

AFFIDAVIT TO ORIGIN OF DISABILITY.

TO BE EXECUTED BY AN OFFICER OR ENLISTED MAN OF THE SOLDIER'S COMPANY AND REGIMENT HAVING PERSONAL KNOWLEDGE OF THE CIRCUMSTANCES UNDER WHICH THE DISABILITY WAS INCURRED ON ACCOUNT OF WHICH PENSION IS CLAIMED.

Before Filling in this Affidavit, the Witness should read carefully the Marginal Instructions, and conform thereto in every particular as far as his knowledge of the facts will allow. Enlisted Men's evidence will not be accepted if an Officer's can be had.

State of Maryland }
County of Baltimore } ss.

In the matter of the Pension claim of Richard Sutton
B Co. 4th Md. Reg't Col. Vols., personally
came before me, a Justice of the Peace in and for the aforesaid County and State,
(Title of officer administering oath.)
Dennis Franklin, of Balto City, County of
Balto City, State of Maryland, who, being duly sworn,
declares in relation to the aforesaid claim that his age is 27 years; that he is the identical person who served
as a Private in Co. B 4th Md. Reg't Col. Vols.,
and knows the above soldier, who was a member of Co. B 4th Reg't Col. Vols.,
that on or about the 6th day of January, 1866, while in the line of duty, and
without fault or improper conduct on his part, at or near Bermuda Hundred, said soldier incurred

Contracted Chills and Fevers
from Exposure he was exposed
a great deal in the Regular line
of duty Pottery & C by order of
the commanding officer

I was in the same company
when he contracted the disease
I was with him when he was discharged
he was then suffering disease

He was in good health
before that time that he
contracted disease of Bermuda
Hundred

I was in the same company
and present when he contracted disease
a private

Affiant further declares that he has no interest, direct or indirect, in this claim, and that he makes the
above statement from personal knowledge

Affiant's Post-Office address is as follows: Sharp & Balto City

Two persons who write their names MUST sign here as witnesses to affiant's signature, if he signs by mark.

(Name of one witness.)
(Name of other witness.)

Dennis Franklin

PREPARE YOUR STATEMENT ON A SEPARATE SHEET OF PAPER, CORRECT IT CAREFULLY, AND THEN TRANSFER IT TO THIS BLANK.

This Blank is Prepared by GEORGE E. LEMON, of Washington, D. C., and is Exclusively for his Use.

State the nature of the wound or injury received, and in what part of the body located; or the name and nature of the disease or disability incurred.
State what caused the disability, and upon what particular duty the soldier was engaged at the time it was incurred. If on special duty, by whose order was he acting.
If the injury was a rupture, be particular to state its location, and whether you saw it at the time of or immediately after its incurrence, or at any time while in the service.
State whether you saw him at the date of or immediately previous to discharge; also when, where, and whether the disability named then existed.
State whether the soldier was in sound bodily health and especially free from the disabilities upon which claim for pension is based, at the time he enlisted and immediately preceding the date of incurring his disabilities.
State your source of information, whether present at time and place and an eye-witness to the facts related. If in command of company when the disability was incurred, so state.