

(ORIGINAL)

Soldier's Application for Pension

I, Reden Bertram

am a citizen of Kentucky, resident at Carter in the County of Carter
in said State of Kentucky, and was a soldier from the State of Kentucky, in the war between

the United States and the Confederate States and I do hereby apply for aid under the Act of the General Assembly of
Kentucky, entitled "An Act granting pension to disabled and indigent Confederate soldiers." And I do solemnly swear

that I was a member of Capt Hawkins Co C 5 14 Reg and served
15 months

in the service of the Confederate States, and that by reason of disability and indigence I am now entitled to receive the
benefit of this Act. I further swear that I do not receive aid or pension from any other State, or from the United States,
and that I am not an inmate of any soldier's home, and that I am unable to earn a reasonable support for myself and fam-
ily. I do further solemnly swear that the answers given to the following questions are true:

In what County, State and year were you born?

Answer Lee Co Va 1831

When did you enlist and in what command? Give the names of the regimental and company officers under whom you
served?

Answer Sept 1861 Capt Hawkins General Marshall

How did you get out of the army, when and where?

Answer We were disbanded at Fort Liberty Va I think

Were you ever in prison? If so, state what prison and when released.

Answer no I was arrested by Mathias Warnock and taken to Portsmouth Ohio

Were you paroled? If so, when and where?

Answer yes At Portsmouth Ohio

Did you take the oath of allegiance to the United States Government?

Answer yes

If so, when and under what circumstances?

Answer Nov 7th 1862 - on 3rd I went to Portsmouth Ohio or was taken

In what business are you now engaged, if any, and what do you earn?

Answer *None*

What estate have you in your own right, real and personal, and what is its actual cash value?

Answer *None*

What estate has your wife in her own right, real and personal, and what is its actual cash value?

Answer *None*

State the net income of yourself and your wife from all sources for the past year. This must include all money received either from wages, rents or interest on loaned money, if any.

Answer *None*

Do you use intoxicants to any extent?

Answer *No*

How long and since when have you been an actual resident of the State of Kentucky?

Answer *I have lived in Ky. since I was 7 years old. have lived at Carter 14 years*

Have you an attorney to look after this application?

Answer *No*

If so, give his name and address?

Answer

Witness my hand this *29th* day of *April* 191*2*

witness to mark
H M Fulto

WITNESSES:

Lewis B Burton
H M Fulto, Physician

Postoffice Address *Carter Ky*
Jammal P Huffman, Witness

Postoffice Address *Charlotte Ky*
Henry E Huffman, Witness

Postoffice Address *Charlotte Ky*

Reden B Burton
his
mark
P. O. *Carter Ky*

Street and No. (if any)

R. F. D. (if any)

STATE OF KENTUCKY

Carter County

I, *R A Carpenter* Judge of said County,
certify that *Reden Bertram* and his wife *Eliza Bertram* are
assessed with *no land* acres, valued at \$ *no* and with \$ *no* of personal property.

Witness my hand this *10th* day of *June* 191*2*

R A Carpenter Judge County Court.

If applicant and his wife have no property, the Judge must so certify.

STATE OF KENTUCKY

Cartter County } Personally appeared before me, a Notary Public of said County, the above named Reden Bertram the applicant, with whom I am personally acquainted, and having the application read and fully explained to him, as well as the statements and answers therein made, made oath that the said statements and answers are true.

Witness my hand and seal of office, this 29th day of April, 1912

MK Ratcliff Notary Public

STATE OF KENTUCKY

Cartter County } Personally appeared before me, a Notary Public of said County, the above named H.M. Fulto one of the subscribing witnesses to the foregoing application, and who is a physician of good standing, and being duly sworn says that he has carefully and thoroughly examined Reden Bertram the applicant, and find him laboring under the following disabilities: Unable to earn a support by manual labor.

find him suffering from rheumatism (chronic) that affects him at times until he can scarcely get around. He also has a vertigo that he can not walk at times and will fall and can scarcely sit up. He is not able to do any manual labor any time.

H.M. Fulto M.D.

Witness my hand and seal of office, this 29th day of April, 1912

my commission expires Feb 14th 1914 MK Ratcliff Notary Public c.c.

(If possible, the two witnesses as to character should have served with the applicant in the army, and if so, let them, or either, state it in their oath; also any other information regarding applicant's army service.)

