

ARMY OF THE UNITED STATES

CERTIFICATE

OF DISABILITY FOR DISCHARGE



George Bond a Corporal, of Captain *A. H. Muller*
 Company, (C) of the *4th Md Calves* Regiment of the United States
 Volunteers was enlisted by *Col. Wm. Birney* & mustered into
 the *5th* Regiment of *the 1st* at *Baltimore Md*
 on the *Fifteenth* day of *July*, 1863, to serve *Three* years; he was born
 in *Baltimore* in the State of *Maryland*, *Twentyfour*
 years of age, *Five* feet *Seven* inches high, *Black* complexion, *Black* eyes,
Black hair, and by occupation when enlisted a *Laborer*. During the last two
 months said soldier has been unfit for duty *days* * *was admitted in this*
Hospital May 12th 1865 - with Gun shot wound of
right hip & left leg at Dept bottom Va Sept 29/64

STATION: *USA Hospital Whit Hall*
 DATE: *May 20th 1865*

W. D. Dwyer
 Asst Surgeon Major
 Commanding Company

I CERTIFY, that I have carefully examined the said *George Bond* Corporal
 of Captain *A. H. Muller* Company, and find him incapable of performing the duties of a
 soldier because of *injury to junction of right hip*
from gun shot wound received in Battle
at Dept Bottom Va Sept 29/64
disability 3/4

W. D. Dwyer
 Assistant Surgeon Major

DISCHARGED this *Seventh* day of *June*, 1865, at *Whit Hall*
USA Hospital near Christ Church

W. D. Dwyer
 Asst Surgeon Major
 Commanding the *Regt.*

The Soldier desires to be addressed at
 Town _____ County _____ State _____

* See Note 1 on the back of this. † See Note 2 on the back of this
 [A. G. O. No. 100 & 101—First.] [DUPLICATES.]

4226-37