APPLICATION FOR ALLOWANGE
FOR YOUR HAME
FOR YOUR COMMING.

FOR YOUR WAYNESS OF THE STATE OF THE

STATE OF GEODERIA. AIDROSO TO STATE
PERSONALLY APPEARS BE Blewiter ships Gilmer county,
State of Georgia, who, being duly sworth says on oath that he is a bona fide citizen and resi-
dent of said State and has been such continuously since the 2 H W day of
Delconda 1837; that he enlisted in the military service of the Cartelant
States (or of the State of State Site) during the war between the States, and served as a frivall in Company 9, of 29 th Regiment of
Volunteers Quant VI a Brigade that whilst engaged
in such military service, at the battle of Bakers Creek in the
State of Millilliffe on the 16 Rday of Muy 1863, he was
wounded as tollows in left by some the Lock, the least the little in instill selon- the Hat Joint
And I want

Depouent desires to participate in the benefits of the Act, approved October 24, 1887, and the Act amendatory thereof, approved Dec. 24, 1888, and makes application for the allowance to which he is entitled for the year ending Oct. 26, 1889.

Sworn to and subscribed before me, this the 27 day of ellurch 1889

All Johns in Ordinary

Norn.—State fully nature of wound or character of disease which causes the disability, and explain particular the extent of the disability.

STATE OF GEORGIA.

as reputable	physicians o	f said county	who, being	severally	sworti sa	v on oath	that th
ve carefully e	kamined [1]	-> 4. Cub.:	1 12 14 CIL	meran	and after	such exa	minat
y that the app	olicant has bee	n injured as	follows:	-		in.	
in in i	· ;	¥3-v		There is a second		·	
	and the second s			A 1,		3.11	
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		- Aprese 1			· · · · · · · · · · · · · · · · · · ·		
		The second secon	1.				·
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ROTE. The physicians will state fully the extent of the wound, and then give facts to show the extent of the disability resulting therefrom.

STATE OF GEORGIA, STATE OF GEORGIA Chilmen I, A elli fram of said county, do certify that I am well acquainted with La Blanking the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county. I also certify that the foregoing witnesses, to-wit: are persons of respectability, and that their statements are worthy of full credit and belief. I further certify that before whom the foregoing affidavits were made and power of attorney was signed, is a of said county, and that the said affidavits and signatures thereto are genuine. Given under my official signature and seal, this 27 day of Murith 1889 Ordinary Gilmer County. POWER OF ATTORNEY. STATE OF GEORGIA. Hilmer county, in said State, do hereby appoint Im I Might conft Jin of Fullow County, Grand and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid. In witness whereof I have hereunto set my hand and seal, this 2745 day of Murch M.B. Beenkentling (L.S.) Executed in the presence of us:

H W Zein ed Me Johnson

Send money to me as follows, by Ribistinul Little Downs

Gilmer County, Georgia & B Blenkenthis

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physician, and followed by a plain statement of fact showing the extent of the disability. If applicant claims disability from disease contracted in the service, a full and carefully stated history of the disease should be given, tracing the disability by positive proofs to the service.

disability by positive proofs to the service.

2. The law makes no allowance for an arm or leg, unless the arm or leg has been rendered substantially and essentially useless.

3. It will not answer to say that an arm is "substantially useless for ordinary pursuits of life, etc." There is no qualification to the clause of the Act in reference to the arm or leg, but the limb must for all purposes be "substantially and essentially useless."

4. If the application is for a wounded leg, it would seem to be a fair construction of the Act, and the words above quoted, to say that unless the injury is such as to require the constant use of crutch or stick, that the leg is not "substantially and essentially useless."

5. If application is for loss of fingers or toes the proofs must be made to show the number, and points where amputated.

6. If papers are returned for correction, and amendments are added to any of the affidavits, the amendments must be made under oath before an officer, and the proofs must above that the amendments have been duly sworn to.

7. Every application must be certified by the Ordinary of the county of the residence of the applicant. The certificate of any other will not be received in any case.

STATE OF GEORGIA, STATE OF GEORGIA.

