	to statute at any analysis along allong is from to the stations, lat
(A) OATH OF RESIDENT WITNESSES. (Must be signed by two residents of Applicant's City or County.)	NOTEIf only one counted whose address is known to the applicant, let him make affidavit B. If no such counted is living whose address is known to the applicant, then let one or more reputable persons who have paraonal knowledge of the services of the applicant's husband and cause of his death make affidavit C.
and f. Drewry	(C) AFFIDAVIT OF WITNESSES, NOT COMRADES. (Not necessary when Certificate B can be filled.)
do evenily sugar that we are residents of the Counciling	We E. C. Coannell
of Anithiantin -, in the State of Virginia and that we	2R Juner
have known personally and well for	In
whose name is signed to the foregoing application for aid under the act of the General Assembly of Virginia, approved March 14, 1924, and that	do solemnly sweet that we are residents of the
of the General Assembly of Virginia, approved March 14, 1924, and that the said applicant is a resident of the said city or county and is a woman	of Sauhannelen in the State of the
of good reputation for truth and honesty, and that we have read the	and that we personally from, and are well acquainted with the applicant
foregoing application and the answers to the questions therein propounded, made by the said applicant, and verily believe that the said applicant has	whose name is signed to the foregoing application, and who is applying for aid under the act of the General Assembly of Virginia, approved
been truthful in the said statements and answers, and that from our per-	
sonal knowledge we verily believe the suid applicant is justly entitled to	March 14, 1924, and that we have known the said applicant for 3.5
aid under the said act and that we have no personal interest in the allowance of the applicant's claim.	years, and that to our personal knowledge
A signature made by X mark is/not valid unless attested by	said applicant is the widow of Mennitt La Paifor Se
a witness. OC. A. C	I who was a total and the source, (senor or narrie), at the mutury or
(trop the to he have	naval service of Virginia, or of the Confederate States, in the war be-
1 0 S. miehones	tween the States, and that on or about the mansh b
Resident Witnesses.	day of march 1995 the said applicant's insband died,
WITNESS	and that they lived as husband and wife up to the date of the death of
	and husband and that we have no personal interest in the allowance of
Subscribed and swom to before me, a Matary Bullis	the applicant's claim. A signature made by X mark is not valid unless attested by
Subchool and swort to before the Line of particular	a witness.
in and for the transfer of the transfer	a a trammill
State of Virginia, this 2.6 day of mon 1920	IT. R. Talaria
J'Ill Igand	Witnesses not Convades.
My Concer Tiller Son 7.4 -1928 Signature of Officer.	
(B) AFFIDAVIT OF COMRADES.	WITNESS
(See Question No. 15 on page one.)	
	Subscribed and swom to before me, a Matarif Subfer
	in and for the and for the formation
do solemnly swear that We are residents of the	State of Virginia, this day of 19 20
of Othe State of	L'im Roufad TKP.
s d that the applicant whose mane is signed to the foregoing application	My Com SALA San 1 K - 1926 Signature of Officer.
for aid under the act of the Gaucial Assembly of Virginia, approved March 14, 1924, is personally, well inder to us, and that we have known	
	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.
or marine), in the military naval service of Virginia, or of the Con-	
federate States and that we were soldiers (soilors 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 know-	
1	
ledge he died on or about	(D) CERTIFICATE OF PHYSICIAN.
day of from the effects of	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 physicism shall also certify the extent,
	herein.
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	I, I, and a practicing physician in the
interest in the allowance of the applicant's claim.	. Constand of Sometheupton in the State of
A signature made by X mark is not valid unless attested by	Virginia, do cartify that I and personally acquainted with the applicant,
در بر این مراجع از این مراجع از مراجع می این مراجع می مراجع می مراجع می مراجع می مراجع می مراجع مراجع مراجع مر این مراجع	"Where name is signed to the formation application for aid under the act
ويستعرب المحار ويستجر والمالية والمتناب والمتنا والمتنا المتحا المتحادية أطا والمتحور والمحار والمحار والمحار	of the General Assembly of Virginia approved March 14, 1924, and that I attended her husband March All Carton
Comrades.	during his last illness, which resulted into his death
WITNESS	(as a result of electric,
	News Irouble
Subscribed and sworn to before me, a	
in and for the of	and that I have no present in the start in the start in the
State of Virginia, this	and that I have no personal interest in the allowance of the applicant's claim.
JUNC OF VIRGINE, LIUBAANAAAAAAAA OF AAAAAAAAAAAAAAAAAAAAAAAAA	Given under my hand this 20 day of MCar, 192
Signature of Officer.	
	- Balaty J. D.
	- Realford & D.