(A) OATH OF RESIDENT WITNESSES.	NOTE-If only one comrade whose address is known to the applicant, let him make afficient B. If no such commute 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 exuse of his disability make affidavit C.
We,	the applicant, than let one or more reputable periods who here persons knowings of the services of the applicant and exuse of his deability make allowit C.
	(C) AFFIDAVIT OF WITNESSES, NOT COMRADES. (Not necessary when Certificate B can be filled.)
do solemnly swear that we are residents of the	We,
of, in the State of Virginia and that we	
have known personally and well foryears the applicant whose name is signed to the foregoing application for aid under the act	do solemnly swear that we are residents of the
af dha [Janara] A saafiiniy at Vitumini, Inintivel Jelitii in 1787, Gill 1484 - 11	in the State of
the mid 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	of, 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
foregoing application and the answers to the questions therein proportions, made by the said applicant, and verily believe that the said applicant has	whole mine is signed to the integrand Assembly of Virginia, approved
been truthful in the said statements and answers, and that from our per-	March 14, 1924, and that we may shown the and applicant houses
it and 18, and we verily believe the said applicant is justly entitled to aid under the said act and that we have no personal interest in the	the said applicant was a loyal and true soldier (sailor or marine), in the
allowance of the applicant's claim.	military or nevel sorvice of virginia, or of the contenents states, in
A signature made by X mark is not valid unless attested by a witness.	duty, and that we verily believe he is disabled from the claim is just and
/	that we have no personal interest in the allowance of ms cauni under
,'	the said act. A signature made by X mark is not valid unless attested by
	a winces.
WITNESS	
	./ Witnesses not Comrades.
Subscribed and sworn to before me, a	WITNESS
in and for the of	
State of Virginia, this	Subscribed and sworn to before me, a
Signature of Officer.	in and for the of
	State of Virginia, thisday of, 19,
AFFIDAVIT OF COMRADES. (See Question No. 19 on page one.)	Signature of Officer.
We,	NOTE-If so comrade in srms or other parson 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.
	services of the applicant and the same of his disability is living, whose address is
	I known to the spontant, case that not here.
do anientally swear that we are residents of the	
do solemnly swear that we are residents of the	
of, in the State of	
	(D) CERTIFICATE OF PHYSICIAN.
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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 14, 1924, is personally well known to us, and that we have known himyears, 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	(D) CHERTIFICATE OF PHYSICIAN. Physician will please read carefully the answers to questions 17 and 18 and the following certificate before filling out. I, <u>Re. He. GODD</u> , a practicing physician in the
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