

(A) OATH OF RESIDENT WITNESSES.

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

We, John T. Raiford  
and R. C. Eddins Jr.  
do solemnly swear that we are residents of the County of Buchanan  
of Buchanan, in the State of Virginia and that we  
have known personally and well for 20 years the applicant  
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  
the said applicant is a resident of the said city or county and is a woman  
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 that from our per-  
sonal knowledge we verily believe the said applicant is justly entitled to  
aid under the said act 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.

John T. Raiford  
R. C. Eddins Jr.  
Resident Witnesses.

WITNESS

Subscribed and sworn to before me, a Notary Public  
in and for the County of Buchanan of Buchanan  
State of Virginia, this 30 day of April, 1925  
R. T. Thompson R.P.  
Signature of Officer.

(B) AFFIDAVIT OF COMRADES.

(See Question No. 15 on page one.)

We, J. W. R. & G. B. G.  
and John  
do solemnly swear that we are residents of the County of Southampton  
of Southampton, in the State of VA  
and that the applicant whose name is signed to the foregoing application  
for aid under the act of the General Assembly of Virginia, approved  
March 14, 1924, is personally well known to us, and that we have known  
her for 60 years, and know her to be the widow of  
William S. Stephenson who was a soldier (sailor  
or marine), in the military naval service of Virginia, or of the Con-  
federate States, and that we were soldiers (sailors 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-  
ledge he died on or about five years  
day of March from the effects of death  
known

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  
interest in the allowance of the applicant's claim.

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

W. S. Stephenson  
W. S. Stephenson  
Comrades.

WITNESS

Subscribed and sworn to before me, a Notary Public  
in and for the County of Southampton of VA  
State of Virginia, this 19 day of February, 1925  
John T. Raiford  
Signature of Officer.

NOTE—If only one comrade whose address is known to the applicant, let  
him make affidavit 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's husband and cause of his death make affidavit C.

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

We, \_\_\_\_\_  
and \_\_\_\_\_  
do solemnly swear that we are residents of the \_\_\_\_\_  
of \_\_\_\_\_, in the State of \_\_\_\_\_  
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 act of the General Assembly of Virginia, approved  
March 14, 1924, and that we have known the said applicant for \_\_\_\_\_  
years, and that to our personal knowledge  
said applicant is the widow of \_\_\_\_\_  
who 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 be-  
tween the States, and that on or about the \_\_\_\_\_  
day of \_\_\_\_\_ the said applicant's husband died,  
and that they lived as husband and wife up to the date of the death of  
said husband 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.

WITNESS

Subscribed and sworn to before me, a \_\_\_\_\_  
in and for the \_\_\_\_\_ of \_\_\_\_\_  
State of Virginia, this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Signature of Officer.

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.

(D) CERTIFICATE OF PHYSICIAN.

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 physician shall also certify the extent,  
herein.

I, B. J. Brabb, a practicing physician in the  
County of Southampton of VA, in the State of  
Virginia, do certify that I am personally acquainted with the applicant,  
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  
I attended her husband William S. Stephenson  
during his last illness, which resulted into his death.  
On January 1920 the cause  
was gallstones with cholecystitis  
I knew him 50 years.  
and that I have no personal interest in the allowance of the applicant's  
claim.

Given under my hand this 12th day of February, 1925  
B. J. Brabb M. D.