

Blanchard, L. R. B.

Gilmer Co.

139

No. 1678 / 1889

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING OCT. 24, 1888.

FOR

Left leg amputated at knee
Applicant R. B. Blankenship

County Gilmer

Amount 1000

Date of Warrant March

Entered on Record

March 27 1889

March 27 1889

SECRETARY RECEIVED DEPT. OF THE INTERIOR

Ward
6/19/88

STATE OF GEORGIA,

Gilmer County.
PERSONALLY appears R. B. Blankenship Gilmer county,
State of Georgia, who, being duly sworn says on oath that he is a bona fide citizen and resi-
dent of said State, and has been such continuously since the 24th day of
December 1838; that he enlisted in the military service of the Confederate
States (or of the State of Georgia) during the war between the States, and
served as a Private Volunteers in Company G, of 39th Regiment of
Georgia Volunteers Taylor's Brigade; that whilst engaged
in such military service, at the battle of Baker's Creek in the
State of Mississippi, on the 16th day of May 1863, he was
wounded as follows: In left leg seven inches below the hip
this amputated 4 inches below the hip joint

Deponent 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 March 1889 } R. B. Blankenship
A. M. Johnson
Ordinary

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

STATE OF GEORGIA,

County.
PERSONALLY comes before me
county, and both known to
me as reputable physicians of said county, who, being severally sworn, say on oath that they
have carefully examined and after such examination
say that the applicant has been injured as follows:

Sworn to and subscribed before me, this

day of 1889

NOTE.—The physicians will state fully the extent of the wound, and then give them to show the extent of the
disability resulting therefrom.

STATE OF GEORGIA,

Gilmer County, }
I, *A. M. Johnson* Ordinary of said county,
do certify that I am well acquainted with *R. B. Blankenship*, 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 *March* 188*9*

A. M. Johnson
Ordinary *Gilmer* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Gilmer County, }
KNOW ALL MEN BY THESE PRESENTS, That I, *R. B. Blankenship*
of *Gilmer*
county, in said State, do hereby appoint *Wm. A. Wright Compt Gen*
of *Fulton County Georgia* 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 ser-
vice 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 *27th*
day of *March* 188*9*

R. B. Blankenship (L. S.)

Executed in the presence of us:

A. W. Leem
A. M. Johnson
Ordinary

DIRECTION

Send money to me as follows, by *Registered Letter*
to *Carlisle* P. O.
Gilmer County, Georgia. *R. B. Blankenship*

NOTES.

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.
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 show 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,

Gibber County.

I, *A. M. Johnson* Ordinary of said county, do certify that I am well acquainted with *R. B. Blankenship* 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 further certify that before whom the foregoing affidavits were made and power of attorney was signed, is a of said county, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this *1st* day of *February* 189*0*

A. M. Johnson
Ordinary *Gibber* County

STATE OF GEORGIA,

Gibber County.

I, *A. M. Johnson* Ordinary of said County, do certify that I am well acquainted with *R. B. Blankenship* 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 further certify that *W. A. Carr* before whom the foregoing affidavits were made and power of attorney was signed, is a *Clerk of the Superior* of said County, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this *12th* day of *February* 189*1*.

A. M. Johnson
Ordinary *Gibber* County.

1890.

APPLICATION FOR ALLOWANCE

Blankenship, R. B.

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Blankenship, R. B.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Gilmer County.
PERSONALLY appears *R. B. Blankenship* *Gilmer* 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 been such continually since the *25th* day of
December 1858; that he enlisted in the military service of the Con-
federate States (or of the State of *Georgia*) during the war between the
States, and served as a *Private* in Company *S*, of *39th* Regiment
of *Georgia* Volunteers *Taylor's* Brigade; that whilst engaged
in such military service, at the battle of *Bakers Creek* in the State
of *Mississippi* on the *16th* day of *May* 1862, he was
wounded as follows: *Shot with minnie ball in left
leg causing left leg to be amputated
about 4 inches below hip joint*

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, 1890. I have heretofore been allowed a pension
of *one hundred* dollars.

