

(A) OATH OF RESIDENT WITNESSES.

(Must be signed by two residents of Applicant's City or County.)

We, Albert C. Swain

and John W. Saunders

do solemnly swear that we are residents of the City
of Norfolk, in the State of Virginia and that we

have known personally and well for 25 years the applicant whose name is signed to the foregoing application for aid under acts of the General Assembly of Virginia, approved March 14, 1924, and March 13, 1926, and that the said applicant is a resident of the said city or county and is a woman 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 that from our personal knowledge we verily believe the said applicant is justly entitled to aid under the 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.

Albert C. Swain
John W. Saunders
Resident Witnesses.

WITNESS

Subscribed and sworn to before me, a Notary Public
in and for the County of Norfolk
State of Virginia, this 17th day of April, 1927
Lucy Thelitt
Signature of Officer.

(Not necessary to have this Certificate B. filled out if husband was a pensioner.)

(B) AFFIDAVIT OF COMRADES.
(See Question No. 15 on page one.)

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 application for aid under acts of the General Assembly of Virginia, approved March 14, 1924, and March 13, 1926, is personally well-known to us, and that we

have known her for _____ years, and know her to

be the widow of _____ who was a soldier (sailor or marine), in the military or naval service of Virginia, or of the Confederate States, and that we were soldiers (sailors or marines) in the said service during the said war, and that we were with the said applicant's husband, members of the same command, and that to our personal knowledge he died on or about _____ day of _____

from the effects of _____

and that he was a true and loyal soldier (sailor or marine) in the said service and was faithful in the discharge of his duty, 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.

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 command is living required in Certificate B. whose address is known to the applicant, then let one or more reputable persons who have personal knowledge of the services of the applicant's husband and cause of his death make Affidavit C.

(Not necessary to have this Certificate C. filled out if husband was a pensioner.)

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

We, John R. Musgrave

and John R. Baker

do solemnly swear that we are residents of the City
of Norfolk, in the State of VA

and that we personally know, and are well acquainted with, the applicant whose name is signed to the foregoing application, and who is applying for aid under acts of the General Assembly of Virginia, approved March 14, 1924, and March 13, 1926, and that we have known the said applicant for 10 + 20 years, and that to our personal knowledge said

applicant is the widow of William Henry Bond who 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 that on or about the 23rd day

of Jan, 1909, the said applicant's husband died, and that they lived as husband and wife up to the date of the death of said husband 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.

R. N. Musgrave
John R. Baker
Witnesses not Comrades.

WITNESS _____

Subscribed and sworn to before me, a Notary
in and for the City of Norfolk of _____
State of Virginia, this 16th day of April, 1927
Attila C. Howell
My Com & Jan 12/29. Signature of Officer.

NOTE—If no comrades in arms or other persons who have knowledge of the services of the applicant's husband and the cause of his death is living, whose address is known to the applicant, state that fact here.

(D) CERTIFICATE OF PHYSICIAN.

Physician will please read carefully the answers to questions 10 and 11, and the following certificate before filling out.

If the applicant is blind, the physician shall also certify the extent, herein.

I, Lowell Ewart Hargis, a practicing physician in the

City of Norfolk, in the State of Virginia, do certify that I am personally acquainted with the applicant, whose name is signed to the foregoing application for aid under acts of the General Assembly of Virginia, approved March 14, 1924, and March 13,

1926, and that I attended her husband Wm H Bond

_____ during his last illness, which resulted in his death.

In consultation with Dr. Barnaby Randolph
(deceased)

and that I have no personal interest in the allowance of the applicant's claim.

Given under my hand this 9th day of April, 1927
Lowell Ewart Hargis M. D.