STATE OF KENTUCKY

Cartter County } Personally appeared before me, a Notary Public of said County, the above named Samuel P. Huffman and Henry C. Huffman, two of the subscribing witnesses to the foregoing application, with whom I am personally acquainted, and known to me to be citizens of veracity and standing in this community, and who make oath that they are personally acquainted with the foregoing applicant, and that the facts set forth and statements made in this application are correct and true, to the best of their knowledge and belief, and that they have no interest in this claim, and that said applicant's habits are good and free from dishonor. And they further make oath to the following facts touching the applicant's service in the Confederate army.

State here what witnesses know of their own knowledge.

We were comrades with the applicant - Reden Bertram and know him to be a good soldier, and was ready and willing to do duty at any & all times. We were in the same company with him was together most all the time. We were all disbanded at the same time, and place.

Witness my hand and seal of office, this 29th day of April, 1912

MK Ratcliff Notary Public c.c.

No. 412

STATE OF KENTUCKY

Soldier's Application for Pension

Robert B. ...

Co. *C* *6th* *Regt* Rgt.

JUN 14 1912

Filed *May 6 1912*

Attested

Read Specifications on Back.

SPECIFICATIONS

- 1.
- 2.
- 3.
- 4.
- 5.

W. J. Stone
Commissioner

All blanks on this filing to be filled by the Pension Board

KENTUCKY STATE JOURNAL PUBLISHING CO., FRANKFORT, KY

To Applicants for Pension

The material facts to be proven in the pension claim, under the laws of the State of Kentucky, are as follows:

- 1. Service in army.
- 2. Present Disability.
- 3. Indigency.
- 4. How you got out of the Army.
- 5. Character as a Soldier and Citizen.
- 6. Applications will not be filed unless certificates of Doctor and County Judge are filled out.

- 1. May be proven by officers or comrades.
- 2. May be proven by physician's certificate.
- 3. May be proven by neighbors and by certificate of County Judge.
- 4. May be proven by filing parole or discharge, or in case these have been lost or destroyed, by officers or comrades who know the facts.
- 5. May be proven by comrades and citizens.

Address: "The Adjutant General,
War Department, Washington, D. C."

1925155
WAR DEPARTMENT,

THE ADJUTANT GENERAL'S OFFICE,
WASHINGTON, June 18, 1912.

Respectfully returned to the

Examiner,
Confederate Pension Department,
Frankfort, Kentucky.

The records show that Redan
Bertram, private, 1st Company C, 5th
Kentucky Infantry, Confederate States
Army, enlisted October 19, 1861, and
was mustered out with the company, as
a private, October 20, 1862. No later
record of him has been found.

Wm J Stone
Adjutant General.

Indorsement

Confederate Pension Department

STATE OF KENTUCKY

FRANKFORT,

REDEN BERTRAM.

Enlisted Oct. 19, 1861, for 1
year, Co. C, 5th Ky. Mtd. Inf'y.
Discharged and mustered out of
service Oct. 20, 1862 with his
company.

Proven by records and com-
rades.

Indigent.

W J S

I recommend that this claim
be allowed.

J. Handy Ellis
Adjutant General.

*Approved by State Pension Board
James B. McHenry
Chairman State Pension Board*

IF NOT DELIVERED IN 5 DAYS RETURN TO

Confederate Pension Department

W. J. STONE, Examiner
Frankfort, Ky.

FRANKFORT, KY.

APR 16-14

3-PM



*Return to
writer
Decided*

Redden Bertram

~~*Carter,*~~

~~*Ky.*~~

Carter Co.

42

No. _____ S _____

HEADQUARTERS

Confederate Pension Department

W. J. STONE, EXAMINER

FRANKFORT, KY,

JUN 14 1912 191 _____

GEN. W. P. HALL,
Adjutant General, U. S. A.,
WASHINGTON, D. C.

Dear Sir:

Rider Bertam

who is an applicant for Pension under the Kentucky Pension law, claims
to have been a member of Company *C-5th Ky*

Regiment _____ C. S. A., and to have been

Served 15 mos.

Please give me the record of this soldier.

Respectfully,

W. J. Stone
Examiner.

CARTER COUNTY COURT,

State of Kentucky,
County of Carter,

REGULAR JUNE TERM, 1912.

By an Act of the General Assembly of the State of Kentucky granting to all indigent Confederate Soldiers a Pension, approved March the TWELFTH, 1912.

