

The Applicant must read, or have read to her, every word in this Application.
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 or Circuit Court of Your City or County.
(No application will be entertained not on the printed form.)

FORM No. 5

APPLICATION of a Widow of a Soldier, Sailor, or Marine of the Late Confederacy Under Act Approved February 28, 1918.

I, Alice S. Oliver, do hereby apply for a pension under the provisions of the act of the General Assembly of Virginia, approved February 28, 1918, entitled "An Act to amend and re-enact an act approved March 21st, 1916, relating to Confederate pensioners."

I do solemnly swear that I am a citizen of the State of Virginia, and that I have been an actual resident of the said State for two years next preceding the date of this application, and that I am the widow of Thomas H. Oliver who was a soldier (soldier or marine) in the service of the Confederate States in the war between the States, and that, to the best of my knowledge during the said war my husband was loyal and true to his duty, and never at any time deserted his command or voluntarily abandoned his post of duty in the said service, and that I was never divorced from my said husband, and that I never voluntarily abandoned him during his life, but remained his true, faithful and lawful wife up to the date of his death, and that I am a widow at the date of making this application, and that I am now entitled to receive a pension under the provisions of said act. And I do further swear that I do not hold any position or office, either national, State, city or county, which pays me in salary or fees Three hundred (\$300.00) dollars per annum; nor have I an income from any other employment or source whatever which amounts to Three hundred (\$300.00) dollars per annum, nor do I receive from any source whatever, money or other means of support amounting in value to Three hundred (\$300.00) 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, in fee or for life, of the assessed value of Two thousand (\$2,000.00) dollars; nor do I receive any pension from any other State, or from the United States, or from any other source, and that I am without necessary means of support, from any source; and I do further swear that the answers given to the following questions are true.

All questions must be answered fully. Widows married after May 1, 1870, are not entitled to pensions.

1. What is your name? Alice S. Oliver
2. What is your age? 68
3. Where were you born? Southampton Co. Va.
4. How long have you resided in Virginia? 68 years
5. How long have you resided in the City or County of your present residence? 68 years
6. Where do you reside? If in a city, give street address.
Postoffice Franklin
County of Southampton Virginia.
7. With whom do you reside?
With my daughter
8. What was your husband's full name?
Thomas Williamson Oliver
9. When, where and by whom were you married?
When? Dec. 21, 1869
Where? Southampton Co. Va.
By whom? Reverend Howell
10. When and where did your husband die?
Nov. 18, 1900, Franklin, Va.
11. What was the cause of his death?
General break down from exposure
12. Give name and address of physician who attended your husband at the time of his death. (See Certificate "D.")
Name H. H. Jordan dead
Address Franklin, Va.
13. Have you married since the death of your husband? If yes, give full particulars.
No.
14. In what branch of the army did your husband serve?
1st Mass. Reg. Co. H. a volunteer
Company I. Company.

15. Who were his immediate superior officers?
Colonel
Captain Joseph H. Sessions
16. Give the names and addresses of two comrades who served in the same command with your husband during the war. (See Certificate "B.")
Name I don't know any
Address members of his
Name Company
Address
17. Give the names and addresses of two persons who are familiar with the circumstances of your husband's service and death. (See Certificate "C.")
Name Col. L. R. Edwards
Address Franklin, Va.
Name W. L. L. Vaughan, Jr.
Address Franklin, Va.
18. What assistance do you receive, and what income have you from all sources?
No assistance I have
no real home
NOTE—By income is meant the total gross receipts derived by you from all sources (whether sold or used), wages and other sources valued in dollars.
19. How much property do you own? a small home
Real Estate \$ 1500
Personal Property \$ not any
20. Was your husband on the pension roll of Virginia? If yes, in what county or city was his pension allowed?
No
Have you ever applied for a pension in Virginia before? If yes, why are you not drawing one at this time?
No
21. Is there a camp of Confederate Veterans in your city or county? Yes
22. Give here any other information you may possess relating to the service of your husband or the cause of his death which will support the justice of your claim.
See enclosed paper

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

WITNESS

I, Clayton J. Thomas, Notary Public, in and for the County of Southampton, in the State of Virginia, do certify that the applicant whose name is signed to the foregoing application, personally appeared before me in my County aforesaid, having the aforesaid application read to her and fully explained, as well as the statements and answers herein made, the said applicant made oath before me that the said statements and answers are true.

Given under my hand this 27th day of Aug. 1918
My Commission Expires June 11th, 1921

Alice S. Oliver
Signature of Applicant.

Clayton J. Thomas
Signature of Officer.