

ORIGINAL INVALID CLAIM.

Soldier, *Philip Stepany*
P. O., *155 Hamburg St* Rank, *Private*
County, *Baltimore* Company, _____
State, *Md* Regiment, *30th US Col Inf*
Rates, \$ _____ per month, commencing *Jan 13 1883*

Pensioned for _____

RECOGNIZED ATTORNEY.

Name, _____ Fee, \$ _____, Agent _____ to pay.
P. O., _____ Articles filed _____, 18

APPROVALS.

Approved for _____
Submitted _____, 18 ; *J. F. Leary*, Examiner.

Approved for _____	Approved for _____
_____, Legal Reviewer.	_____, Med. Ex'r, _____, Med. Reviewer,
_____, 188 , _____, Re-Reviewer.	_____, 188 , _____, Med. Referee.

IMPORTANT DATES.

Enlisted, *June 22*, 18 *64* service from _____
Mustered _____, 18 . 18 , to _____, 18 , in
Discharged *Dec 10*, 18 *65*
Declaration filed *Jan 13*, 18 *83* Not in service since *Dec 10*, 18 *65*

BASIS OF CLAIM.

Pay over wound right leg below knee while enroute from Roanoke Island to Norfolk Va Dec 14 1865 also received treatment for disease of eyes in City Point Hospital in October 1864