

Increase

Declaration for Invalid Pension.

Acts of June 27, 1890, and May 9, 1900.

Note.—To be executed before some officer authorized to administer oaths for general purposes. The official character and signature of any such officer not required by law to use a seal, must be certified by the clerk of the proper court, giving dates of beginning and close of official term. If such certificate is on file, so state.

State of *Maryland*, County of *Baltimore*, ss:

On this *25* day of *August*, A. D. one thousand nine hundred and *six*

personally appeared before me, _____ a. *N. P.*

within and for the *city* and State aforesaid, *James D. Brooks*

aged *66* years, a resident of the *city* of *Baltimore*

County of _____, State of *Md.*, who, being

duly sworn according to law, declares that he is the identical *James D Brooks*

who was ENROLLED on the _____ day of _____, 18____, in _____ Here state rank, company

Co B 9 116 I Inf
and regiment if in the army, or vessel if in the navy

_____ in the service of the United States in the War of the Rebellion, and served at least Ninety Days,

and was HONORABLY DISCHARGED at _____, on the _____ day of

_____, 18____. That he is *wholly* unable to earn a support by manual

labor by reason of *increase of disabilities*
Here name the diseases or injuries from which disabled.

but to alleged

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

That he has _____ applied for pension under application No. _____. That he is a pensioner under Certificate No. *555350 asks increase*
If a pensioner, the certificate number only need be given. If not, give the number of the former application if one was made.

That he has *not* 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 provisions of the Acts of June 27, 1890, and May 9, 1900. He hereby appoints—

A. PARLETT LLOYD of *Baltimore, Md.*

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 *1137 W. Saratoga St*
County of *Baltimore*, State of *Md.*

I, _____ Signature of claimant *James D Brooks*

Two witnesses who write sign here



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