

(A) OATH OF RESIDENT WITNESSES.

We, W. E. [Signature] & D. H. [Signature]

and \_\_\_\_\_  
do solemnly swear that we are residents of the \_\_\_\_\_  
of \_\_\_\_\_, 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 14, 1924,  
and that the said applicant is a resident of the said city or county  
and is a man 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 the applicant is dis-  
abled, as stated in answer to questions 17 and 18, and we verily be-  
lieve the said applicant is justly entitled to aid under the said act  
and that we have no personal interest in the allowance of the ap-  
plicant's claim.

A signature made by X mark is not valid unless attested by  
a witness.

[Signature]  
[Signature]

Resident Witnesses.

WITNESS \_\_\_\_\_

Subscribed and sworn to before me, a Notary Public  
in and for the \_\_\_\_\_ County of Southampton  
State of Virginia, this 9th day of September, 1924  
Carrie Webb \_\_\_\_\_  
Myself \_\_\_\_\_  
Signature of Officer.

AFFIDAVIT OF COMRADES.

(See Question No. 19 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 ap-  
plication for aid under the act of the General Assembly of Virginia,  
approved March 14, 1924, is personally well known to us, and that

we have known him \_\_\_\_\_ years, and that we were soldiers  
(sailors or marines) in the military (or naval) service of Virginia,  
or of the Confederate States, and that the said applicant, who was  
also a soldier (sailor or marine) in the said service during the said  
war, was, with us, members of the same command and that the  
said applicant was a true and loyal soldier (sailor or marine) in the  
service, and was faithful in the discharge of his duty, 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.

A signature made by X mark is not valid unless attested by  
a witness.

Comrades.

WITNESS \_\_\_\_\_

Subscribed and sworn to before me, a \_\_\_\_\_  
in and for the \_\_\_\_\_ of \_\_\_\_\_  
State of Virginia, this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Signature of Officer.

NOTE—If only one comrade whose address 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 applicant and cause of his disability make affidavit C.

(C) AFFIDAVIT OF WITNESSES, NOT COMRADES.

(Not necessary when Certificate B can be filed.)

We, \_\_\_\_\_  
and \_\_\_\_\_  
do solemnly swear that we are residents of the \_\_\_\_\_

of \_\_\_\_\_, in the State of \_\_\_\_\_  
and that we personally know, and are well acquainted with the ap-  
plicant whose name is signed to the foregoing application, and who  
is applying for aid under the act of the General Assembly of Vir-  
ginia, approved March 14, 1924, and that we have known the said

applicant for \_\_\_\_\_ years, and that to our personal  
knowledge the said applicant 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 was faithful  
in the discharge of his duty, and that we verily believe he is dis-  
abled from the causes, and in the manner in his application set  
forth, and that his claim is just, and that we have no personal in-  
terest in the allowance of his claim under said act.

A signature made by X mark is not valid unless attested by  
a witness.

Witnesses not Comrades.

WITNESS \_\_\_\_\_  
Subscribed and sworn to before me, a \_\_\_\_\_  
in and for the \_\_\_\_\_ of \_\_\_\_\_  
State of Virginia, this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Signature of Officer.

NOTE—If no comrade in arms or other person who has knowledge of the  
services of the applicant and the cause of his disability 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 17 and  
18 and the following certificate before filling out.

I, [Signature], a practicing physician in the  
State of Virginia, in the State of  
Virginia, do certify that I am personally acquainted with the ap-  
plicant, and that from a personal examination of him I am clearly  
of the opinion that he is disabled by reason of (physician will 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 oc-  
cupation, or any other occupation for a livelihood, and if the dis-  
ability be partial, to what extent the applicant is hindered thereby  
from pursuing such occupation as aforesaid. If the physician con-  
siders the disability a total, he will, in addition to the cause dis-  
close by the examination, repeat the language in italics above.)

Paralysis  
Total Disability

and that I have no personal interest in the allowance of the appli-  
cant's claim.

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, 1924

[Signature]

M. D.