Sub this AFFIDAVIT OF COME George. do solemnly swear that we of the 19-144 in the Stai ant . I. W. U.M. tues 19: Farme e name is signed (to the annexed application for ald under of the General A ubly of Virgini Amrii 8, 1908. and that we have known him well for marines) in the military (or new of Virginia, or of the Confederate State during the war bet service during the se oldier, (milor o rine) in the **(4**). 14 100 was a loyal and true soldier (sailor or marine) in and that we varily believe he is disabled from the caus duties s and in the manner in his application stated personal interest in the allowance of his claim under the said act Virginia, this day of -If only one comrade is living whose residence and address is known to applicants is known to applicant, then let one or more reputable persons who have person ove allde t him make urada is living addre vices of the applicant and of cause of his dischility, make the following affidevit; (C) AFFIDAVIT OF WITNESSES, NOT COMBADES do solemnly swear that we are residents m [] of . and that we personally know, and the State of ted with and to the annared application, and who is applying for aid the act of the General Assembly of Virginia approved April 2, 1902. we have known the said applicant for ... that to our personal knowledge the mid was a loyal and true soldier (sailor or marine), in the mili-(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 tery verily believe he is disabled from the call as, and in the manner in his application set forth, and that his claim is just, and that we have no personal interest in the allowance of his claim under the said act. State of Virginia, this -If no comrade in arms or other person who has knowledge of th arvice of the and of the cause of his disability is living. is known to applicant, state that fact here. (D) STATISTICS IN COMPANY tions physicism in the socurinted with Same & Fam State of Virginia, do certify application for aid, under the act mbly of Virginis, approved April 2, 1902. to the disability set forth in his application and the cause thereof, I am clearly of the opinion ann hat he is dischled m of (here state specifically the nature of the disability and the cause thereof, and if such disability be total, - Wh or any other ab/Itte nertial .a ling Lo (asa and that I verily believe his disability is wholly due to caus a satisfield in the s id suplication. t he is entitled in the allowance of the applicant's claim ast, and that I have no personal intere . day of . Mil. Given under my hand, this **(E)** for sid under the act of the General Assembly of Virginia, approved April 2, 1902, and being satisfied of the justice of his claim, hereby recommends the applicant's claim. .J.L. \$3 61. ha Commander. Norm---If there is no camp of Confederate veterans in applicant's city or county, then the certificate of two ex-Confederate soldiers, well known and of good reputation residing in said city or county, must be obtained, as follows: (F) we A: M. addieus CHRTIFICATE OF EX-CONFEDERATE SOLDIERS. State of Virginia, do certify that we were soldiers (sailors or marines) of Virginia in the war between the Sintes, and that we have examined into the marine visions of the said act, and that we have no personal interest in the allowance of the applicant's claim. N. M. Astim - B. J. mileman (Q) CERTIFICATE OF THE COMMISSIONER OF THE REVENUE. dollars. at loob com-Rev-