

Scruggs, A.E.T.  
Confederate Pension Ro  
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NOTICE

NO FEE TO BE CHARGED FOR SERVICES RENDERED APPLICANT; PENALTY; EXEMPT FROM LEVY; GARNISHMENT OR ATTACHMENT.

That no fee or other consideration shall be charged or received by any clerk, attorney, officer, or other person for any service rendered to any applicant under the provisions of this act; and any person who shall procure from a soldier, widow, or next-of-kin any will or other document which shall be admitted to probate or any other proceeding in violation of this act for a purpose or effect to defraud or to deprive any person of any benefit to which he is entitled by law, or to hinder, delay or obstruct the course of justice in any court, shall be deemed guilty of a misdemeanor, and upon conviction shall be fined not more than \$1000, or imprisoned not more than one year, or both, at the discretion of the court. This provision hereby made for clerical, judicial, or notarial acts, shall be deemed to apply to any person who shall be employed by any clerk, attorney, officer, or other person for any such purpose. (Section 15, Pension Law.)

Approved 50.00  
AUG 9 1916

Filed in the Clerk's Office of the Circuit Court, of Albemarle County, Virginia, this 7<sup>th</sup> day of July 1916

PENSION APPLICATION  
FOR A  
Disabled Confederate Soldier

ACT 1916.

To save trouble for Applicant and Pension Department, please write plainly in spaces below, the County or City in which the Pension was granted and the name and Postoffice Address of the applicant.

Roll No. 959  
County Albemarle  
City Albemarle  
Name A. E. T. Scruggs  
Post-office Wheat, Va.  
Albemarle Co.

Class \_\_\_\_\_ Rating \_\_\_\_\_ Age \_\_\_\_\_  
Filed in Auditor's office JUL 29 1916  
Paid Warrant No. 10717 & 50.00  
Date of Payment SEP 1 1915 1915

MEMORANDA

-9-1-16-  
Form No. 4-21-16-1-16

INSTRUCTIONS

READ BEFORE THE FORM IS FILLED IN.

All questions must be answered fully. It is necessary to have Certificates A, D and G filled out in full. If certificates cannot be found to fill in Certificates B, Certificates C must be filled. Where there is a copy of Confederate Veterans, Certificates H must be filled. Where there is no copy, Certificates F must be filled. When the name of the applicant, or any one making affidavit, is made by X mark, a witness must always be had to the mark. The doctor, in filling in Certificate D, must set out clearly his examination, and define his case, whether partial or total, otherwise the filing of the application cannot be properly determined. After the application is filled up through Certificates G, file it with the clerk of the Corporation or Circuit Court of your city or county.

9 CONFEDERATE MEMORANDA

PENSIONERS now on the ROLL are NOT required to make new application, but must file annual certificate.

**THIS APPLICATION must be filed with the Clerk of the Corporation or Circuit Court of Your City or County.**  
(No application will be entertained not on the printed form.)

**FORM No. 4.**

APPLICATION of a Disabled Soldier, Sailor or Marine of the late Confederacy Under Act approved March 21, 1916.

I, A. E. T. Scruggs, do hereby apply for a pension under the provisions of the act of the General Assembly of Virginia, approved March 21, 1916, entitled, "An act to amend and re-enact an act approved March 19th, 1912, entitled an act to consolidate into one act all acts relating to Confederate pensions and to repeal all acts and parts of acts in conflict therewith."

I do solemnly swear that I am a citizen of the State of Virginia, and that I have been an actual resident of the said State for five years next preceding the date of this application, and that I was a soldier (sailor or marine) of the Confederate States in the war between the States, and that I am now disabled, and that from the effects of such disability I am incapacitated from following my usual and ordinary occupation, or any other occupation for a livelihood; and that during the said war I was loyal and true to my duty, and never, at any time deserted my command or voluntarily abandoned my post of duty in the said service, and that by reason of such service and disability I am now entitled to receive a pension under the provisions of said act. And I do further swear that I do not hold any national, State, city or county office or position which pays me in salary or fees Two hundred (\$200.00) dollars per annum; nor have I an income from any other employment or any source whatever which amounts to Two hundred (\$200.00) dollars per annum; nor do I receive from any source whatever money or other means of support amounting in value to the sum of Two hundred (\$200.00) dollars per annum; nor do I own in my own right, nor does any one hold in trust for my benefit or use, nor does my wife own, nor does any one hold in trust for my wife, estate or property, either real, personal, or mixed, either in fee or for life, of the assessed value of One thousand (\$1,000.00) dollars; provided, however, that a soldier, sailor or marine who is totally blind, or who lost a hand or a foot while in the discharge of his duty during the war shall be entitled to a pension, unless he or his wife has an estate of the assessed value of One thousand (\$1,000.00) dollars, but also that a soldier, sailor or marine who has reached the age of eighty years shall be entitled to a pension, unless he or his wife shall have an estate of the assessed value of Fifteen hundred (\$1,500.00) dollars; nor do I receive any pension from any other State, or from the United States, or from any other source, and that I am not an inmate of any soldiers' home and am without necessary means of support from any source, and I do further swear that the answers given to the following questions are true:

