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DECLARATION FOR AN ORIGINAL INVALID PENSION.

This must be Executed before a Court of Record or some Officer thereof having Custody of the Seal.

State of Maryland, County of Baltimore } ss.

On this 25 day of August A.D. one thousand eight hundred and eighty, personally appeared before me [Signature] of the Superior Court of Record within and for the county and State aforesaid,

aged 55 years, who, being duly sworn according to law declares that he is the identical

George Green who was ENROLLED on the 22nd day of March, 1864, in company A of the 39th regiment of U.S. Colored Troops

commanded by Capt Alex H Davis and was honorably DISCHARGED at Goldsboro N.C. on the 13th day of June, 1865; that his

personal description is as follows: Age 55 years; height 5 feet 7 1/2 inches; complexion Yellow hair, Black; eyes Black

That while a member of the organization aforesaid, in the service and in the line of his duty at Petersburg in the State of Virginia on or about the day of July, 1867, he

Here state name or nature of disease, or the location of wound or injury. If disabled by disease, state fully its cause; if by wound or injury, the precise manner in which received.

as Sergeant of Pioneers he contracted Rheumatism of the Neck, which caused a swelling and distending of the abdomen and he became unfit for duty and was sent to Hospital at City Point Va. from there he was sent to Summit Hospital, Philadelphia Pa. where he remained four or five months and was then sent back to his Regiment, was with the Regiment but a short time, when he was again attacked by the same disease and was sent to Hospital at Goldsboro N.C. from which he was discharged the Service. The disease has now become Chronic.

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

1st at City Point Va then Summit Hospital, Philadelphia Pa and finally Hospital at Goldsboro N.C.

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 Carpenter

That prior to his entry into the service above named he was a man of good, sound, physical health, being an enrolled Carpenter. That he is now 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 with full power of substitution and revocation,

Benjamin Aaron of Baltimore his true and lawful attorney to prosecute his claim. That he has not received

applied for a pension; that his residence is No. 311 W. Bay street, and that his post office address is:

[Signatures of witnesses and claimant]

[Two witnesses who can write sign here.]