Sworn to and subscribed before me, this the
first day of *February* 1890, *R. B. Blankenship*
A. M. Johnson
Notary.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Gilmer County.
KNOW ALL MEN BY THESE PRESENTS, That I, *R. B. Blankenship*
of *Gilmer* county, in said State, do hereby appoint
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
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
first day of *February* 1890, *R. B. Blankenship* [L. S.]
Executed in the presence of us:
A. M. Johnson
Notary.

Send money to me as follows, by *Registered Letter*
to *Cadysell* P. O.
Gilmer County, Georgia.
R. B. Blankenship

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Gilmer County.
PERSONALLY appears *R. B. Blankenship* of *Gilmer*
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 *25th*
day of *December* 1858; that he enlisted in the military service of the Con-
federate States (or of the State of *Georgia*) during the war between the
States, and served as a *Private* in Company *S*, of *39th* Regiment
of *Georgia* Volunteers *Taylor's* Brigade; that whilst engaged
in such military service at the battle of *Bakers Creek* in the State
of *Mississippi* on the *16th* day of *May* 1862, he was
wounded as follows: *Shot with minnie ball in left
leg causing left leg to be amputated
about 4 inches below hip joint*

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
one hundred dollars, for *1858-1859-1890*.

Sworn to and subscribed before me, this the
15th day of *Feb* 1891, *R. B. Blankenship*
A. M. Johnson
Notary.

NOTE.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of
the disability, resulting from the wound or disease.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Gilmer County.
Know all Men by these Presents, That I, *R. B. Blankenship*
of *Gilmer* 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 authoris-
ing 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.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
15th day of *Feb* 1891, *R. B. Blankenship* [L. S.]
Executed in the presence of us:
J. Hudson
Notary.

Send money to me as follows, by *Registered Letter*
to *Cadysell* P. O.
Gilmer County, Georgia.
R. B. Blankenship

STATE OF GEORGIA.

I, Wm. Johnson County, Cherokee Ordinary of said county, do certify that I am well acquainted with E. B. Blankenship 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.

Given under my official signature and seal, this 27 day of February 1892

Wm. Johnson Ordinary Cherokee County.

POWER OF ATTORNEY.

STATE OF GEORGIA, }

Cherokee County, }
Know all Men by these Presents, That I R. B. Blankenship of Cherokee County, State of Georgia, do hereby appoint Wm. Johnson 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.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 27 day of February 1892

Executed in the presence of us:

Wm. Johnson
Ordinary

Send money to me as follows, by:

Cherokee to Cherokee P. O.
County, Georgia. R. B. Blankenship

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1892.

Name R. B. Blankenship
County Cherokee
Disability lost leg
Amount, \$ 100
Entered on record Feb 27 1892.
W. H. HARRISON,
Secretary of Executive Department.
AGENT,
Wm. Johnson
Geo. W. Harrison, State Printer, Atlanta, Ga.

1893.

Application for Allowance

No. 1282

For the Year Ending October 31, 1893.

loss of leg
County Cherokee
Amount, 100
Date of Warrant, 3
Entered on record, 27 1893.

WARRANT HANDED TO

Wm. Johnson

Geo. W. Harrison, State Printer, Atlanta.

STATE OF GEORGIA.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

PERSONALLY appears

Blankenship County, State 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 *24* day of *December* 1858; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a *Private* in Company *G*, of *31* th Regiment of *Georgia* Volunteers *Taylor's* Brigade; that whilst engaged in such military service at the battle of *Buckner's Creek* in the State of *Miss*, on the *16* day of *May* 1862, he was wounded as follows:

Wounded by left leg, causing left leg to be amputated about four inches below hip joint.

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, 1892. I have heretofore been allowed a pension of

one Hundred Dollars for

Sworn to and subscribed before me this the

11 day of *July* 1892.

A. M. Johnson Ordinary.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Know all Men by these Presents, That I, *E. W. Coleman*

County, in said State, 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 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 *29* day of *July* 1892.