All questions must be answered fully—be explicit.

<p>1. What is your name? <u>A. E. T. Scruggs</u></p> <p>2. What is your age? <u>47 1/2</u> years</p> <p>3. Where were you born? <u>Williamsburg Va</u></p> <p>4. How long have you resided in Virginia? <u>31 yrs</u></p> <p>5. How long have you resided in the City or County of your present residence? <u>15</u> years</p> <p>6. In what branch of the service were you? <u>19th Regt</u> Regiment. <u>"C"</u> Company</p> <p>7. Who were your immediate superior officers? Colonel <u>Henry H. Smith</u> Captain <u>Charles H. Irving</u></p> <p>8. When did you enter the service? <u>April 17th</u> 186<u>1</u></p> <p>9. Where did you enter the service?</p> <p>10. When and why did you leave the service?</p> <p>11. Where do you reside? If in a city, give street address. Postoffice <u>Crozet</u> County of <u>Albemarle</u> Virginia.</p> <p>12. Have you ever applied for a pension in Virginia before? If so, why are you not drawing one at this time?</p>	<p>13. What is your usual and ordinary occupation for earning a livelihood? <u>Salesman in store</u></p> <p>14. Are you following such occupation or any other occupation or employment at this time? If yes, state the nature and extent of same. <u>No now I am unable to do anything</u></p> <p>15. What is your annual income? <u>\$3000</u> NOTE—By income is meant the total gross receipts derived by you from all crops (whether sold or used), wages and other sources valued in dollars.</p> <p>16. How much property do you own? <u>None</u> Real Estate <u>\$444</u> Personal Property <u>\$2000</u> <u>Household goods</u></p> <p>17. What is the exact nature of your disability and the cause thereof? <u>Rheumatism almost total loss</u></p> <p>18. Are you totally or partially incapacitated by such disability? <u>Partially</u></p> <p>19. Give the names and addresses of two comrades who served in the same command with you during the war. Name _____ Address _____ Name _____ Address _____ See Certificate "B."</p> <p>20. Is there a camp of Confederate Veterans in your city or county?</p> <p>21. Give here any other information you may possess relating to your service or disability which will support the justice of your claim.</p>
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A signature made by X mark is not valid unless attested by a witness.  
WITNESS

I, Geo. C. Lewis, Notary public, in and for the County of Albemarle, in the State of Virginia, do certify that the applicant whose name is signed to the foregoing application, personally appeared before me in my County precinct, having the aforesaid application read to him and fully explained, as well as the statements and answers therein made, the said applicant made oath before me that the said statements and answers are true.  
Given under my hand this 15th day of January 1916  
Geo. C. Lewis Notary Commission Expires \_\_\_\_\_  
A. E. T. Scruggs Signature of Applicant.  
Geo. C. Lewis Signature of Officer.

(A) OATH OF RESIDENT WITNESSES.

We, J. W. Yowell  
and B. F. Jones  
do solemnly swear that we are residents of the Town  
of Grays, in the State of Virginia and that we

have known personally and well for 13 years the applicant whose name is signed to the foregoing application for aid under the act of the General Assembly of Virginia, approved March 21, 1916, as amended, and that the said applicant is a resident of the said city or county and is a man of good reputation for truth and honesty, and that we have read the foregoing application and the answers to the questions therein propounded, made by the said applicant and verily believe that the said applicant has been truthful in the said statements and answers, and that from our personal knowledge, the applicant is disabled, as stated in answers to questions 17 and 18, and we verily believe the said applicant is justly entitled to aid under the said act, and that we have no personal interest in the allowance of the applicant's claim.

A signature made by X mark is not valid unless attested by a witness.

J. W. Yowell  
B. F. Jones  
Resident IP:\_\_\_\_\_

WITNESS \_\_\_\_\_

Subscribed and sworn to before me, a Notary Public  
in and for the County of Albemarle  
State of Virginia, this 24 day of June 1916

[Signature]  
Signature of Officer.