In the matter of the Pension Claim of Riden Bertram whose Post-Office Address is Carter Carter County, Kentucky, personally appeared before me, J. E. McClure of Carter Ky, and Henry Kuffner both citizens and residents of Carter County, and known to me to be reputable and entitled to credit states in relation to the above claim as follows, towit:-

I know the applicant, Riden Bertram and know him to be a citizen of Kentucky, and a bona-fide resident since 1907: and has been continuously so since 1907: Know that he is not able to earn his support by manual labor, skill or profession, art or craft: and that he does not possess a net income to exceed THREE HUNDRED DOLLARS per yaer.

COUNTY JUDGES' RECOMMENDATION.

From the evidence above I approve the merits of this claim.

R. Harpenter

Judge of Carter County.

INDIGENT.

I, make oath that I am the identical person named in pension Certificate No., dated, 1....., in my possession and now exhibited; that I performed the service and come within the law as to indigency upon which said certificate was issued: that I am entitled to and hereby make claim for payment of DOLLARS pension now due, at the rate of ten dollars per month, from..... Feb. 1, 1914..... to..... May 1, 1914.....

and that my post-office address to which I desire the check in payment mailed is as follows:

.....
Street and No. or R. F. D. route. Pensioner's signature must be written here in full as name appears in the head of this voucher.
.....
Post office. If pensioner signs by mark or illegibly, two witnesses who write.
.....
State.

INSTRUCTIONS TO OFFICER BEFORE WHOM THIS VOUCHER IS EXECUTED
In every case requiring the exhibition of the pension certificate and certification thereon, the officer should carefully compare it with the voucher. Vouchers may be executed in the United States before any officer authorized to administer oaths for general purposes. If the officer is required by law to have and use a seal to authenticate his official acts, it must be affixed to the back of the certificate. The officer will also see that post-office addresses are correctly inserted in the proper spaces in the voucher. The officer will be held strictly responsible for the correctness of the certificate in every particular. This voucher may be executed before any officer authorized to administer an oath.

State of, County of
Subscribed and sworn to before me this day of, 19....., and I certify that the pensioner, above named, has this day exhibited to me his pension certificate, above described, and was fully identified as the pensioner named therein.

(L. S.)
.....
Magistrate's signature.
.....
Official Character.
.....
Post-office address.
(Seal must be above this line).

(If any erasures or alterations appear on this voucher, the magistrate must certify above his signature to the jurat that they were made before its execution.)

..... \$.....
From..... To.....
TO INSURE PAYMENT OF THIS VOUCHER ON THE 5TH OF NEXT MONTH IT MUST BE EXECUTED AND RETURNED BY THE 1ST.
PENSIONER'S NAME MUST BE SIGNED HERE AND POST-OFFICE ADDRESS GIVEN AS ABOVE.

.....
Name.
.....
Street and No. or R. F. D. Route.
.....
Post-office.
.....
State.

Name: Redden Bertram

INDIGENT.

\$ 20.00

INDIGENT.

Return this voucher for payment to
W. J. STONE,
Pension Examiner,
Frankfort, Ky.

INSTRUCTIONS TO OFFICER BEFORE WHOM THIS VOUCHER IS EXECUTED.

In every case requiring the exhibition of the pension certificate and certification thereto, the officer should carefully compare it with the voucher. Vouchers may be executed in the United States before any officer authorized to administer oaths for general purposes. If the officers be required by law to have and use a seal to authenticate his official acts, it must be affixed to his jurat.

The officer will also see that post-office addresses are correctly inserted in the proper spaces in the voucher, particularly the address to which the check is to be mailed. He will also give his own post-office address after his official title on face of voucher.

The officer will be held strictly responsible for the correctness of his certificate of identity in every particular.

This voucher may be executed before any officer authorized to administer an oath and having a seal.

All acts involved in the execution or correction of vouchers must be performed in the presence of the officiating officer, who must certify to the corrections over his own signature, on the face of the voucher in the space indicated.

1. Signatures by mark should appear thus: John X Doe mark
2. Street and number, P. O. box number, R. F. D. route, or "General Delivery" must appear in P. O. address in case of residence within carrier's delivery. "General Delivery" address will be accepted in such case only if no other address as above is available.
3. Jurat must be dated.

From: To: \$