## 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 fin Hemphrup
Q.	In what county and state do you reside? Answer State of Mike DeSolo (a)
Q.	What is the name of your Post Office? Answer Meslitt, mike
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 Yee
Q.	Are you an inmate of the Beauvoir Soldiers' Home? Answer
Q,	What was the date of your enlistment? Answer 22 <sup>nd</sup> November 1863
Q.	In what state, county and place did you reside when you enlisted? Answer Hemando Mississippe, DeSot County
Q.	Give the names of the officers of your company, regiment or vessel? Answer Capt Manning Capt Havokins, Blythe' Batallion
Q.	Were you ever discharged from your command? Answer
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

"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."

12	(Signature of pensioner) Ann temphice po
Sworn to and subscribed before	ore me this 12 day of Bibt 1922
Store to and bassorrood bor	
	K. C., Xallflor Chancery Clerk

AFFIDAVIT-We, the undersigned verily believe the facts stated in the	
the identical person named in the said application.	A (Signature of Witness)
, , , , , , , , , , , , , , , , , , , ,	1 Tron 1
worn to and subscribed before me this / day	It laytor
, Deht 192 2	(Signature & Witness)
of Dight	
A. C. Cliflou	(Signature of Witness)
(Signature of Officer)	
He blo mileseen	(Signature of Witness)
OTE-Must be attested by one or more creditable witnesses.	
	in Lampse
0. 0	(Signiture of applicant)
1004	XIL -: "
Sworn to and subscribed before me, this 1 day of	JEPT 192 C.
V	R. Coliton
	(Signature of officer)
	~
$\sim$	x CT
N/	COUNTY
FICE OF CHANCERY CLERK AND COUNTY BOARD OF INQUIRY	
aemand MISS Dep	192 192
We, the understanded members of the Board of Inquiry, hereby approve	the foregoing application of
	19
	a stand of the stand in the small for the stand
un funphrey for pension because	we believe the facts stated in the appli-
tion are true and the party should receive a pension.	we halieve the facts stated in the appli-
tion are true and the party should receive a pension.	we believe the facts stated in the appli-
Given under our hands and seal of office, this. 2 day of	we believe the facts stated in the appli-
tion are true and the party should receive a pension.	Sept 192
tion are true and the party should receive a pension.	We believe the facts stated in the appli- Sept. 192 Manipon (Seal)
tion are true and the party should receive a pension.	Harizon (Seal)
tion are true and the party should receive a pension.	Harizon (Seal)
tion are true and the party should receive a pension.	Harizon (Seal)
tion are true and the party should receive a pension.	Sept 192
tion are true and the party should receive a pension.	Harigon (Seal)
tion are true und the party should receive a pension.	Harigon (Seal)
tion are true and the party should receive a pension.	Harigon (Seal)
tion are true and the party should receive a pension.	Harigon (Seal)
tion are true and the party should receive a pension.	Harigon (Seal)
tion are true and the party should receive a pension.	Dept., 192 Dept.,
tion are true und the party should receive a pension.	Dept. 192 Dept. 192 Dept. 192 Dept. (Seal) Dept. (Seal) (Seal) Dept. (Seal) (Seal) Other (Seal) (Seal) Other (Seal)
tion are true and the party should receive a pension.	Dept., 192 Dept.,

N. B.-If the Board approves this application, the Chancery Clerk will so certify, after recording the same in a book kept for that purpose, and forward all of the approved applications in a body to the Auditor's Office by the first day of October.

No application forwarded after that time will be received.

RC	Special In No app on the pr property	FORM	No.	m	Jain	PENS	
2 mg	Special Instructions to Chancery Clerk: No application will be entertained un on the proper form and every blank in properly filled out.	NO. 4-	. of Application	Muit	A Wanger	o X a	
int of t	b Chancery Cley be entertained nd every blank	SOLDIERS and PRORATE	01	toffice	Applicant	PPLICATION	
Contra Contra	erk: d unless made k in the form	SAILORS		wide	huy	County	