Gibnia County.

I, A Mily Missing Ordinary of said county.

do certify that I am well acquainted with R. B. Blunkinship the Tilmen Conney 25 Ordinary of said County, do certify that I am well acquainted with applicant in the foregoing affidavit, and am well satisfied that the statements made by him applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is he is the individual he represents himself to be, and that he resides in this county, the individual he represents himself to be, and that he resides in this County. I further certify that M. L. 4 - Cort I further certify that before whom the foregoing affidavits were made and power of attorney was signed, is a before whom the foregoing affidavits were made and power of attorney was signed, is a of said county, and the said affidavits and Cherk of The Seafer corn of said County, and the said affidavits and signatures thereto are genuine. signatures thereto are genuine. Given under my official signature and seal, this 12 day of February 1896

A Me Johnson

Ordinary Lidinary County Given under my official signature and seal, this 15th day of Accuracy 1891.

Alla Augus 5000

Ordinary

Ordinary

County.

For Apply and Userptone Athorsed Pensions

THE HELEFORDIE FROM THE

For Applicants Heretofore Allowed Pensions.
STATE OF GEORGIA
County of
PERSONALLY appears R. B. Blunkinship Silmer county,
State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and
December of said State, and has been such continually since the An day of
federate States (or of the State of Lingite) during the war between the
States, and served as a frittle in Company I, of I th Regiment of Lingite Volunteers True Brigade; that whilst engaged
in such military naming at the heatlest the state of
of lessible on the lest day of a line agent to me
wounded as follows: Schot reith manne bull in left Leg, Curesing left Lig to be amportated
atout H Jinches below- Hip John
Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is
of truck hundred october 20, 1890. I have heretotore been allowed a pension dollars.
Sworn to and subscribed before me, this the R. B. Blunkin ship
A. M. Dolomento
Nora. State fully paters of wound or character of change which cause the disability, and captain particularly the extent of the disability
POWER OF ATTORNEY.
STATE OF GEORGIA
Silmer County 1 0 0 00 7 81
KNOW ALL MEN BY THESE PRESENTS, That I, It will Slunkinghof,
county, in said State, do hereby appoint mr. A mr. sh!
of Jethon Coverety Is a my true and lawful attorney in fact, for me and in my name, to receive and receipt for what ever amount of money I may be entitled
to from the State of Georgia by reason of the injury received as aforesaid in the military
hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason
aforesaid. IN WITNESS WHEREOF, I have bereunto set my hand, and seal, this
fe 21 day of July 127
Executed in the presence of us:
A My Holmson
Send money to me as follows by Resistered Letter

For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA, PERSONALLY appears & C. B. Bluntensh County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the day of Je Cermber 185%; that he enlisted in the military service of the Confederate States (or of the State of. .) during the war between the States, and served as a in Company T, of 39 th Regiment Deponent desires to participate in the benefits of the Act, approved October 24,.1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1891. I have heretofore been allowed a pension of dollars, for 1858 - 1859 - 1890 Sworn to and subscribed before me, this, th NOTE. State fully nature of wound or character of disease the disability, resulting from the wound or disease. POWER OF ATTORNEY. STATE OF GEORGIA, Know all Men by these Presents, That I. C. County, State of Georgia, do hereby appoint my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorising my said attorney to receipt in my name for any Warrant that may be issued by the Gover-nor, or for any sum of money which may be coming to me for the reason aforesaid. WITNESS WHEREOF, I have hereunto set my hand and seal, this Executed in the presence of us Send money to me as follows, by County, Georgia.

STATE OF GEORGIA, POWER OF ATTORNEY. STATE OF GEORGIA, Library County. Ordinary of said county, do certify that I am well acquainted with CEBLUNICON Solids Know all Men by these Presents, That I CC applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit, hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid. individual he repesents himself to be, and that he resides in this county, Given under my official signature and scal, this 22 day of The IN WITNESS WHEREOF, I have hereunto set my hand and seal, this Le land of Burn of 1893 RB Bluntenson Executed in the presence of us: Send money to me as follows by County, Georgia.