(B) AFFIDAVIT OF COMRADES.

(See Question No. 19 on page one.)

We, J. H. Childress  
and C. M. Swellum  
do solemnly swear that we are residents of the County  
of Albemarle, in the State of Virginia

and that the applicant whose name is signed to the foregoing application for aid under the act of the General Assembly of Virginia, approved March 21, 1916, is personally well known to us, and that we have known

him 60 years, and that we were soldiers (infantry or marines) in the military (or naval) service of Virginia, or of the Confederate States, during the war between the United States and the Confederate States, and that the said applicant, who was also a soldier (infantry or marines) in the said service during the said war, was, with us, member of the same command and that the said applicant was a true and loyal soldier (infantry or marines) in the service, and was faithful in the discharge of his duty, and that we verily believe he is disabled from the cause and in the manner in his application stated and that his claim is just and that we have no personal interest in the allowance of his claim under the said act.

A signature made by X mark is not valid unless attested by a witness.

J. H. Childress  
C. M. Swellum  
Comrades.

WITNESS \_\_\_\_\_

Subscribed and sworn to before me, a Notary Public  
in and for the County of Albemarle  
State of Va, this 19th day of June 1916

[Signature]  
Signature of Officer.

My Commission Expires June 10, 1919

NOTE.—If only one comrade whose address is known to the applicant, let his name stand in. If no such comrade is known whose address is known to the applicant, then let one or more respectable persons who have personal knowledge of the services of the applicant and cause of his disability, make affidavit C.

(C) AFFIDAVIT OF WITNESSES, NOT COMRADES.  
(Not necessary when Certificate B can be filled.)

We, \_\_\_\_\_  
and \_\_\_\_\_  
do solemnly swear that we are residents of the \_\_\_\_\_

of \_\_\_\_\_ in the State of \_\_\_\_\_ and that we personally know, and are well acquainted with the applicant whose name is signed to the foregoing application, and who is applying for aid under the act of the General Assembly of Virginia, approved March 21, 1916, and that we have known the said applicant for \_\_\_\_\_ years, and that to our personal knowledge the said applicant was a loyal and true soldier (infantry or marine), in the military or naval service of Virginia, or of the Confederate States, in the war between the States, and was faithful in the discharge of his duty, and that we verily believe he is disabled from the cause, and in the manner in his application set forth, and that his claim is just, and that we have no personal interest in the allowance of his claim under the said act.

A signature made by X mark is not valid unless attested by a witness.

\_\_\_\_\_  
Witnesses not Comrades.

WITNESS \_\_\_\_\_

Subscribed and sworn to before me a \_\_\_\_\_  
in and for the \_\_\_\_\_ of \_\_\_\_\_  
State of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_ 191\_\_\_\_\_

\_\_\_\_\_  
Signature of Officer.

NOTE.—If no comrade by name or other person who has knowledge of the services of the applicant and the cause of his disability is living, whose address is known to the applicant, state that fact here.

(D) CERTIFICATE OF PHYSICIAN.

Physician will please read carefully the answers to questions 17 and 18 and the following certificate before filling out.

I, H. C. Grant, a practicing physician in the County of Albemarle, in the State of Virginia, do certify that I am personally acquainted with the applicant, and that from a personal examination of him I am clearly of the opinion that he is disabled by reason of (physician will here state SPECIFICALLY the nature of the disability and the cause thereof, and if such disability be total, whether the applicant is deprived thereby of all ability to pursue his usual and ordinary occupation, or any other occupation for a livelihood, and if the disability be partial, to what extent the applicant is hindered thereby from pursuing such occupation as aforesaid. If the physician considers the disability total, he will, in addition to the cause disclosed by the examination, insert the language underscored above)

The applicant is deprived of all ability to pursue his usual and ordinary occupation or any other for a livelihood by reason of a large tumor above the bladder and that I have no personal interest in the allowance of the applicant's claim.

Given under my hand this 3rd day of June 1916  
H. C. Grant M. D.

**(E) CERTIFICATE OF CAMP OF CONFEDERATE VETERANS.**

(Must be filled up when there is a camp in applicant's city or county).

I, J. H. Childress Lieut. commander of Henry Hunt Camp #76 Camp of Confederate Veterans of the Scottsville

In the State of Virginia, hereby certify that the said camp has examined into the merits of the foregoing application for aid under the act of General Assembly of Virginia, approved March 21, 1916, and being satisfied of the justice of said claim, hereby recommend the same, under the provisions of the said act, and that the said camp has no personal interest in the allowance of the applicant's claim.

