For Affidavit of Officer or Comrade.

State of Maryland County of Baltimore, ss:

In the Pension Claim No ..... of .....

late a ..... in Co ..... of the ..... Reg't of ..... Vols.

personally appeared before me, a Notary Public in and for the aforesaid County, duly authorized to administer oaths Andrew Hanley, aged 45 years, a resident of 118 Welcome alley, in the County of Baltimore, and State of Maryland, who, being duly sworn according to law, state that acquainted with Charles H. Jones, applicant for Invalid Pension, and know the said Charles H. Jones to be the identical person of that name who enlisted or volunteered as a Privet in Company F 7 Regiment of U.S.C.T. Volunteers.

That the said Charles H. Jones while in the line of duty, at or near Jacksonville, in the State of Florida did, on or about the ..... day of March 1864, become disabled in the following manner, viz:

Charles H Jones contracted disease of eyes at Jacksonville Florida from the exposure in the Swamps of U.S.A. & I See C. H. Jones here all ways complain of his eyes affecting him from the army affects & Swamps & he loses a great deal of his time in manuel labor from the head & eyes & I consider Charles H. Jones to be one 1/2 disabled man from manuel labor

Here state the time and place and manner in which the wound or other injury was received. Describe the wound or injury, the part of the body wounded or injured, and all the circumstances attending it. If sickness, state the time and place when contracted, what caused it, the name of the sickness, and how it affected him.

That the facts are personally known to the affiant by reason of Kinship Personal

The affiant should here state whether he was with the command at the time the claimant contracted his disability, or whether his knowledge was otherwise obtained. All the facts known to affiant relative to the soldier's medical treatment for his disability while in the service should be stated, giving time and place, if possible.