For Applicants Heretofore Allowed Pensions.
Personally appears County. Blanking Sich
on oath that he is a bona fide citizen and resident of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of Georgia, and has been such continuously since the day of
during the war between the States and served as a serv
of 3/ th Regiment of 2022 (cc. Volunteers of cu, large s's Brigade; that whilst engaged in such military service at the battle of 1500 (cc.)
in the State of Miss. on the day of Mount of the State of Miss.
Lucion Hill about town inches
Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which ne is entitled for the year ending October 26, 1892. I have heretofore been allowed a pension of
Sworn to and subscribed before me this the LB Conference of the Co
Nora-State fully nature of wound or character of disease which courses the disability, and explain particularly the
POWER OF ATTORNEY
STATE OF GEORGIA, County.
Know all Men by these Presents, That I, 7
County, in said State, do hereby appoint of Ellipan my true and lawful attenuation
my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or fok any sum of money which minimum to me for the reason aforesaid.
day of
Executed in the presence of us: All folliss: Queling
Send money to me as follows, by
to

County, Georgia.

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States, and served a		met	:- C-	during the	war between
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Alle	262412				7.5
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Maimed Soldiers. Voucher No. 1678 Paid in PARlauxeuskif For Lass of left Included in Warrant No.

Maimed Soldiers.

Voucher No. 153

Amount \$ 100.

Paid to R. B. Blackership

For Loss ofleft

Included in warrant No.

P. Carlisle

Wall right

Audited Market 29 1889.

issued to Treasurer.

1889.

WARRANT CLERK

W. J. Campbell, State Printer, Constitution Job Offic

had

Mr. H 19 Blankenship Veleur, having filed his application in the Executive

Department for an allowance under the Act approved October 24, 1887, as amended by Act

Dec 24, 1888, and the same having been allowed for

and of left in He is contilled to receive the sum of Che Weiner of Dollars

for such disability, the same being the allowance due for the year conding Detober 24, 1889.

The Treasurer will pay the same and hold his regeipt on the parcher and return same to Executive Department for warrant.

By the Governor

CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN, One Necedred Vod

per above voucher, this 29 of France

RB Rean Kenship

STATE OF GEORGIA.

EXECUTIVE DEPARTMENT.

Allanta, Sa, Feby 4

having filed his application in the Executive

(A) Blankenslip

Department for an allowance under the Act approved October 24, 1887, as amended by Act,

approved, Dec. 24, 1888, and the same having been examined and allowed for

Does aflett les He is entitled to receive the sum of Une Stundsed roof

for such disability, the same being the allowance due for the year ording October 24, 18670

The Treasurer will pay the same and hold his receip on the von her, and return same

to Executive Department for warrant.

By the Governor,

Clast Hamso

1. 1.11.11 100

RECEIVED OF STATE TREASURER, R. ULHARDEMAN,

One Hundred to of

per above voucher this H of Keby

GOVERNOR

R B Blankuship

1891. Maimed Soldiers. AUDITED Audited MAR 4 1891 1891 Um 8mghh Voucher No. 2063 Paid to PANlauteristif COMPTROMITER OF THE NEW THERE 1891. Included in warrant No. issued to Treasurer, 1891. WARRANT-CLERK.

Mall right:

Mrg R19 Blunkenship of the County of Liluer, having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Acts
approved Dec. 24, 1888 and Nov. 1889, and the same having been examined and allowed for the is entitled to receive, the sun Dollars
The are are the
for such disability, the same being the Moultane for the year ending October 24, 189
The Treasurer will pay the same and hold his receipt on this voucher and return same to
Executive Department for warrant.
By the Governor. Sec'y Executive Department.
100
RECEIVED OF R. U. HARDEMAN, Treasurer of the State of Georgia.
Cite Headed 100 Dollars, per above voucher, this of Dollars 1891.
11 18 Blunken Sup

wor

No. 2063 Atlanta, Ba Mch 3

STATE OF GEORGIA,

EXECUTIVE DEPARTMENT.