

(A) OATH OF RESIDENT WITNESSES.

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

We, John I. Gurnea

and E. F. Reese
do solemnly swear that we are residents of the County
of Southampton, in the State of Virginia and that we
have known personally and well for 10 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.

Resident Witnesses.

WITNESS

Subscribed and sworn to before me, a Notary Public
in and for the County of Southampton
State of Virginia, this 21st day of July, 1924

Signature of Officer.

(B) AFFIDAVIT OF COMRADES.

(See Question No. 15 on page one.)

We, _____

and _____
do solemnly swear that we are residents of the _____
of _____, in the State of _____

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 _____ years, and know her to be the widow of

_____ 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 _____

day of _____ from the effects of _____

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.

Comrades.

WITNESS

Subscribed and sworn to before me, a J. P.
in and for the County of Southampton
State of Virginia, this 30th day of June, 1924

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, John I. Gurnea
and E. F. Reese

do solemnly swear that we are residents of the County
of Southampton, in the State of Virginia
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 John W. Maiter
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 28th day of May
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.

Witnesses not Comrades.

WITNESS

Subscribed and sworn to before me, a Notary Public
in and for the County of Southampton
State of Virginia, this 28th day of June, 1924

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, W. J. M. Gurnea, a practicing physician in the
County of Southampton, 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 John W. Maiter
during his last illness which resulted into his death.

Immediate cause of death
George's Yaw
contracted
and that I have no personal interest in the allowance of the applicant's
claim.

Given under my hand this 26th day of June, 1924
W. J. M. Gurnea M. D.