The Applicant must read, or have read to her, every word in this Application

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 Court of Your City or Circuit Court of Your County

(No application will be entertained not on the printed form.)

FORM No. 5

APPLICATION of a widow of a Soldier, Sailor, or Marine of the late Confederacy under act approved March 14, 1924.

I, Rebecca Jane Williams, do hereby apply for a pension under the provisions of the act of the General Assembly of Virginia, approved March 14, 1924, relating to Confederate pensions.

I do solemnly swear that I am a citizen of the State of Virginia, and have been an actual resident of the said State for two years next preceding the date of this application, and that I am the widow of Jesse Franklin Williams who was a soldier (sailor or marine) in the service of the Confederate States in the War between the States, and that I was married to him on or before December thirty-first eighteen hundred and eighty two (December 31, 1882, and to the best of my knowledge during the said war my husband was loyal and true to his duty, and never at any time deserted his command or voluntarily abandoned his post of duty in the said service, and that I was never divorced from my said husband, and that I never voluntarily abandoned him during his life, but remained his true, faithful and joyful wife up to the time of his death, and that I am a widow at the date of making this application, and that I am now entitled to receive a pension under the provisions of said act. I do further swear that I do not hold a national, State or county office, which pays a salary or fees amounting to three hundred dollars ($300.00) per annum, nor have I income from any source whatever which amounts to three hundred dollars ($300.00) per annum, nor do I receive from any source whatever a yearly, amounting in value to three hundred dollars ($300.00) per annum; nor do I own in my own right, nor is there held in trust for my own benefit, estate or property either real, personal or mixed in fee or for life, which yields a total income which amounts to three hundred dollars ($300.00) per annum, or which yields an income which, added to my income from all other sources, amounts to as much as three hundred dollars ($300.00) per annum. I do further swear that I do not receive a pension from this or any other State or from the United States, nor do I receive necessary aid from any source, board and clothing excepted. I do solemnly swear that the answers given to the questions which I am required to answer in this application are true to the best of my knowledge and belief.

All questions must be answered fully. Widows married after December 31, 1882, are not entitled to pensions.

Any assessment of property does not affect the right to pension, but the gross income from all sources must be less than $300.00 per year.

1. What is your name? Rebecca Jane Williams
2. What is your age? 68
3. Where were your born? Southampton Co Va
4. How long have you resided in Virginia? Life
5. How long have you resided in the City or County of your present residence? 68 years.
6. Where do you reside? If in a city, give street address? R # 3
   Postoffice Franklin Va
   County of Southampton Virginia
7. With whom do you reside? Self
8. What was your husband's full name? James Franklin Williams
9. When, where, and by whom were you married?
   When? 1876 Dec 16
   Where? Southampton Co
   By whom? Rev John Kitchen
10. When and where did your husband die? Jan 24 1924
    Southampton Co Va
11. What was the cause of his death? Pneumonia
12. Have you married since the death of your husband? If yes give full particulars.
    No
13. In what branch of the army did your husband serve?
    Infantry Regiment
    F Company
14. Who were his immediate superior officers?
    Colonel
    Captain Wm Shands
15. Give the names and addresses of two comrades who served in the same command with your husband during the war. (*See Certificate "B."*)
    Name
    Address
    Name
    Address
16. Give the names and addresses of two persons who are familiar with the circumstances of your husband's service and death. (*See Certificate "C."*)
    Name
    Address
    Name
    Address
17. What assistance do you receive, and what income have you from all sources?
    $30
    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.
18. How much property do you own?
    Real estate, $ About Two Hundred Dollars
    Personal property, $
19. Was your husband on the pension roll of Virginia? If yes in what county or city was his pension allowed?
    Yes Southampton Co Va
20. Have you ever applied for a pension in Virginia before? If yes, why are you not drawing one at this time?
    Yes
21. Is there a camp of Confederate Veterans in your city or county?
    Yes Meyerkord Little Camp
22. Give here any other information you may possess relating to the service of your husband or the cause of his death which will support the justice of your claim.

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

WITNESS E B Ritchen

Rebecca Jane Williams
Signature of Applicant.

I, Edward A Mann a Notary Public in and for the County of Southampton of _____, in the State of Virginia, do certify that the applicant whose name is signed to the foregoing application personally appeared before me in my County aforesaid, having the aforesaid application read to her 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 22 day of November, 1924

Edward A Mann
Signature of Officer.

my commission expires July 10 1926