DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Wassa	chusetts)
County of Widd	
	ay of March, A. D. one thousand nine hundred and serew,
	ore me, a Motary Outlie within and for the county
	Potert Wayne, who, being duly sworn according to law,
	4 years of age, and a resident of Actor
country of Widdle	leses, State of Massachucetto; and that he is the
	s ENROLLED at Actor, Mass. under the name of
Robert Wa	me on the 8th day of July 1864.
as a Private	in bapt Frank H. Whitcombe bo. 6. Sixth
Regiment	, in bapt. Frank H. Whiteburk Co. E. Sixth Jufautry, Mass. Jole
in the service of the Un	ted States in the Biril war and was HONORABLY DISCHARGED
Readrille	Ited States, in the Live war, and was HONORABLY DISCHARGED War, on the 27th day of Cetober, 1864
That he also served	, on the feet day of the day of
LIW HO WICO BOL FOR	(Here give a complete statement of all other services, if any.)

What he was not ample	and in the williams on normal services of the TT-ited States of housing them on stated
	red in the military or naval service of the United States otherwise than as stated al description at enlistment was as follows: Height, AM feet inches;
	; color of eyes, Blue; color of hair, Landy; that his occu-
	that he was born Decline 25, 1842,
at Saut John	
//	ces of residence since leaving the service have been as follows:
Resided in	Actor Mass. since close of was. (State date of each change, as nearly as possible.)
, , , , , , , , , , , , , , , , , , , ,	(State date of each change, as nearly as possible.)
That hade	pensioner. That he has heretofore applied for pension
(Ha pensioner,	the certificate insulated 1.0 74,23 & the certificate humber of the former application, if one was made.) s declaration for the purpose of being placed on the pension roll of the United
States under the provisi	ons of the act of February 6, 1907.
That his post-office	address is Actor , county of Middlesey,
State of Marsac	
	Robert Way ve
Attest: (1)	(community against a family
(2)	
	peared Lewis & Hastings, residing in Actor Mass.
Also personally app	black, residing in South Seton Mass, persons whom I
certify to be respectable	le and entitled to credit, and who, being by me duly sworn, say that they were
	rt Wayne, the claimant, sign his name (or make his mark)
to the foregoing declara	tion; that they have every reason to believe, from the appearance of the claimant
	with him of 20 years and 25 years, respectively, that he is the identical nself to be, and that they have no interest in the prosecution of this claim.
	Lewisb. Hastings
	Pol mela H. A. Parlo
	(Signatures of witnesses.)
SUBSCRIBET	and sworn to before me this first day of March, A. D. 1907,
	and I hereby certify that the contents of the above declaration, etc., were fully
	made known and explained to the applicant and witnesses before swearing,
	including the words, erased,
[L. s.]	and the words, added; and that I have no interest, direct or indirect, in the prosecution of this claim.
	and that I have no interest, direct or indirect, in the prosecution of this claim.
	H. E. Clough
	Natares (Ster.
€—-803	(Official character.)
	Valid W. E. H. Law

,	3-447.
	Division. Division.
4	
1	No 1303/20 Department of the Interiors
2	BUREAU OF PENSIONS & OF
0	& 6 Resit MMASI AND MOL as = B
	Washington, D. C., J. 1903
	SIR: To aid this Bureau in preventing any one falsely personating you, or otherwise committing fraud
	your name, or on account of your service, you are required to answer fully the questions enumerated ow.
	You will please return this circular under cover of the inclosed envelope which requires no postage:
	Very respectfully,
1	able vanne.
	atour ?
	Commissioner.
	MASO_
	9
	When were you born? Answer. Dec. 25. 1842
	Where were you born? Answer. Lancaster 7.13.
	When did you enlist? Answer. July 8 / 8 6 4
	Where did you enlist? Answer. Octor mass
	Where had you lived before you enlisted? Answer. Boy bow and actorim
	What was your post-office address at enlistment? Answer. actor mass.
	What was your occupation at enlistment? Answer Tarmer
8.	When were you discharged? Answer. Oct 27-1864
9.	Where were you discharged? Answer. Readville grass
	Where have you lived since discharge? Give dates, as nearly as possible, of any changes of residence.
	actor
1.	What is your present occupation? Answer. Largester
2	What is your height? Answerfeetinches. Your weight? about 160
	The color of your eyes? Blue The color of your hair? Sandy. Your complexion?
	dandy. Are there any permanent marks or scars on your person. If so, describe them.
3.	What is your full name? Please write it on the line below, in ink, in the manner in which you are
	accustomed to sign it, in the presence of two witnesses who can write.
	Roal and Mannely
	" your I ray my
	11 -4 Polition 10 to
7	Date: Jef 30 , 1903
	[Witnesses who can write sign here.] 0-2



