

PENSIONERS now on the ROLL are NOT required to make new application, but must file annual certificate.

THIS APPLICATION must be filed with the Clerk of the Corporation or Circuit Court of Your City or County.
(No application will be entertained not on the printed form.)

FORM No. 4.

APPLICATION of a Disabled Soldier, Sailor or Marine of the late Confederacy Under Act approved March 21, 1916.

I, William Walter White do hereby apply for a pension under the provisions of the act of the General Assembly of Virginia, approved March 21, 1916, entitled, "An act to amend and re-enact an act approved March 12th, 1912, entitled an act to consolidate into one act all acts relating to Confederate pensions and to repeal all acts and parts of acts in conflict herewith."

I do solemnly swear that I am a citizen of the State of Virginia, and that I have been an actual resident of the said State for five years next preceding the date of this application, and that I was a soldier (sailor or marine) of the Confederate States in the war between the States, and that I am now disabled, and that from the effects of such disability I am incapacitated from following my usual and ordinary occupation, or any other occupation for a livelihood; and that during the said war I was loyal and true to my duty, and never, at any time during my command or voluntarily abandoned my post of duty in the said service, and that by reason of such service and disability I am now entitled to receive a pension under the provisions of said act. And I do further swear that I do not hold any national, State, city or county office or position which pays me in salary or fee Two hundred (\$200.00) dollars per annum; nor have I an income from any other employment or any source whatever which amounts to Two hundred (\$200.00) dollars per annum; nor do I receive from any source whatever money or other means of support amounting in value to the sum of Two hundred (\$200.00) dollars per annum; nor do I own in my own right, nor does any one hold in trust for my benefit or use, nor does my wife own, nor does any one hold in trust for my wife, estate or property, either real, personal, or mixed, either in fee or for life, of the assessed value of One thousand (\$1,000.00) dollars; provided, however, that a soldier, sailor or marine who is totally blind, or who lost a hand or a foot while in the discharge of his duty during the war shall be entitled to a pension, unless he or his wife has an estate of the assessed value of One thousand (\$1,000.00) dollars, but also that a soldier, sailor or marine who has reached the age of eighty years shall be entitled to a pension, unless he or his wife shall have an estate of the assessed value of Fifteen hundred (\$1,500.00) dollars; nor do I receive any pension from any other State, or from the United States, or from any other source, and that I am not an inmate of any soldiers' home and am without necessary means of support from any source, and I do further swear that the answers given to the following questions are true:

All questions must be answered fully—be explicit.

1. What is your name? Wm Walter White

2. What is your age? 74 years

3. Where were you born? Southampton Co

4. How long have you resided in Virginia? All life

5. How long have you resided in the City or County of your present residence? 74 years.

6. In what branch of the service were you?

1st Regt 1st Infantry Regiment.
Co Company

7. Who were your immediate superior officers?

Colonel R. A. Pryor or J. G. Mayo
Captain W. H. Reed, C. J. Parker or E. F. Brown

8. When did you enter the service? July 1861

9. Where did you enter the service? Ways Station near
Smithfield

10. When and why did you leave the service?

Discharged for disability
May of 1864

11. Where do you reside? If in a city, give street address.

Postoffice Seabell
County of Southampton Virginia.

12. Have you ever applied for a pension in Virginia before? If so, why are you not drawing one at this time?

No

13. What is your usual and ordinary occupation for earning a livelihood?

Shocking and shoring work

14. Are you following such occupation or any other occupation or employment at this time? If yes, state the nature and extent of same.

No

15. What is your annual income? \$ None
NOTE—By income is meant the total gross receipts derived by you from all crops (whether sold or used), wages and other sources valued in dollars.

16. How much property do you own?

Real Estate \$ None

Personal Property \$ None

17. What is the exact nature of your disability and the cause thereof?

Bright's Disease and
Hydro-nephrosis of Prostate
Gland. Caused probably by

18. Are you totally or partially incapacitated by such disability?

Totally

19. Give the names and addresses of two comrades who served in the same command with you during the war.

Name W. H. Reed

Address Seabell

Name H. R. L. Capt. Dr.

Address Seabell

See Certificate "B."

20. Is there a camp of Confederate Veterans in your city or county? Yes

21. Give here any other information you may possess relating to your service or disability which will support the justice of your claim.

None

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

WITNESS

I, E. P. Edwards, Notary Public in and for the State of Virginia, do certify that the applicant whose name is signed to the foregoing application, personally appeared before me in my office at Seabell, having the aforesaid application read to him and fully explained, as well as the statements and answers therein made, the said applicant made oath before me that the said statements and answers are true.

Given under my hand this 1st day of July, 1916

Signature of Officer.