J. H. Childress Lieut. Commander.

Given under my hand this 20 day of June 1916

NOTE.—If there is no camp of Confederate Veterans in applicant's city or county, the certifiates of two ex-Confederate soldiers, well known and of good reputation, residing in said city or county, must be obtained to certificate F.

**(F) CERTIFICATE OF EX-CONFEDERATE SOLDIERS.**

(Not necessary when certificate E can be filled.)

We, \_\_\_\_\_, and \_\_\_\_\_ of the \_\_\_\_\_ of \_\_\_\_\_

State of Virginia, do certify that we were soldiers (infantry or militia), of the Confederate States in the war between the States, and that we have examined into the merits of the foregoing application for aid under the act of the General Assembly of Virginia, approved March 21, 1916, and that we are satisfied of the justice of said claim, and recommend the same under the provisions of the said act, and that we have no personal interest in the allowance of the applicant's claim.

Given under our hands this \_\_\_\_\_ day of \_\_\_\_\_ 1916

\_\_\_\_\_  
\_\_\_\_\_  
Ex-Confederate Soldiers.

**(G) CERTIFICATE OF COMMISSIONER OF REVENUE.**

I, B. H. Smith, Commissioner of Revenue in the County of Alle, in the State

of Virginia, do certify that the applicant (his wife, trustee, or trustee for his wife), whose name is signed to the foregoing application for aid under the act of the General Assembly of Virginia, approved March 21, 1916,

is charged on the land and personal property books of the said County with estate, real, personal or mixed, of the assessed value of \$ 270.

Given under my hand this 8 day of July 1916

B. H. Smith  
\_\_\_\_\_  
Commissioner of Revenue.

\*The actual amount due or unpaid upon any deed of trust or mortgage to secure the payment of a debt shall be deducted from the assessed value of the property of debtors under this act. In assessing the value of the estate held by any person or for his or her benefit, all property conveyed by deed for consideration not deemed valuable in law or parted with by gift since April 8, 1911, shall be considered as his or her estate.

**(H) CERTIFICATE OF PENSION BOARD.**

I, H. C. ..., chairman of the

Pension Board of the \_\_\_\_\_ of \_\_\_\_\_ State of Virginia, do hereby certify that the foregoing application has been examined and approved by said Board.

In testimony whereof I have set my hand, this ... day of ...

H. C. ...  
\_\_\_\_\_  
Chairman Pension Board.

**(I) CERTIFICATE OF JUDGE.**

This Court, from an examination of the foregoing application and of the affidavits, certificates, etc., therewith filed, and hereto annexed, and of such witnesses as were required and called by the court, being satisfied that the said application is supported by the affidavits, certificates, etc., of persons of well-known reputation for truth, honesty and integrity, and that the claim of the said applicant is just, and in due form, doth certify the same to the Auditor of Public Accounts.

Given under my hand this 15 day of July 1916

...  
\_\_\_\_\_  
Judge.

CITY Albemarle  
COUNTY Albemarle

COMMONWEALTH OF VIRGINIA  
OFFICE OF  
THE AUDITOR OF PUBLIC ACCOUNTS  
(PENSION DEPARTMENT)

JUL 29 1916

Richmond, \_\_\_\_\_

The Adjutant-General,  
War Department,  
Washington, D. C.

Sir:

I have the honor to request the official record  
of A. E. T. Scruggs

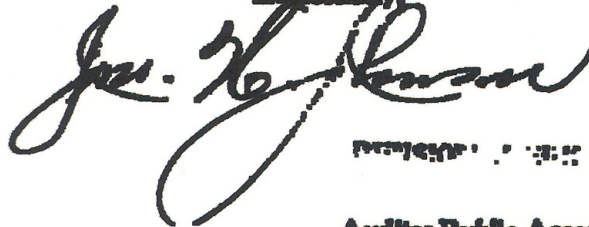
Co. C. 19<sup>th</sup> Reg. Va.

Colonel Grant

Captain Drwing

This information is to be used in connection with  
an application for a Confederate pension, which has  
been filed in this office.

Respectfully,



Auditor Public Accounts.

July 31/16

The records in this office show that

A. E. T. Scruggs -

enlisted date in  
Co. C. 19th Regiment.

Virginia Infantry.

was twice.

Joseph B. Leggett  
Secy