

(A) OATH OF RESIDENT WITNESSES.

We, M. A. Cogsdale
J. R. Hallam
do solemnly swear that we are residents of the County
of Southern, in the State of Virginia and that we
have known personally and well for 20 years the applicant
whose name is signed to the foregoing application for aid under the
act of the General Assembly of Virginia, approved February 28,
1918, as amended, 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 ap-
plicant and verily believe that the said applicant has been truth-
ful in the said statements and answers, and that from our personal
knowledge the applicant is disabled, as stated in answer to ques-
tions 17 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 allowance of the applicant's claim.

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

M. A. Cogsdale

J. R. Hallam

Resident Witnesses.

WITNESS

J. D. Brummett

H. S. Vignier

Subscribed and sworn to before me, a Notary Public

in and for the County of Southern

State of Virginia, this 23 day of April, 1921.

John B. Darden
Signature of Officer.

(B) 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 February 28, 1918, 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, during the war between
the United States and 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 sol-
dier (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 _____, 1921.

Signature of Officer.

NOTE.—If only one comrade whose address is known to the ap-
plicant let him make affidavit. If no such comrade is living who
address is known to the applicant, then let one or more reputable
persons who have personal knowledge of the service of the ap-
plicant's husband and of cause of his disability make affidavit.

(C) AFFIDAVIT OF WITNESSES, NOT COMRADES.

(Not Necessary when Certificate B can be filled.)

We, J. B. Darden

and _____

do solemnly swear that we are residents of the County

of Southern, in the State of Virginia

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 February 28, 1918, 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 disabled from the causes, and in the manner in his applica-
tion set forth, and that his claim is just, and that we have no per-
sonal 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.

J. B. Darden

M. A. Cogsdale

Witnesses not Comrades.

WITNESS

J. D. Brummett

H. S. Vignier

Subscribed and sworn to before me, a Notary Public

in and for the County of Southern

State of Virginia, this 23 day of April, 1921.

John B. Darden
Signature of Officer.

NOTE.—If no comrade in arms or other person who has knowl-
edge of the services of the applicant 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 17
and 18, and the following certificate before filling out.

I, B. A. Pope, a practicing physician in
the County of Southern, 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
occupation, or any other occupation for a livelihood, and if the
disability be partial, to what extent the applicant is hindered
thereby from pursuing such occupation as aforesaid. If the physi-
cian considers the disability total, he will, in addition to the cause
disclosed by the examination, repeat the language underscored
above).

The applicant is deprived of his
usual occupation or any other
occupation for a livelihood,
by reason of his old age

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

Given under my hand this 23 day of April, 1921.

B. A. Pope M. D.