SOLDIER'S APPLICATION FOR PENSION.

STATE OF NORTH CAROLINA,
COUNTY OF ANatousa
On this 35 Jay of June , A. D. 19/3, personally appeared before me,
Smith Mr Boffey C. S. C. in and for the State and county aforesaid, age 5/ years, and a resident at Blisch Mich postoffice, in said county and State, and who, being duly sworn,
makes the following declaration in order to obtain the pension under the provisions of an act entitled "An act for the relief of certain
Confederate Soldiers, Sailors and Widows," ratified March 8, 1907; that he is the identical Smith W Confederate Soldiers, Sailors and Widows," ratified March 8, 1907; that he is the identical Smith W Confederate Soldiers, Sailors and Widows," ratified March 8, 1907; that he is the identical Smith W Confederate Soldiers, Sailors and Widows," ratified March 8, 1907; that he is the identical Smith W Confederate Soldiers, Sailors and Widows, "ratified March 8, 1907; that he is the identical Smith W Confederate Soldiers, Sailors and Widows," ratified March 8, 1907; that he is the identical Smith W Confederate Soldiers, Sailors and Widows, "ratified March 8, 1907; that he is the identical Smith W Confederate Soldiers, and the sail of the identical Smith W Confederate Soldiers, and the sail of the identical Smith W Confederate Soldiers, and the identical Smith W Confederate Soldiers and the
on or about the 18 day of freeze
Confederate States, and the while in said service at.
in the State of, on or about the, day of,
186, he received a wound or wounds, etc.
(Applicant will here state the nature and extent of his wounds and disability, so that a proper classification can be made under the new Pensien Law passed by the General Assembly of 1907. Read said section of said law carefully, and to accomplish the classification therein called for let statement here as to nature and extent of wounds, disability, etc., he very full and explicit).
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account of this age and from descure
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He further states that he is, and has been for twelve months immediately preceding this Application for Pension, a bona fide resident of North Carolina; that he holds no office under the United States, or under any State or county, from which he is receiving the sum of three hundred dollars as fees or as salary annually; that he is not worth in his own right, or the right of his wife, property at its assessed value for taxation to the amount of five hundred dollars (\$500), nor has be disposed of property of such value by gift or voluntary conveyance since the 11th of March, 1885 and that he is not receiving any aid from the State of North Carolina or under any other statute providing for the relief of the mainted and blind podders of the State.
day of Colla 1913
Mr. D. Farilius Signature of Applicant.
Signature of C. S. C.
Also personally appeared before me
resides atpostoffice, in said county and State, a person whom
I know to be respectable and entitled to credit, and being by me duly sworn, says he is acquainted with
the identical person he represents himself to be, and that the facts set forth in this affidavit are correct to the best of his knowledge
and belief, and that he has no interest, direct or indirect, in this claim.
Sworn and subscribed to before me, this
and Only 13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
day of July 1913 4 21 He Go Cocu- Signature of Witness.
Signature of Witness.
Signature of C. S. C.)
Also personally appeared before me
a physician in good standing in said county and State, and being duly sworn, says that he has carefully and thoroughly examined
the applicant for pension, and finds such disability for manual
labor as is described below by reason of wounds received while in the discharge of his duty as a soldier or sailor of North Carolina in
the service of the late Confederate States.
(Let physician here give full and explicit professional information as to the nature and extent of wounds, disability, stating particularly whether disability amounts to three-fourths or not, in order to accomplish the classification called for under the new Pension Law passed by the General Assembly of 1967).
I final the applicant Disabled 812 11
of ellers
Sworn and subscribed to before me, this
day of July 19/24 Milliones Milliones M. 9
Signature of Physician.
Signature of C. S. C.

STATE OF NORTH CAROLINA,	
Talanga COUNTY.	
To the Auditor of the State of North Carolina:	1
We certify that we have carefully examined the application of	with M Coppey
We certify that we have carefully examined the application of the certify that we have carefully examined the application of the certify that we have carefully examined the application of the certify that we have carefully examined the application of the certify that we have carefully examined the application of the certification of the certif	
for a pension under the provisions of an act entitled. An act for the reflect	of certain Confederate Soutiers, Sanors and Widows,
ratified March 8, 1907, and the proofs filed in support thereof; that we are sat	
and who was disabled in a manner and to the extent stated in the foregoing c	ertificates of himself and physician in consequence of a
wound received in battle on or about theday of	has been for tweive months immediately preceding this is no office under the United States, or under any State is or as a salary annually; that he is not worth in his own the amount of five hundred dollars (\$500), nor has he distill day of March, 1885, and that he is not receiving aid offication is correct and just under the act.
	Clerk Superior Court.
(SEAL)	Manufacture of the second of t
	Clerk Superior Court.
(IMPRESS COUNTY SEAL HERE).	
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Approved: OCH TVIII	
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The state of the s	
Anden	
County Pension Board.	

WATAUGA, Soldier's Application for Pension.

ACT OF MARCH 8, 1907.

Seeil m Ory Gry Way Who enlisted in Company Q. 19

constead of Company State Tree

Regiment, North Carolina State Troops.

State of the state

Filed by Board of Pensions of

/ 8 day of 19, 3