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DECLARATION FOR ORIGINAL INVALID PENSION.

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TO BE EXECUTED BEFORE A COURT OF RECORD OR SOME OFFICER THEREOF HAVING CUSTODY OF ITS SEAL.

State of Maryland
Baltimore County, } SS.

On this 20th day of Oct, A. D. one thousand eight hundred and seventy-7
personally appeared before me, Clerk of the superior Court, a court of
record within and for the County and State aforesaid, John Chandler aged
34 years, a resident of the City of Baltimore, county of

....., State of Maryland, who, being duly sworn according to law, declares
that he is the identical John Chandler who was ENROLLED on
the 7 day of Nov, 1863, in Company C of the 9 Regiment
of M.S.C. Corp commanded by Harriet Jr Phelps
and was honorably DISCHARGED at New Orleans on the 26 day

of Nov, 1866, that his personal description is as follows: Age, 22 years; height
5 feet 8 3/4 inches; complexion, Black; hair, Black; eyes, Black.

That while a member of the organization aforesaid, in the service and in the line of his duty at Seep
Ottawa, in the State of Virginia on or about the 16 day
of August, 1864, he was wounded by a

gun shot. wound of a few ribs shoulder
& elbow.
Here state name or nature of disease, or the location of wound or injury. If disabled by
disease, state fully its causes; if by wound or injury, the precise manner in which received.

I cannot furnish the affidavits of an
officer of or where as I don't know where
many of them live.

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

3 weeks. from there to Davids Island
N.Y. from Sept until Oct same year
of treatment

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 light work

That prior to his entry into the service above named he was a man of good, sound, physical health, being when
enrolled a Man. That he is now partly 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 there-
fore 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, Frank M. Dunde
of Baltimore State of Maryland, his true and lawful attorney
to prosecute his claim. That he has not received or applied for a Pension. That his
POST OFFICE ADDRESS is 152 Bayboro St county of Baltimore
State of Maryland

Claimant's signature John Chandler

ATTEST: _____
NOV 7 1877
DEPARTMENT OF THE INTERIOR
PENSION OFFICE