THE NATIONAL ARCHIVES
DEPENDENT'S ORIGINAL

NO. 415857....

APPLICANT: Cennil Halmis

willow of

VETERAN: - Legare Mc Meal

CAN NO.:\_ 1365 .... BUNDLE NO.:\_ 23

TENN. Miss. Se le Mo. ARK FLA. KY. GA. 1873. and March 3, other claim -218.] 1862, (13638 Application Attorney: Acts of Died

In The matter of the claim of lunie Holmus late wellow of Despio MEMeal, late of to A-34 Righ. U.S.C.S. personally appeared William Arayton; who being duly oworn, depass and days I knew Solpes Mcleal well he & I men minters of the dame Company a heart in July 1863, While daing fallogue dut an Moris
Esland, a ohed was find by the Campelinate from Fort Johnson, and explaned tore off one of Scipes' Thaulder I do not now remember or Tust Thoulder, I was at the time about time ful from Ocipio solive he was Truck he was taken to the Camp hookital, and he died the same day from The myny -Iworn ti lufore me ze William Desay lur -This 16 day of Moroh 1892 & drumes A-34-U.S. C.S. Holan Publis 8.

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Widow's Declaration for Pension or Increase of Pension. L'Oardina, Country of Deaugnt day of March A. D. one thousand eight hundred and met law personally appeared before me A Mtz, Public of the aged years, who, being duly sworn according to law, makes the following declaration in order to obtain the Pension provided by Acts of Congress granting pension to widows: That she is the widow of Capico on the day of (Company and Regiment of service, if in the army; or vessel and rank, if in the navy.) who was te (State nature of wounds and all circumstances attending them. or the disease and manner in which it was incurred, in either case showing soldier's death to have been the sequence.) who bore at the time of his death the rank and did not serve in any other organizati as married under the name of on the day of A. D. 18 by barrier to such marriage; that neither she nor her husband had been previously married-(If either have been previously married so state, and give date of death or divorce of former spouse.) day of Movember 1886that she has to present date remained his widow, that the following are the names and dates of birth of all his legitimate children yet surviving who were under sixteen years of age at father's death, viz: of soldier by\_\_\_\_\_\_, born\_\_\_\_\_\_18 That said soldier oxxxxxxx has not been in xxx any military xx or naval service oxxxxxxxx of the United Statesmsince his destates That she has not abandoned the support of any one of her children, but that they are still under her care or maintenance. (For such children as are not under her care claimant should account.) that she has not in any manner engaged in, or aided or abetted the rebellion in the United States; that prior application has been filed (If prior application has been filed, either by soldier or widow, so state, giving number assigned to it.) ... that she hereby appoints, with full power of substitution and revocation. T. W. TALLMADGE, of Washington, D. C., to prosecute the above claim; that her residence is No and her Post Office address is. (Signature of Claimant.) who can write, sign here.)

Widow's Declaration for Pension or Increase of Pension. the Carolina, Country of Deaugnt day of March A. D. one thousand eight hundred and well land personally appeared before me A Mato- Public of the a Court of Record within and for the County and State aforesaid years, who, being duly sworn according to law, makes the following declaration in order to obtain The Pension provided by Acts of Congress granting pension to widows: That she is the widow of Scipic Men Miles and the U.S. authorized on the day of (Company and Regiment of service, if in the army; or vessel and rank, if in the navy.) (State nature of wounds and all circumstances attending them. or the disease and manner in which it was incurred, in either case showing soldier's death to have been the sequence.) who bore at the time of his death the and did not serve in any other organization in the he was married under the name of on the day of A. D. 18 by barrier to such marriage; that neither she nor her husband had been previously married..... (If either have been previously married so state, and give date of death or divorce of former spouse.) day of Mountale 1886that she has to present date remained his widow, that the following are the names and dates of birth of all his legitimate children yet surviving who were under sixteen years of age at father's death, viz: of soldier by\_\_\_\_\_\_, born\_\_\_\_\_\_18 That said soldier oxxxxxxx has not been in xxx any military xx or naval service oxxxxxxxxx of the United Statesmsince his destas That she has not abandoned the support of any one of her children, but that they are still under her care or maintenance. (For such children as are not under her care claimant should account.) that she has not in any manner engaged in, or aided or abetted the rebellion in the United States; that prior application has been filed..... (If prior application has been filed, either by soldier or widow, so state, giving number assigned to it.) that she hereby appoints, with full power of substitution and revocation. T. W. TALLMADGE, of Washington, D. C., to prosecute the above claim; that her residence is No. Beauf and her Post Office address is (Signature of Claimant.)

(Two withesses who can write, sign here.)

Also personall , persons whom I certify to be and entitled to credit, and who, being by me duly sworn, say that they were present and saw , the claimant sign her name (make her mark) to the foregoing laration; that they have every reason to believe from the appearance of said claimant and their acquaintance with her that she is the identical person she represents herself to be; and that they have no interest in the prosecution of this claim. (Signature of Affiants.) If Affiants sign by mark, two witnesses who can write sign here.) Sworn to and subscribed before me this day of /// A.D. 1897 and I hereby certify that the contents of the above declaration, &c., were fully made known and explained to the applicant and witnesses before swearing, including the words erased, and the words added; and that I have no interest, direct or indirect in the prosecution of this claim. (Official Signature.) [L. S.] (Official Character.)

#### Widow's Declaration for Pension or Increase of Pension.

This must be Executed before a Court of Record or some Officer thereof having Custody of the Seal. State of South Carolina, Country of Reaufort, 35:

ON THIS 22 day of Ehron A. D. one thousand eight hundred and eighty hundred personally appeared before me of the Circle A. Court of Record within and for the County and State aforesaid Annie Holines aged \_\_\_\_\_\_years, who, being duly sworn according to law, makes the following declaration in order to obtain the Pension provided by Acts of Congress granting pension to widows: That she is the widow of Jakob Mc teal , who Enlisted under the name of Scipio Me teal (Company and Regiment of service, if in the army; or vessel and rank, if in the navy.) (State nature of wounds and all circumstances attending them, or the disease and manner in which it was incurred, in either case showing soldier's death to have been the sequence.) who bore at the time of his death the rank of ("In the service aforesaid," or otherwise.) that she was married under the name of. barrier to such marriage; that neither she nor her husband had been previously married..... (If either have been previously married Hat the remarried, Barnwell Holmes on July 7th 1887.
so state, and give date of death or divorce of former spouse.) and That he the Juin Holmes died June 1.1889 that she has to present date remained his widow: that the following are the names and dates of birth of all his legitimate children yet surviving who were under sixteen years of age at father's death, viz: of(soldier by , born 18 of soldier by \_\_\_\_\_\_, born\_\_\_\_\_\_18 That she has not abandoned the support of any one of her children, but that they are still under her care or maintenance. (For such children as are not under her care claimant should account.) that she has not in any manner engaged in, or aided or abetted the rebellion in the United States; that prior application has been filed..... (If prior application has been filed, either by soldier or widow, so state, giving number assigned to it.) that she hereby appoints, with full power of substitution and revocation, her attorney to prosecute the above claim; that her residence is No and her Post Office address is.....

(Two witnesses who can write, sign here.)

CLAIM FOR PENSION.

CLAIM FOR PENSION.

WIDOW. Applicant.

Widow of Cipic Meneal, Applicant.

Jf. co. Sylyl Regit.

Lid, Colored Regit.



FIRALATE STRONG,

(LATE GENERAL AGENT, DEP'T OF JUSTICE.)

Washington,

d and for sale by J. H. SOULE, Washington, D. C.

