

(A) AN OATH OF RESIDENT WITNESSES.

We, E. Whittington
and A. B. Cobb
do solemnly swear that we are residents of the County
Southampton, 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 act
of the General Assembly of Virginia, approved March 26, 1928,
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 applicant, and verily believe
that the said applicant has been truthful in the said statements and
answers, and we verily believe the said applicant is justly entitled
to aid under said acts 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.

E. Whittington
A. B. Cobb
Resident Witnesses.

WITNESS _____

Subscribed and sworn to before me, H. D. McInroe
in and for the County of Southampton
State of Virginia, this 8th day of February, 1932
H. D. McInroe, Clerk
Signature of Officer.

(B) AFFIDAVIT OF COMRADES.

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 applica-
tion for aid under act of the General Assembly of Virginia, approved
March 26, 1928, is personally well known to us, and that we have
known him for _____ years, 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 (sailor or marine) in the said service during the said war,
with us, (members of the same command) and that the said applicant
was a true and loyal soldier (sailor or marine) in the service, and was
faithful in the discharge of his duty, and that we verily believe his
claim is just and that we have no personal interest in the allowance
of his claim under 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 _____, 19____

Signature of Officer.

NOTE.—If no such comrade is living required in certificate B whose address
is known to the applicant, then let one or more reputable persons who have per-
sonal knowledge of the services of the applicant and cause of his disability make
affidavit C.

(C) AFFIDAVIT OF WITNESSES, NOT COMRADES.
(Not necessary when Certificate B can be filed.)

We, A. B. Cobb, and N. Whitfield
and _____

do solemnly swear that we are residents of the County
Southampton in the State of Virginia
and that we personally know, and are well acquainted with, the ap-
plicant whose name is signed to the foregoing application, and who
is applying for aid under act of the General Assembly of Virginia,
approved March 26, 1928, and that we have known the said applicant
for 30 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 his claim is just, and that we
have no personal interest in the allowance of his claim under said act.

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

E. Whittington
A. B. Cobb
Witnesses not Comrades.

WITNESS _____

Subscribed and sworn to before me, a _____
in and for the _____ of _____
State of Virginia, this _____ day of _____, 19____

Signature of Officer.

NOTE.—If no comrade in arms or other person 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.

(D) CERTIFICATE OF PHYSICIAN.

This certificate only necessary when applicant is blind or
deaf. In either case the physician should certify whether par-
tial or total.

I, _____
a practicing physician in the _____
of _____ State of Virginia, do
certify that I am personally acquainted with the applicant and that
from a personal examination of him, I am clearly of the opinion
that the nature of his affliction is as follows:

I have no personal interest in the allowance of the applicant's claim.
Given under my hand this _____ day of _____
_____, 19____

M. D.