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 ..... in and for the aforesaid County, duly authorized to administer oaths John Gale aged 68 years, a resident of 146 Chest St. in the County of Baltimore and State of Maryland, who, being duly sworn according to law, state that I am 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 Maryland 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 186 4, become disabled in the following manner, viz:

Charles H. Jones contracted desees of eyes & head

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

at Jacksonville Florida from the exposure in

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

Sarvis of Army & I See C. H. Jones ever

it affected him.

year Since discharge to the present

time & I talk with him a grat dell & I

have mark with him & he complain

of his eyes & head from the army Sarvis

& he loes a grat dell of time in manuel

Labor & I Consider Charles H. Jones

To be one ½ disabel man from

manuel Labor

That the facts are personally known to the affiant by reason of 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.

NSA-SC-4126-316-34