A. **DECLARATION FOR ORIGINAL INVALID PENSION.** A.

To be executed before a court of record or some officer thereof having custody of its seal.

State of Maryland
~~County~~ city of Baltimore } ss:

On this 23^5 day of January, A. D. one thousand eight hundred and ~~eighty~~ Ninety personally appeared before me, a Justice of the Peace, a ~~court of record~~ within and for the ~~county~~ city and State aforesaid, George W. Graham, aged 53 years, a resident of the City of Baltimore ~~county of~~ State of Maryland, who, being duly sworn according to law, declares that he is the identical Person, who was **ENROLLED** on the 31st day of March, 1864 in company H. of the 39 regiment of U. S. C. Infty Volunteers commanded by Capt M. Babcock, and was honorably **DISCHARGED** at Wilmington N.C. on the 4th day of December, 1865; that his personal description is as follows: Age, 53 years; height, 5 feet 3 inches; complexion, Black hair, Black; eyes, Black. That while a member of the organization aforesaid, in the service and in the line of his duty at Wilmington N.C., in the State of North Carolina on or about the 4th day of December, 1865, he was discharged
(Here state name or nature of disease, or the location of wound or injury. If disabled by disease, state fully its causes; if by wound or injury, the precise manner in which received.)
The disease that I have I contracted in the army it is an emption on my back Shortness of breath heart affection &c I was sent to the Hospital in North Carolina for one week and was sent to Virginia to wait on the Officer of my regiment

That he was treated in hospitals as follows: as stated above
(Here state the names or numbers, and the localities of all hospitals in which treated, and the dates of treatment

That he has not been employed in the military or naval service otherwise than as stated above
(Here state what the service was, whether prior or subsequent to that stated above, and the dates at which it began and ended.)

That since leaving the service this applicant has resided in the City of Baltimore in the State of Maryland, and his occupation has been that of a Porter cleaning offices &c That prior to his entry into the service above named he was a man of good, sound physical health, being when enrolled a healthy man. That he is now a invalid disabled from obtaining his subsistence by manual labor by reason of his injuries, above described, received in the service of the United States; and he therefore makes this declaration for the purpose of being placed on the invalid pension-roll of the United States.

He hereby appoints ______ of ______, State of ______, his true and lawful attorney to prosecute his claim. That he has not received or applied for a pension. That his **POST OFFICE ADDRESS** is No 1570 Fairmount ave late, ~~county~~ of Baltimore State of Maryland

Claimant's signature: George W. his X mark Graham

Attest: Henry [illegible] Hall Justice of the Peace
[illegible] st [illegible] Baltimore

Short breath & heart disease

(15869—15 M) [illegible]

MSA SC 4132-45-5