Rainwater, C. W.
Taliaferro County

Code Section 1280

No.

SOLDIER'S PENSION
190 $.

Name  C. W. Rainwater
County  Taliaferro
Co.  E
Regt.  7

Disability
Amount, $  190

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Ordinary will write Name of Applicant, Company and Regiment on back as indicated above.

GEO. W. HARRISON, State Printer, Atlanta

9/25/06

GeorgiasCSS
Pensions
my roll #424
Taliaferro Co.

#1643
FOR USE OF APPLICANTS WHO HAVE NOT HERETOFORE DRAWN.

STATE OF GEORGIA,

Fahafuse County,

Personally appears C. D. Rawwater of said Faiafus,

County, State of Georgia, who being duly sworn, saies on oath that he was born on the 26th day of

November, 1832, that he is a bounolecitizen and resident of Georgia, and has been

continuously since the 26th day of November, 1832, that he enlisted

in the military service of the Confederate States (or the State of Georgia) on the

day of

1861, during the war between the States, and

served in Company of 7th Regiment of Georgia Volunteers

Brigade, and was honorably discharged on the day of

1863; that while engaged in such military service, and in line of duty in

the State of Georgia, on the day of

1863,

he was disabled or wounded as follows:

Contracted Pulmonary

It was caused by disease. The loss

suffered from this attack was once

acute, now subside from effects of time.

This renders limits entirely unfit

for work, and renders him unable

to make a support for himself

and wife. The loss from fatal

service in 1863, shortly after the 7th

Augusta to the battle in the Confederate

service.

Where was command surrendered? Greene W. C.

Was appli an present? Yes

if not, where

was he? Augusta Ga.

How come there? Nothing for Confederate

And by whose authority? State fully.

Send to Augusta to do work for the

Confederate Drafting Committee et al.

Dependent desires to participate in the benefits of Section 150 of the Code, and the Acts amendatory thereof,

and makes application for the pension to which he is entitled for the year thereunder, ending October 20th, 190--

Sworn to and subscribed before me, this the

31st day of August, 190--


M. E. Anderson

Post Office Dawsonville Ga.

Norm.—State fully nature of wound or character of disease which causes the disability, and explain particularly

the extent of the disability. If claim is based on disease, give full and connected history of disease, tracing it directly to

the service.

Note.—Do not trouble to mention wounds which do not disable.

Note.—The Ordinary will see that all blank spaces are filled when the affidavits are signed.
PHYSICIAN'S AFFIDAVIT.

STATE OF GEORGIA

Hallifax County.

Personally came before me, Ordinary of said County, R. J. Turner, and J. W. R. Brown, both known to me as reputable physicians of said County, who, being severally sworn, say on oath, that they have carefully examined H. J. R. Brown, and after such personal examination, say that the present condition of applicant is as follows:

Applicant suffers from the effects of pulmonary tuberculosis, which renders their work for which they serve able and is severe, and is weak, and that such condition is permanent. Said condition arises from the following fact:—

Said they

We have treated applicant professionally for two years, and his condition, as above stated, does not arise from hereditary or congenital causes, or from vicious or intemperate habits.

Sworn to and subscribed before me, this 31st day of Aug., 1902.

M. J. M. Brown

Ordinary.

NOTE 1.—State fully the physical condition and especially the extent of disability. If disability results from wound or injury, state its location, character and present condition. If from disease, give its nature and character, and its cause or origin, as understood by applicant.

NOTE 2.—The physicians will be careful to fill every blank space in oath.

STATE OF GEORGIA.

Hallifax County.

WM. J. Andrews, Ordinary of said County,

do certify that I am well acquainted with H. J. R. Brown, the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and he is disabled, as he claims, and I know he is the individual he represents himself to be, and that he resides in this County and has been a bona fide resident since the 23rd day of Nov., 1892.

I also certify that the witnesses to wit:—

WM. T. ANDRUS, and WM. J. HOWARD, are persons of responsibility, that their statements are worthy of full credit and belief, and that the full text of the affidavit was read to and understood by them before they signed the same.

Given under my official signature and seal, this 31st day of Aug., 1902.

WM. J. Andrews

Ordinary, Hallifax County.

All amending proofs must be executed with the same formality as original proofs, and the Ordinary must so certify.
AFFIDAVIT FOR THREE WITNESSES.

STATE OF GEORGIA,

[Signature]

Personally appears before me, the undersigned Ordinary in and for said County, and personally known to me to be trustworthy citizens, each of whom, being duly sworn according to law, severally say under oath, that they are personally and well acquainted with

[Name]

whose application is hereunto presented for a pension, that he has resided in this State continuously since the

[Date]

that he served in Company [Company] of the [Regiment].

I, [Name], do solemnly swear (or affirm) that while in line of duty, was injured by the service as follows: (gave full statement, and let it in your own language when, where, and how the injury happened, or when disease was contracted, and what extent applicant is disabled from work or direct interest thereto. If he does any later or can do any, state what.)

Applicant entered service in the [Location] at Camp, as a Ruben Lee No. 66.

[Date] and was detailed for one month and [Situation]. On or about the [Date], the applicant was wounded at Camp, as Ruben Lee No. 66.

The applicant did suffer from [Condition] which he claims is the result of exposure while in the Confederate service. Applicant is now physically disabled, and unable to work a living for himself and family.

Where was applicant's command surrendered?

[Location]

Was he with it? [Yes/No] Were all of you present? [Yes/No]

If not, where was he?

[Location]

Where were you all? [Location]

How do you know the facts stated to be true? We were present when he was discharged. We know these facts.

We personally know above stated facts. We were with him in the army and have known him ever since.

He was honorably discharged or retired from the service on [Date].

Applicant is permanently disabled as stated and has been so to our certain knowledge ever since [Date].

We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me, this [Date].

[Signature]

Ordinary.

Note 1.—The Ordinary will see that the full text of the affidavit is understood by the witnesses, and that they are legally qualified to the same.

2.—Witneses are asked to make their statements full and explicit, tracing disability to its true cause.

3.—All blank spaces must be filled when signed.

4.—Three witnesses are required.