(A) OATH OF RESIDENT WITNESSES. (Must be signed by two testdents of Applicant's City or County.)	NOTE-If only one controls whose address is known to the applicant, let him make affidivit B. If to such controls is living whoses address is known to the applicant, then let one or more reputible persons who have personal knowledge of the services of the applicant's husband and cause of his denti make affidivit C.
nd Mis AVIER Guit HS	(C) AFFIDAVIT OF WITNESSES, NOT COMRADES. (Not necessary when Certificate B can be filled.)
do solemnly sufer that factor residents of the Manty	We de Bebre e an
of Rauthand that we	mi alshartair
have known personally and well for	do solemply swear that we are residents of the accest
of the General Assembly of Virginia, approved March 14, 1924, and that the said upplicant is a resident of the said city or county and is a woman	of Sauce trampiting in the State of Tinging
of good reputation for truth and honesty, and that we have read the foregoing application and the answers to the questions therein propounded,	and that we personally know, and are well acquainted with the applicant whose name is signed to the foregoing application, and who is applying
made by the said applicant, and verily believe that the said applicant has been truthful in the said statements and gaswers, and that from our ver-	for aid under the act of the General Assembly of Virginia, approved
sonal 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	March 14, 1924, and that we have known the said applicant for.
allowance of the applicant's claim. A signature made by X mark is not valid unless sitested by	years, and that to our personal knowledge
A witness.	who was a loyal and true solder (saflor or marine), in the military or
Mr a former	naval service, of Virginia, or of the Confederate States, in the war be-
Resident Witnesses.	tween the States, and that on or about the 24
WITNESS	day of Jan 1924 the said applicant's husband died, and that they lived as husband and wife up to the date of the death of
	said Amshand and that we have no personal interest in the allowance of the applicant's claim.
in and for the Carry of arthany	A signature made by X mark is not valid unless attested by a witness.
State of Virginia, this 2/20 for the State of Virginia, this 2/20 for the State	waschees.
State of Virginity internet in the state of	, di grander
Signature of Officer.	Witnesses not Comrudes.
(B) AFFIDAVIT OF COMRADES.	WITNESS
(See Question No. 15 on page one.)	not an Public
we,	Subscribed and sworn to before me, although wither in and for the country of saithantie
do solemnly swear that we are residents of the	
of, in the State of	State of Virginia, this
*A that the applicant whose name is signed to the foregoing application for aid under the act of the General Assembly of Witzinia, approved	Strature of Officer.
Americh 14, 1924, is personally well known to us, and that we have known	NOTE-If no comrade in mas or other person who has knowledge of the services of the applicant's hushand and the cause of his death is living, whose address is known to the applicant, state that fact here,
her for	is known to the applicant, sinte that fact have,
or marine), in the military naval service of Vinginia, or of the Con-	·
V federate States, and that we were soldiers (sailors of marines) in the said service during the said war, and that we were with the said applicant's	
Restand, members of the same command, and that to our personal know- ledge he died on or about	
day of	(D) CERTIFICATE OF PHYSICIAN. Physician will please read carefully the answers to questions 10 and
•	11, and the following certificate before filling ont.
and that he was a true and loyal soldier in the said service and was	If the applicant is blind the physician shall also certify the extent, herein.
faithful in the discharge of his duty, and that we have no personal interest in the allowance of the applicant's claim.	On I, M IM protection physician in the
A signature made by X mark is not valid unless attested by	Virginia, do certify that I am personally acquilinted with the applicant,
	of the General Assembly of Virginia application for aid under the act
Comrades.	I attended her husband Husband during his last illness, which resulted into his death.
WITNESS	auring nis last illness, which destilled into his death.
Subscribed and sworn to before me, a	
State of Virginia, this	and that I have no personal interest in the allowance of the applicant's claim.
	Given under my hand this 2/ day of fring 19- 11
Signature of Officer.	JA Jin Franka M. D.
	L

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