#### SECONDARY PROOF OF MARRIAGE.

| State of South Parolina, County of Beaufort, 55:   |
|--|
| ON THIS 22 day of February, A. D. 1890, before the undersigned, a  |
| Clark Circuit Court , personally appeared auni Holmes  |
| who, being duly sworn, deposeth as follows: I am the widow of Scifio Mc Acul   |
| 1 - 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-  |
|  |
| Company "H" 34 Regiment U.S. Col. From ; that my maiden  |
| name was Annie Cassell that I was lawfully married to said deceased at   |
| Combable Country of Beauth , State of So Carolina  |
| by Billy Graham , on or about the 25 " day of December , 1859;   |
| that I have by said marriage the fellowing children, whose ages and dates of birth are correctly set forth, to wit:  |
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|  |
| That these are the only legitimate children now living of myself and my deceased husband, and that my said husband   |
| left no children by any former marriage. That I have made repeated and diligent efforts to procure a copy of the record  |
| of my marriage, but have been unable to do so, because there are a such seens  |
| Long been mornied suche the ed down og stem  |
| That I cannot obtain the affidavit of the party who performed the marriage ceremony, because   |
| season and the purson the perfect the ceremony, because from a   |
| season and the person who perfor the cesewors -  |
| B. 11 Fis 1  |
| Buy Fuer is and  |
| Billy Fried and that my said husband died on the day of July, A. D. 1864;  |
| that my said husband died on the day of fuly, A. D. 186#; that I lived with the deceased from the date of my marriage up to the date of his death, and that I file herewith the best   |
| Billy Fried and that my said husband died on the day of July, A. D. 1864;  |
| that my said husband died on the day of fuly, A. D. 186#; that I lived with the deceased from the date of my marriage up to the date of his death, and that I file herewith the best   |
| that my said husband died on the — day of July , A. D. 1864; that I lived with the deceased from the date of my marriage up to the date of his death, and that I file herewith the best evidence of my marriage that I can obtain.  And herewith the best evidence of my marriage that I can obtain.  (Signature of Caimant.)  |
| that my said husband died on the — day of July , A. D. 1864; that I lived with the deceased from the date of my marriage up to the date of his death, and that I file herewith the best evidence of my marriage that I can obtain.  Annual X Holmes  |
| that my said husband died on the — day of July , A. D. 1864; that I lived with the deceased from the date of my marriage up to the date of his death, and that I file herewith the best evidence of my marriage that I can obtain.  And herewith the best evidence of my marriage that I can obtain.  (Signature of Caimant.)  |
| that my said husband died on the — day of July , A. D. 1864; that I lived with the deceased from the date of my marriage up to the date of his death, and that I file herewith the best evidence of my marriage that I can obtain.  And And Marriage that I can obtain.  (Signgluye of Glaimant.)  (Signgluye of Glaimant.)  |
| that my said husband died on the — day of July , A. D. 1864; that I lived with the deceased from the date of my marriage up to the date of his death, and that I file herewith the best evidence of my marriage that I can obtain.  And also at the same time personally appeared  And also at the same time personally appeared  Of the County of Beauty  |
| that my said husband died on the day of  |
| that my said husband died on the — day of July , A. D. 1864: that I lived with the deceased from the date of my marriage up to the date of his death, and that I file herewith the best evidence of my marriage that I can obtain.  And also at the same time personally appeared  |
| that my said husband died on the — day of July, A. D. 1864:  that I lived with the deceased from the date of my marriage up to the date of his death, and that I file herewith the best evidence of my marriage that I can obtain.  And also at the same time personally appeared  |
| that my said husband died on the — day of July, A. D. 1864:  that I lived with the deceased from the date of my marriage up to the date of his death, and that I file herewith the best evidence of my marriage that I can obtain.  And also at the same time personally appeared  |
| that my said husband died on the — day of July, A. D. 1864;  that I lived with the deceased from the date of my marriage up to the date of his death, and that I file herewith the best evidence of my marriage that I can obtain.  And I lived with the deceased from the date of my marriage up to the date of his death, and that I file herewith the best evidence of my marriage that I can obtain.  And I lived with the deceased from the date of my marriage up to the date of his death, and that I file herewith the best evidence of my marriage up to the date of his death, and that I file herewith the best evidence of my marriage up to the date of his death, and that I file herewith the best evidence of my marriage up to the date of his death, and that I file herewith the best evidence of my marriage up to the date of his death, and that I file herewith the best evidence of my marriage up to the date of his death, and that I file herewith the best evidence of my marriage up to the date of his death, and that I file herewith the best evidence of my marriage up to the date of his death, and that I file herewith the best evidence of my marriage up to the date of his death, and that I file herewith the best evidence of my marriage up to the date of his death, and that I file herewith the best evidence of my marriage up to the date of his death, and that I file herewith the best evidence of my marriage up to the date of his death, and that I file herewith the best evidence of my marriage up to the date of his death, and that I file herewith the best evidence of my marriage up to the date of his death, and that I file herewith the best evidence of my marriage up to the date of his death, and that I file herewith the best evidence of my marriage up to the date of his death, and that I file herewith the best evidence of my marriage up to the date of his death, and that I file herewith the best evidence of my marriage up to the date of his death, and that I file herewith the best evidence of my marriage up to the date of his d |
| that my said husband died on the — day of July A. D. 1864:  that I lived with the deceased from the date of my marriage up to the date of his death, and that I file herewith the best  evidence of my marriage that I can obtain.  And also at the same time personally appeared  Sorroul H. Broom , of the County of Beauty A  and State of , to me well known as respectable, credible persons, who being by me  duly sworn, do severally say that they have known the claimant Auri Holans  and her deceased husband Scipio Metal who was a Brooke  in Company Language of Marriage and that they have known the claimant Auri Holans  grears, *and that they was present and saw claimant and said deceased married, as above stated by claimant; that claimant's  maiden name was Aurie Oassell and that she was married to said   |
| that my said husband died on the — day of July A. D. 1864:  that I fived with the deceased from the date of my marriage up to the date of his death, and that I file herewith the best  evidence of my marriage that I can obtain.  And also at the same time personally appeared  And also at the same time personally appeared  And State of, of the County of  and State of, to me well known as respectable, credible persons, who being by me  duly sworn, do severally say that they have known the claimant  and her deceased husband  Significant the persons, who being by me  duly sworn, do severally say that they have known the claimant  and her deceased husband  Significant the persons, who being by me  duly sworn, do severally say that they have known the claimant  and her deceased husband  Significant the persons, who being by me  duly sworn, do severally say that they have known the claimant  And her deceased husband  Significant to me well known as respectable, credible persons, who being by me  duly sworn, do severally say that they have known the claimant  And her deceased husband  Significant to me well known as respectable, credible persons, who being by me  duly sworn, do severally say that they have known the claimant  And her deceased husband  Significant to me well known as respectable, credible persons, who being by me  duly sworn, do severally say that they have known the claimant  And her deceased husband  Significant to me well known as respectable, credible persons, who being by me  duly sworn, do severally say that they have known the claimant  And that they was present and saw claimant and said deceased married, as above stated by claimant; that claimant's  maiden name was  And that they was present and saw claimant and said deceased married, as above stated by claimant; that claimant's  maiden name was  And that they was present and saw claimant and said deceased married, as above stated by claimant; that claimant   |
| that my said husband died on the — day of July A. D. 1864:  that I lived with the deceased from the date of my marriage up to the date of his death, and that I file herewith the best  evidence of my marriage that I can obtain.  And also at the same time personally appeared  Sorroul H. Broom , of the County of Beauty A  and State of , to me well known as respectable, credible persons, who being by me  duly sworn, do severally say that they have known the claimant Auri Holans  and her deceased husband Scipio Metal who was a Brooke  in Company Language of Marriage and that they have known the claimant Auri Holans  grears, *and that they was present and saw claimant and said deceased married, as above stated by claimant; that claimant's  maiden name was Aurie Oassell and that she was married to said   |

| claimant as his wife; that claimant has by said marriage  | puted; that they often heard deceased in his lifetime speak of children, whose names and ages are as follows |
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| That they are satisfied that claimant has made diligent effo  | rts to procure record evidence of her marriage, and has been   |
|   | e in noway interested, directly or indirectly, in the claim for  |
| $\mathbf{f}_{0}$  | or which this affidavit is required.   |
| 7/12  | 1, her )   |
| C/C V Soons   | Many X Shugleton   |
| 12 mando  |  |
| (If Affiants sign by mark, two persons who can write sign here.)  | (Signature of Affiants.)   |
| STATE OF South Courter  | COUNTY OF Berly (88:   |
|   | e-named affiant , and I certify that I read said affidavit to said   |
|   |  |
| affiant , including the words   | erased, and the words  |
|   | added  |
| and acquainted with its contents before   | executed the same. I further certify that I am in  |
| nowise interested in said case, nor am I concerned in its pro   | secution; and that said affiantpersonally known  |
| to me and that credible person.   |  |
| 3 Q U 5   | La & Bambhied  |
|   | (Official Signature.)  |
| [L. S.]   | (Official Character.)  |
|   | (Chircha) Character,)  |
| I,  |  |
| and State, do certify that  | Esq., who has signed his name to the   |
| foregoing declaration and affidavit was at the time of so d   | loing in and   |
| for said County and State, duly commissioned and sworn;   | that all his official acts are entitled to full faith and credit, and  |
| that his signature thereunto is genuine.  |  |
| Witness my hand and seal of office, this  | day of, 188  |
|   |  |
|   |  |
| [L. S.]   | erk of the   |
| If before a JUSTICE or NOTARY, then CLERK OF COUN   | F COURT, NOTARY PUBLIC or JUSTICE OF THE PEACE.  |
| not on a separate slip of paper.  |  |
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| Acros of Laborated Section of | Tr., D. G.   |

IN CASE OF No.



CLAIM ATTORNE CLATE GENERAL AGENT, DEP'T OF FRANK STRO Filed by Street,

Washin

J. H. SOULE, Wa Printed and for sale by

service.

for duty.

disabilties.

#### ORIGIN OF DISABILITY.

NOTE.—This affidavit must/be executed by a Commissioned Officer, if possible, but if not possible to secure such evidence, then two of

the soldiers' comrades should testify. Before filling this Affidavit, the Witness should read carefully the Marginal Instructions, and conform thereto in every particular as far as his knowledge of the facts will allow. Comrades' evidence will not be accepted if an officer's can be had. andrea Country of We near of the Pension claim of Arrive whose post office address is in and for the aforesaid County who, being duly sworn, declares in relation to the aforesaid claim that his age is over So years; that he is the identical person who served as a Ag in Co. H of the 34 Reg't V.D. C. For plan Vols., and knows the above-named soldier, who was a member of Co. Hof the 34 Reg't ( S.C. Forms Vols., that while in the military service of the United States in the line of his duty, and without fault or improper conduct on his part, on or about the \_\_\_\_\_day of \_\_\_\_\_1863, at or 1st. State the near Mossis Island State of Dant Coshie said soldier incurred, jury received, received or contracted an enguery by shell from the lineny part of the body which resulted in his death a few days later. ture of the disease or disabil. He were on faleque duly at the true of ity incurred. 2d.State what caused the disa- the impury. I know what Acepin mas corred what particular was engaged at intel Camp the spelal on Moorio Island the time it was special duty, by South Cordina, where the infung occurred. was he acting. If the injury I do such recalled the day of mounts but am was a rupture, be particular to cedam that it was warm weather when Deipies state its location, and whether you saw it at the time of or in- row Struck, He Acepsio was been I am Mossio mediately after incurrence or at any time while in the 3d. Give particulars of continnanceof claimant's disability, his treatment by his surgeons or in hospital and to what xtent he was disabled 4th. State wh-ther the soldier was in sound bodily health and especially tree fron the disabilities upon which claim for pension is based immediately preced ing the date of incurring his 5th. State your source of hat he makes the above statement from personal knowledge, gained as follows, viz: information whether present at time and place and an eye-witness to the facts relat- 2 ed, or whether you heard him complaining. If company when the disability Affiant further declares that he has no interest, direct or indirect, in this claim. Affiant's Post Office address is as follows: If the affiant makes his mark, two persons who can write must attest by signing thermames on the lines below.

| Sworn to and subscribed before me this day, by the ab   | ove named affiant; and  | I certify that the foregoing   |
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| affidavit was read over to said affiant, and its eontents ful   |   |  |
| terested in this claim nor am I concerned in its prosecuti  |   | and the same of th |
| Fully uplained The affidenis to si  |   |  |
|   |   |  |
| Found Ratisfied from examination  | of the mysula is  | ses he fully under   |
| WITNESS my hand and seal, this  | day of May Ou   | , 18872.   |
|   | 1   | would  |
|   | Fish  | icial signature.   |
| [SEAL.]   | Visit de la constant | Official title.  |
| NOTE  | 3.  |  |
| <ol> <li>This should be sworn to before a CLERK OF COURT, NOTA having no seal, then the Clerk of the County Court must add his certificate</li> </ol>           | of official character in the form   |  |
| of paper, unless the officer has a certificate of official character on file in the 2. If sworn to before a Deputy Clerk of Court, he must sign as deputy.      | e Pension Office<br>ity, if so authorized by law, and   | not for in the mame of the Clerk   |
| Every witness must sign his or her name, no matter how poorly he may writ<br>3. But if the witness signs by X mark, the officer administering the               | e oath should first carefully re  | ead and explain the affidavit, and   |
| satisfy himself that its contents are understood and add the following additi<br>explained the affidavit to witness before execution, and am satisfied from exa | mination of the witenss that he   | fully undestands the same."  |
| I,,   | Clerk of  | Court of afore   |
| said County and State, do certify that  |   | Esq., who hath signed  |
| his name to the foregoing affidavit, was, at the time of so   |   |  |
| and State, duly commissioned and sworn; that all his off  |   |  |
| his signature thereto is genuine.   |   |  |
| Witness my hand and seal of office, this  | day of  |  |
| Terat 7   |   |  |
|   | Clerk of the  | Court  |
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OHIO: WILD. 7/6... Disabil Origin of

BY FILED

W.ABELAGABARGE,C. ORNEY AT LAN And SOLICITOR OF CLAIMS,

WASHINGHON, B.

