NEIGHBOR'S AFFIDAVIT.

CONDITION OF CLAIMANT.

To be executed by an employer, fellow workman, or neighbor of the claimant having personal knowledge of his physical condition. Witnesses should be other than relatives of claimant, if possible.

Before filling in this affidavit the witness should read carefully the marginal instructions and conform thereto in every particular as far as his knowledge of the facts will allow.

This Affidavit should be returned to R. B. DONALDSON & CO., Washington, D. C., as soon as executed.

State of Maryland **County of** St. Marys **ss:**

In the Dependent Pension Claim of Richard Butler late of Co. "G" Reg't of "7" Vols., personally came before me, a Justice of the Peace (Title of officer administering oath.) in and for the aforesaid County and State, G. W. Ketherbridge (Name of Witness.) who I hereby certify is a respectable and credible person, and who, being duly sworn, declares in relation to the aforesaid claim, that his age is ______ years, and that he has known the above-named claimant since 1874; that he first saw said claimant on or about the fall day of ______, 1874, at Patuxent City and his physical condition was then as follows:

Instructions.

The witness will make a statement in narrative form showing such of the following facts as are within his or her personal knowledge

1. State when you first became acquainted with the claimant and what his physical condition was at that time. Name and describe each and every disability from which the claimant was then suffering, whether the same were of a permanent character and the extent to which he is now disabled from the performance of manual labor. (NOTE.—In a claim by a widow it is not necessary to state physical condition or mention disabilities.)

I became acquainted with claimant (Richard Butler Sen) in the fall of 1874 his physical condition at that time seemed to be good,

2. State whether the claimant's disabilities are due to vicious habits and if he or she is of good moral character.

His disabilities are not due to vicious habits,

3. State whether the claimant is dependent on his or her manual labor for support and his or her occupation. If you worked together or one for the other state when, character of work, how frequently, for what length of time, and if he or she was unable to work at all at times, state how frequently on a yearly average and for what length of time.

He is dependant on his labor
He has done work for me at different time since my acquaintance with him
I have this 14 day of August 1898 Examine his ankle which he states was wounded in the army it seems to be smaller than the other, and he complain with it almost constantly

G. W. Ketherbridge M.D.

He further declares that his post-office address is Charlotte Hall Md, County of ______, State of ______, and that he is not interested in said claim or concerned in its prosecution.

If the affiant makes his mark two persons must attest by writing their names on the lines below.

1 ______

2 ______

______
Signature of Affiant.