Executed in the presence of us:

A. M. Johnson Ordinary.

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

PERSONALLY appears

Blankenship 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 *24* day of *December* 1858; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a *Private* in Company *G*, of *31* th Regiment of *Georgia* Volunteers *Taylor's* Brigade; that whilst engaged in such military service at the battle of *Buckner's Creek* in the State of *Miss*, on the *16* day of *May* 1862, he was wounded as follows:

Wounded by left leg, causing left leg to be amputated about four inches below hip joint.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1892. I have heretofore been allowed a pension of

one Hundred dollars, for

Sworn to and subscribed before me, this, the

16 day of *March* 1893.

Note.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA,

I, *A. M. Johnson* Ordinary of said County,

do certify that I am well acquainted with *R. B. Blankenship* 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 further certify that

before whom the foregoing affidavits were made and power of attorney was signed, is a *Justice of the Peace* of said County, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this *16* day of *March* 1893.

Ordinary

County.

Audited *March 29* 1889.

Wm. A. Wright
COMPTROLLER-GENERAL

Gilmer

Maimed Soldiers.

Voucher No. *1678*

Amount. \$ *10.00*

Paid to *R. B. Blaukewich*

For *Loss of left*

leg

May 29 1889

Included in Warrant No.

issued to Treasurer.

1889.

WARRANT CLERK

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

Waco

Audited *Feb 6th* 1890

Wm. A. Wright
COMPTROLLER-GENERAL

Maimed Soldiers.

Voucher No. *153*

Amount \$ *100.*

Paid to *R. B. Blaukewich*

For *Loss of left*

leg

Feb 14 1890

Included in warrant No.

issued to Treasurer.

18

P. L. Carlisle
Gilmer Co

WARRANT CLERK.

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

W. A. Wright

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

No. 1678

Atlanta, Ga. *March 29* 1889

Mr. *R. B. Blankenship* of the County
of *Gilmer* 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

Loss of left leg
He is entitled to receive the sum of *One Hundred and 00/100* Dollars
for such disability, the same being the allowance due for the year ending October 24, 1889.

The Treasurer will pay the same and hold his receipt on this voucher, and return same to
Executive Department for warrant.

By the Governor

W. H. Harrison

CLERK EXECUTIVE DEPARTMENT.



100

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

One Hundred and 00/100

Dollars,

per above voucher, this

29 of *March*

1889.

R. B. Blankenship
W. H. Harrison

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

No. 153

Atlanta, Ga. *Feb'y 4* 1890

Mr. *R. B. Blankenship* of the County
of *Gilmer* having filed his application in the Executive
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

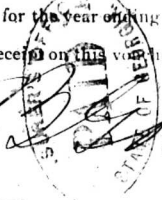
Loss of left leg
He is entitled to receive the sum of *One Hundred and 00/100* Dollars
for such disability, the same being the allowance due for the year ending October 24, 1889.

The Treasurer will pay the same and hold his receipt on this voucher, and return same
to Executive Department for warrant.

By the Governor,

W. H. Harrison

CLERK EXECUTIVE DEPARTMENT.



100

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

One Hundred and 00/100

Dollars,

per above voucher, this

4 of *Feb'y*

1890

R. B. Blankenship
W. H. Harrison

AUDITED
Audited. MAR 4 1891 1891
Wm. S. M. G. L. H.
COMPTROLLER GENERAL.

Blankenship, P. B.

Gilmer

1891.

Maimed Soldiers.

Voucher No. 2063

Amount \$ 100

Paid to P. B. Blankenship

For Tax of 10¢

Mar 3

1891.

Included in warrant No.

issued to Treasurer.

1891.

WARRANT CLERK.

Geo. W. Harrison, State Printer, Atlanta.

W. A. Wright

1891.
No. 2063

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga. Mch 3 1891.

Mr. R B Blankenship of the County
of Gilmer, 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. 14, 1889, and the same having been examined and allowed for
Loss He is entitled to receive, the sum of One Hundred Dollars
for such disability, the same being the amount due 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.

H. H. Harrison
GOVERNOR.

By the Governor.

H. H. Harrison
SECY EXECUTIVE DEPARTMENT.

\$100

RECEIVED OF R. U. HARDEMAN, Treasurer of the State of Georgia.

One Hundred Dollars,
per above voucher, this 3 of March 1891.

R B Blankenship
W. H. W.