### Transcript of Record of Marriage, Birth or Death.

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| State of   | County of  | Si:  |
| Personally appeared before me a  | Alandary and the state of the s | within and for   |
| the County and State aforesaid,  |  |  |
| duly sworn according to law, declares t  | hat his P. O. address is   | MALL SUILLES   |
| County of Statility  | The state of the s | and that he is   |
| (Pastor, Rector or Clerk, as the case may be.)   | of the(Church, Par   | ish, Town or County.)  |
| located in   | in the last-named County, and  | custodian of the records   |
| thereof; that the following is a true co   | py of an extract from the record of  | (Marriages, Births, or Deaths.)  |
| - Sylly of Milly Class   | I TILLES   | March Jane Black   |
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| I certify that the foregoi              | ng is a true copy                                  | of the record re   | ferred to, and  | that I have no interest  |
| in the prosecution of any cla           | im in behalf of                                    | Carles Salas | At Landon Lands   | The state of the s |
| for*                                    |  |  |   | 12//   |
|   |  | 3  | Conne   | St.  |
| * " Arrears of Pay "                    | " Bounty," "Pension," "C                           | ommutations for Ration   |   | e of claim.  |
| Sworn to and subscribe                  |  |  |   |  |
| and I certify that the conter           | its of the foregoin                                | g affidavit were   | fully made k  | nown to the affiant  |
| including the words                     |  |  |   | erased, and the words  |
|   |  |  | added, before 1   | ne executed the same.  |
| T 4                                     | C 11 1 1   |  | 3   |  |
| I have no interest in the pro           | secution of this cl                                | aim for  |   |  |
| [L. S.]                                 |  |  | 1274  | Signature.] Character.]  |
| certify to the signature and official   | l a Clerk of Court, or<br>I character of said offi | icer, unless such cer  | tificate is on file a   | hs, BUT if executed before his official seal and MUST the U.S. Pension Bureau. not required, his certificate   |
| S. Births and Deaths.                   |  | WO STAN  | CONTRACTOR OF THE PARTY OF THE | SOCIOLED BY CONTROL BY, SOCIOLED BY CHAINS.  NASHINGTON, D. C. D. C.   |

ace 1922/2 - 1 2 - 1862.

Marriages,

Transcript of Record of Marriage, Birth or Death. Personally appeared before me a the County and State aforesaid, ..... duly sworn according to law, declares that his P. O. address is Decen County of Lecury of State of (Pastor, Rector or Clerk, as the case may be.) (Church, Parish, Town or County.) located in in the last-named County, a<del>nd custodian of the records</del> thereof; that the following is a true copy of an extract from the record of (Marriages, Births, or Deaths.) 

I certify that the foregoing is a true copy of the record referred to, and that I have no interest in the prosecution of any claim in behalf of " "Arrears of Pay," "Bounty," "Pension," "Commutations for Rations," according to nature of claim. Sworn to and subscribed before me this 2 day o and I certify that the contents of the foregoing affidavit were fully made known to the affiant erased, and the words including the words..... added, before he executed the same. I have no interest in the prosecution of this claim for [Official Signature.] [L. S.] Official Character.] This may be executed before any person who is authorized by law to administer oaths, BUT if executed before an officer, who has no official seal a Clerk of Court, or a County or city clerk MUST affix his official seal and MUST certify to the signature and official character of said officer, unless such certificate is on file at the U. S. Pension Bureau. If the pastor, rector or clerk making the transcript, has an official seal, the jurat is not required, his certificate and seal will be accepted. Births and Death SKINNEN MADGE,

#### AFFIDAVIT TO ORIGIN OF DISABILITY.

IMPORTANT 1-TO BE EXECUTED BY AN OFFICER OR ENLISTED MAN OF THE SOLDIER'S COMPANY AND REGIMENT HAVING FERSONAL KNOWLEDGE OF THE CIRCUMSTANCES UNDER WHICH THE DISABILITY WAS INCURRED ON ACCOUNT OF WHICH PENSION IS CLAIMED.

Before Filling in this Affidavit, the Witness should read carefully the Marginal Instructions, and conform thereto in eve. particular as far as his knowledge of the facts will allow. Enlisted Men's evidence will not be accepted if an Officer's can be had. County of State of Landay of Landam. A. D. 189.2., personally appeared before me State the nature of the wound or inju-Line and for the aforesaid County, duly authorized to administer and in what part of the body located; or the name and nature of the disease or disability inwho being duly sworn according to law, states that. The ..... acquainted with almusic carred. caused the disability and upon what particular duty
the soldier was
engaged at the time it was in curred. If on special duty. by whose or-Died or was discharged. ders was he acting. If the in jury was a rup ture be partic-ular to state Here insert the reason of the Soldier's discharge if known; if not known, so state, or if he died, so state. itslocation and whether you saw it at That the said ...... while in line of duty, at or near the time of or immediately after its incur rence or at any time while in the service. whether you saw him at the date of or im mediately pre-Here state the time, place and manner in which the wound or other injury was received. Describe the wound or injury, the vious to discharge; also when, where and whether part of the body wounded or injured, and all the circumstances attending it. If sickness state the time and place where contractthe disability n a m e d then existed. ed, what caused it, the name of the sickness, and how it affected him. whether the soldier was in sound bodily health and especially free from the disa-That the facts stated are personally known to me by reason of... bllities u pon Here state whether afflant was with the comwhich claim for pension is based, at the time he enlistmand at the time the claimant contracted his disability, or whether his knowledge was otherwise obtained. All the facts known ed and immediately preced ing the date of incurring his affiant relative to the Soldier's medical treatment for his disability while in the service should be stated, giving name and place, if disabilities. St our source of information. whether pre- possible sent at time and place and ...... aneyewitness to the facts related. If in command of company when the disability. was incurred, so state

PREPARE YOUR STATEMENT ON A SEPARATE SHEET OF PAPER, CORRECT IT CAREFULLY, AND THEN TRANSFER IT TO THIS BLANK. THIS AFFIDAVIT SHOULD BE RETURNED AS SOON AS EXECUTED TO J. P. & S. I. WRIGHT, POST OFFICE BOX 93,

|  | AIMS. |
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| in said case, nor am I concerned in its prosecution; and that the said affiant personally known to me, and that he will be sure that the said affiant personally known to me, and that he will be sure that the said affiant personally known to me, and that he will be sure that the said affiant personally known to me, and that he will be sure that the said affiant personally known to me, and that he will be said said signature.  In this affidavit should be sworn to before any officer authorized to administer oaths. If executed before a Notary or Justice he were the certificate of Clerk of Court should be attached, showing official capacity of said Notary or Justice if such certificate be not already on file.  In this affidavit should be sworn to before any officer authorized to administer oaths. If executed before a Notary or Justice he were the certificate be not already on file.  In the county of the Courty Court, in and for aforesaid County and State, do certify that the county court, in and for aforesaid County and State, do certify that the county court, in and for aforesaid County and State, do certify that the county court, in and for aforesaid County and State, do certify that the county court, in and for aforesaid County and State, do certify that the county court, in and for aforesaid County and State, do certify that the county court, in and for aforesaid County and State, do certify that the county court is a constant. |       |
| And deponent further states that the claimant was a sound and able-bodied man at and prior to enlistment, or   |       |
| And deponant further states thatwell acquainted with the claimant, having known him for at leastyears; and further thatknowledge of the facts above statedderived from said acquaintance, and from having served asof Companyof the  |       |

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#### AFFIDAVIT TO ORIGIN OF DISABILITY.

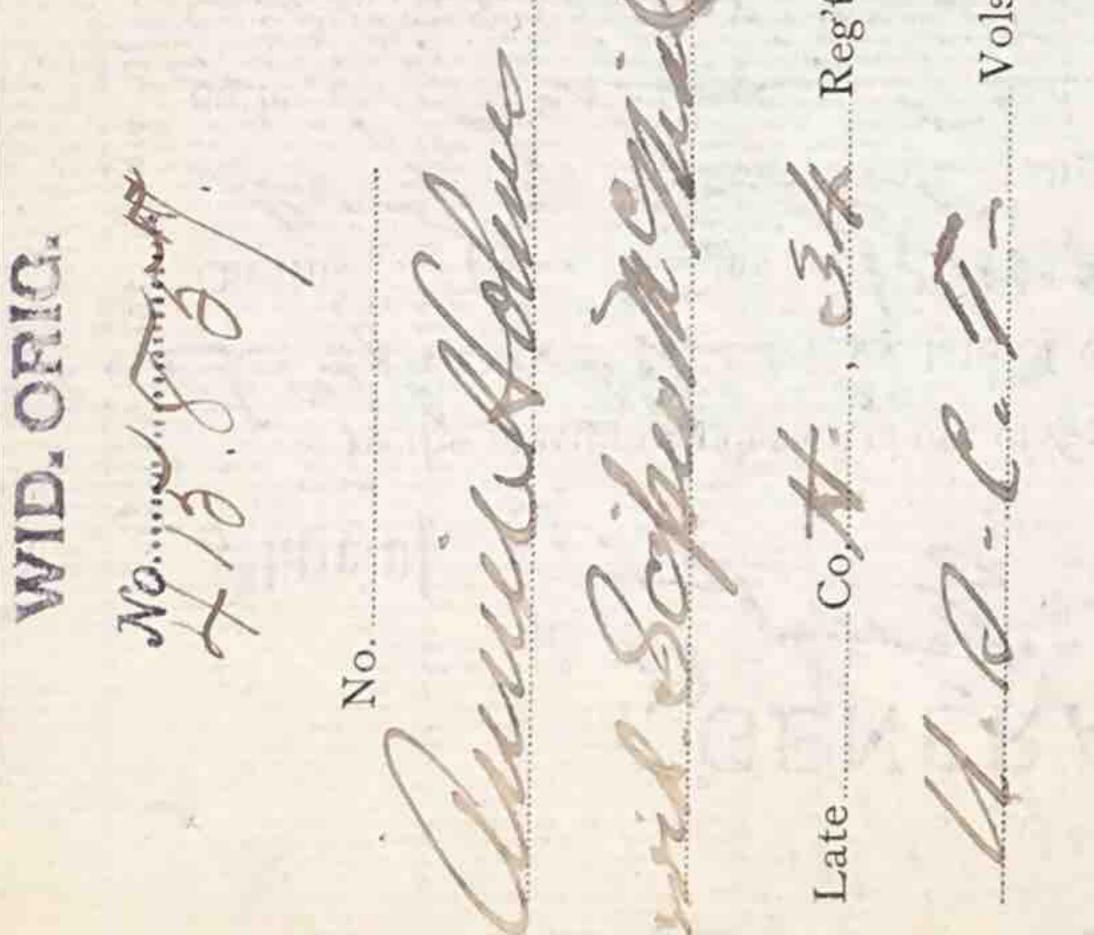
IMPORTANT !- TO BE EXECUTED BY AN OFFICER OR ENLISTED MAN OF THE SOLDIER'S COMPANY AND REGIMENT HAVING PERSONAL KNOWLEDGE OF THE CIRCUMSTANCES UNDER WHICH THE DISABILITY WAS INCURRED ON ACCOUNT OF WHICH PENSION IS CLAIMED.

