

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

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. 4.

APPLICATION of a Disabled Soldier, Sailor or Marine of the late Confederacy Under Act approved March 21, 1916.

I, J. H. M. Sykes, do hereby apply for a pension under the provisions of the act of the General Assembly of Virginia, approved March 21, 1916, entitled, "An act to amend and re-enact an act approved March 12th, 1912, entitled an act to consolidate into one act all acts relating to Confederate pensions and to repeal all acts and parts of acts in conflict herewith."

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 five years 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 have I an income from any other employment or any source whatever which amounts to Two hundred (\$200.00) dollars per annum; nor do I own in my own right, nor does any one hold in trust 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 One thousand (\$1,000.00) 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, but also 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 Fifteen hundred (\$1,500.00) dollars; nor do I receive any 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 necessary means of support from any source, 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? J. H. M. Sykes
2. What is your age? 82 years
3. Where were you born? Southampton Co Va
4. How long have you resided in Virginia? since birth
5. How long have you resided in the City or County of your present residence? half year
6. In what branch of the service were you?  
1st Virginia Infantry Regiment.  
Co. G. Served 3 1/2 years as Assistant Surg. Company
7. Who were your immediate superior officers?  
Colonel Jos. Mayo  
Captain R. P. Clements
8. When did you enter the service? May 1861
9. Where did you enter the service? Jacobsville  
Southampton Co Va
10. When and why did you leave the service?  
9th day of April 1865 - at  
Surrender of A. L. V.
11. Where do you reside? If in a city, give street address.  
Postoffice Boykins Box Main St.  
County of Southampton Virginia.
12. Have you ever applied for a pension in Virginia before? If so, why are you not drawing one at this time?  
no
13. What is your usual and ordinary occupation for earning a livelihood?  
Physician
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? \$1,500  
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 \$1300  
Personal Property \$
17. What is the exact nature of your disability and the cause thereof?  
7
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 R. P. Ellis  
Address Jacobsville Va  
Name Reginald Stephens  
Address Boykins 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.  
Served four years 3 1/2 years as Assistant  
Surgeon of the 3rd Va Regiment at V. Va

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

WITNESS

I, E. B. Beaton, a 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 10 day of November 1916

My Commission Expires Feb 11, 1918.

J. H. M. Sykes M.D.  
Signature of Applicant.

E. B. Beaton  
Notary Public Signature of Officer.