

Confederate States during the war between the States, and that said.....
J W Milton..... was a member of said regiment; that he is acquainted with
J W Milton....., the applicant named in the foregoing
petition for a pension; that he knows that the said *J W Milton*
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? *Thomasville Thomas Co Ga*

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? *He is*
J W Milton - Lake City Fla
about thirty nine years

3. To what military organization did the within named applicant belong during the war between the
States? *Co - F - 29th Ga Regt - Vol.*

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

5. Where were you when your organization surrendered? *Greensboro N C*

6. Was the applicant present? *No*

7. If not, where was he? and why was he not present? *at Hospital*
in Milledgeville Ga

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

9. What is the nature and character of the applicant's wounds or disease? *not wounded*
but sick as stated above