

Declaration for Invalid Pension.

Act of June 27, 1890.

New Disabilities

NOTE.—This can be executed by any officer authorized to administer oaths for general purposes. If such officer uses a seal, certificate of clerk of court is not necessary. If no seal is used, then such certificate must be attached.

State of *md*, County of *Balto*, ss:

ON THIS *15th* day of *July*, A. D. one thousand eight hundred and ninety *two*

personally appeared before me, a *Jayr. of Dec*

within and for the County and State aforesaid, *Charles Tighman*

aged *50* years, a resident of the *city* of *Balto*

County of *md* State of *md*, who, being

duly sworn according to law, declares that he is the identical *Charles Tighman*

who was ENROLLED on the *23* day of *Sept*, 18*63*, in *Co 10 7 reg 2 reg*

and regiment, in Military service, or vessel, if in the Navy.)

in the war of the rebellion, and served at least ninety days, and was HONORABLY DISCHARGED at *Indianola Tex* on the *13 Oct*

day of *18 66* That he is *wholly* unable to earn a support by

manual labor by reason of *disease of back & breast*

(Here name the diseases or injuries from which disabled)

rupture right side, & disease

thum anism

disposition

affection eyes

That said disabilities are not due to his vicious habits, and are to the best of his knowledge and belief permanent. That

he has *72 2476* applied for pension under application No. *72 2476* That he is a pensioner

under Certificate No. *72 2476* (If a pensioner, Certificate only need be given. If not, give the number of the

former application if one was made.)

That he has *been* employed in the military or naval service otherwise than as stated above.

That he makes this declaration for the purpose of being placed on the pension-roll of the United States under the provi-

sions of the Act of June 27, 1890. He hereby appoints *J. Barrett*

his true and lawful attorney to prosecute his claim, and he directs that the sum of ten dollars be paid to said attorney

That his POST OFFICE ADDRESS is *530 Oxford St*

County of *Balto* State of *md*

Charles Tighman

(Signature of Claimant.)

(Two witnesses who can write, sign here.)

4126-225-71