

PROOF OF DISABILITY.

State of Maryland, County of Baltimore, SS.

On this 9th day of August, 1889, personally appeared before me, a
Justice of the Peace in and for the County and State aforesaid, duly authorized to
 administer oaths, William H. Butler, aged 48 years and a resident of
 _____, County of Baltimore, and State of

Maryland who, being duly sworn according to law, states that he ^{was} acquainted with
George H. Harris whose mother is _____, applicant for ~~Invalid~~ Pension, and knows the said
George H. Harris to be the identical person of that name who served as a
Corporal in Company C 4, Regiment of U.S.C.T.
 and who died at Baltimore City, on or about the 12th
 [Died or was discharged.]

day of October, 1885, by reason of loss

That the said George H. Harris while in the line of his duty, at or near
 _____, in the State of Virginia, did, on or about

the _____ day of _____, 1884, become disabled in the following manner, viz:

by having one of his fingers shot off
 [Here state the circumstances under which the wound, injury, or disease was incurred, and the name of the disease, or location of

wound or injury.]

Affiant further declares that the facts above stated are personally known to him by reason of

[Here state whether affiant was with the command at the time claimant contracted his disability and has personal knowledge of the

facts by having been an eye witness.]

— SIGN OTHER SIDE. —