

Declaration for Invalid Pension

Act of June 27, 1890.

Chas *Disabilities*



NOTE.—This can be executed before 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 *Baltimore*, ss:

ON THIS *13* day of *May*, A. D. one thousand eight hundred and ninety *one*

personally appeared before me, a *Emmanuel Smith*

within and for the County and State aforesaid, *Emmanuel Smith*

aged *44* years, a resident of the *city* of *Baltimore*

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

duly sworn according to law, declares that he is the identical *Emmanuel Smith*

who was ENROLLED on the *13* day of *May*, 18*63* in *Co. H. 4* (Here state rank, company

and regiment, in Military service, or vessel, if in the Navy.) *U.S.C. Reg*

in the war of the rebellion, and served at least ninety days, and was HONORABLY DISCHARGED at *Baltimore* on the

day of *June*, 18*61*. That he is *wholly* unable to earn a support by manual labor by reason of *Phlegmatory piles, obstruction of side, chest trouble, rheumatism, deafness, suspension vertigo* (Here name the diseases or injuries from which disabled.)

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

he has *Call #3* applied for pension under application No. *784308* That he is a pensioner

under Certificate No. *no other pension* (If a pensioner, Certificate No. need be given. If not, give the number of the

former application if one was made.)

That he makes this declaration for the purpose of being placed on the pension-roll of the United States under the provisions of the Act of June 27, 1890. He hereby appoints

A. Parrot Day 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 *934 S. Emden St*

County of *Baltimore* State of *md*

Emmanuel Smith
(Signature of Claimant.)

(Two witnesses who can write, sign here.)

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