

PENSIONERS now on the ROLL are NOT required to make new application, but must file annual certificate.

# THIS APPLICATION must be filed with the Clerk of the Corporation Court of Your City or Circuit Court of Your County

(No application will be entertained not on the printed form.)

## FORM No. 4

APPLICATION of a disabled Soldier, Sailor or Marine of the Late Confederacy Under Act Approved March 14, 1924.

I, J. T. Joyner, do hereby apply for a pension under the provisions of the act of the General Assembly of Virginia, approved March 14, 1924, relating to Confederate pensions.  
I do solemnly swear that I am a citizen of the State of Virginia, and that I have been an actual resident of said State for two years next preceding the date of this application, and that I was a soldier (sailor or marine) of the Confederate States in the war between the States, and that I am now disabled, and that from the effects of such disability I am incapacitated from following my usual and ordinary occupation, or any other occupation for a livelihood; and that during the said service and disability I am now entitled to receive a pension under the provisions of said act. And I do further swear that I do not hold a national, State, city or county office or any position which pays me a salary or fee which amounts to Three Hundred (\$300.00) dollars per annum; nor do I receive from any source whatever money amounting in value to the sum of Three Hundred (\$300.00) dollars per annum; nor do I own in my own right, nor does any one hold in trust for my benefit or use, nor does my wife own, nor does any one hold in trust for my wife, estate or property, either real, personal, or mixed, either in fee or for life, which yields a total income which amounts to Three hundred dollars (\$300.00) per annum, or which yields an income which, added to my income from all other sources, amount to as much as Three hundred dollars (\$300.00) per annum. I do further swear that I do not receive a pension from this or any other State or from the United States, nor do I receive necessary aid from any source whatever, board and clothing excepted; and that I am not an inmate of any soldiers home. I do solemnly swear that the answers given to the questions which I am required to answer in this application are true to the best of my knowledge and belief.

All questions must be answered fully. Any assessment of property does not affect the right to pension, but the gross income from all sources must be less than \$300.00 per year.

1. What is your name? J. T. Joyner
2. What is your age? 86 years
3. Where were you born? Southampton County, Va.
4. How long have you resided in Virginia? 86 years
5. How long have you resided in the City or County of your present residence? 86 years.
6. In what branch of the service were you? Inftry.  
41st. Inftry. Regiment.  
I Company.
7. Who were your immediate superior officers?  
Colonel Joseph H. Minstree  
Captain Robt. Brinkley
8. When did you enter the service? March 1862.
9. Where did you enter the service? Norfolk, Va.
10. When and why did you leave the service?  
1864, expiration of service, & war.
11. Where do you reside? If in a city, give street address.  
Postoffice Franklin  
County of Southampton Virginia
12. Have you ever applied for a pension in Virginia before? If so, why are you not drawing one at this time  
No.

13. What is your usual and ordinary occupation for earning a livelihood?  
None.
14. Are you following such occupation or any other occupation or employment at this time? If yes, state the nature and extent of employment at this time? If yes, state the nature and extent of same.
15. What is your annual income? \$100.00  
NOTE—By income is meant the total gross receipts derived by you from all crops (whether sold or used), wages and other sources valued in dollars.
16. How much property do you own?  
Real estate \$625.00  
Personal Property \$105.00
17. What is the exact nature of your disability and the cause thereof?  
Age & accompanying general weakness.
18. Are you totally or partially incapacitated by such disability?  
Totally
19. Give the names and addresses of two comrades who served in the same command with you during the war.  
Name None living that he knows of.  
Address \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
See Certificate "B."
20. Is there a camp of Confederate Veterans in your city or county?  
Yes.
21. Give here any other information you may possess relating to your service or disability which will support the justice of your claim.

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

WITNESS

I, Franklin Edwards, a Notary in and for the County

of Southampton, in the State of Virginia, do certify that the applicant whose name is signed to the foregoing application personally appeared before me in my county aforesaid, having the aforesaid application read to him and fully explained, as well as the statements and answers therein made, the said applicant made oath before me that the said statements and answers are true.

Given under my hand this 25 day of Aug., 1924

J. T. Joyner

Signature of Applicant.

Franklin Edwards  
Signature of Officer.