## DECLARATION FOR THE INCREASE OF AN INVALID PENSION.

STATE OF Comogle	omá		
- COUNTY OF Philadely	hia	SS.	
		, , ,	-, personally appeared before me,
Con this da	y of the control of t	, A. D. 18.//	-, personally appeared before me,
Philadelphia	the state of onne	mlouting tul	lecining and for the County of
Kell	the State of 30		Philadelphia
in the County of Phila	Lelphio	4	usylvana,
A11 VI		is a pensioner of the Ur	ited States, duly enrolled at the
	Pension Agency, at the r	ate of \$4,00 per month	by reason of disability incurred in
the Military service Colored Franks	e of the United States in C	the colo	Regiment of 00,
and that his present physical con	dition is such that he be	elieves himself entitled to	receive an increased pension, and
that he herewith returns his presen			s disabled in the following manner,
to wit:-	4 00, 7		
non on ao		Tules 29. 18	64 at seeps
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is June Cra	Red and	thef at	present,
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			cation, FRANCIS REGISTER, of he Pension Certificate that may be
issued: that his post office is at	no. 12 Eagles Co	ust countries Ph	Ladelphia State of
Gempulvama	that his domicile or pla	an of abode in At Ma	12 6 a gles bonut
ab one 10 th	and Sprice	Mg, Philas	Celphia Pa.
		240	1)
		Henry	
ATTEST:			Applicant.
9	6		
Lewes J.	Denjann		
James He James	10.00		

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