

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

J. S. Johnson Resident Witness.

L.M. Bayard
Signature of Officer.

(See Question No. 15 on page one.)

WITNESS _____ *Comrades.*

Signature of Officer.

(Not necessary when Certificate B can be filled.)

Witnesses not Comrades.

Subscribed and sworn to before me, a Notary Public
in and for the County of Southampton
State of Virginia, this 26 day of March, 1925
L. M. Buford Notary
My Comm. Expires Jan 1 - 1926 Signature of Officer.

(D) CERTIFICATE OF PHYSICIAN.

Given under my hand this 20th day of March, 1922

B. R. Wright M. D.