(A) OATH OF RESIDENT WITNESSES.	NOTE.—If only one comrade whose address is known to the applicant, lor him make andiavit 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 applicant and cause of his disability make
	i to the applicant, then let one or more reputable persons who have personal
use E. n. Johnson	knowledge of the services of the applicant and cause of his disability make
BH Lan	(C) AFFIDAVIT OF WITNESSES, NOT COMRADES.
المحمد عدين ولا مناسبة عنه المحمد الله عنه المحمد الله المحمد عليه الله المحمد المحم	(Not necessary when Cartificate B can be filled.)
do solemnly swear that we are residents of the and any strange	
	We,
of the cith a mather, in the State of Virginia and that we	and
have known personally and well for 216 years the applicant whose	· ····································
name is signed to the foregoing application for aid under the act of the	do solemnly swear that we are residents of the
General Assembly of Virginia, approved February SR, 1018, as amended.	in the State of
and that the said applicant is a resident of the said city of county and is	of, in the State of, and that we personally know, and are well acquainted with the appli-
a man of good reputation for truth and honesty, and that we have read	cant whose name is signed to the foregoing application, and who is
the foregoing application and the answers to the questions therein pro- pounded, made by the said applicant and verily believe that the said	applying for aid under the act of the General Assembly of Virginia.
applicant has been truthful in the said statements and answers, and	approved February 28, 1918, and that we have known the said applicant
that from our personal knowledge the applicant is disabled, as stated	foryears, and that to our personal knowledge the said appli-
that from our personal knowledge the applicant is disabled, as stated in answer to questions 17 and 18, and we verily believe the said applicant is justly entitled to aid under the said act, and that we have	foryears, and that to our personal knowledge the said appli- cant was a loyal and true soldier (asilor or marine), in the military or naval service of Virginia, or of the Confederate States, in the war
no personal interest in the allowance of the applicant's claim.	between the States, and was faithful in the discharge of his duty, and
no personal interest in the allowance of the applicant's claim. A signature made by X mark is not valid unless attested by a	i that we verily believe he is displied from the cause, and in the man-
witness. E. M. S. Stranger	ner in his application set forth, and that his claim is just, and that we have no personal interest in the allowance of his claim under the
	said act
Off Sauce	A signature made by X mark is not valid unless attested by a
Resident Wincsscs.	witness.
	ده وجزیت مردود و دور از از معیندی همی سران ۱۹۹۵ زمان از از است. سران مرد سران مرد مرد مرد می مرآو سی سر می مر از
WITNESS	Witnesses not Comrades.
	Witnesses and Company
Subscribed and sworn to before me, a malage Gill	
Subscribed and sworn to before me, a subscribed and sworn to before me, a subscribed and sworn to before me, a	C. * WITNESS
in and for the Country of Opertorangela	
State of Virginia, this the first of the first of the state	Subscribed and sworn to before me, a
LAX AN HIGH	P in and for theofof
it same in the state of the control	
Hy some solon anging limo 28th 1924 Signature of Officer.	State of thisday of 191
(B) AFFIDAVIT OF COMRADES.	Signature of Officer.
A (Bee Question No 10 on page one.)	Signature of Upter.
TITES - un hannen alem an an fait an fait fait han the article state and an area wanted as a second and a second as a seco	NOTE If no comrade in arms or other person who has knowledge of the services of the applicant and the cause of his disability is living. whose address is known to the applicant, state that fact here.
Same A A. TT.	موجو وهذا الطن بابدار ومعاناتهم بر بين طول الله بين هو بنوجو تو الو بزوجو مع الذارية ( بر بن ها و ها و و و و و و
do solemnly awear that the residenty of the currently	
or Manuers of in the State of Vicquina	د د محد بدر زران ۱۹۱۴ و از یک از مربوانی برای شد وه بین زیر می بود از از روم مورو مورو به د د با مار مورو به د 
of the state of our from the	د بر در این بدیده هیی هارو بزو که هجو مصاورتها زند هی این نیزد چه نقا ها: بین چرج ه ده دند بین اینم متاحات دند بند ناید بنو ناید
and that the applicant whose name is signed to the foregoing applica- tion for aid under the act of the General Assembly of Virginia.	
approved l'ebruary 26. IOIR, la personally well known fosis and that and?	(D) CERTIFICATE OF PHYSICIAN.
have known him all machine years, and that we were soldiers	Physician will please read carefully the answers to questions 17
(sauore of Virginia, or	and x8, and the following certificate before filling out.
of the Confederate States, during the war between the United States	A In TOOLes a practicing physician in the
and the Confederate States, and that the said applicant, who was also	A start of the second of the second physician in the
way, with the members. i the same command and that the said war,	in the State of
5"; War a true and level soldier (sollar compariso) in the service	Virginia, do detily that I am personally acquainted with the applicant, and that from a personal examination of him I am clearly of the
nd was faithfu in the discharge of his duty, and that the verily believe	i opinion that he is disabled by reason of (physician will here state
at is abled from the causes and in the manner in his application	SPECIFICALLY the nature of the disability and the cause thereof.
stated and that his claim is just and that we have no personal interest in the allowance of his claim under the said act.	and if such disability be total, whether <i>the applicant is deprived thereby</i>
A signature made by X mark is not valid unless attested by a	of all ability to pursue his usual and ordinary occupation, or any other
witness.	occupation for a livelihood, and if the disability be partial, to what
	extent the applicant is hindered thereby from pursuing such occupa-
alla in c	tion as aforesaid. If the physician considers the disability total, he will, in addition to the cause disclosed by the examination, repeat the
و المحديد ماسية إذ مرسدان بد بدانان ادبه سيانان سيبسد أدر بده المدان ديند سي كه زجاز بديار مرجع ما يتدرج م	language underscored above),
Comradege	In At Burley the alternal dust
WITNESS	La L
	organe 4 black uneble & work he his long
	thent the applient is defined yold above it
Subscribed and sworn to before me, a marany-lice	Rhere a bi Way Or and a star of the
	2
in and for the antice of the manufactor	orcafulini for a liollihord
State of Virginia, this 24 de on Brand 1019	and that I have no personal interest in the allowance of the applicant's
JACI IN	Given under my hand this 2.5 day of function 1019
The culles (,	Correct and any many line and and a series of the series Igit
Signature of Officer.	DITER M.D.
Motary Justin	