

1 EXAMINING SURGEON'S CERTIFICATE 1

IN THE CASE OF AN ORIGINAL APPLICANT.

No. of Application, *89813*

State: _____ County: _____

Post Office: *Washington Springs, 1881*

Applicant's service.

We hereby certify That we have carefully examined *Benjamin Adams*, late a *private* *Co. C*, *3d Reg't, 23rd* in the service of the United States, who is an APPLICANT for an invalid pension by reason of alleged disability resulting from *hemia*

Degree of disability.

In *our* opinion the said *Adams* is *2/3* *of 3rd grade (\$12)* incapacitated for obtaining his subsistence by manual labor from the cause above stated.

Origin.

Judging from his present condition, and from the evidence before it is *belief* that the said disability did *originate* in the service aforesaid in the line of duty.

Probable duration.

The disability is *permanent*

Particular description.

A more particular description of the applicant's condition is subjoined:

Height, *5-8*; weight, *145*; complexion, *black*
age, *48*; pulse, *78*; respiration, *18*

Has double inguinal hernia - both small, reducible and easily retained by his truss.

J. J. [Signature]

Robert [Signature]
Examining Surgeon.
Lashlan [Signature]