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APPLICATION FOR ALLOWANCE Date of Warrant Ofto 91110 4

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In order to avoid unnecessary delays to applicants, and to enable all parties interested to understand the laws granting allowances to disabled soldiers, as well as the rules adopted by the Governor touching the payments provided, the following suggestions are submitted.

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physicians, and followed by a plain statement of facts showing the extent of the disability. If applicant claims disability from disease contracted in the service, a full and carefully stated history of the disease should be given, tracing the disability by positive proofs to the service.

2. The law makes no allowance for an arm or a leg, unless the arm or leg has been rendered substantially

and essentially useless.

3. It will not answer to say that an arm is "substantially useless for ordinary pursuits of life, etc." There is no qualification to the clause of the Act in reference to the arm or leg, but the limb must for all purposes be "substantially and essentially useless."

4. If the application is for a wounded leg, it would seem to be a fair construction of the Act, and the words above quoted, to say that unless the injury is such as to require the constant use of crutch or stick, that the leg is not "substantially and essentially useless."

5. It papers are returned for correction, and amendments are added to any of the affidavits, the amendments must be made under oath before an officer, and the proofs must show that the amendments have been duly sworn to.

6. Every application must be certified by the Ordinary of the county of the residence of the applicant. The certificate of any other will not be received in any case.

The Ordinaries of the several counties are specially requested to call the attention of the physicians and applicants to these points.

For Use of Applicants Who Have not Heretofore Drawn

Tot oscor applicants who trave not received brawn	•
<del></del>	
STATE OF GEORGIA,	
Musivither county.	
PERSONALLY appears Thos. a. Maddoy of Munivelhur county	
State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen an	
resident of said State, and has been such since the day of	12
and state, and has been such since the military service of the Cor	
federate States (of the State of) during the war between the	
States, and served as a Sargent in Company 13, of 13 th Regimen	
of Herrin Volunteers Lawton 's Brigade; that whilst engage	
in such military service, at the battle of Sharpsbury in the State	
of Maryland, on the 17 day of September 1862, he was	
wounded as follows: Sunshot wound in night should	den
frint museles and tendon severed, ser	z _
during the right ann essentially an	
substantially useless. Said wound is	
hermunt and causes much prin an	2-
enthering this fringers are contracted being drawn	
Deponent desires to participate in the benefits of the Act, approved October 24, 188	7.
and the Act amendatory thereof, approved December 24, 1888, and makes application for	
the allowance to which he is entitled for the year thereunder ending October 26, 1889.	3
Sworn to and subscribed before me, this the J. S. Maddox  1889	
A. Hinton Ordinary	
Note:—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent	
the disability.	. <b></b>
Commissioned Officer's Affidavit.	
STATE OF GEORGIA,	
County.	
Personally came before me of the coun	ty
of State of Georgia, who, being duly sworn, says that he w	•
a commissioned officer in Company, of Regiment of	
Volunteers, and that deponent knows, and that he received the	he
wounds (or contracted the disease) in the military service, as stated in his foregoing affiday	it,

The foregoing affidavit, changed to suit the facts should be made by a commissioned officer of Company or Regiment. If the affidavit of such an officer is not obtainable, the following affidavit of three responsible citizens should be furnished:

as stated by him in said affidavit. Deponent further states that said

is a bona fide citizen of this State and resides

and that wounds (or disease) permanently disables the said.

citizens of Menuellhur county, in said State,
who, being duly sworn, say that they are acquainted with 2horn
A. Madday and know that he received the wounds (or contracted the
disease) in the military service, as stated by him in the foregoing affidavit; that said wounds
(or disease) permanently disables applicant, as stated by him; that said applicant is a bona.
fide citizen of this State, and resides in Meninether county, and we
are well satisfied that all the statements in his affidavit are true.
Sworn to and subscribed before me, this 18 day of Africa 1889  W. B. Malone.  Mog X of ficio for D. D. W. W.
Note.—Above affidavit must be made by three citizens of the county of applicant's residence.
STATE OF GEORGIA,
Mericular County.
PERSONALLY comes before me A. Hernton Ordinary of said county, 6. B. Livill and G. W. Pinkeston, both known to
me as reputable physicians of said county, who, being severally sworn, say on oath that
they have carefully examined Thomas A. Maddor and after such
examination say that the applicant has been injured as follows:
would in right shoulder foint. Mus=
elex & tendows severed - rendering the
entire lingh substantially & Essential
being drown down to palm of hand Com-
- pletely + tightly.
5/20
Sworn to and subscribed before me, this
18th day of april 1889 MPintreton MD
A.J. Hinton
ORDINARY.
READ NOTE.—The physicians will state fully the extent of the wound, and then give facts to show the extent of the disability resulting therefrom.

