

*Medical Div*

3

**SURGEON'S CERTIFICATE**

IN CASE OF

*Benjamin Adams*

*Co. C, 20. Reg't Inf.*

**APPLICATION**

FOR

**Renewal or Restoration.**

*No. 194750.*

Date of Examination: \_\_\_\_\_

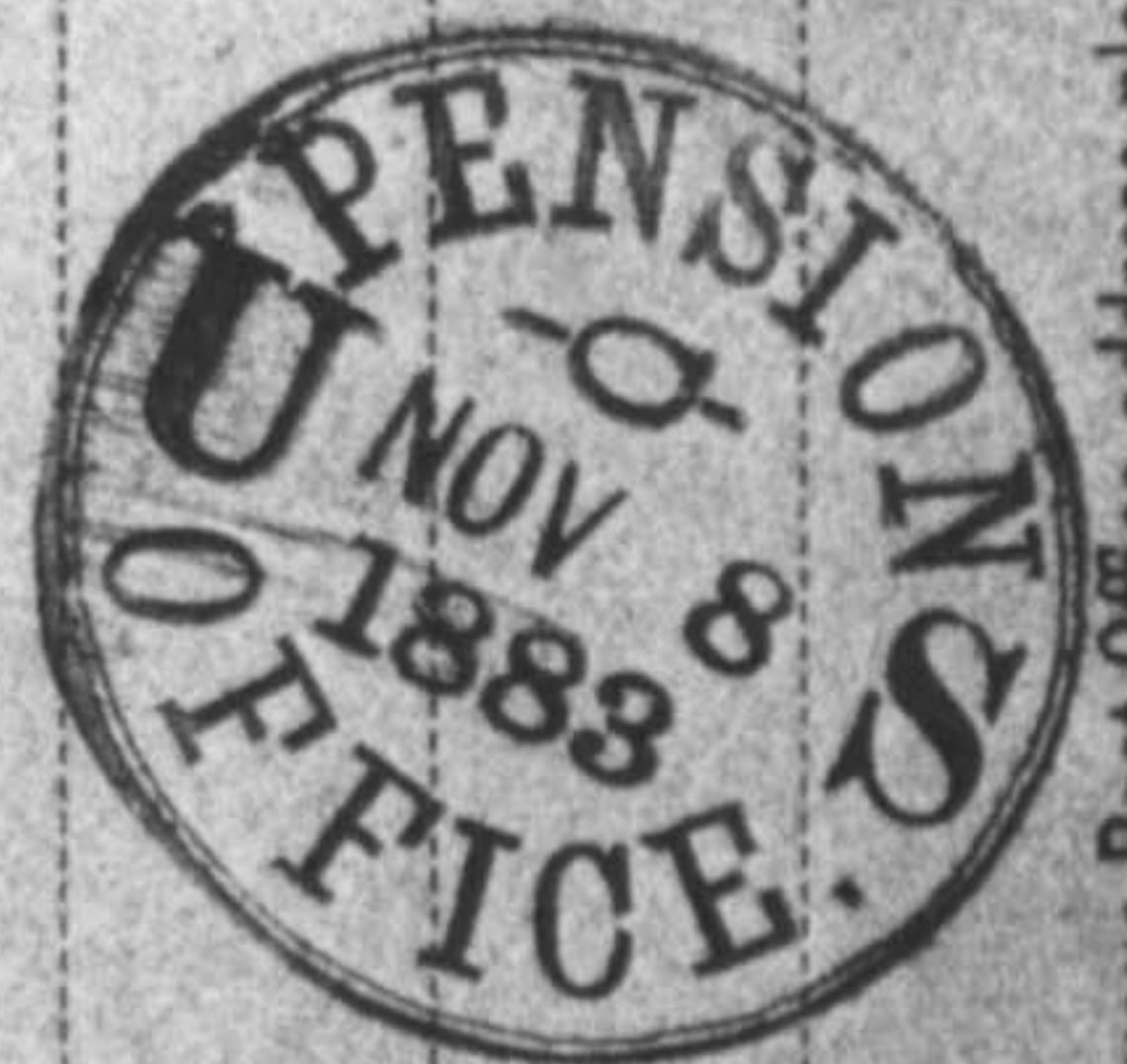
\_\_\_\_\_, 188

Examining Surgeon.

Post Office, \_\_\_\_\_

County, \_\_\_\_\_

State, \_\_\_\_\_



P. S.—Write your Post Office address plain and in full.