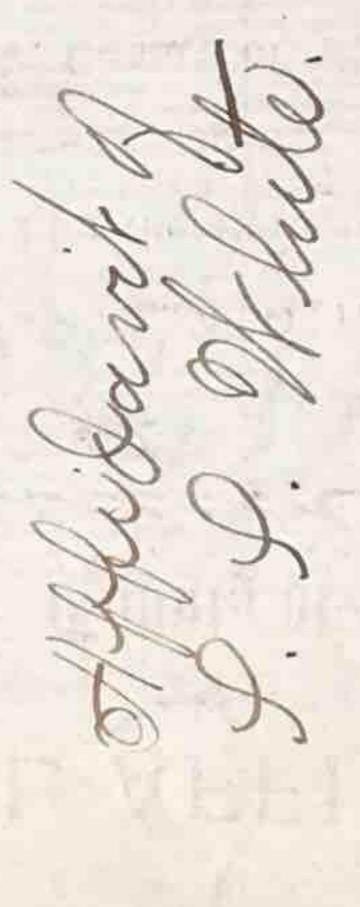
Before Filling in this Affidavit, the Witness should read carefully the Marginal Instructions, and conform thereto in every particular as far as his knowledge of the facts will allow. Enlisted Men's evidence will not be accepted if an Officer's can be had. 15-la , County of Seas to 1 55: State of nature of the wound or min-A.Z. A. L. in and for the aforesaid County, duly authorized to administer ry received, il. and in what part of the body located or the name and nature of the disease or disability in cansed the disability and up-...... applicant for Invalid Pension; and knows the said..... ticular duty the soldier was time it was incurred. If on by whose or-Died or was discharged. ders was he neting. i ry was a rupture be particby reason ular to state Here insert the reason of the Soldier's discharge if known; if not known, so state, or if he died, so state. itslocation and whether you saw it at That the said ...... while in line of duty, at or near the time of or immediately f crits incur rence or at any time while in the service. whether you eaw him at the date of or immediately pre-Here state the time, place and manner in which the wound or other injury was received. Describe the wound or injury, the vious to diswhen, where and whether part of the body wounded orininged and all the about the disability part of the body wounded or injured, and all the circumstances attending it. If sickness state the time and place where contractn a m e d then is. The fifth - hur J. Can. net give a Cottede existed. ed, what caused it, the name of the sickness, and how it affected him. whether the soldier was in sound bodily health and especially free That the facts stated are personally known to me by reason of...... from the disabllities u pon Here state whether afflant was with the comwhich claim for pension is Madelley ... Black John Some Color J. Hory ... of Motor J. to. Conference ..... based, at the time he enlistmand at the time the claimant contracted his disability, or whether his knowledge was otherwise obtained. All the facts known ed and immediately preced ing the date of incurring his affiant relative to the Soldier's medical treatment for his disability while in the service should be stated, giving name and place, if disabilities. St our source of information, possible. whether present at time and place and aneyewitness to the facts related. If in command of company when the disability was incurred, so state

|   | And deponant further states thatwell acquainted with the claimant, having known him for  |
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|   | And deponent further states that the claimant was a sound and able-bodied man at and prior to enlistment,  |
|   | Irrow and that is totally disinterested in this chairm   |
|   | Selen S. White   |
|   | our 1sts It Dack   |
|   | If affiant make mark, two witnesses who can write sign here.   |
|   | STATE OF   |
|   | Sworn to and subscribed before me this day by the above-named affiant, and I certify that I read the   |
|   | said affidavit to said affiant , including all the wordserased   |
|   | and all the wordsadded, and acquainted A   |
|   | with its contents before executed the same. I further certify that I am in nowise interested   |
|   | in said case, nor am I concerned in its prosecution; and that the said affiant personally known to me,   |
|   | and that A. Las. Accreditable person.  |
|   | Notary or Magistrate's Signature.  |
|   | [L. S]   |
|   | This affidavit should be sworn to before any officer authorized to administer oaths. If executed before a Notary or Justice  |
|   | however, the certificate of Clerk of Court should be attached, showing official capacity of said Notary or Justice if such certificate be not already on file.   |
|   | I,   |
|   | aforesaid County and State, do certify thatEsq.  |
|   | who hath signed his name to the foregoing declaration and affidavit, was at the time of so doing   |
|   | State, duly commissioned and sworn,  |
|   | that all his official acts are entitled to full faith and credit and that his signature thereunto is genuine.  |
|   | Witness my hand and seal of office, thisday of   |
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GENERAL AFFIDAVIT testify. In the matter of pension claim of 4 late of Co. day of A. D. 189 , personally appeared before me, a which in and for the aforesaid County, duly authorized to administer aged years, whose Post Office address is County of , who being duly sworm declares in relation to aforesaid and State of .... case as follows: ta ALADOLUS DE LOS DE LA CONTRACTOR DE LA C I am not interested in said claim nor concerned in its prosecution. If the affiant signs by mark, two persons who can write must attest by signing their names on the lines below Affiants (Affiant's Signature.)







and SOLIGITOR OF CL

seords of Marriage, Birth or Personally appeared before me a the County and State aforesaid, duly sworn according to law, declares that his P. O. address is and that he is (Church, Parish, Town or County.) (Pastor, Rector or Clerk, as the case may be.) .....in the last-named County, and custodian of located in thereof; that the following is a true copy of an extract from the record of Marriages, Births, or Deaths.) Holmes, before ohe morred, s Joipes McMest, The new mo morned with the of mornel Weifu Minuel I has at The House when ohe and me Meal or montiel to each often, ? mo them cor quest, the were mayned about their Stort lufornithen word of the / Colling by Home Chalon uy Supportables of the since They lived of Cohelite as men

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| Mr. B. Kennes  | (Signature of Postor or Clerks)               |
| " "Arrears of Pay," "Bounty," "Pension," "Commutations   | for Rations," according to nature of claim.   |
| Jeun L' " MI ME ON   | 711-21 05                                     |
| Sworn to and subscribed before me this   | day of, 18, 18                                |
| nd I certify that the contents of the foregoing affidav  | it were fully made known to the affiant       |
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| icluding the words   | Elascu, and the words                         |
|  | added, before he executed the same.           |
| have no interest in the prosecution of this claim for  |   |
| nave no microst in the prosecution of this ciarm for   | 7 //  |
|  | TOSsoiol Signature 1                          |
|  | [Official Signature.]                         |
|  |   |
| ⊋ [L. S.]  | [Official Character.]                         |

certify to the signature and official character of said officer, unless such certificate is

If the pastor, rector or clerk making the transcript, has an official seal, the jurat is not required, his certificate and seal will be accepted.

Marriages, Births-and Death Pension Claim Attorn WASHINGTON, D. C.

State of Laure Carolina Junie Hohnes, wid County of Beaufort Scipes M. Mist. H. 54. 115.05 ou this 17 day of June 1892 - personally appeared Jufan ma a Natory Public, in and For the aforward State, duly authorized to asminister oute, Scalum S. Hhite - age 62- years, whose Sast Offer is Beaufort D.C. who being duly sworn according to law dipases and Days :- I knim the Claimant of his husband the boldies tupour they were married. I was present when they were married afon to war under slave custam. There is no public record of their marriage for the mason, me public mondoy marnap is Kept in this Canaty or Stalemister the Claimans nor the sollies were morried until Their marriage to each Sworn to before me Z tis 17-day of June 1892 Z Belans S. White 29-brighed Toung Public &C

FOLL SE LEGITA OFFICE, and SOLICITOR OF CLAIMS,

State of Santhe Carolina = Junie Hopmes in Caunty of Beaufort Scipe Migral H. 5445es. on this 17th day of June 1892 - personally afford before me a Notary Public, in and for the offer said State, duly authorized to asminster saste Annie Holmes. age about 42- jears, whose past office is to 1. S. Reynolds & legellul Beaufort & lo Who being duly surver according to law, depasses and says: I am not able to furnish a certify of the public record of my morriage to the Soldier, for the rissen There is no public record of marriage Kept in this country or State, and I was missied to the seldies here. and before the war under slow custom-Turker of Dar the soldier was ever married until me married to each offer. both of us were ganng when we got married-Sworn to before me & This 17 day of June 1892 - 3 annie X Wannes The Luguelds witness notory Sublic &- C-Selan S. Mit 4. H. Lauton

and SOLICITOR OF 9 

#### AFFIDAVIT TO ORIGIN OF DISABILITY.

ACCOUNT OF WHICH PENSION IS CLAIMED. Before Filling in this Affidavit, the Witness should read carefully the Marginal Instructions, and conform thereto in every particular as far as his knowledge of the facts will allow. Enlisted Men's evidence will not be accepted if an Officer's can be had. County of State the nature of the wound or injuin and for the aforesaid County, duly authorized to administer ry received. and in what .....aged .......years, whose post office address is...... part of the body located; or the name and nature of the disease or disability in-curred. State what caused the dis-Adaption, applicant for Invalid Pension; and knows the said. Hill. ability and upon what parto be the identical person of that name who enlisted or volunteered as a first whin Company..... ticular duty the soldier was engaged at the time it was in-.Vols. and who..... .... Regiment of ... curred. If on Died or was discharged. special duty, by whose orat......day of..... 186 ders was he acting. If the in-jury was a rupture be particular to state itslocation and whether you saw it at That the said...... while in line of duty, at or near the time of or immediately after its incur-.....in the State of.......did, on or about rence or at any time while in the service, State whether you saw him at the date of or im-Here state the time, place and manner in which the wound or other injury was received. Describe the wound or injury, the mediately previous to discharge; also when, where part of the body wounded or injured, and all the circumstances attending it. If sickness sta e the time and place where contractthe disability named then ed, what caused it, the name of the sickness, and how it affected him. existed. State whether the ................. soldier was in sound bodily health and especially free [Here state whether afflant was with the comfrom the disabllities u pon which claim for pension is mand at the time the claimant contracted his disability, or whether his knowledge was otherwise obtained. All the facts known based, at the as new ass can now remember assillasse time he enlisted and immeto affiant relative to the softier's medical treatment for his disability while in the service should be stated, giving time and place, diately preced ing the date of incurring his disabilities. if pessible. State your source of information, whether present at time and place and an eye witness to the facts related. If in command of company when the disability in the second of was incurred, so state Light house the first with the first of the first of the first of the supple the first of the fi

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| And deponant further states tha  | t  | dre of the facts above   |
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| statedderived from said  | l acquaintance, and from having served as  | Volunteers from the  |
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| knew,  | and thattotally disinterested in   |  |
| ************************************   | Seleni   | So This  |
| If affiant make mark, two witnesses who write  |  | Afflant.]  |
| State of   | sign here.], County of   | 88.:   |
| Sworn and subscribed before m  | e this day by the above-named affiant, and I certify to  | nat I read the   |
| affidavit to said affiant, and acquain   | ted  | executed the same.   |
| I further certify that I am in nowise  | interested in said case, nor am I concerned in its pros  | ecution; and the said  |
| affiantpersonally know   | n to me, and that M  |  |
|  | Notary or Magistrate's Sign  | nature   |
| [L. S.]  | 10120-   | 14.1   |
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| THEIR CLEAR OF COURT OF RECORD HILLS AG  | id his certificate of Official Character hereon, and hot off a beginning   |  |
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|  | worn; that all his official acts are entitled to full faith an   |  |
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IMPORTANT!—TO BE EXECUTED BY AN OFFICER OR ENLISTED MAN OF THE SOLDIER'S COMPANY AND REGIMENT HAVING PERSONAL KNOWLEDGE OF THE CIRCUMSTANCES UNDER WHICH THE DISABILITY WAS INCURRED ON ACCOUNT OF WHICH PENSION IS CLAIMED.

| Before F<br>particular as   | illing in this Affidavit, the Witness should read carefully the Marginal Instructions, and conform thereto in every far as his knowledge of the facts will allow. Enlisted Men's evidence will not be accepted if an Officer's can be had. |
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| or the name and nature of   | oaths, W. C. J aged J. J vears, whose post office address is   |
| the disease or<br>disability in-<br>curred.<br>State what           | who being duly sworn according to law, states that. All acquainted with Dunie.   |
| caused the dis-   | And Low, applicant for Invalud Pension; and knows the said annie Helmen.   |
| the soldier was<br>engaged at the                                   |  |
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| ders was he acting. If the in-                                      | atday of 186   |
| jury was a rup-<br>ture be partic-<br>ular to state                 | by reason  |
| and whether<br>you saw 't at<br>the time of or                      | That the said  |
| immediately<br>afteritsineur-<br>rence or at any                    | That the said  |
| time while in<br>the service.<br>State                              | the186 , become disabled in the following manner,  |
| saw him at the<br>date of or im-<br>mediately pre-                  | Here state the time, place and manner in which the wound or other injury was received. Dyscribe the wound or injury, the   |
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| health and es-<br>pecially free                                     | That the facts stated are personally known to me by reason of  |
| bllities upon which claim for pension is                            | Mere state whether affiant was with the com-   |
| time he enlist-<br>ed and imme-                                     | mand at the time the claimant contracted his disability, or whether his knowledge was otherwise obtained. All the facts known  |
| diately preced<br>ing the date of<br>incurring his<br>disabilities. | to affiant relative to the soldier's medical treatment for his disability while in the service should be stated giving time and place  |
| your source of information,   | if possible.   |
| whether pre-<br>sent at time<br>and place and                       |  |
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| command of<br>company when<br>the disability<br>was incurred.       |  |
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PREPARE YOUR STATEMENT ON A SEPARATE SHEET OF PAPER, CORRECT IT CAREFULLY, AND THEN TRANSFIR IT TO THIS BLANK. THIS AFFIDAVIT SHOULD BE RETURNED AS SOON AS EXECUTED TO WM. M. WRIGHT, 219 EAST CAPITOL STREET.

