

SURGEON'S CERTIFICATE

OR

PERIODICAL EXAMINATION

IN CASE OF

*Joshua Wallace*

Co *219* Reg't, *45.C.T.*

No. *119-074*

DATE OF EXAMINATION

*Mar 8-17*

Examining Surgeon.

*Robert Berry*

Post Office, *176 Stewart*

County, *Barren*

State, *My*

P. S.—Write Post Office address plain and in full.

