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Filed in the Clerk's Office of the **Pension** Application FOR A Widow of a Confederate Soldier filled. **UON** be filed ACT 1002. AS AMENDED SG To save trouble for Applicant and Pension Department, please write plainly in spaces below, the County or City In which the Pension was granted and the name and Posteffice Address of the applicant. FILLED IN. υ 'n it in full. Certificate 6. 1 SI KHOA HIL Roll No. County Sauthamplan. Name Mary & White NGTRU Postofice ... Olass. Rating Filed in Auditor's offer PR 8 1913 191 Paid Warrant No. 121.49 \$2500 MEMORANDA WAR DEPARTMENT 66 3 Form No. 8 3-11-11. 1X. Desiroy all provious forms

TO PERSIONS PROM THIS STATE ARE NOT ENTITLED 1. 1868, ATTEN A **WARREN** WIDOWS WHO WERE

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