

4 DUPLICATE. 4

SURGEON'S CERTIFICATE

OF

PERIODICAL EXAMINATION

IN CASE OF

*Thomas J Harris*

Co *9, 39* Reg't, *45-C-5*

No. *94-464*

DATE OF EXAMINATION

*APR 12 - 77*

*Both Bowd*

Examining Surgeon.

Post Office, *34-E Pratt*

County, *Beth*

State, *Ind*

P. S.—Write Post Office address plain and in full.

