(A) OATH OF RESIDENT WITNESSES

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

We, [illegible]

and [illegible]

do solemnly swear that we are residents of the County

of [illegible] in the State of Virginia and that we have known personally and well for [illegible] years the applicant whose name is signed to the foregoing application for aid under the pension law, and that the said applicant is the widow of [illegible] and 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 law 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.

J. R. Boyette

[illegible]

Resident Witnesses

WITNESS

Subscribed and sworn to before me, a Notary Public in and for the County of [illegible] State of Virginia, this [illegible] day of May 1934

[illegible] N. P.

[illegible] *Signature of Officer.*

(Not necessary to have this Certificate B filled out if husband was a pensioner)

(B) AFFIDAVIT OF COMRADES

(See Question No. 16 on page one)

We, [illegible]

and

do solemnly swear that we are residents of the [illegible]

of [illegible] in the State of [illegible]

and that the applicant whose name is signed to the foregoing application for aid under the pension law is personally well known to us, and that we have known her for 22 years, and know her to be the widow of [illegible] 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 of the same command, and that to our personal knowledge he died on or about [illegible] day of [illegible] 1916 from the effects of [illegible]

and that he was a true and loyal soldier (sailor or marine) 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.

[illegible]

Comrades.

WITNESS

Subscribed and sworn to before me a Notary Public in and for the City of Norfolk State of Virginia, this 5th day of May, 1934

[illegible]

Signature of Officer.

My Commission expires Jan 29-1935.

NOTE.—If no such comrade is living required in Certificate B 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 make Affidavit C.

(Not necessary to have this Certificate C filled out if husband was a pensioner)

(C) AFFIDAVIT OF WITNESSES, NOT COMRADES

(Not necessary when Certificate B can be filled)

We, Mrs. Elizabeth [illegible]

and [illegible]

do solemnly swear that we are residents of the City of

of Norfolk in the State of Va.

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 pension law, and that we have known the said applicant for 22 years, and that to our personal knowledge said applicant is the widow of [illegible] 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 10th day of [illegible] 1916 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.

Mrs. Elizabeth [illegible]

[illegible]

Witnesses not Comrades.

WITNESS

Subscribed and sworn to before me a Notary Public in and for the City of Norfolk State of Virginia, this 5th day of May, 1934

[illegible]

My Commission expires Jan 29-1935 *Signature of Officer.*

NOTE.—If no comrades in arms or other persons who have knowledge of the services of the applicant's husband and the cause of his death are living, whose address is known to the applicant, state that fact here.

(D) CERTIFICATE OF PHYSICIAN

This certificate only necessary when applicant is blind. In which case the physician should certify whether partial or total.

I,

a practicing physician in the

of State of Virginia, do certify that I am personally acquainted with the applicant and that from a personal examination of her, I am clearly of the opinion that the nature of her affliction is as follows:

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

Given under my hand this ____ day of ____, 19__

M. D.