A. **DECLARATION FOR ORIGINAL INVALID PENSION.** A.

To be executed before a court of record or some officer thereof having custody of its seal.

State of Maryland }
County of Washington } ss:

On this _____ day of February, A. D. one thousand eight hundred and eighty- _____

personally appeared before me, a ~~of the~~ Notary Public, ~~a court of record~~ within and for the county and State aforesaid, Joseph Cole, aged 49 years, a resident of the town of Hagerstown, county of Washington State of Maryland, who, being duly sworn according to law, declares that he is the identical Joseph Cole who was ENROLLED on the 9th day of September, 1863, in company F of the Second regiment of U. S. Col. Inf. commanded by Charles T Arnes, and was honorably DISCHARGED at Washington D.C. on the 16th day of January, 1866; that his personal description is as follows: Age, 49 years; height, 5 feet 8½ inches; complexion, black; hair, black; eyes, black. That while a member of the organization aforesaid, in the service and in the line of his duty at Fort Taylor, in the State of Florida on or about the 16th day of September, 1865, he was severely

(Here state name or nature of disease, or the location of wound or injury. If disabled by disease, state fully its causes; if by wound or injury, the precise manner in which received.)

injured by a canon ball falling when his right foot whilst loading a boat under orders, and that the injury remains to the present time

That he was treated in hospitals as follows: at the regimental hospital

(Here state the names or numbers, and the localities of all hospitals in which treated, and the dates of treatment.)

at Fort Taylor, where he remained for thirty days

That he has not been employed in the military or naval service otherwise than as stated above _____

(Here state what the service was, whether prior or subsequent to that stated above, and the dates at which it began and ended.)

That since leaving the service this applicant has resided in the town of Hagerstown in the State of Maryland, and his occupation has been that of a Laborer

That prior to his entry into the service above named he was a man of good, sound, physical health, being when enrolled a laborer. That he is now partially disabled from obtaining his subsistence by manual labor by reason of his injuries above described received in the service of the United States; and he therefore makes this declaration for the purpose of being placed on the invalid pension-roll of the United States.

He hereby appoints, with full power of substitution and revocation, _____ of _____, State of _____, his true and lawful attorney to prosecute his claim. That he has _____ received _____ applied for a pension. That his Post Office address is Hagerstown, county of Washington State of Maryland,

Claimant's signature: his Joseph × Cole mark

Attest: James H Green
W H. Brown