(B) AFFIDAVIT OF COMRADES.	Subscribed and sworn to before me, a fushier stitle
Certificate (B) need not be filled if husband was a pensioner.	in and for the Courts of Arrithmention
We & Les W. Ley	THE ID
W2, <u>C</u>	State of Virginia, this 5 day of, 192/,
y ama	Bry K. Parkley
do solemnly swear that we are residents of the County	Qualice of the Fise
of douth amplitude in the State of Alinginia	(/ Signature of Officer.
and that the applicant whose name is signed to the foregoing ap-	NOTE
plication for aid under the act of the General Assembly of Virginia, approved March 10, 1920, amending pet approved February 28,	edge 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
1918, is personally well known to ma, and that we have known	fact here.
her for 45 years, and know her to be the widow of	
Hen inman there le lie lebuce who was a soldier (sailor	
or marina), in the military or havel 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	، میں بید میں میں ایک ایک کر ایک ک
said applicant's husband, members of the same command, and that	(D) CERTIFICATE OF PHYSICIAN.
to our personal knowledge he died on or about 14	Physician will please read carefully the answers to questions 10,
	11 and 12, and the following cartificate before filling out.
flfogfrom the effects of kustema hadm	
	the County of doublassfulow, in the State of
	Virginia, do cartify that I am personally acquainted with the ap- plicant, whose name is signed to the foregoing application for aid
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	under the act of the General Assembly of Virginia approved
interest in the allowance of the applicant's claim.	March 10, 1920, amending act approved February 28, 1918, and
A signature made by X mark is not valid unless attested by a witness.	that I attended her husband Runley on Houskley Jakon
den/LU + dan	during his last illness, and that from my professional knowledge of
mark	the cause of his death I verily believe that his death resulted from
Comrades.	Khamism and ald age
WITNESS E. 22 John man	
J. R. 10.	
Subscribed and sworn to before me, a	
in and for the Circumfe of Soul Transflor	and that I have no personal interest in the allowance of the ap-
State of Virginia, this day of day of 1984	
The P Billen & P	Given under my hand this Sunday of address. 1926
	I AND
Simature of Officer.	1 1/mar
Signature of Officer.	for the M. D.