STATE OF GEORGIA,

STATE OF GEORGIA,
Merinethet County.
I, Helicin Ordinary of said county, lo certify that I am well acquainted with Thomas A. Maddorf the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
n his said affidavit are true, and I know he is the individual he represents himself to be,
and that he resides in this county. I also certify that the foregoing witnesses, are persons
of respectability, and that their statements are worthy of full credit and belief.  I further certify that His B. Hendelleston
perfore whom the foregoing affidavits were made and power of attorney was signed, is a N.P. + Cert Iff. Of said county, and the said affidavits and signatures.
Given under my official signature and seal, this 18 day of Charil 1889.  A. Heritan  Ordinary Menine That County.

## POWER OF ATTORNEY.

	STATE OF GEORGIA,
	Mennythur county.
	Know all Men by these Presents, That I, Thornes N, Mal
	dog of Menwelher.
	county, in said State, do hereby appoint W. He. Hearing
	of attanta Ela, my true and lawful attorney in fact, for
	me and in my name, to receive and receipt for whatever amount of money I may be entitled
	to form the State of Georgia by reason of the injury received as aforesaid in the military ser-
	vice of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby
	authorizing my said attorney to receipt in my name for any Warrant that may be issued by
	the Governor, or for any sum of money which may be coming to me for the reason aforesaid.
	In witness whereof I have hereunto set my hand and seal, this
	day of 1889.
	J. A. Maddot (L.S.)
	Executed in the presence of us:
	Driversel Sund money b
/	
-	10 13 Audilleston PO. orden to
	10 Di Comille Qua
	Mers of S. Greenville, Isa.

STATE OF GEORGIA, Ordinary of said county, do certify that I am well acquainted with Journal applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county. I further certify that whom the foregoing affidavits were made and power of attorney was signed, is a of said county, and the said affidavits and signatures thereto are genuine. Given under my official signature and seal, this 22 day of July 1892.

1///	EORGIA,	
	Thus Connty.	
I, #	well acquainted with a 2 2/2	Ordinary of said County,
do certify that Vam	well acquainted with	addorp the
applicant in the fo	oregoing affidavit, and am well satisfied t	that the statements made by him
	are true, and that he is disabled, to the ex	
	presents himself to be, and that he resides	in this County.
I further certif		man of attampan mac signed is a
before whom the	foregoing affidavits were made and po	County, and the said affidavits and
signatures thereto a		77
	ny official signature and seal, this	day of 726 21 1891.
Given under in	by Official Signature and Scal, this 2/	' /- /
	1 / 10	mille County.
	Ordinary	county.
		1 1 1
Strate and an	a 125	8
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	Z 4 1 1 1 1 1 1 1	
Mr T	でいる。 これ こうしん	
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	Applicate Applicate Applicate County.	Entered on :
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ALLOWANGE

APPLICATION

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Merinethen county.
PERSONALLY appears I, a Madday of Mericu ether county,
State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and
resident of said State, and has been such continually since the day of
accepted in the military service of the Con-
federate States (or of the State of
States, and served as a Zand Sanger Xin Company 3, of 13 th Regiment
of Lewycu Volunteers Lawton 's Brigade; that whilst engaged
in such military, service, at the battle of Sharpfree in the State
of Maryland on the 17 day of Sefellinder 1867, he was
wounded as follows: Tunishax warned in The
right shoulden ball plonghong its way
Through and coming out at the faint.
of the lever & Showeden, distrayed the struster
of the arm and hand and caused to
accome very much drawn and ann useles
Stantially & essentially useling
Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is
entitled for the year ending October 26, 1890. I have heretofore been allowed a pension
of Sworn to and subscribed before me, this the dollars.
22 day of Felin 1890)
Norw.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of
the disability.
POWER OF ATTORNEY.
STATE OF GEORGIA
Callet County.
KNOW ALL MEN BY THESE PRESENTS, That I, of Manuella of Manuella
-county, in said State, do hereby appoint The War in
of the State, do hereby appoint my true and lawful attorney in fact, for
me and in my name, to receive and receipt for what ever amount of money I may be entitled
to from the State of Georgia by reason of the injury received as aforesaid in the military
service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be
issued by the Governor, or for any sum of money which may be coming to me for the reason
aforesaid.  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
222 day of Felly 1890.
J. W. Madles [i. s.]
Executed in the presence of us:
MHGarlvidge
A. Minton Ordinary.
DIRECTION.
Send money to me as follows, by Profe Conclusion.
to Asservelle P.O.
Municita County, Georgia.
T. F. Aladeler

