

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 Court of Your City or
 Circuit Court of Your County**
 (No application will be entertained not on the printed form.)

FORM No. 6

APPLICATION of a person who served the Confederate States in the war between the States as body servant, cook, hostler, or teamster, or who worked on the Confederate breastworks, under Act approved March 14, 1924.

I, Champ Gore, do hereby apply for a pension under the provisions of the Act of the General Assembly of Virginia, approved March 14, 1924, relating to Confederate pensioners.
 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 served the Confederate States Government in the War between the States as breastwork, and that I am now disabled and from the effects of such disability, I am incapacitated from following any occupation for a livelihood; and that during the said war I was loyal and true to the Confederacy and duties assigned me, and by reason of such service and disability, I am now entitled to receive the pension under the provisions of said act. And I further swear that my income from any source of employment, or any other source does not amount to as much as three hundred dollars (\$300.00) per annum. I do further swear that I do not receive a pension from this or any other State, or from the United States. I do solemnly swear that the answers given to the questions which I am required to answer in this application are true to the best of my knowledge and belief.

ALL QUESTIONS MUST BE ANSWERED FULLY

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| <p>1. What is your name? <u>Champ Gore</u></p> <p>2. What is your age? <u>84</u> years.</p> <p>3. Where were you born? <u>Madison Co.</u></p> <p>4. How long have you resided in Virginia? <u>Eight years</u></p> <p>5. How long have you resided in the City or County of your present residence? <u>5 1/2 years</u></p> <p>6. In what branch of the service were you employed? <u>Drum</u></p> <p>7. What service did you render? <u>Service on breastworks</u></p> <p>8. Under whose order or by whose request did you render the service above explained? <u>General Lee</u></p> | <p>9. Who was your master at the time of entering upon duties in the war between the States? <u>General Lee</u></p> <p>10. When did you begin such service? <u>about 1863</u></p> <p>11. Where did you begin such service? <u>around Richmond</u></p> <p>12. When and why did you leave the service? <u>1864
ardent home</u></p> <p>13. Where do you reside? If in a city, give street address. Postoffice <u>Winston, N. C.</u> County of <u>Cherokee</u> Virginia</p> <p>14. What is your occupation for earning a livelihood? <u>unable to do any work</u></p> <p>15. What is your annual income from all sources? <u>\$50.00</u></p> |
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A signature made by X mark is not valid unless attested by a witness.

WITNESS B. M. Patten, Champ Gore Signature of Applicant.

I, W. H. Patten a cert. Pate in and for the Trusty of Madison, in the State of Virginia, do certify that the applicant whose name is signed to the foregoing application, personally appeared before me in my co aforesaid, 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 11 day of Sept, 1924 W. H. Patten cert. Signature of Officer.

(A) OATH OF RESIDENT WITNESSES.

We, W. H. Patten and W. H. Patten do solemnly swear that we are residents of the County of Madison in the State of Virginia and that we have known personally and well for 25 years the applicant whose name is signed to the foregoing application for aid under the act of the General Assembly of Virginia, approved March 14, 1924, 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 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.
W. H. Patten
W. H. Patten
 Resident Witnesses.

WITNESS _____
 Subscribed and sworn to before me, Sept. Clerk in and for the Co of Virginia State of Virginia, this 11 day of Sept, 1924.
B. M. Patten, Sept.
Cert. Signature of Officer.

(B) AFFIDAVIT OF EX-CONFEDERATE SOLDIERS.
 Having personal knowledge of the applicant's service. (If no such ex-Confederate soldiers are known to be living, then let one or more reputable citizens, having personal knowledge of the service of the applicant, fill in this certificate.)
 We, J. Littleton Murray and Laura do solemnly swear that we are residents of the Co of Madison, in the State of VA and that applicant whose name is signed to the foregoing application for aid under the act of the General Assembly of Virginia, approved March 14, 1924, is personally well known to us, and that we have known him 70 years, and that we were sol-



Commonwealth of Virginia

AUDITOR OF PUBLIC ACCOUNTS

RICHMOND

November
Thirteenth
1924.

Mr. Champ Olore,
R. F. D.
Winston, Va.

Dear Sir:-

Your application for pension received, but we want to know if any of the family of Aaron Olore, who was your master, is living, if so, can you secure any endorsements from them, showing that you were his master, and that you served with him in the quarter master's department, and worked on Confederate breast works.

Trusting to hear from you soon, I am

Yours very truly,

JHJ/s

I am Aaron Olore, & grand son in law
married with Champ. my a boy. ... say the
above is correct & says Mr. Olore.
I inclosed it John A. Olore