

Confederate States during the war between the States, and that said

G. W. Waldron

..... was a member of said regiment; that he is acquainted with

the said G. W. Waldron

....., the applicant named in the foregoing

petition for a pension; that he knows that the said

G. W. Waldron

rendered the service as soldier ~~or sailor~~ for the Confederate States during the war between the States as set forth

in the foregoing petition for a pension. That he did not desert the Confederate army, and that the disability

claimed by him to exist, does in fact exist and prevents him from earning a livelihood for himself, and these depo-

nents being further sworn true answer to make to the following questions, deposes each for himself and answers

as follows:

1. Where do you reside?

Lake City Fla

2. Are you acquainted with the within named applicant for a pension? If so, what is his name? Where does

he reside? and how long has he resided in this State?

*Yes, G. W. Waldron,
Lake City Fla. All his life.*

3. To what military organization did the within named applicant belong during the war between the States?

Co. "D" 1st Fla. Reserves.

4. Did he render the service to the Confederate States during the war, as claimed in the foregoing answers by him?

Yes.

5. Where were you when your organization surrendered?

at Sanderson Fla, on detail

6. Was the applicant present?

No.

7. If not, where was he? and why was he not present?

do not know.

8. When did he leave the Command? For what cause?

do not know

9. What is the nature and character of the applicant's ~~wounds or~~ disease?

*He is diseased
but I do not know the nature of it - only
very bad.*