State (B) AFFIDAVIT OF COMBADIES karly 8 do solemnly sw Curammen. WE STE TOS! in the State of .... plication for aid under mbly of Virginia, approved 11 2, 1903, is personally well known we have known him wall for ..... Years, and that were soldiers (sellors or arines) in the military of or of the Confeder service during the war between the United State oldier (sailor or marine) arvice during the said war, wa and im nberr of them s. Meson artiles . dama Anly Oxiz She hat Kanagan and that the mid ... M. Angonance...... was a loyal and true solding (sailor or marine) in the said service, and faithful in the discharge of his datio e verily believe he is dis bled from the causes and in the manner in his application stated, and that his claim is just, and that sonal interest in the allowance of his claim under the said act. Virginia, this be of Norm.—If only one comrade is living whose residence and address is known to applicant, let him make the above affidavit. whose address is known to applicant, then let one or more reputable persons who have personal knowledge of the services of the If no such comrade is living applicant and of cause of his (C) AFFIDAVIT OF WITNIESES, NOT COMRADES. 241.4 O. Fame mu. do solemnly swear that we are residents of the State of 2 Ymmin. ....., and that we personally know, and whose name is signed to the annexed application, and who is applying for aid ell 9. and that to our personal knowledge the mid tary (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 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. Res Subsects in and for the MO.Mut. State of Virginia, this 19.07 -If no comrade in arms or other person who has knowledge of the service of the applicant and of the cause of his disability is living, whose resise is known to applicant, state that fast here. (D)CHRISTIFICATE OF PHYSICIAN ...... a practicing physician in the 444/A (??? of Virginia, do certify that I am personally acquainted with application for aid under the act of the Ge arel As mbly of Virgin , approved April 2, 1902 at from nal examination of the mid . Mangum/ as to the disability set forth in his application serve there of, I am clearly of the opinion that re state specifically the nature of the disability and ason of (h and if such disability be total, wheth use thereof. of all ability to pursue his usual and ordinary occupation for a livelihood, or any other occupation for a livelihood, and if the disability the applicant is den to what extent the applicant is hindered thereby from pursuing such occupation as aforesaid) line nucleus disable to pensue this ord us in occupation of ligematorio l appener for the care m her when doing but little physical labor rin,

and that I verily believe his disability is wholly due to causes assigned in the said application, and that he is entitled to aid under the provisions of the said act, and that I have no personal interest in the allowance of the applicant's claim.

M. Artin M.D.

CHETTHICATH OF CAMP OF CONFEDERATE VETERAN .. Camp of Confiderate starans of the in the State of Virginia, hereby certifies that it has examined into the merits of the annexed application of or the aff of the General Assembly of Virginia, approved April 2, 1902, and being actisfied of the Man Jieron ..... for aid under the provisions of the said sot, and that it has no stice of his n i A ut's claim.C 400 1 14 (F) CHRTIFICATH OF BL.CONFHDERATH SOLDINRS. amer Atrilian of the Country of Attack and State of Virginia, do certify that s) of Virginia in the war betw that we have examined into the merits annexed application of ... of the 1 m angrun for aid under the act of the General Assembly of Virginia, approved April 2, 1903, and that we are satisfied of the justice of his dain, and rea When J. Marganan. mend the said ..... . for aid under the provisions of the said act, and that we have no personal interest in the allowance of the app Given under our hands, this ...... day of ...... ., 19.... 'n. **~**' **(Q)** CHRTIFICATE OF THE COMMISSIONER OF THE REVENU Commissioner of the revenue, in the ....... ot . -in the State - The Given under my hand, this .... ...., 19*.*9.7 Cobb vr Reol.

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