## Application for Pension

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

Form No. 4-SOLDIERS and SAILORS

## PRORATE

Application of Soldier or Sailor of the Late Confederacy, under Chapter 108, Code of 1906 as amended by Laws of March 13, 1922, H. B. 382.

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

	(Applicant must answer all of the following questions.)	
Q.	What is your name? Answer J. D. Doggan	
Q.	In what county and state do you reside? Answer & & old County Mississippe	
Q.	What is the name of your Post Office? Answer Lewisburg, Mussissipper	
Q.	Are you a bona fide citizen of the United States? Answer	
Q.	Are you a bona fide citizen of the State of Mississippi? Answer	
Q.	Are you an inmate of the Beauvoir Soldiers' Home? Answer	
Q.	What was the date of your enlistment? Answer Curguet 20-1861	
Q.	In what state county and place did you reside when you enlisted?	
	Answer De Toto County, Lewisburg, mississippe	
Q.	Give the names of the officers of your company, regiment or vessel	
	Answer Capt. W. J. Brone Leit L. H. Hall	
Q.	Were you ever discharged from your command? Answer Was Wounded at It Hudson, L	
Q.	If so, for what cause? Answer was wounded in Battle	
Q.	Were you in active service at the surrender in 1865? Answer	
Q. If not, why? Answer Was at home ow account of Wound		
"I do solemnly swear (or affirm) that I was a Confederate soldier or sailor (as the case may be); that I was honorably discharged or paroled or did not desert from the Confederate service (as the case may be); that I reside in this State; that statements set forth in application are true and correct I verily believe; so help me God."  (Signature of pensioner)		
	Sworn to and subscribed before me, this 2 6 day of	
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AFFIDAVIT—We, the undersigned verily believe the facts stated	l in the above application to be true and the applicant to
be the identical person named in the said application.	
Sworn to and subscribed before me this day	(Signature of Witness)
of Clary 192. 2	(Signature of Witness)
Maria -	
(Signature of Officer)	(Signature of Witness)
NOTE—Must be attested by one or more creditable witnesses.	Signature of Witness)
TOTE—Mail be ablested by one of more createste with costs.	The way
	(Signature of applicant)
26	(Signature of application)
Sworn to and subscribed before me, thisday of	100000
•	(Signature of officer)
-	1 (-1)
OFFICE CHANCERY CLERK AND COUNTY BOARD OF INQ	UIRY CLES G TO COUNTY
Manual a	6h L 2 (8
MISS.	192
We the undersioned members of the Board of Inquiry, hereby app	prove the foregoing application of
cation are true and the party should receive a pension.	cause we believe the facts stated in the appli-
	Jeph 192 2 8
Given under our hands and seal of office, thisday of	, 192
$\mathcal{L}$	DHarrison (Seal)
	President of Board.
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	Charcery Clerk. (Seal)
N. B.—If the Board approves this application, the Chancery Cle for that purpose, and forward all of the approved applications in a l	rk will so certify, after recording the same in a book kept body to the Auditor's Office by the first day of October.
27 SAR 28 S	sac set

No application forwarded after that time will be received.

PENSION APPLICATION

County

Description

No. of Application

FORM NO. 4—SOLDIERS and SAILORS
PRORATE

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Special Instructions to Chancery Clerk:

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