

GENERAL PURPOSE AFFIDAVIT.

STATE OF Maryland COUNTY OF Baltimore SS.

On this 6th day of May A. D., 1890, before me, a Justice of the Peace an officer duly authorized to administer oaths in and for the State and County aforesaid, personally appeared Jacob Jefferson, who being by me first duly sworn, deposes and states as follows in regard to the claim of Thomas Carter

"My name is Jacob Jefferson; age 50 years, occupation Bricklayer, and my Post Office address No 214 Park St, and I am not interested in prosecution of said claim."

Also appeared _____, who being by me first duly sworn according to law, doth depose and state as follows: "I am not interested in the prosecution of said claim. My age, occupation and Post Office address are as follows: "

I have known Thomas Carter about twenty years and to the best of my knowledge have affected with shingles ever since I have known him by reason of which in the year or there about 1867 he was blinded

Jacob Jefferson

The person or persons making this affidavit must give full and complete statement of facts in the case. State the applicant's condition while you have known him, and the year you last became acquainted with him. Describe his condition yearly since you have known him, and state the nature of his illness or disability if any, and the time (one-fourth, one-third, one-half, two-thirds or total) he has been unable to do a man's labor.

