

(A) OATH OF RESIDENT WITNESSES.

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

We, E. L. Marks
and J. N. Applewhite
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 45 years the applicant whose
name is signed to the foregoing application for aid under the act of the
General Assembly of Virginia, approved March 21, 1916, 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 act, 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. L. Marks

WITNESS

J. N. Applewhite
Resident Witness.
P. H. G.

Subscribed and sworn to before me, a Justice

in and for the County of Southampton
State of Virginia, this 14th day of June, 1916

J. H. Drake, Jr.
Signature of Officer.

(B) AFFIDAVIT OF COMRADES.
(See Question No. 16 on page one.)

We, J. P. Henry
and R. F. Knight
do solemnly swear that we are residents of the County
of Southampton in the State of Virginia
and that the applicant whose name is signed to the foregoing application
for aid under the act of the General Assembly of Virginia, approved
March 21, 1916, is personally well known to us, and that we have known
her for 20 years, and know her to be the widow of Ray

W. P. Henry 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
said service, and that to our personal knowledge, he died on or about

day of June 1896 from the effects of
dysentery

and that he was a true and loyal soldier 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.

Joseph Henry
Comrade.

WITNESS

W. H. Lankford
Comrade.

Subscribed and sworn to before me, a Notary Public

in and for the County of Southampton
State of Virginia, this 7th day of June, 1916

P. H. G. Drake, Jr.
Signature of Officer.

NOTE.—If only one comrade whose name is known to the applicant, let him make
affidavit B. If no such comrade is living whose address is known to the applicant then
let one or more reputable persons who have personal knowledge of the services of the appli-
cant's husband and of cause of his death, make affidavit C.

(C) AFFIDAVIT OF WITNESSES, NOT COMRADES.

(Not necessary when Certificate B can be filled.)

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 applicant
whose name is signed to the foregoing application, and who is applying
for aid under the act of the General Assembly of Virginia, approved March
21, 1916, and that we have known the said applicant for _____ years,
and that to our personal knowledge the 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 _____ 1916

Signature of Officer.

NOTE.—If no comrade in arms or other person who has 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,
11 and 12, and the following certificate before filling out.

I, _____, a practicing physician in the

of _____, 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 the act of
the General Assembly of Virginia approved March 21, 1916, and that I

attended her husband,
during his last illness, and that from my professional knowledge of the
cause of his death, I verily believe that his death resulted from

Attending Physician does

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

Given under my hand this _____ day of _____ 1916

M. D.