

(Must be signed by two residents of Applicants City or County.)

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

WITNESS

Subscribed and sworn to before me, a notary
in and for the County of Southampton
State of Virginia, this 4th day of March, 1924.
Carl W. Bryant
Signature of Officer.

(See Question No. 16 on page one.)

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.

N. J. Santos
 B. J. Santos
 T. J. Santos

Comrades.

WITNESS

Subscribed and sworn to before me, a... *Notary*.....
in and for the *County*..... of *Louthamington*
State of Virginia, this... *4th* day of... *March*... 19*24*..
.....
..... *Carl W. Bryant*
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 service of the applicant's husband and of cause of his death make affidavit C.

(Not necessary when Certificate B can be filled.)

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

.....

Witness not Comrades.

WITNESS

Subscribed and sworn to before me, a.....
in and for the of
State of Virginia, this.....day of....., 192....
.....
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.

Physician will please read carefully the answers to questions 10, 11 and 12, and the following certificate before filling out.

I,, a practicing physician in the of, 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 31, 1922, amending act approved February 28, 1918, and 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 from

and that I have no personal interest in the allowance of the applicant's claim.

Given under my hand thisday of, 192....

..... M. D.