AFFIDAVIT TO ORIGIN OF DISABILITY.

IMPORTANT!—TO BE EXECUTED BY AN OFFICER OR ENLISTED MAN OF THE SOLDIER'S COMPANY AND REGIMENT HAVING PERSONAL KNOWLEDGE OF THE CIRCUMSTANCES UNDER WHICH THE DISABILITY WAS INCURRED ON ACCOUNT OF WHICH PENSION IS CLAIMED.

Before Filling in this Affidavit, the Witness should read carefully the Marginal Instructions, and conform thereto in every particular as far as his knowledge of the facts will allow. Enlisted Men's evidence will not be accepted if an Officer's can be had. 55. State the nature of the wound or injuan and for the aforesaid County, duly authorized to administer ry received, and in what part of the Ligital aged J. J...... years, whose post office address is...... body located; or the name and nature of the disease or disability in-curred. State what caused the dis-.... applicant for Invalid Pension; and knows the said amusical Polisted or columberred as a fertile in Company..... the soldier was engaged at the time it was incurred. If on special duty, Died or was discharged. by whose or-ders was he acting. If the injury was a rupture be partic-Here insert the reason of the Soldier's discharge if known; if not known, so State, or if he died, so state. ular to state itslocation and whether you saw it at That the said ...... while in line of duty, at or near the time of or immediately after its incur-.....in the State of......did, on or about rence or at any time while in the service. the......186 , become disabled in the following manner, State whether you saw him at the date of or im-Here state the time, place and manner in which the wound or other injury was received. Dyscribe the wound or injury, the mediately previous to discharge; also when, where and whether part of the body wounded or injured, and all the circumstances attending it. If sickness sta e the time and place where contractthe disability morrido & Almus - & was sund the n a m e d then existed. ed, what caused it, the name of the sickness, and how it affected him? State Stran in an Som Mer. H. Min. Olive Col whether the soldier was in sound bodily health and especially free from the disa-There state whether afflant was with the combllities u pon which claim for pension is mand at the time the claimant contracted his disability, or whether his knowledge was otherwise obtained. All the facts known hased, at the J. a. C. S. S. A. ...... M. S. J. L. M. Chen, J. G. - 1.8.8.4. time he enlisted and immeto affiant relative to the soldier's medical treatment for his disability while in the service should be stated, giving time and place. diately preced ing the date of incurring his disabilities. if possible. State your source of information. whether present at time and place and an eye witness to the facts related. If in command of company when the disability was incurred.

PREPARE YOUR STATEMENT ON A SEPARATE SHEET OF PAPER, CORRECT IT CAREFULLY, AND THEN TRANSFER IT TO THIS BLANK. THIS AFFIDAVIT SHOULD BE RETURNED AS SOON AS EXECUTED TO WM. M. WRIGHT, 219 EAST CAPITOL STREET.

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| And deponant further states that well acquainted with the claimant, having known   | n him for    |
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| at least knowledge of the fac  | cts above    |
| statedderived from said acquaintance, and from having served asof Company.   |              |
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| And deponent further states that the claimant was a sound and able bodied man at and prior to enlist   |              |
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| Selevi College Att   |              |
| Ja Ha Lauton   |              |
| If affiant make mark, two witnesses who write sign here.]  | deflication, |
| State of County of Oldifate  |              |
| Sworn and subscribed before me this day by the above-named affiant , and I certify that I read   | the said     |
| unidavit to said affiant, and acquainted, A.A.A with its contents before   | the same.    |
| I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and  |              |
| affiant  |              |
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| [L. S.]  | 536/         |
| Official Character.  |              |
| Note.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC or JUSTICE OF THE PEACE. If before a JUSTICE of then CLERK OF COURT OF RECORD must add his certificate of Official Character hereon, and not on a separate slip of paper.   | r NOTARY     |
| I certify that   | oregoing     |
| declaration and affidavit, was at the time of so doingin and for said  | County       |
| and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit and   | that his     |
| signature thereunto is genuine.  |              |
| Witness my hand and seal of office, thisday of   |              |
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| Southam Div.  |
| Joutham Div.  No. 415, 857  Bepartment of the Interior,  RUBEAU OF BENSIONS   |
| No. 415,857   |
| Widow of BUREAU OF PENSIONS,  |
| Nidow of<br>Scipio Mineal Washington, D. C., April 24, 1890   |
| SIR:  |
| It is alleged that Scipio McMeal enlisted June 1, 18.63 and served as a forward in Co. N, 34" Reg't U.S.C. I                            |
| and served as a forwate in Co. N, 34" Reg't U.S.C. J.   |
| also as a in Co Reg't   |
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| ***************************************   |
| and was discharged at Killed in action — —, July — , 18 64.   |
| It is also alleged that while on duty at  |
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| on or about, 18, he was disabled by   |
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| and was treated in hospitals of which the names, locations, and dates of treatment are as follows:                                      |
| none alleged.   |
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| Elsase also quie personal description.  |
|   |
| In case of the above-named soldier the War Department is requested to furnish an official statement of the                              |
| enrollment, discharge, and record of service so far as the same may be applicable to the foregoing allegation                           |
| together with full medical history. Please give the rank he held at the time he is claimed to have incurred the                         |
| disability alleged, and if records show that he was not in line of duty during that period, let the fact be stated.  Very respectfully, |
|   |

The Officer in Charge of the Record and Pension Division,

War Department.

Commissioner.

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## DIVISION, RECORD AND PENSION

Washington, D. C.,

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# War Department,

Washington, 4PR 25 1890

and Pension Division,

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BY AUTHORITY OF THE SECRETARY OF WAR: Repectfully returned to With the information (828) 1890. Commissioner. 11 Anterior, DIVISION. BUREAU OF PENSIONS, fo Department 9 Washington, 16496 b