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
ellerivether County.
PERSONALLY appears I. A. Maddoy of Merice Then
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and
resident of said State, and has resided therein continuously ever since the
day of aux 1840; that he enlisted in the military service of the Con-
federate States (or of-the State of) during the war between the
States, and served as a free CLCL in Company 13, of 13 th Regiment
of Lewyid Volunteers Lacalone's Brigade; that whilst engaged
in such military service at the battle of State
of ILL, on the /7 the day of Ne/1862, he was
wounded as follows: Sunshal wound in right ofund
den severy the tinders and houdie
paralysis of the right arm and coursing
The pringers and hand to be drawer highly
Said wound renders his right and out
stuntially and essentially useless.
Deponent desires to participate in the benefits of the Act, approved October 24, 1887,
and the acts amendatory thereof, and makes application for the allowance to which he is entitled
for the year ending October 26, 1891. I have heretofore been allowed a pension of
Sworn to and subscribed before me this the
Sworn to and subscribed before me, this, the J. A. Madd of day of day of 1891.
day of
A. Heisten ordinary
NOTE.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.
DOWNED OF ATTODAILS
POWER OF ATTORNEY.
STATE OF GEORGIA,
Multiler_ County.
Know all Men by these Presents, That I, Z. N. Madday
of Mereby appoint County, State of Georgia, do hereby appoint
WH.//carrism
of Ultricita 20 my true and lawful attorney in fact, for
was and in mir names to mossilio and upstine ton inhotorion amazine at meaning in mari ha satisfied
me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service
to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authoriz-
o from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Gover-
to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.
to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of ACLUMENTORY.
to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of Alla delete.  [L. s.]
to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of Alla delete.  [L. s.]
to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of Alla delete.  [L. s.]
to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of Alle delete.  [L. 8.]  Executed in the presence of us:    Direction of this State   1891.
to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of Alla delete.  [L. s.]
to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of Alle delete.  [L. 8.]  Executed in the presence of us:    Direction of this State   1891.

Maimed Soldiers. Voucher No. 2073 Audited 1889. Paid to Thos A. Maddex
For Right ann
Duckes

apple 23 1889. Included in Warrant No. issued to Treasurer.

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madday, F.a.
Morincether
1891.
Maimed Soldiers.
Voucher No. 9/58
Amount \$ 50
Paid to FU Madday
For arm disabled
mch 5 1891.
Included in warrant No.
issued to Treasurer,
WARRANT-CLERK.

Geo. W. Harrison, State Printer, Atlanta.

J. Mamond

No 20	25	122
NOU	/ -	******

STATE OF GEORGIA,

EXECUTIVE DEPARTMENT.

Atlanta, Ja, Speil 26, 1889.

