

(A) OATH OF RESIDENT WITNESSES  
(Must be signed by two residents of applicant's City or County)

We, Frederic A. Leary  
and E. H. Johnson  
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 35 years the applicant  
whose name is signed to the foregoing application for aid under acts  
of the General Assembly, approved March 26, 1928; and March 10,  
1928, 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 acts 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.

Frederic A. Leary  
E. H. Johnson  
Resident Witnesses.

WITNESS \_\_\_\_\_

Subscribed and sworn to before me, a Justice of Peace  
in and for the County of Southampton  
State of Virginia, this 20th day of June, 1931  
Thomas M. Bullock, Jr.  
Signature of Officer.

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

(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 applica-  
tion for aid under acts of the General Assembly of Virginia, approved  
March 26, 1928 and March 10, 1928, 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 or naval service of Vir-  
ginia, 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 \_\_\_\_\_ day  
of \_\_\_\_\_, from the effects of \_\_\_\_\_

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.

Comrades.

WITNESS \_\_\_\_\_

Subscribed and sworn to before me a \_\_\_\_\_  
in and for the \_\_\_\_\_ of \_\_\_\_\_  
State of Virginia, this \_\_\_\_\_ of \_\_\_\_\_, 19\_\_\_\_

Signature of Officer.

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 per-  
sonal knowledge of the services 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, \_\_\_\_\_  
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 ap-  
plicant whose name is signed to the foregoing application, and who  
is applying for aid under acts of the General Assembly of Virginia,  
approved March 26, 1928 and March 10, 1928, and that we have  
known the said applicant for \_\_\_\_\_ years, and that to our personal  
knowledge 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.

Witnesses not Comrades.

WITNESS \_\_\_\_\_

Subscribed and sworn to before me, a \_\_\_\_\_  
in and for the \_\_\_\_\_ of \_\_\_\_\_  
State of Virginia, this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Signature of Officer.

NOTE:—If no comrade in arms or other persons who have 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.  
This certificate only necessary when applicant is blind. In  
which case the physician should certify whether partial or total.

I, Dr. B. F. Babb  
a practicing physician in the County  
of Southampton 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:

Facial Neuralgia  
Asthma

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

Given under my hand this 20th day of June

1931 B. F. Babb  
M. D.