Division,

Record and Pension NOV 24

Washington,

Kur Department,

| TO BE EXECUTED IN DUPLICATE WITHOUT ADDITIONAL COST TO CLAIMANT.   |
|--|
| ARTICLES OF AGREEMENT.   |
|  |
| Whereas I. Annie Wolmes, motor of Scikio M' Neal, late a private in Company Ch., of the With Regiment of W. Holoret Volunteers.  |
| late a penvate   |
| in Company Cf., of the Butter Regiment of MW. Colored Volunteers.  war of the rebullion , having made application for pension under the laws of the United States.   |
| war of The New Courter, having made application for pension under the laws of the United States.   |
| NOW THIS AGREEMENT WITNESSETH: That for and in consideration of services done and to be done in the  |
| premises, I hereby agree to allow my agent. Faut Strong - of Machington, 50. the fee of Twenty-frue  DOLLARS, which shall include all amounts to be paid for any services in the furtherance of said claim; and said fee   |
| of Mashington, D.C. the fee of Prosentry-frue  |
| DOLLARS, which shall include all amounts to be paid for any services in the furtherance of said claim; and said fee shall not be demanded by, or payable to my said agent, in whole or in part, except in case of the granting of my   |
| pension by the Commissioner of Pensions; and then the same shall be paid to him in accordance with the provisions of   |
| sections 4768 and 4769 of the Revised Statutes, U. S.  |
| Dumb 1   |
| Ell Beown Summer Holmes  |
| (Two Witnesses Signatures.)  |
| Deanf 1 Scanf 1 (00.0)   |
| State of Donat Carolina Countr of Beaubort 99:   |
| 3 2 - EZ   |
| Be it known that on this, theday ofA. D. 1890, personally appeared   |
| the hearing and presence of the two attesting witnesses the contents of the foregoing articles of agreement, voluntarily   |
| signed and acknowledged the same to be her free act and deed.  |
| THE RESERVE THE PROPERTY OF TH |
| [L. S.] Dampfned   |
|  |
| [L. S.]  Daufshied  (Official Signature)   |
| [L. S.]  Agent's Acceptance.  Agented  (Official Signature)  Agented  (Official Signature)   |
| And now, to wit, this day of , A. D. 188, accept the provi-  |
| Agent's Acceptance.  And now, to wit, this day of , A. D. 188 , accept the provisions contained in the foregoing articles of agreement, and will to the best of ability, endeavor faithfully to repre-   |
| Agent's Acceptance.  And now, to wit, this day of , A. D. 188 , accept the provisions contained in the foregoing articles of agreement, and will to the best of ability, endeavor faithfully to represent the interest of the claimant in the premises. hereby certify that have received from the claimant above-   |
| Agent's Acceptance.  And now, to wit, this day of , A. D. 188 , accept the provisions contained in the foregoing articles of agreement, and will to the best of ability, endeavor faithfully to represent the interest of the claimant in the premises. hereby certify that have received from the claimant abovenamed the sum of  |
| Agent's Acceptance.  And now, to wit, this day of , A. D. 188 , accept the provisions contained in the foregoing articles of agreement, and will to the best of ability, endeavor faithfully to represent the interest of the claimant in the premises. hereby certify that have received from the claimant abovenamed the sum of dollars and no more, dollars being for fee, and the sum of dollars being for postage and   |
| Agent's Acceptance.  And now, to wit, this day of , A. D. 188 , accept the provisions contained in the foregoing articles of agreement, and will to the best of ability, endeavor faithfully to represent the interest of the claimant in the premises. hereby certify that have received from the claimant abovenamed the sum of  |
| Agent's Acceptance.  And now, to wit, this day of , A. D. 188 , accept the provisions contained in the foregoing articles of agreement, and will to the best of ability, endeavor faithfully to represent the interest of the claimant in the premises. hereby certify that have received from the claimant abovenamed the sum of dollars and no more, dollars being for fee, and the sum of dollars being for postage and other expenses. And that these agreements have been executed in duplicate without additional cost to the claimant, as   |
| Agent's Acceptance.  And now, to wit, this day of , A. D. 188 , accept the provisions contained in the foregoing articles of agreement, and will to the best of ability, endeavor faithfully to represent the interest of the claimant in the premises. hereby certify that have received from the claimant abovenamed the sum of dollars and no more, dollars being for fee, and the sum of dollars being for postage and other expenses. And that these agreements have been executed in duplicate without additional cost to the claimant, as required by law, in excess of the fee above-named, the said agent making no charge therefor.  Witness hand the year and day above written.  |
| Agent's Acceptance.  And now, to wit, this day of , A. D. 188 , accept the provisions contained in the foregoing articles of agreement, and will to the best of ability, endeavor faithfully to represent the interest of the claimant in the premises. hereby certify that have received from the claimant abovenamed the sum of dollars and no more, dollars being for fee, and the sum of dollars being for postage and other expenses. And that these agreements have been executed in duplicate without additional cost to the claimant, as required by law, in excess of the fee above-named, the said agent making no charge therefor.  Witness hand the year and day above written. (Signature of Agent.)  |
| Agent's Acceptance.  And now, to wit, this day of , A. D. 188 , accept the provisions contained in the foregoing articles of agreement, and will to the best of ability, endeavor faithfully to represent the interest of the claimant in the premises. hereby certify that have received from the claimant abovenamed the sum of dollars and no more, dollars being for fee, and the sum of dollars being for postage and other expenses. And that these agreements have been executed in duplicate without additional cost to the claimant, as required by law, in excess of the fee above-named, the said agent making no charge therefor.  Witness hand the year and day above written.  |
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| Agent's Acceptance.  And now, to wit, this day of , A. D. 188 , accept the provisions contained in the foregoing articles of agreement, and will to the best of ability, endeavor faithfully to represent the interest of the claimant in the premises. hereby certify that have received from the claimant abovenamed the sum of dollars being for fee, and the sum of dollars being for postage and other expenses. And that these agreements have been executed in duplicate without additional cost to the claimant, as required by law, in excess of the fee above-named, the said agent making no charge therefor.  Witness hand the year and day above written. (Signature of Agent.)  State of , County of , whom I know to be the person represents   |
| Agent's Acceptance.  And now, to wit, this day of , A. D. 188 , accept the provisions contained in the foregoing articles of agreement, and will to the best of ability, endeavor faithfully to represent the interest of the claimant in the premises. hereby certify that have received from the claimant abovenamed the sum of dollars being for fee, and the sum of dollars being for postage and other expenses. And that these agreements have been executed in duplicate without additional cost to the claimant, as required by law, in excess of the fee above-named, the said agent making no charge therefor.  Witness hand the year and day above written. (Signature of Agent.)  State of , Country of , whom I know to be the person represents to be, and who, having signed above acceptance of agreement, acknowledged the same to be free act and deed.  |
| Agent's Acceptance.  And now, to wit, this day of , A. D. 188 , accept the provisions contained in the foregoing articles of agreement, and will to the best of ability, endeavor faithfully to represent the interest of the claimant in the premises. hereby certify that have received from the claimant abovenamed the sum of dollars being for fee, and the sum of dollars being for postage and other expenses. And that these agreements have been executed in duplicate without additional cost to the claimant, as required by law, in excess of the fee above-named, the said agent making no charge therefor.  State of , Louning of , whom I know to be the person represents to be, and who, having signed above acceptance of agreement, acknowledged the same to be free act and deed.  Witness my hand and seal this day of 188  |
| Agent's Acceptance.  And now, to wit, this day of , A. D. 188 , accept the provisions contained in the foregoing articles of agreement, and will to the best of ability, endeavor faithfully to represent the interest of the claimant in the premises. hereby certify that have received from the claimant abovenamed the sum of dollars and no more, dollars being for fee, and the sum of dollars being for postage and other expenses. And that these agreements have been executed in duplicate without additional cost to the claimant, as required by law, in excess of the fee above-named, the said agent making no charge therefor.  Witness hand the year and day above written.  State of , County of , S9:  Personally came , whom I know to be the person represents to be, and who, having signed above acceptance of agreement, acknowledged the same to be free act and deed.  Witness my hand and seal this day of 188  [L. S.]  Commissioner's Approval.  |
| Agent's Acceptance.  And now, to wit, this day of Above will to the best of Ability, endeavor faithfully to represent the interest of the claimant in the premises. hereby certify that have received from the claimant above named the sum of dollars being for fee, and the sum of dollars being for fee, and the sum of dollars being for postage and other expenses. And that these agreements have been executed in duplicate without additional cost to the claimant, as required by law, in excess of the fee above-named, the said agent making no charge therefor.  Witness hand the year and day above written.  State of , County of Signature of Agent.)  Fersonally came , whom I know to be the person represents to be, and who, having signed above acceptance of agreement, acknowledged the same to be free act and deed.  Witness my hand and seal this day of 188  [L.S.]  Commissioner's Approval.  |

This contract is permissible under the law but not compulsory.

#### READ THE FOLLOWING COPY OF THE STATUTE.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled. \* \* \* \* \* \* \* \* \* \*

SEC. 3. That section 4785 of the Revised Statutes is hereby re-enacted and amended so as to read as follows:

SEC. 4785. No agent or attorney or other person shall demand or receive any other compensation for his services in prosecuting a claim for pension or bounty land than such as the Commissioner of Pensions shall direct to be paid to him, not exceeding \$25; nor shall such agent. attorney or other person demand or receive such compensation, in whole or in part, until such pension or bounty land claim shall be allowed: *Provided*, That in all claims allowed since June 20, 1878, where it shall appear to the satisfaction of the Commissioner of Pensions that the fee of \$10, or any part thereof, has not been paid, he shall cause the same to be deducted from

the pension and the pension agent to pay the same to the recognized attorney."

SEC. 4. That section 4786 of the Revised Statutes is hereby amended so as to read as follows: "SEC. 4786. The agent or attorney of record in the prosecution of the case may cause to be filed with the Commissioner of Pensions duplicate articles of agreement without additional cost to the claimant, setting forth the fee agreed upon by the parties, which agreement shall be executed in the presence of and certified by some officer competent to administer oaths. In all cases where application is made for pension or bounty land, and no agreement is filed with the Commissioner as herein provided, the fee shall be \$10 and no more. And such articles of agreement as may hereafter be filed with the Commissioner of Pensions are not authorized, nor will they be recognized except in claims for original pensions, claims for increase of pension on account of new disability, in claims for restoration where a pensioner's name has been or may hereafter be dropped from the pension-rolls on testimony taken by a special examiner, showing that the disability or cause of death, on account of which the pension was allowed, did not originate in the line of duty, and in cases of dependent relatives whose names have been or may hereafter be dropped from the rolls on like testimony, upon the ground of non-dependence, and in such other cases of difficulty and trouble as the Commissioner of Pensions may see fit to recognize them: Provided, That no greater fee than \$10 shall be demanded, received, or allowed in any claim for pension or bounty land granted by special act of Congress, nor in any claim for increase of pension on account of the increase of the disability for which the pension had been allowed: And provided further, That no fee shall be demanded, received, or allowed in any claim for arrears of pension or arrears of increase of pension allowed by any act of Congress passed subsequent to the date of the allowance of the original claims in which such arrears of pension or of increase of pension may be allowed."

And if in the adjudication of any claim for pension in which such articles of agreement have been or may hereafter be filed it shall appear that the claimant had, prior to the execution thereof, paid to the attorney any sum for his services in such claim, and the amount so paid is not stipulated therein, then every such claim shall be adjudicated in the same manner as though no articles of agreement had been filed, deducting from the fee of \$10 allowed by law such sum

as claimant shall show that he has paid to his said attorney.

Any agent or attorney or other person instrumental in prosecuting any claim for pension or bounty land who shall directly or indirectly contract for, demand or receive or retain any greater compensation for his services or instrumentality in prosecuting a claim for pension or bounty-land than is herein provided, or for payment thereof at any other time or in any other manner than is herein provided, or who shall wrongfully withhold from a pensioner or claimant the whole or any part of the pension or claim allowed and due such pensioner or claimant, or the land-warrant issued to any such claimant shall be deemed guilty of a misdemeanor, and upon conviction thereof shall for every such offence be fined not exceeding \$500, or imprisoned at hard labor not exceeding two years, or both, in discretion of the court.

APPROVED JULY 4, 1884.

| FEE AGREEMENT.  CLAIM OF  FILED by  FILED by  THE STRONG,  (LAIM ATTORNEY,  HALE STRONG,  (LAIM ATTORNEY,  HALE STRONG,  HALE ST |
|--|
|--|

