

(A) AN OATH OF RESIDENT WITNESSES

We, W. J. Storey
and W. E. Edwards
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 30 years the applicant
whose name is signed to the foregoing application for aid under the
pension law, and that the said applicant is a resident of the said city
or county and is a man 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 we verily believe the said applicant
is justly entitled to aid under said acts 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.

W. J. Storey
W. E. Edwards
Resident Witnesses.

WITNESS

Subscribed and sworn to before me, Notary Public
in and for the County of Southampton
State of Virginia, this 16th day of July, 1930
Maude R. Bitchum
Signature of Officer.

(B) AFFIDAVIT OF COMRADES

We, E. L. Marry
and Only living comrad known.

do solemnly swear that we are residents of the County
of Southampton in the State of VA
and that the applicant whose name is signed to the foregoing appli-
cation for aid under the pension law is personally well known to us,
and that we have known him for 30 years, and that we were
soldiers (sailors or marines) in the military (or naval) service of
Virginia, or of the Confederate States, and that the said applicant,
who was also a soldier (sailor or marine) in the said service during
the said war, with us, (members of the same command) and that
the said applicant was a true and loyal soldier (sailor or marine) in
the service, and was faithful in the discharge of his duty, and that
we verily believe his claim is just and that we have no personal
interest in the allowance of his claim under said act.

A signature made by X mark is not valid unless attested by a witness.

W. J. Storey
Comrades.

WITNESS

Subscribed and sworn to before me, Notary Public,
in and for the County of Southampton,
State of Virginia, this 17th day of July, 1930.
Maude R. Bitchum
Notary Public. Signature of Officer.

NOTE.—If no such comrade is living 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 and cause of his disability make affidavit G.

(C) AFFIDAVIT OF WITNESSES, NOT COMRADES
(Not necessary when Certificate B can be filled)

We, E. B. Magette
and W. T. McLaughlin
do solemnly swear that we are residents of the County
of Southampton, in the State of Virginia.

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 pension law, and that we have
known the said applicant for 25 years, and that to our personal
knowledge the said applicant 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 was faithful
in the discharge of his duty, and that we verily believe his claim is
just, and that we have no personal interest in the allowance of his
claim under said act.

A signature made by X mark is not valid unless attested by a witness.

E. B. Magette
W. T. McLaughlin
Witnesses not Comrades.

WITNESS

Subscribed and sworn to before me, Notary Public,
in and for the County of Southampton,
State of Virginia, this 17th day of July, 1930.
Maude R. Bitchum
Signature of Officer.

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.

(D) CERTIFICATE OF PHYSICIAN

This certificate only necessary when applicant is blind or deaf.
In either case the physician should certify whether partial or total.

I, Linnwood Sparks
a practicing physician in the County
of Southampton State of Virginia, do certify that I am
personally acquainted with the applicant and that from a personal
examination of him, I am clearly of the opinion that the nature of
his affliction is, as follows:
Partially blind, and deaf.
arterio-sclerosis, chronic
brachial plexus, unable to attend
to his duties or occupation.
I have no personal interest in the allowance of the applicant's
claim.

Given under my hand this 17th day of July,
1930
Linnwood Sparks
M. D.