

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

We, W. H. McPherson
and Elliot R. Story
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 25 + 31 years the applicant
whose name is signed to the foregoing application for aid under
the act of the General Assembly of Virginia, approved March 14,
1924, 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 act 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.

W. H. McPherson
Elliot R. Story
Resident Witnesses.

WITNESS

Subscribed and sworn to before me, a Notary Public
in and for the County of Southampton
State of Virginia, this 20th day of March, 1926
W. H. McPherson
Elliot R. Story
Signature of Officer.

(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 appli-
cation for aid under the act of the General Assembly of Virginia,
approved March 14, 1924, 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 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, members 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 in the said service and
was faithful in the discharge of his duty, and that we have no per-
sonal interest in the allowance of the applicant's claim.

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

WITNESS

Comrades.

Subscribed and sworn to before me, a _____
in and for the _____ of _____
State of Virginia, this _____ day of _____, 19____

Signature of Officer.

NOTE—If only one comrade whose address is known to the applicant, let
him make affidavit B. If no such comrade is living whose address is known to
the applicant, then let one or more reputable persons who have personal knowl-
edge of the services of the applicant's husband and cause of his death make
affidavit C.

(C) AFFIDAVIT OF WITNESSES, NOT COMRADES.
(Not necessary when Certificate B can be filled.)

We, Thos. D. Boone
and Jos. P. King
do solemnly swear that we are residents of the County
of Southampton in the State of Virginia
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 the act of the General Assembly of Vir-
ginia, approved March 14, 1924, and that we have known the said ap-
plicant for 20 + 16 years, and that to our personal knowl-
edge said applicant is the widow of Capt. J. C. Wilks
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 27th
day of January, 1912, 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.

Thos. D. Boone
Jos. P. King
Witnesses not Comrades.

WITNESS

Subscribed and sworn to before me, a Notary Public
in and for the County of Southampton
State of Virginia, this 29 day of March, 1926
W. H. McPherson
Signature of Officer.

NOTE—If no comrade in arms or other person who has 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.

Physician will please read carefully the answers to questions 10 and
11, and the following certificate before filling out.

If the applicant is blind the physician shall also certify the
extent, herein.

I, W. H. Lorch, a practicing physician in the
County of Southampton, in the State of
Virginia, do certify that I am personally acquainted with the ap-
plicant, whose name is signed to the foregoing application for aid
under the act of the General Assembly of Virginia, approved, March
14, 1924, and that I attended her husband J. C. Wilks
during his last illness, which resulted into his death.

and that I have no personal interest in the allowance of the appli-
cant's claim.

Given under my hand this 26 day of March, 1926

M. D.