

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.

FORM No. 6

APPLICATION of a disable Soldier, Sailor or Marine of the late Confederacy under act approved March 26, 1922.

Lucius L. Manry

I, Lucius L. Manry do hereby apply for a pension under the provisions of the act of the General Assembly of Virginia, 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 war I was legal and true to my duty, and never at any time deserted my command or voluntarily abandoned my post of duty in the said service, and that by reason of such 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 exceeding Four Hundred (\$400.00) dollars per annum; nor do I receive from any other employment or source whatever exceeding Four Hundred (\$400.00) dollars per annum; nor do I receive from any source whatever money exceeding Four Hundred (\$400.00) dollars per annum; nor do I own in my own right, nor does any one hold in trust for my benefit or use, estate or property either real, personal, or mixed, either in fee or for life, which yields a total income exceeding Four Hundred (\$400.00) dollars per annum, or which yields an income, which, added to my income from all other sources, exceeding Four Hundred (\$400.00) dollars 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 money 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.

Any assessment of property does not affect the right to pension, but the gross income from all sources must not exceed \$400.00 per year.

1. What is your name? Lucius L. Manry
2. What is your age? 66 years
3. Where were you born? Southampton County, Va.
4. How long have you resided in Virginia? All my life
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?
Co. G., 61st Va. Inf., Co. D., Regiment.
44th Va. Batt., & Co. H., 10th Va. Cav.,
7. Who were your immediate superior officers?
Colonel Beale, 601. V. D. Groner, 61st
Ma. Batt., 44th Va. Batt.
Captain Mason
8. When did you enter the service? March, 1862
9. Where did you enter the service? Nottoway River
Bridge, Southampton County, Va.,
10. When and why did you leave the service?
On account of surrender

11. Where do you reside? If in a city, give street address.
Postoffice Courtland, Va.
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?
Have none
14. Are you following such occupation or any other occupation or employment at this time? If yes, state the nature and extent of same.
No
15. What is your annual income? Nothing for the past
few years.
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 \$ 10,000
Personal Property \$ 3,000
17. What is the exact nature of your disability and the cause thereof?
None
18. Are you totally or partially incapacitated by such disability?
No
19. Give the names and addresses of two comrades who served in the same command with you during the war.
Name H. F. Reese, Courtland, Va.
Address _____
Name J. H. Vaughan, Franklin, Va.
Address _____
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.
Too old to produce business

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

WITNESS High C. Edwards

I, H. D. McMorre, Clerk Circuit Court, in and for the County of Southampton

personally appeared before me in my Office aforesaid, having the aforesaid application read and carefully 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 21 day of February, 1922

Lucius L. Manry
Signature of Applicant.

H. D. McMorre, Clerk
Signature of Officer.