#### TO BE EXECUTED IN DUPLICATE WITHOUT ADDITIONAL COST TO CLAIMANT.

| ARTICLES OF AGREEMENT.  |
|---|
| Whereas I, Annie Obolines. midow of Tripio M' Neal,   |
| Whereas I, Armie Cholmen, mdow of Scipio M'Neal, in Company of the Byth Regiment of M. D. Colored Volunteers. war of the Nebulion having made application for pension under the laws of the United States.  |
| NOW THIS AGREEMENT WITNESSETH: That for and in consideration of services done and to be done in the   |
| premises, I hereby agree to allow my agent Fauk Strong -  |
| of Washington, D.C., the fee of Twenty-five   |
| DOLLARS, which shall include all amounts to be paid for any services in the furtherance of said claim; and said fee shall not be demanded by, or payable to my said agent, in whole or in part, except in case of the granting of my  |
| pension by the Commissioner of Pensions; and then the same shall be paid to him. in accordance with the provisions of   |
| sections 4768 and 4769 of the Revised Statutes, U. S.   |
| 971 Ranno Au 2 Halan  |
| (Two Witnesses Signatures.)  (Signature of Caimant.)  |
| Benft Benfile, DC   |
| State of South Carolina, County of Beaufort, 55:  |
| Be it known that on this, the 22 day of Elman A. D. 1890, personally appeared   |
| the above named, who, after having had read over to her in the hearing and presence of the two attesting witnesses the contents of the foregoing articles of agreement, voluntarily   |
| signed and acknowledged the same to be her free act and deed.   |
| [L. S.]   |
|   |
|   |
| Agent's Acceptance.   |
| And now, to wit, this day of ,, A. D. 188 , accept the provi-   |
|   |
| And now, to wit, this day of, A. D. 188 ,accept the provi-  |
| And now, to wit, this, A. D. 188 ,accept the provisions contained in the foregoing articles of agreement, and will to the best of ability, endeavor faithfully to repre-  |
| And now, to wit, this   |
| And now, to wit, this day of , A. D. 188 , accept the provisions contained in the foregoing articles of agreement, and will to the best of ability, endeavor faithfully to represent the interest of the claimant in the premises. hereby certify that have received from the claimant above-named the sum of dollars and no more, dollars being for fee, and the sum of dollars being for postage and other expenses. And that these agreements have been executed in duplicate without additional cost to the claimant, as required by law, in excess of the fee above-named, the said agent making no charge therefor.  Witness hand the year and day above written.  State of , County of , whom I know to be the person represents to be, and who, having signed above acceptance of agreement, acknowledged the same to be  |
| And now, to wit, this day of , A. D. 188 , accept the provisions contained in the foregoing articles of agreement, and will to the best of ability, endeavor faithfully to represent the interest of the claimant in the premises. hereby certify that have received from the claimant above-named the sum of dollars and no more, dollars being for fee, and the sum of dollars being for postage and other expenses. And that these agreements have been executed in duplicate without additional cost to the claimant, as required by law, in excess of the fee above-named, the said agent making no charge therefor.  Witness hand the year and day above written.  (Signature of Agent.)  State of , County of , whom I know to be the person represents  |
| And now, to wit, this day of , A. D. 188 , accept the provisions contained in the foregoing articles of agreement, and will to the best of ability, endeavor faithfully to represent the interest of the claimant in the premises. hereby certify that have received from the claimant above-named the sum of dollars and no more, dollars being for fee, and the sum of dollars being for postage and other expenses. And that these agreements have been executed in duplicate without additional cost to the claimant, as required by law, in excess of the fee above-named, the said agent making no charge therefor.  Witness hand the year and day above written (signature of Agent.)  55:  Personally came , whom I know to be the person represents to be, and who, having signed above acceptance of agreement, acknowledged the same to be free act and deed.  Witness my hand and seal this day of 188  [L. S.]     |
| And now, to wit, this day of , A. D. 188 , accept the provisions contained in the foregoing articles of agreement, and will to the best of ability, endeavor faithfully to represent the interest of the claimant in the premises. hereby certify that have received from the claimant above-named the sum of dollars and no more, dollars being for fee, and the sum of dollars being for postage and other expenses. And that these agreements have been executed in duplicate without additional cost to the claimant, as required by law, in excess of the fee above-named, the said agent making no charge therefor.  Witness hand the year and day above written.  State of , County of , whom I know to be the person represents to be, and who, having signed above acceptance of agreement, acknowledged the same to be free act and deed.  Witness my hand and seal this day of 188                                   |
| And now, to wit, this day of , A. D. 188 , accept the provisions contained in the foregoing articles of agreement, and will to the best of ability, endeavor faithfully to represent the interest of the claimant in the premises. hereby certify that have received from the claimant abovenamed the sum of dollars and no more, dollars being for fee, and the sum of dollars being for postage and other expenses. And that these agreements have been executed in duplicate without additional cost to the claimant, as required by law, in excess of the fee above-named, the said agent making no charge therefor.  Witness hand the year and day above written.  State of , County of , whom I know to be the person represents to be, and who, having signed above acceptance of agreement, acknowledged the same to be free act and deed.  Witness my hand and seal this day of 188                                    |
| And now, to wit, this day of , A. D. 188 , accept the provisions contained in the foregoing articles of agreement, and will to the best of ability, endeavor faithfully to represent the interest of the claimant in the premises. hereby certify that have received from the claimant abovenamed the sum of dollars and no more, dollars being for fee, and the sum of dollars being for postage and other expenses. And that these agreements have been executed in duplicate without additional cost to the claimant, as required by law, in excess of the fee above-named, the said agent making no charge therefor.  Witness hand the year and day above written.  State of , County of , whom I know to be the person represents to be, and who, having signed above acceptance of agreement, acknowledged the same to be free act and deed.  Witness my hand and seal this day of 188  [L. S.]  Commissioner's Approval. |

This contract is permissible under the law but not compulsory.

#### READ THE FOLLOWING COPY OF THE STATUTE.

SEC. 3. That section 4785 of the Revised Statutes is hereby re-enacted and amended so as to read as follows:

SEC. 4785. No agent or attorney or other person shall demand or receive any other compensation for his services in prosecuting a claim for pension or bounty land than such as the Commissioner of Pensions shall direct to be paid to him, not exceeding \$25; nor shall such agent attorney or other person demand or receive such compensation, in whole or in part, until such pension or bounty land claim shall be allowed: *Provided*, That in all claims allowed since June 20, 1878, where it shall appear to the satisfaction of the Commissioner of Pensions that the fee of \$10, or any part thereof, has not been paid, he shall cause the same to be deducted from the pension and the pension agent to pay the same to the recognized attorney."

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as claimant shall show that he has paid to his said attorney.

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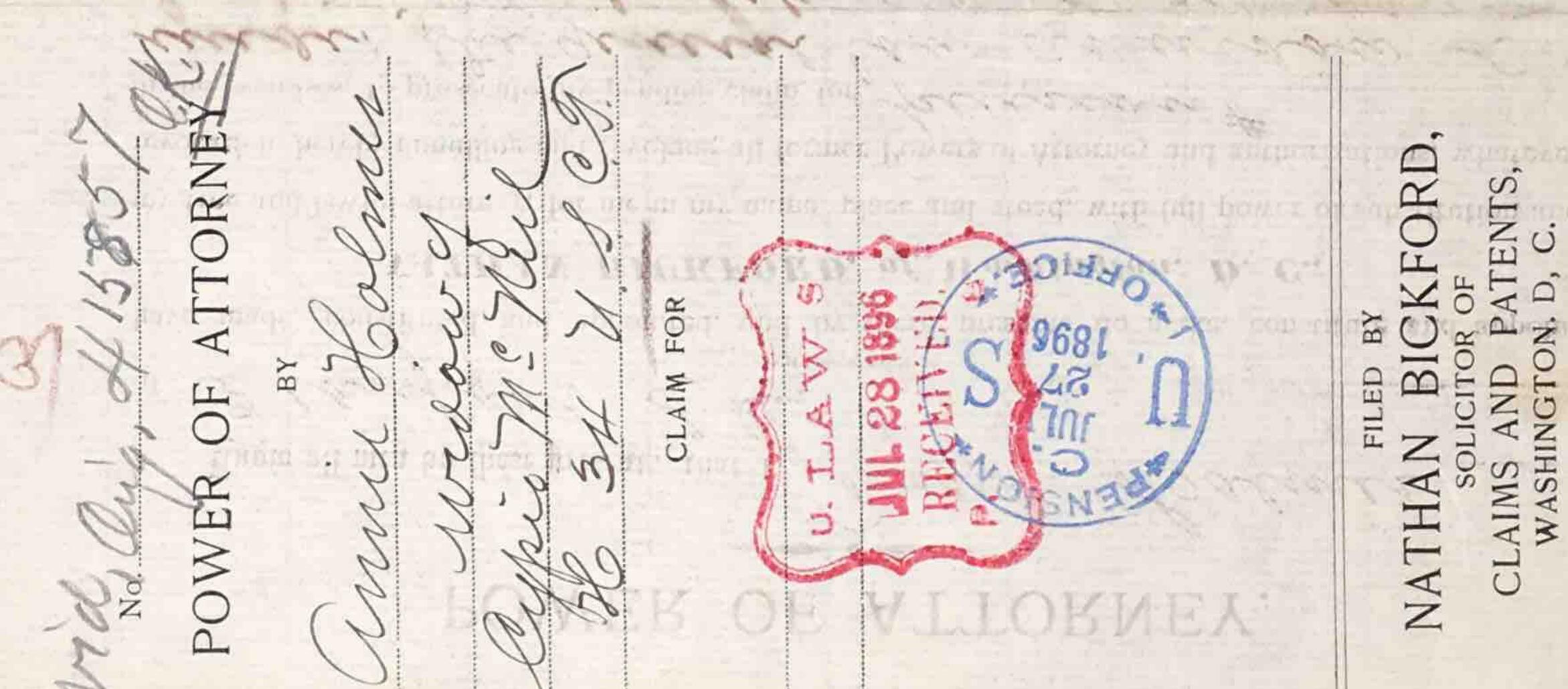
APPROVED JULY 4, 1884.

|                | 13   |              |   |
|----------------|--|--------------|---|
| FEE AGREEMENT. | Mrs. Annie Molines Mrdans of Scipio Me Meal prior co It _ Ath _ Regit. | FOR PENSION. | FRANK STRONG.  (Late General Agent, Dep't of Justice.)  CLAIM ATTORNEY,  Liff E Street, - Washington, D. C.  Printed and for sale by J. H. SOUT. É. Washington. D. C. |

# POWER OF ATTORNEY.

| Anow all men by these presents, that I, Annie Halines   |
|---|
| of Peaufort S. C.   |
| have made, constituted and appointed, and by these presents do make, constitute and appoint                                       |
| NATHAN BICKFORD, of Washington, D. C.,  |
| my true and lawful attorney, for me in my name, place and stead, with full power of substitution and                              |
| revocation, hereby annulling and revoking all former Powers of Attorney and authorizations, whatever                              |
| in the premises, to prosecute my pending claim for peutout#   |
| under the general law as widow of   |
| Scupio Mª Male late of Co. 66 34 U.S. C.S.  |
|   |
| and and   |
| In witness whereof, I have hereunto set my hand this day of free, 189 6.  |
| amie Avelines   |
| Musignature of Claimant.  |
| Two witnesses who write 1 10 1 Care Care  |
| their names are required. \ \Lie to trusier   |
| South Carolina  |
| State of the first may be been been supplyed to the antibothed by he do administrator outlier.                                    |
| County of County of   |
| Be it known, that on this 9 day of July , 189 6, before me, the undersigned in and for said County and State, personally appeared |
| a Notary Rubble in and for said County and State, personally appeared   |
| aunie Holmes to me well known to be the identical person who executed   |
| the foregoing Power of Attorney, and the same having been first read over to he and the contents                                  |
| thereof duly explained, acknowledged the same to be free act and deed. I certify that I have                                      |
| no interest present or prospective in this claim.   |
| In testimony whereof, I have hereunto set my hand and affixed my seal of office, the day and                                      |
| year last above written.  |
| LAMandin  |
| mot Pullan  |
| Official Title.   |

| State of  |  |
|---|--|
| County of   | ) ss:  |
| St. L L   | before whom the  |
|   | nade, was at the execution thereof, a  |
| Toregoing ackinowicegement was i  |  |
| and State of  | duly authorized to administer oaths, and that his  |
| signature thereto is genuine.   |  |
| [SEAL]  | THE REPORT OF THE PARTY OF THE PROPERTY OF THE PROPERTY OF THE PARTY O |
|   | Official Signature.  |
|   |  |
| This Power of Attorney may be a But if executed before any office affix his official seal and MUST cert ficate is on file at the U.S. Pension | executed before any person who is authorized by law to administer oaths. It who has no official seal, the Clerk of a Court of Record, MUST if y to the signature and official character of said officer, unless such certibureau.  |
|   |  |



There is no levidence of Jull mades mileret mi This case medic of a pan. Last filed by hur aug/93.

(3-391.)his form of fee contract is prescribed by the Commissioner of Pensions and approved by the Secretary of the Interior, July 8, 1884, under the provisions of the Act of Congress approved July 4, 1884. To be executed in duplicate without additional cost to claimant, and must be returned in duplicate to the Attorney. ARTICLES OF AGREEMENT. war of the rebellion, having made application for pension under the laws of the United States: hereby authorize as my attorney, T. W. TALLMADGE, of Washington, D. C., to prosecute said claim, revoking all former authority to other persons. · Now this Agreement Mitnesseth: That for and in consideration of services done and to be done in the premises, I hereby agree to allow my agent T. W. TALLMADGE, of Washington, D. C., the fee of Twenty-Five Dollars, which shall include all amounts to be paid for any services in the furtherance of said claim; and said fee shall not be demanded by or payable to my said agent, in whole or in part, except in the case of the granting of my pension by the Commissioner of Pensions; and that the same shall be paid to him in accordance with the provisions of Sections 4768 and 4769 of the Revised Statutes, U.S. Be it known, that on this, the \_\_\_\_day of\_\_\_ the above-named, who after having had read over to \_\_\_\_\_in the hearing and presence of the two attesting witnesses the contents of the foregoing articles of agreement, voluntarily signed and acknowledged the same to be...... free act and deed. [SEAL.] Agent's Acceptance. And now, to wit, this and day of the provisions contained in the foregoing articles of agreement, and will to the best of my ability endeavor faithfully to represent the interest of the claimant in the premises; I hereby certifying that I have neceived from the claimant above named the sum of MVW dollars being for fee, and the sum of Month for postage and other expenses. And that these agreements have been executed in duplicate without additional cost to the claimant, as required by law, in excess of the fee above named, the said agent making no charge therefor. Witness my hand the year and day above written.