Commonwealth of Massachusutts

PENSION DEPARTMENT BOSTON

DECLARATION FOR WIDOW'S PENSION.

TATE OF Mass. [Act of April 19, 1	908.]
COUNTY OF Middlesep 88:	
On this eighteenth day of September	, A.D. one thousand nine hundred and eleveni
personally appeared before me, a fustice of the 1	eace within
16 11 1 1 State of marcial Olip abelle of	, raghe aged 6
years, a resident of Action	, county of Meddlesey, State
of Mass achusetts , who, being duly sworn acco	rding to law, makes the following declaration in order to
obtain pension under the provisions of the ACT OF CONGRESS APPR	OVED APRIL 19, 1908.
That she is the widow of Robert. Ways	who was
enrolled under the name of	Robert Wagne, at
as a frivate in 60. E die the Register honorably discharged October 2 Here state rank, and company	day of July 1864, new of Infantry Mass. Vols, and
as a furivate in Co. 6 Sixth Regin	and regiment in the Army, or vessels if in the Navy.)
honorably discharged October 27, 1864, having	g served ninety days or more during the late civil war.
That he also served no offer Service (Here give a complete str	atement of all other services, if any.)
That he was not in the military or naval service of the United Stat	es otherwise than as stated above.
That she was married under the name of Elizabeth	A. Kemp
of February , 1876, by Rev &	on the Second day
that there was no legal barrier to the marriage; that she had mat	been previously married; that the soldier had mil
그는 얼마나 이 집에서 사람들에게 있었다. 그리고 있는데 그리고 있는데 그리고 있는데 그리고 있다. 그리고 있는데 그리고 있는데 그리고 있는데 그리고 있다.	
been previously married,(If there was a prior marriage of either, the date and place	e of death or divorce of former consort or consorts should be stated.)
and that neither she nor said soldier married otherwise than as stated abo	ove. 1 + 11'
That the said soldier died September 5, 1911	, at Allow Mass.
that she was not divorced from him, and that she has not remarried since	his death.
That the said soldier left the following-named children who are no	should so state.)
Said Soldier left, born no the	ectreus, atunder Septeur years
of age, born	, 1 , at
, born	, 1, at
, born	, 1, at
House, Boston, her true and lawful attorney to prosecute That she has Mot heretofore applied for pension (If prior it was based, and the name of the soldier should be stated.) That her post-office address is county of Middlesey State of Mass. Attest: (1) Williams States	application has been made, the number thereof, the service on which
0 0	Obrabeth A Warne
(2) Carrie & Juttle:	(Claimants signature in full.)
Also personally appeared Millian D. J.	attle maiding into
Also personally appeared what of	Q 7 1
Acten Mass., persons whom I certi	
by me duly sworn, say they were present and saw Elizabett	A Wayne
claimant, sign her nable (or make her mark) to the foregoing declar appearance of All claimannel their acquaintance with her of the identical person she genesend herself to be, and that they have no	ation; that they have every reason to believe, from the
S. A. Cuddy, Valid	Vallians Textste
Chi. Cudd. Cution Valid	1 9 5 . 1
BEN DO MIOF, Lay,	Danie (Signatures of witnesses.)
Chief Law Division and I hereby eertify that the contents of the	(Section of the Advantage of the Advanta
Isubscribed and sworn to before me this eighteenth	day of September , A.D. 1917;
and I hereby certify that the contents of the	ne above declaration, etc., were fully made known and
101:	e swearing, including the words
	erased, and the words
	, added; and that I have no
) interest, direct or indirect, in the prosecution	
1	race F. Jutte
crown regert/illigate filed to	(Signature.)
cover date.	Justice of the leave.
4-21-'08. 4000.	(/Official abayantar)

CERTIFICATE OF MARRIAGE.

