

Application for Pension

How Made; What to Contain; Description of Disabilities; Oath Prescribed

FORM NO. 1 - SERVANT

Application of Indigent Servant of a Soldier or Sailor of the Late Confederacy, under Chapter 108, Code of 1906, as amended by Laws of March 15, 1922, H. R. 889.

Applications must be filed in duplicate with the Chancery Clerk on or before the first Monday in September of the year in which the application is first filed.

(Applicant must answer all of the following questions.)

- Q. What is your name? Answer Alfred Batin
- Q. In what county and state do you reside? Answer DeSoto, Miss
- Q. Are you a bona fide resident of the State and County of Mississippi? Answer yes
- Q. In what state did you reside when you served as a servant of a soldier or sailor in the service of the Confederate States? Answer S.C.
- Q. What was the nature of your service in the Confederate Army or Navy? Answer Servant
- Q. When did you begin your service in that capacity? Answer 1862
- Q. When did your service end in that capacity? Answer 1865
- Q. Did you ever desert such service? Answer no
- Q. Where were you at the surrender? Answer Petersburg, Va.
- Q. If not in service, why? Answer had just arrived home from capture
- Q. What was the name of the soldier or sailor under whom you served? Answer 2nd Lieut. Henry Batin
- Q. In what state, county and place did he reside when he enlisted? Answer Unionville S.C.
- Q. When did he enlist? Answer 1861
- Q. Was he ever discharged from his command? Answer yes as a physician
- Q. If so, why? Answer He was transferred to 9th
- Q. Was he in active service at the surrender in 1865? Answer yes
- Q. Do you apply for a pension because you are disabled and unable to earn a support by your own efforts? Answer yes

Q. Give nature of your disability and destitution? Answer such are the time and may never be able to live on

Attest
B. E. M. Arthur

Sworn to and subscribed before me, this 24 day of August

Alfred Batin

(Signature of Applicant)

J. F. Hood

(Signature of Officer)

Wesley B. B. B.

No application will be entertained unless made on the proper form and every blank in the form properly filled out.

APPLICATION FOR PENSION

FORM NO. 1 - SERVANT

How Made, What to Contain, Description of Disabilities, Oath Prescribed

Application of Indigent Servant of a Soldier or Sailor of the Late Confederacy, under Chapter 108, Code of 1908, as amended by Chapter 888, Laws of 1924.

Application must be filed in duplicate with the Treasury Clerk on or before the first Monday in July, 1924 and thereafter on September 1st of the year in which the application is first filed.

(Applicant must answer all of the following questions.)

- Q. 1. What is your name? Answer Alford Batic
- Q. 2. In what county and state do you reside? Answer DeSoto County, Mississippi
- Q. 3. Are you a bona fide resident of the State and County of Mississippi? Answer Yes
(Yes or No)
- Q. 4. In what state did you reside when you served as a servant of a soldier or sailor in the service of the Confederate States? Answer South Carolina
- Q. 5. What was the nature of your service in the Confederate Army or Navy? Answer Servant
(Yes or No)
- Q. 6. When did you begin your service in that capacity? Answer 1862
- Q. 7. When did your service end in that capacity? Answer 1865
- Q. 8. Did you ever desert such service? Answer No
(Yes or No)
- Q. 9. Where were you at the surrender? Answer I had just arrived home from Petersburg, Virginia.
- Q. 10. If not in service, why? Answer My Master had been wounded and captured
- Q. 11. What was the name of the soldier or sailor under whom you served?
Answer 2nd. Lieut. Henry Batic
- Q. 12. In what state, county and place did he reside when he enlisted? Answer Unionville, S. C.
- Q. 13. When did he enlist? Answer 1861 (division as a doctor.)
- Q. 14. Was he ever discharged from his command? Answer He was transferred to another
(Yes or No)
- Q. 15. If so, why? Answer _____
- Q. 16. Was he in active service at the surrender in 1865? Answer Yes
(Yes or No)
- Q. 17. Do you apply for a pension because you are disabled and unable to earn a support by your own efforts? Answer Yes
(Yes or No)
- Q. 18. Give nature of your disability and destitution? Answer Sick all the time, and very little to live on.

Sworn to and subscribed before me, this 10 day of _____ 1924

(Signature of applicant)

(Signature of Officer)