District of Columbia, County of Washington, ss:

Personally came, T. W. TALLMADGE, whom I know to be the person he represents himself to be, and who, having signed above acceptance of agreement, acknowledged the same to be his free act and deed.

[SEAL.]

Commissioner's Approval.

the recognized attorney.

# Return both Contracts to the Attorney.

This Contract is Permissible Under the Law, but not Compulsory.—Read the following Copy of the Statute.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress

\*\*
assembled

\*\*

SEC. 3. That section 4785 of the Revised Statutes is hereby re-enacted and amended so as to read as follows:

"Sec. 4785. No agent or attorney or other person shall demand or receive any other compensation for his services in prosecuting a claim for pension or bounty-land than such as the Commissioner of Pensions shall direct to be paid to him, not exceeding \$25; nor shall such agent, attorney, or other person demand or receive such compensation, in whole or in part, until such pension or bounty-land claim shall be allowed: Provided, That in all claims allowed since June 20, 1878, where it shall appear to the satisfaction of the Commissioner of Pensions that the fee of \$10, or any part thereof, has not been paid, he shall cause the same to be deducted from the pension, and the pension agent to pay the same to the recognized attorney."

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APPROVED JULY 4, 1884.

FOR PENSION,

No. Money Street,

Tols. U. J. L. M. Regit.

Tited

T. W. TALLMADGE,

ATTORNEY,

WASHINGTON, D. C.

FORMS A. ALCONG, D. C.

WASHINGTON, D. C.

This form of fee contract is prescribed by the Commissioner of Pensions and approved by the Secretary of the Interior,

July 8, 1884, under the provisions of the Act of Congress approved July 4, 1884.

To be executed in duplicate without additional cost to claimant, and must be returned in duplicate to the Attorney.

# ARTICLES OF AGREEMENT.

| Watterens 2. Annie Holmes finn me   | low    |
|---|--------|
| a Scihi Me Mest   |        |
| ate a PNI in Company At, of the 34 Regiment of U.S.C. T. Volunte  | 0070   |
| var of the rebellion, having made application for pension under the laws of the United Sta  |        |
| hereby authorize as my attorney, T. W. TALLMADGE, of Washington, D. C., to prosecute  |        |
| laim, revoking all former authority to other persons.   |        |
|   |        |
| Now this Agreement Witnesseth: That for and in consideration of services  | done   |
| and to be done in the premises, I hereby agree to allow my agent T. W. TALLMADGE  | D, of  |
| Washington, D. C., the fee of Twenty-Five Dollars, which shall include all amounts to be  |        |
| for any services in the furtherance of said claim; and said fee shall not be demanded by or people to my said agent, in whole or in part, except in the case of the granting of my pension by |        |
| Commissioner of Pensions; and that the same shall be paid to him in accordance with the   |        |
| visions of Sections 4768 and 4769 of the Revised Statutes, U.S.   | pro-   |
| 1 · · · · · · · · · · · · · · · · · · ·   |        |
| 1 Stlams Mhite Strone of claimant)  | la)    |
| 2 At Escell 9. L.O. Lock By. 187- Beaufort.   | D.C.   |
| (Signature of two witnesses who can write.)   |        |
| State of South Carolina, Country of Decept, ss:   |        |
| Be it known, that on this, the day of March A. D. 1892, person  | nally  |
| appeared the above-named, who after ha  | wing   |
| had read over to Munin the hearing and presence of the two attesting witnesses the conten   | itsof  |
| the foregoing articles of agreement, voluntarily signed and acknowledged the same to be   | 20     |
| free act and deed.  |        |
| [SEAL.]   | 73     |
| nataz Enolic - 8  |        |
| Agent's Acceptance.   |        |
| And now, to wit, this 20 day of March, A. D. 189 /I a   | ccept  |
| the provisions contained in the foregoing articles of agreement, and will to the best of my al  |        |
| endeavor faithfully to represent the interest of the claimant in the premises; I hereby certif  | fying, |
| that I have neceived from the claimant above named the sum of he for any acutero, en  | bet no |
| prore; NNW dollars being for fee, and the sum of walfundallars  | being  |
| for postage and other expenses. And that these agreements have been executed in duplicate wit   | thout  |
| additional cost to the claimant, as required by law, in excess of the fee above named, the said of  |        |
| making no charge therefor.  |        |
| Witness my hand the year and day above written.   | un.    |
|   |        |
|   |        |
| District of Columbia, County of Washington, ss:   |        |
| Personally came, T. W. TALLMADGE, whom I know to be the person he represents hims   | elf to |
| be, and who, having signed above acceptance of agreement, acknowledged the same to be his   | 3 free |
| act and died. Saish L. Saish  | an     |
| SEAL. Official Signature (Official Signature)   | 1      |
| Commissioner's Approval.  | / we   |
| dollars and paya  | ble to |
| Approved for dollars and paya   |        |
| f   |        |
| the recognized attorney.  |        |

Commissioner of Pensions.

## Return both Contracts to the Attorney.

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Be it enacted by the Senate and House of Representatives of the United States of America in Congress

\*\*
assembled

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APPROVED JULY 4, 1884.

of pension or of increase of pension may be allowed."

FOR PENSION.

No.

Median Scien Megas

Co. H. 34 IL.

Regit.

Vols. U. J. L. J.

FEE AGREEMENTS.

TALLMADGE,

ATTORNEY,

WASHINGTON, D. C.

ENGON 8. NOWNEY,

ON TO SCIENT STATEMENTS.

| GENERAL LAW.                                   |
|--|
| W <sub>No</sub> 415,857                        |
| widow of.                                      |
| Sypio Mª Neil                                  |
| 76 34 7169                                     |
|  |
| This claimant has been informed as to the      |
| informed as to the                             |
| evidence now required, but it has not yet been |
| received.                                      |
| Please give me present condition of the        |
| case if any change since                       |
|  |
|  |
|  |
|  |

Very Respectfully,

Minn Engline

To the Commissioner of Pensions.

FEES

BE

INCLOSED.

Examiners are required to keep the unimportant papers in this wrapper.

# 

I certify that the inclosed papers are of no value in determining the nerits of this claim.

Examiner.

Mail Division.

# Department of the Interior,

BUREAU OF PENSIONS,

| 4/15-100/   |
|---|
| A611/1/1/   |
| P.O. VICUMUNI.                                    |
| D. C. 11/1/8/1/                                   |
| No. Claim, H/N. 857                               |
| Cert. No.   |
| Writer Anne Molles                                |
| Claimant 1  |
| Soldier Deibei Mc Moul                            |
| co. A. BH Reg't USOIL                             |
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| Requests  |
| Requests Early action                             |
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| Claury action                                     |
| Clause Mat elu is unable                          |
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T. M. HERMANN,

Chief Mail Division.

Thid No. 415-83 Lipio Meneal Potte. 4 34 Rat Il, S. C. Smf. To the How. Com. of Pensionis Hashington G. Co. I made application for widows pension, and received notice of the tiling of my Claimo Hid. Ho 415 857 - Scipio Meneal Pot, Co. # 34 Regt Db. S. G. Infinitepril 1890, since which time I have heard nothing of it. I am unable to earn a hing by hard work as I and how an old woman. Furnild respectfully ask if There is any other littlence required that delays the alain, Lory Respectfully, Anna Holmes, Annie Holmes Cfo Mr. G. H. Ford Beaufort of Co.

FRANK STRONG, LATE GENERAL AGENT, DEPARTMENT OF JUSTICE, ATTORNEY, SOLICITOR OF CLAIMS, 1416 F STREET. WASHINGTON, D. C., Mon. Green B. Raum, Comm's Denoins, have the honor to file heremith the application for Generon of Mrs. Annie Holmes, who claims pension as the widow of Scipio McNoil, private les. It. hengneskeatfully, trong, and trong.

Enclosures!

Declaration of Widow.

Teemdany Proof of marriage. the agreement (auphorte.)

Will or. 415, 857, So. M.M. DEPARTMENT OF THE INTERIOR, BUREAU OF PENSIONS, WASHINGTON, D. C., april 2, 10 · T. P. P. Sir: -In a claim recently filed your name appears as attorney with address as above. The roll of attorneys fails to show your name as a qualified attorney residing at that place. If you have been admitted to practice before this Department, but then resided elsewhere please, in reply hereto, state the date of your admission and where you then resided: and, if the above stated address is permanent, you should also forward a formal notice of change from your old to your present address. If you have never been admitted to practice as an attorney before this Bureau, you should comply with the terms of the within regulations and circulars. Peturn this letter with your reply. Very respectively, Gommissioner.

FRANK STRONG. [LATE GENERAL ACENT DEPARTMENT OF JUSTICE] ATTORNEY. 1416 F STREET WASHINGTON DC Me Ned. printe Co. A. 34 US. C. M. Aug 29.1840 to status of abone claim, and which additional short, if any, is required. Respectfullyra Ally. for Clanmant

| Aure 4/6.857 91                           |
|---|
| [3-218.]<br>Ex'r.                         |
| Vac No. Alle                              |
| Acts of July 14, 1862, and March 3, 1873. |
|   |
|   |
|   |
| Annie Holmes                              |
| Beaufort, Beaufort Co. S.B.               |
| Mad.                                      |
| Scepio M- heal                            |
| N.34 W.O. G. Juli                         |
| Died at 1 - 2 O. O. Coll, Joy             |
|   |
| no other claim. Than                      |
| W.O. 415.85.7                             |
|   |
| ,18 . Clerk.                              |
|   |
|   |
| Application filed: Mar 24, 1892.          |
| Attorney: J. M. Jallmadge                 |
| P. O. Colli                               |
|   |
| ATTV                                      |
|   |
| A-19, (5245—10,000,)                      |

MD.

VA.

W. VA.

N. C.

S. C.

FLA.

GA.

ALA.

Miss.

LA.

TEX.

Ky.

TENN.

Mo.

ARK.

D. C.

U.S.C.T.

Wix or. 415,837 FRANK STRONG, LATE GENERAL AGENT, DEPARTMENT OF JUSTICE, ATTORNEY, SOLICITOR OF CLAIMS, 1416 F STREET. WASHINGTON, D. C., entit returned, I beg to inform you that Thave complied mit the reguirements of the regulations of the department, by transmitting, to-day, to the Tecnebary, certificate of quatifications, and cath.

I think that I omitted to fine on my acceptance, aut execute seame un the duplicate fie agriements. Will you please cause them to be noturned to me for correction? Venynisteethully,