

The Applicant must read or have read to him, every word in this Application.

PENSIONERS now on the ROLL are NOT required to make new applications, but must file annual certificates.

THIS APPLICATION

Must be Filed with the Clerk of the Corporation or Circuit Court of your City or County.
(No application will be entertained not on the printed form.)

FORM No. 2.

APPLICATION of Disabled Soldier, Sailor or Marine of the late Confederacy
Under Act of April 2, 1902, as amended.

I, Benjamin F. Smith do hereby apply for a pension under the provisions of the act of the General Assembly of Virginia, approved April 2, 1902, as amended, entitled "An act to aid the citizens of Virginia who were disabled by wounds received during the war between the States while serving as soldiers, sailors, or marines of Virginia, and such as served during the said war as soldiers, sailors, or marines of Virginia, who are now disabled by disease contracted during the war, or by the infirmities of age * * * and providing penalties for violating the provisions of this act." I do solemnly swear that I am a citizen of the State of Virginia, and that I have been an actual resident of the said State for two years, and of the city or county of my present residence for one year next preceding the date of this application, and that I was a soldier (sailor or marine) of the Confederate States in the war between the States, and that I am now disabled, and that from the effects of such disability I am incapacitated from following my usual and ordinary occupation, or any other occupation for a livelihood; and that during the said war I was loyal and true to my duty, and never, at any time deserted my command or voluntarily abandoned my post of duty in the said service, and that by reason of such service and disability I am now entitled to receive a pension under the provisions of said act. And I do further swear that I do not hold any national, State, city or county office or position which pays me in salary or fees TWO HUNDRED (\$200.00) dollars per annum; nor do I receive from any source whatever money or other means of support amounting in value to the sum of TWO HUNDRED (\$200.00) dollars per annum; nor do I receive from any source whatever money or other means of support for my benefit or use, nor does my wife own, nor does any one hold in trust for my wife, estate or property, either real, personal, or mixed, either in fee or for life, of the assessed value of SEVEN HUNDRED AND FIFTY (\$750.00) dollars; provided, however, that a soldier, sailor or marine who is totally blind, or who lost a hand or a foot while in the discharge of his duty during the war shall be entitled to a pension, unless he or his wife has an estate of the assessed value of ONE THOUSAND (\$1,000.00) dollars; provided, further, that a soldier, sailor or marine who has reached the age of eighty years shall be entitled to a pension unless he or his wife shall have an estate of the assessed value of FIFTY HUNDRED (\$1,500.00) dollars, nor do I receive any aid or pension from any other State, or from the United States, or from any other source, and that I am not an inmate of any soldiers' home and am without means of support, either direct or indirect, and I do further swear that the answers given to the following questions are true:

All questions must be answered fully—be explicit:

1. What is your name? Benjamin F. Smith
2. What is your age? Seventy-five (75) years.
3. Where were you born? Southampton County, Va.
4. How long have you resided in Virginia? Life Time
5. How long have you resided in the City or County of your present residence? 75 years.
6. In what branch of the service were you? Infantry
61st Virginia Regiment.
3rd Company.
7. Who were your immediate superior officers?
Colonel Groves
Captain Mason
8. When did you enter the service? February 2, 1862
9. Where did you enter the service? Southampton Co.
Near Bay King.
10. When and why did you leave the service?
At close of war -
11. Where do you reside? If in a city, give street address.
Post-office Bay King
County of Southampton, Virginia.
12. Have you ever applied for a pension in Virginia before? If yes, why are you not drawing one at this time?
No

13. What is your usual and ordinary occupation for earning a livelihood?
Not able to do any thing at all.
14. Are you following such occupation or any other occupation or employment at this time? If yes, state the nature and extent of same.
No.
15. What is your annual income? \$ None
NOTE—By income is meant the total gross receipts derived by you from all crops (whether sold or used) wages and other sources valued in dollars.
16. How much property do you own?
Real Estate \$ None
Personal Property \$ Nothing but wife
17. What is the exact nature of your disability and the cause thereof?
Was shot in the arm in the war and it has caused me to lose use of same - Now almost broke now
18. Are you totally or partially incapacitated by such disability?
Totally
19. Give the names and addresses of two comrades who served in the same command with you during the war.
Name Newton J. Bantye, Jr.
Address Bay King, Va.
Name H. K. Stephenson, (Capt.)
Address Bay King, Va.
See Certificate "B."
20. Is there a camp of Confederate Veterans in your city or county? Yes.
21. Give here any other information you may possess relating to your service or disability which will support the justice of your claim.

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

WITNESS

I, N. S. Beaton, Notary Public, in and for the County of Southampton, in the State of Virginia, do certify that the applicant whose name is signed to the foregoing application, personally appeared before me in my County aforesaid, having the aforesaid application read to him and fully explained, as well as the statements and answers therein made, the said applicant made oath before me that the said statements and answers are true.

(Given under my hand this 8th day of November 1917.)

My commission expires
April 8th 1917.

Benjamin F. X. Smith
(Signature of Applicant.)

N. S. Beaton, N. O.
Signature of Officer.