## 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.)
ġ.	What is your name? Answer C.M.Boyd
Q.	In what county and state do you reside? Answer DeSoto Co., Miss.
Q.	What is the name of your Post Office? Answer Olive Branch.
Q.	Are you a bona fide citizen of the United States? Answer Yes.
Q.	Are you a bona fide citizen of the State of Mississippi? Answer Yes.
Q.	Are you an inmate of the Beauvoir Soldiers' Home? Answer YC.
Q.	What was the date of your enlistment? Answer January 1863
Q.	In what state, county and place did you reside when you enlisted?
	Answer Marshall Co., Miss.
Q.	Give the names of the officers of your company, regiment or vessel?
	Answer Capt.A.Q. Withers; Lieuts.Gordon, Smith & Moore
Q.	Were you ever discharged from your command? Answer No
Q.	If so, for what cause? Answer.
Q.	Were you in active service at the surrender in 1865? Answer Yes
Q.	If not, why? Answer
tha	"I do solemnly swear (or affirm) that I was a Confederate soldier or sailor (as the case may be); that I shonorably discharged or paroled or did not desert from the Confederate service (as the case may be); it I reside in this State; that statements set forth in application are true and correct I verily believe; so p me God."
-	(Signature of pensioner) & M. Boyd
	Sworn to and subscribed before me, this 26th day of August , 1922
	Cache Make Contraction

Notary Public.

AFFIDAVIT-We, the undersigned verily believe the facts stated in the above application	to begrue and the applicant
be the identical person named in the said application.  (Signature)	Verry -
Sworn to and subscribed before me this 25thay	11: 1
of August 1922 (Signat	mre of Witness)
(Signature of Officer) Cuttie (Signature	ure of Witness)
7	ure of Witness)
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Sworn to and subscribed before me, this 26th day of August	199 2
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(Signati	are of officer)
OFFICE OF CHANGEY CLEBE AND COUNTY BOARD OF INQUISE SO	To COUNTY
1 12 61	COUNTY -
Marida Miss. Stepen L	192
Ale, the uniquentened payers of the Board of Inquiry, hereby approve the feregoing applica	ation of
9 M. Doyd for pension because we believe the facts	stated in the applic
ation are true and the party should receive a penaion.	2
Given under our hands and seal of office, thisday of	, 192
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President of Boar	80
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N. B.—If the Board approves this application, the Chancery Clerk will so certify, after record that purpose, and forward all of the approved applications in a body to the Auditor's Office	s by the first day of Octobe
No application forwarded after that time will be received.	
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to Chancery Clerk:

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SOLDIERS and SAILORS

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APPLICATION