

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

We C. W. H. H. H. H. H.  
and Ed. D. H. H. H.  
do solemnly swear that we are residents of the County  
of 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 acts of the General Assembly, approved March 26, 1928; and March 10, 1928, 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                      mark is not valid unless attested by a witness.

*Resident Witness.*

WITNESS \_\_\_\_\_

Subscribed and sworn to before me, Black of Court  
in and for the County of Loudoun  
State of Virginia, this 18 day of January, 1930  
Wm. C. Johnson, Clerk  
Signature of Officer.

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

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

(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 applica-  
tion for aid under acts of the General Assembly of Virginia, approved  
March 26, 1928 and March 10, 1928, 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 Vir-  
ginia, 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 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** \_\_\_\_\_ *Comrades.*

**WITNESS** \_\_\_\_\_

Subscribed and sworn to before me a \_\_\_\_\_  
in and for the \_\_\_\_\_ of \_\_\_\_\_  
State of Virginia, this \_\_\_\_\_ of \_\_\_\_\_ 19 \_\_\_\_\_

**Signature of Officer,**

**NOTE--If no such upgrade is being 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 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 filed)

(Not necessary when Certificate B can be filed)

We, \_\_\_\_\_  
 and \_\_\_\_\_  
 do solemnly swear that we are residents of the \_\_\_\_\_  
 of \_\_\_\_\_, in the State of \_\_\_\_\_  
 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 acts of the General Assembly of Virginia,  
 approved March 26, 1928, and March 10, 1928, and that we have  
 known the said applicant for \_\_\_\_\_ years, and that to our personal  
 knowledge said applicant is the widow of \_\_\_\_\_  
 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 \_\_\_\_\_ day  
 of \_\_\_\_\_, 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.

## 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 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.**

*This certificate only necessary when applicant is blind. In which case the physician should certify whether partial 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 her, I am clearly of the opinion that the nature of  
her affliction is as follows:

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

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_  
\_\_\_\_\_ 192\_\_\_\_\_

**M. D.**