having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Act, Dec. 24, 1883, and the same having been allowed for  By Act, Dec. 24, 1883, and the same having been allowed for  By Act, Dec. 24, 1883, and the same having been allowed for  By Act, Dec. 24, 1883, and the same having been allowed for  By Clerk Executive Department of Every Dollars for such disability, the same being the allowance due for the year ending October 24, 1889.  The Treasurer will pay the same and hold his receipt on this voucher, and return same to  Executive Department for warrant.  CLERK EXECUTIVE DEPARTMENT.  CLERK EXECUTIVE DEPARTMENT.  Dollars, per above voucher, this  By Clerk Executive Department for Balance and B	Mr. Thon A Madden of the County	
Dec. 24, 1883, and the same having been allowed for  Regila According to the same being the same and hold his receipt on this voucher, and return same to Executive Department for warrant.  By the Governor.  CLERK EXECUTIVE DEPARTMENT.  Dollars, per above voucher, this Of Allowed for the year ending October 24, 1889.  Governor.  Governor.  Dollars, per above voucher, this Of Allowed for the year ending October 24, 1889.  Dollars, 1889.	of Menivether having filed his application in the Executive	
He sentitled to receive the sum of Country Dollars for such disability, the same being the allowance due for the year ending October 24, 1889.  The Treasurer will pay the same and hold his receipt on this voucher, and return same to Executive Department for warrant.  By the Governor.  CLERK EXECUTIVE DEPARTMENT.  CLERK EXECUTIVE DEPARTMENT.  Dollars, per above voucher, this S of CARL 1889.	Department for an allowance under the Act approved October 24, 1887, as amended by Act,	
The Treasurer will pay the same and hold his receipt on this voucher, and return same to Executive Department for warrant.  By the Governor.  CLERK EXECUTIVE DEPAREMENT.  CLERK EXECUTIVE DEPAREMENT.  Dollars, per above voucher, this  Other Administration of the year ending October 24, 1889.  He is efficiency to same and hold his receipt on this voucher, and return same to Executive Department for warrant.  Governor.  Dollars, Dollars, Per above voucher, this	Dec. 24, 1883, and the same having been allowed for	
The Treasurer will pay the same and hold his receipt on this voucher, and return same to Executive Department for warrant.  By the Governor.  CLERK EXECUTIVE DEPAREMENT.  CLERK EXECUTIVE DEPAREMENT.  Dollars, per above voucher, this  Other Administration of the year ending October 24, 1889.  He is efficiency to same and hold his receipt on this voucher, and return same to Executive Department for warrant.  Governor.  Dollars, Dollars, Per above voucher, this	High aun aisabed	
The Treasurer will pay the same and hold his receipt on this voucher, and return same to Executive Department for warrant.  By the Governor.  CLERK EXECUTIVE DEPARTMENT.  CLERK EXECUTIVE DEPARTMENT.  Dollars, per above youcher, this B of Alleland	He is entitled to receive the sum of the Dollars	
Executive Department for warrant.  By the Governor.  CLERK EXECUTIVE DEPARTMENT.  CLERK EXECUTIVE DEPARTMENT.  Dollars, per above voucher, this of Allaceday.	for such disability, the same being the allowance due for the year ending October 24, 1889.	
By the Governor.  CLERK EXECUTIVE DEPARTMENT.  CLERK EXECUTIVE DEPARTMENT.  Dollars,  per above voucher, this of Alexandra 1889.	The Treasurer will pay the same and hold his receipt on this youcher, and return same to	
CLERK EXECUTIVE DEPARTMENT.  CLERK EXECUTIVE DEPARTMENT.  CLERK EXECUTIVE DEPARTMENT.  Dollars,  per above voucher, this B of CARL 1889.	Executive Department for warrant.	
RECEIVED OF STATE TREASURER, R. U. HARDEMAN,  Dollars, per above voucher, this    Of All 1889.	By the Governor.	
per above voucher, this Bot April 1889.  Nor Allacedor	CLERK EXECUTIVE DEPARTMENT.	
per above voucher, this Bot April 1889.  Nor Alladday		
per above voucher, this Bot April 1889.  Nor Alladday		
per above voucher, this Bot April 1889.  Nor Alladday	50,	
per above voucher, this Bot Africk 1889.  The Hullandson	RECEIVED OF STATE TREASURER, R. U. HARDEMAN,	
Thor Alladdy	Office Vollars,	
The Alladay	per above voucher, this of Alexe 1889.	
	The Kellander	

No. 2000

STATE OF GEORGIA,

EXECUTIVE DEPARTMENT.

STATE OF GEORGIA,

Collanta, Sa., Frog 27 1890

Mr. This Alladdor of the County
of Menewetter having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Act,
approved, Dec. 24, 1888, and the same having beat statistic and allowed for
desalled find In
He is entitled to receive the sum of
for such disability, the same being the allowance due for the year ending October 24, 18 90
The Treasurer will pay the same and hold his receipt on this voucher, and return same
to Executive Department for warrant.
GOVERNOR.
By the Governor,  CLERK EXECUTIVE DEPARTMENT.
\$ 50.00
RECEIVED OF STATE TREASURER, R. U. HARDEMAN,
Dollars,
per above voucher, this 29 of HENG 1890
Mor Selladder

EXECUTIVE DEPARTMENT. Stanta, Sa. 1001.
Mr. J.a. Madday of the Courty
of MerineShe—having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Acts
approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for
Ann disabled
He is entitled to receive the sum of
for such disability, the same being the allowance due for the year ending October 24, 1891.
The Treasurer will pay the same and hold his receipt on this voucher and return same to
Executive Department for warrant.
By the Governor, Governor.
Malleman
SEC'Y EXECUTIVE DEPARTMENT.
50
RECEIVED OF R. U. HARDEMAN, Treasurer of the State of Georgia.
Fifty ToolooDollars,
per above voncher, thisof
I Samular.
CycoMMansen

STATE OF GEORGIA,