

*Rainwater, C. D.*

*Taliaferro Co.*

Code Section 1280.

No.

~~Disapproved 10/10/06~~

INVALID

SOLDIER'S PENSION,

1906

Name *C. D. Rainwater*

County *Taliaferro*

Co. *E* *7<sup>th</sup>* Regt.

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*

*Georgia CSA  
Pensions  
mf roll #424  
Taliaferro Co.  
Flight - Taylor*

#1643



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

STATE OF GEORGIA,

Falahers

County.

PERSONALLY appears C. D. Rainwater of said Falahers

County, State of Georgia, who being duly sworn, says on oath that he was born on the 26<sup>th</sup> day of

November 1832, that he is a bona fide citizen and resident of Georgia, and has been

continuously since the 26<sup>th</sup> day of November 1892, that he enlisted

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

day of 1862, during the war between the States, and

served in Company 8 of 7<sup>th</sup> Regiment of Georgia Volunteers

Robinsons Brigade, and was honorably discharged on the day of

1862; that whilst engaged in such military service, and in line of duty in

the State of Virginia, on the day of 1862

he was disabled or wounded as follows:

Contracted Pneumonia  
 was confined for 4 weeks. He has  
 suffered from this attack ever since  
 and now suffers from effects of same.  
 This renders him entirely unfit  
 for work, and makes him unable  
 to make a support for himself  
 and wife. Was discharged from Federal  
 service in 1863 & shortly after sent to  
 Augusta Ga to work in the Confederate  
 service.

Where was command surrendered?

Greensboro N.C.

Was applicant present?

Yes

If not, where

was he?

Augusta Ga

How come there?

Working for Confederacy

And by whose authority? State fully:

Was discharged, and shortly after  
 sent to Augusta Ga to work for the  
 Confederacy shipping ammunition etc.

Dependent desires to participate in the benefits of Section 1250 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 28th, 190—

Sworn to and subscribed before me, this the

31<sup>st</sup> day of August 1906

M. J. Andrews

Ordinary.

Post Office

C. D. Rainwater

Rainsville Ga

NOTE.—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.

#1643

The Instructions as Set Out in the Notes Must be Observed

9/25/06



## STATE OF GEORGIA

~~PERSONALIST~~ comes before me

Ordinary of said County.

R. J. Power and A. H. Beebe, both known to me as reputable physicians of said County, who, being severally sworn, say on oath, that they have carefully examined C. D. Burdette and after such personal examination say that the person

examined..... and after such personal examination, say that the present condition of applicant is as follows: Applicant suffers from the effects of Pleurisy contracted while in the Confederate Service. He also has a rupture on the right side which renders him unfit for work. Applicant suffers from Rheumatism and is scarcely able to work.

and that such condition is permanent. Said condition arises from the following facts: that the

lung trouble is the result of the  
attack of *Pneumonia gonorrhoica* which  
in serofec. Also, the pneumonia is the  
result of exposure from camp life.

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

Sworn to and subscribed before me, this

21st day of Aug. 1906

*M. J. Howard*  
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 causes or origin, as understood by affiants.

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

**Form No. 4**

## STATE OF GEORGIA,

Galienso County.

I, M. B. Andrews, Ordinary of said County,

do certify that I am well acquainted with C. D. Rajwade, 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 26 day of Nov 1832

I also certify that the witnesses to-wit: Henry H. Tolbert; Donald G. Ogilvie  
and M. M. Lewis are persons of respectability, 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 31<sup>st</sup> day of August 1906

M. B. Andrews  
Ordinary Yalisco County

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

#1643



## AFFIDAVIT FOR THREE WITNESSES.

STATE OF GEORGIA,

Salisbury County.

PERSONALLY appears before me, the undersigned Ordinary in and for said County

Samuel S. Ogletree

and

H. N. Lynum

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

C. W. Rainwater

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

26<sup>th</sup> day of November 1862

that he served in Company E of the

7<sup>th</sup> Regiment of Robinson'sBrigade, and from ~~of~~ personal knowledge he,

while in line of duty, was injured by the service as follows: (give full statement, and tell in your own language when, where, and how the injury happened, or the disease was contracted, and to what extent applicant is disabled from work as a direct result thereof. If he does any labor or can do any, state what.)

Applicant contracted Pneumonia while in Camp at Snow Hill N.C. 16.

was confined for one month and discharged from active service on account of said attack. The Pneumonia was contracted at Snow Hill N.C. 1862

The Applicant C. W. Rainwater suffers from Rheumatism which we think is the result of exposures while in the Confederate Service. Applicant is now entirely disabled and unfit and unable to make a living for himself and wife

Where was applicant's command surrendered? Greensboro N.C.

Was he with it? No

Were all of you present? No

If not, where was he? In Augusta Ga

Where were you all? H. N. Lynum was in prison

How do you know the facts you state to be true? We were present when

he was discharged and know this 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 \_\_\_\_\_ day of \_\_\_\_\_

1862. Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 1862.

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

Sworn to and subscribed before me, this

31<sup>st</sup> day of August 1904

M. J. Anderson

Ordinary.

H. N. Lynum  
Samuel S. Ogletree  
H. N. Lynum

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.—Witnesses 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.

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