

Soldier's Application for Pension.

STATE OF FLORIDA

Lake COUNTY.

On this *28th* day of *October*, 1907, personally appeared before me, Clerk of the Circuit Court in and for said county and State, *William R Milton*

who being by me duly sworn, declares he is the identical person who enlisted on or about the *about last* day of *May*, 1864, in Captain *Tom Hart* Company, county of *Columbia*, in the State of *Florida in 5th Fla Reg.* and that while in actual service in said company, _____ Regiment, of the State of _____

_____ on or about the _____ day of _____, 1864, and was honorably discharged at the expiration of my service on the *middle* day of *July 1865* in *Newport News* county, State *Virginia*

I *hereby apply for Pension on account of*
Here state fully and clearly all the facts, showing the injury, its character, and especially the extent of the injury and disability resulting therefrom.
physical disability from capture during and

before the war and from being thrown from my horse the year of surrender and

and since

and that as the direct result of said injuries, thus received in line of duty during the war, I am now unable to gain a livelihood by manual labor; that I have continuously since January 1st, 1885, been a citizen of Florida; that neither I nor my wife, nor both combined, own real and personal property to the value of \$800 in this or any other State, and have not purposely disposed of our property for the purpose of availing ourselves of the provisions of the pension laws of Florida; that I am not otherwise enabled, or in a position to earn, and have no income from any source sufficient for a livelihood by manual labor, and that I never deserted the Confederate service, and that I receive a pension from no other source.

Sworn and subscribed before me this *28th* day *March*, 1907.

H H Duncan

Clerk Circuit Court *Lake* County.

W R Milton
Milton

P. O. Address _____