

(A)

OATH OF RESIDENT WITNESSES.

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

We, John W. White....., and E. H. Slade....., 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 30..... years the applicant whose
name is signed to the foregoing application for aid under the act of the General Assembly of Virginia, approved April 2, 1902, as amended, 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 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 allowance of the applicant's claim.

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

John W. White
E. H. Slade
Resident Witnesses.

WITNESS.....

Subscribed and sworn to before me, a Justice of the Peace in and for the County..... of Southampton.....
State of Virginia, this 14th day of March..... 1917.....

M. B. Puller, J. P.
Signature of Officer.

(B)

AFFIDAVIT OF COMRADES.

(See Question No. 10 on page one.)

We, Bert W. Brittle..... and L. R. Jennings..... do solemnly swear that we are resi-
dents of the County of Southampton in the State of Virginia..... and that the applicant whose name is signed to
the foregoing application for aid under the act of the General Assembly of Virginia, approved April 2, 1902, as amended, is personally well known to us,
and that we have known her for 49..... years, and know her to be the widow of Quinn A. Lloyd White who was a soldier (sailor
or marine) in the military (or naval) service of Virginia, or of the Confederate 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 knowledge, he died
on or about the 7th of June..... 1892..... from the effects of Wounds received.....

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 allow-
ance of the applicant's claim.

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

WITNESS.....

B. W. Brittle
L. R. Jennings
Comrades.

Subscribed and sworn to before me, a Justice of the Peace in and for the County..... of Southampton.....
State of Virginia, this 18th day of March..... 1917.....

M. B. Puller, J. P.
Signature of Officer.

NOTE: If any 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 of cause of his death, make affidavit C.

(C)

AFFIDAVIT OF WITNESSES, NOT COMRADES.

(Not necessary when Certificate B can be filled.)

We, and do solemnly swear that we are residents
of the of in the State of 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 April 2, 1902, as amended, and that we have known the said applicant for years, and that to our personal knowledge
the said applicant is the widow of 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 between the States, and that on or about the 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.

WITNESS.....

Witnesses, not Comrades.

Subscribed and sworn to before me, a in and for the of
State of Virginia, this day of 191....., 191.....

Signature of Officer.

NOTE: If no comrade in arms or other person who has knowledge of the services of the applicant's husband and of the cause of his death is living, whose address is known to the applicant, state
that here

(D)

CERTIFICATE OF PHYSICIAN

Physician will please read carefully the answers to questions 10, 11 and

..... a practicing physician in
State of Virginia, do certify that I am personally acquainted with the applicant, who
is the (General Assembly of Virginia, approved April 2, 1902, as amended, and the
his last illness, and that from my professional knowledge of the cause of his death,
.....
and that I have no personal interest in the allowance of the applicant's claim.

Given under my hand, this day of

following certificate before filling out.

..... of in the
signed to the foregoing application for aid under the
and her husband, during
believe that his death resulted from.....

M. D.

Certificate "B" cannot be filled up by
the doctor he having died some years
ago Dr. A. W. Slade was the physician who
attended him. Ed. M. Jennings
Physician, "also" also
C. H. Slade