Cown of Actor September 18 1911 -190.	_
Horace Fouttle hereby certify that it appears by	
the Record of Marriages in the said Town, that a Marriage was solemnized, between	
Robert. Wayne and Elizabeth A. Kenifi	
on the Second day of February in the year 187	6
The record is in the following words and figures, to wit:	

GROOM.	BRIDE.				
Name, Robert Wagne	Name, Elizabeth & Nemp				
Color, 27	Color,				
Residence, Actor Mass.	Residence, Richford Vermont				
Age, 33	Age, 32				
Occupation Carpenter	Occupation				
Birthplace, New Brunswick	Birthplace, Potten, P. 2.				
Father's Name, John Mayne	Father's Name, Charles & Kemp				
Mother's Name, Martha Kimball	Mother's Name, Sarah L. Leathard				
No. of Marriage, First	No. of Marriage, First				
Place and Date of Marriage, Richford Vermont February 2d 1876					
By whom Married, Rev. E. W. Hatch					
I, Horace. F. Teettle above named, depose and say, that I					
hold the office of Town Clerk of the Town of Actor in the					
County of Midellesep and Commonwealth of Massachusetts: that the records of					
Births, Marriages and Deaths in said Town, are in my custody, and that the above is a true					
extract from the Record of Marriages in said town as certified by me.					

Witness my hand and the Seal of the said Town, on the day and year first above written.

Commonwealth of Massachus Reproduced at the National Archive

___ CERTIFICATE OF DEATH._

Cown of Action Sept. 16 1911 190.
1, Horace Fi Tielle , hereby certify
that I have examined the Records of Deaths in said Town and find recorded
therein the death of Robert. Wayne
The record is in the following words and figures, to wit:
Date of Death, Sept. 5 1911
Name & Surname of Deceased, Robert Wayne
Name & Surname of Husband,
Sex, male Color, W. Condition, married
Age, 68 Years, 8 Months, // Days.
Disease or Cause of Death, Copollery
Residence, Actor
Place of Death, Actor
Place of Death, Actor Place of Burial, Woodlawn Actor
Occupation, Carpenter
Place of Birth, Lancaster St. B,
Name & Birthplace of Father, John Wayne
Name & Birthplace of Mother, Martha Kimball
I, Horace. F. Tuttle above named, depose
and say, that I hold the office of Town Clerk of the Town of Actors
in the County of Middlesex
and Commonwealth of Massachusetts: that the Records of Births, Marriages
and Deaths in said Town are in my custody, and that the above is a true
extract from the Records of Deaths in said Town, as certified by me. Witness my hand and seal of the said Town

Witness my hand and seal of the said Tow on the day and year first above written.

Herace. F. Tuille

3-389.	C AC
OAA Div. (Old No. 3—177.)	$(S-1)/=$, $Ex^{i}r$.
18 ATTOMICAL INTO A SANTE I	the Interior,
Co. E., b. Reg't MAS: 1. Julie BUREAU OF I	n _/
Washington, D. C. Q	
Will you kindly answer, at your earliest convenience, the questio information is requested for future use, and it may be of great value Very respectfully,	ns enumerated below? The to your family.
M. Robert Maryne	
actory	Commissioner.
MAS,	
No. 1. Are you a married man? If so, please state your wife's full Answer: Elizabeth Wayne Elizabeth	. A
No. 2. When, where, and by whom were you married? Answer:	
No. 3. What record of marriage exists? Answer: On to	in ricords at
No. 4. Were you previously married? If so, please state the na	V / -
date of the marriage, and the date and place of her death or divorce	e. If there was more than
one previous marriage, let your answer include all former consorts. A	Answer:
No. 5. Have you any children living? If so, please state their birth. Answer: Thrence Ethel Wayne	names and the dates of their
birth. Answer: Florence Ethic Wayne & James arthur Wayne Jan 20	5 1886
Date of reply, Oct 30 , 1903	1 1 0 1 2
Tool	(Signature.)
per	(Signature.) F. E. Hayne