··· · · · · · · · · · · · · · · · · ·	
(A) OATH OF RESIDENT WITNESSES. (Must be signed by two residents of Applicants City or County.) We,	NOTEIf only one controls whose address is known to the applicant lat 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 arvise of the applicant's husband and of enuse of his death make affidavit O.
and St. Or 13 - 510	(C) AFFIDAVIT OF WITNESSES, NOT COMRADES.
do sole only away that we are residents of the CRUCC	(Not necessary when Certificate B can be filled.)
of	We,
have known personally and well for years the applicant	and
the act of the General Assembly of Virginia, approved March	do solemnly swear that we are residents of the
have known personally and well for	of in the State of
tions therein propounded, made by the said applicant, and varily believe that the said applicant has been truthful in the said	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 11, 1922, amending act approved February 28, 1918, and that we have known the said applicant
statements and answers, and that from our personal 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 allow-	fearoury 26, 1918, and that we have known the sain appreant for
ance of the explicant's claim.	sold applicant is the widow of
A signature made by X mark is not valid unless attested by a witness.	who was a loyal and true soldier (saflor or marine), in the mili- tary or naval service of Virginia, or of the Confederate States, in the war between the States, and that on or about the
Parlimet Withouse	day of
WITNESS	the allowance of the applicant's claim. A signature made by X mark is not valid values attested by a
Subscribed and sworn to before me, a	witness.
in and for the Cosanty of south smith	••••••
State of Vincinia this Ut land What also U	Witness not Comrades.
CARL With and States Signature of Officer.	WITNESS
Signature of Officer.	••••••
(B) AFFIDAVIT OF COMRADES.	Subscribed and sworn to before me, a
(See Ayestion No. 18 on page one.)	in and for the
We, Man Jo. 18 on page one.) We, Man Jo. 19 Mary and 19 A. Hep. Will	State of Virginia, thisday of
and d. d. and will	Signature of Officer.
do solemnly swear that/we are residents of the	MOVEL If no second is sume or other parts the bas beenlafer of
- All Like Like Hillight Willies That a 16 stands to the descention of the	NOTE-If no comrade in arms or other person who has knowledge of the services of the applicant's husband and the came of his death is living, whose address is known to the applicant, state that fact here.
ginia, approved March 11, 1992, amending act approved March 11, 1992	••••••
20, 1910, is personally well known to us, and that we have known	•••••••••••••••••••••••••••••••••••••••
her for	
or marine), in the military or naval sorvice of Virginia, or of the Confederate States, and that we were soldiers (sallors or marines)	(D) CERTIFICATE OF PHYSICIAN.
	Physician will please read corefully the annexers to questions 10.
the said applicant's husband, members of the same command, and that to our personal knowledge he died on or about.	11 and 12, and the following certificate before filling out.
day of	I,, a practicing physician in the
Ded age	Virginia, do cartify that I am personally acquainted with the
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 interact in the allower of the allower the service and	Virginia, do cartify 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 §1, 1928, amending act approved February 28, 1918, and
personal interest in the allowance of the applicant's claim. A signature made by X mark is not palid unless allosted by a witness.	that I attended her husband during his last illness, and that from my professional knowledge of the cause of his death I verily believe that his death resulted
Comradae	from
	•••••••••••••••••••••••••••••••••••••••
WITNESS 1. 1. A. T. T. C. Man	•••••
	•••••••••••••••••••••••••••••••••••••••
Subscribed and sworn to before me, a	and that I have no personal interest in the allowance of the appli-
in and for the . Lowentry of . Low thank low State of Virginia, this	cant's claim.
Carl WBusset	Given under my hand thisday of
Carl Withmannt Signefure of Officer.	M. D.