

# Application for Pension

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

### FORM NO. 1 - SERVANT

Application of Indigent Servant of a Soldier or Sailor of the Late Confederacy, under Chapter 108, June 1, 1890, as amended by Law of March 10, 1892, U. S. 582.

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

(Applicant must answer all of the following questions.)

- Q. What is your name? Answer Alfred Batie  
Q. In what county and state do you reside? Answer Bolivar, Miss  
Q. Are you a bona fide resident of the State and County of Mississippi? Answer yes  
Q. In what state did you reside when you served as a servant of a soldier or sailor in the service of the Confederate States? Answer A.C.

- Q. What was the nature of your service in the Confederate Army or Navy? Answer Soldier  
Q. When did you begin your service in that capacity? Answer 1862  
Q. When did your service end in that capacity? Answer 1865  
Q. Did you ever desert such service? Answer No Pittsburgh, Pa.  
Q. Where were you at the surrender? Answer I had just arrived home from  
Q. If not in service, why? Answer master had been wounded  
Q. What was the name of the soldier or sailor under whom you served?

- Answer 2d Lt. Henry Batie  
Q. In what state, county and place did he reside when he enlisted? Answer Unionville S.C.  
Q. When did he enlist? Answer 1861 as a physician  
Q. Was he ever discharged from his command? Answer He was transferred to 9t  
Q. If so, why? Answer  
Q. Was he in active service at the surrender in 1865? Answer yes  
Q. Do you apply for a pension because you are disabled and unable to earn a support by your own efforts?

- Answer yes  
Q. Give nature of your disability and destitution? Answer lack air to  
time and very weaker to live on

attack & death to Alfred Batie  
Swear to and subscribed before me, this 22 day of August 1892  
(Signature of Applicant) J. J. Hood  
(Signature of Officer)

Biscuit Board Clerk

"I do solemnly swear, or affirm, to the best of my knowledge and belief, that I have not desert the Confederate service, and that I am now a citizen of the United States, that no enemies are now in possession of me."

Sworn to and subscribed before me this 27th day of September, 1892.

We, the undersigned, verily believe the facts stated in the above application to be true and that the party named therein is the same person in the said application.

Sworn to and subscribed before me this 27th day of September, 1892,

of *Jefferson County, Mississippi*,  
In witness whereof, I have hereunto set my hand and seal.

OFFICE OF CHANCERY CLERK AND COUNTY BOARD OF INQUIRY, *Jefferson County*,  
*Hernando, Miss.*, Sept. 27, 1892.

We, the undersigned members of the Board of Inquiry, hereby approve the foregoing application of *Alexander T. Laddie* for pension because we believe the facts stated in the application are true and the party should receive a pension.

Given under our hands and seal of office, this 3rd day of

*Sept. 27, 1892.*

*J. S. Harrison*  
President of Board

(Seal)

PENSION APPLICATION  
*Sept. 27, 1892.*

County

*Jefferson, Miss.  
No. of Application  
278#2*

Name of Applicant  
Pensioner  
Form No. 3 - STANARD  
Special Instructions to Chancery Clerk:

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

*Chancery Clerk*

THE GRANTING OF PENSIONS

THE STATE OF MISSISSIPPI

Application for Pension of Soldier or Sailor of the Late Confederacy, under Chapter 108, Code of 1861.

Application must be filed in writing with the Chancery Clerk on or before the first Monday in July, 1924 and thereafter for each month of the year in which the application is filed.

Applicant must answer all of the following questions:

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

*A. T. H. Battle*  
(Signature of applicant)

*J. J. Wood*  
(Signature of Officer)  
*Chancery Clerk*

Sworn to and subscribed before me, this 10 day of

1924

(Signature of Officer)

I do solemnly swear (or affirm) that I was a servant of a Confederate Soldier or Sailor; that he died in service and did not desert the Confederate service; that I was honorably discharged or paroled; if the case may fail, that I never deserted the service; that statements set forth in application are true and correct. I verily believe so before me God.

(Signature of Pensioner)

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

AFFIDAVIT

We, the undersigned, certify that the facts stated in the above application are true and the applicant is the identical person in the said application.

Sworn to and subscribed before me, this 12 day

of

June 1924.

(Signature of Witness)

(Signature of Officer)

(Signature of Witness)

OFFICE OF CHANCERY CLERK AND COUNTY BOARD OF INQUIRY DE SOTO COUNTY  
HERNANDO, MISS. JULY 7, 1924

We, the undersigned members of the Board of Inquiry, hereby approve the foregoing application of

ALFORD BATTE for pension because we believe the facts stated in the application are true and the party should receive a pension.

Given under our hands and seal of office this 7 day of JULY 1924.

JULY

1924

T. G. Harrison (Seal)

J. P. Harrison (Seal)

G. J. Miller (Seal)

M. L. Johnson (Seal)

W. D. Lee (Seal)

Chancery Clerk (Seal)

M. E. Barron (Seal)

Chancery Clerk (Seal)

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

No application forwarded after that time will be received.

PENSION APPLICATION

Name of Applicant

Postoffice

County

Alford Batte

FORM NO. 3—SERVANT

Special Instructions to Chancery Clerk:

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

RECEIVED

July 7, 1924  
Alford Batte  
Chancery Clerk