

Additional Declaration for Original Invalid Pension.

STATE OF Maryland }
COUNTY OF St. Mary's } SS:

On this 28 day of Feb., A. D. one thousand eight hundred and ninety eight
personally appeared before me, a Justice of the Peace within and for the
County and State aforesaid, Joshua Briscoe
a resident of Picking Pt., County of St. Mary's, State of Md.
(Your residence.) (County.) (and State.)

who, being by me duly sworn according to law, on his solemn oath deposes as follow, to wit:

I am the identical Joshua Briscoe who was enrolled on the 22
(Write your name here.) (Day of enrollment here.)
day of Oct., 1863, in Company I of the 7 Regiment of U. S. C. T.
(Month here.) (Year.) (Letter of your Co.) (No. of your Reg't.) (and the State.)
Volunteers, commanded by Captain Chas. G. Peeples, and I was honorably dis-
(Name the officer who commanded your Company.)
charged at Indianola Tex on the 9 day of Oct, 1864,
(Name place of discharge.) (Day.) (Month.)
and my age is now 63 years. While in the service aforesaid and in the line of my duty I
(State your present age)

incurred the following named disabilities:

FIRST Wounded in leg contracted at or near Jacksonville
(Name first disability.) (Name the place.)
State of Fla, on or about June year of 1864
(Name the State.) (State day, month, or season of year.) (State the year.)

Under the following circumstances: While double quicking from
the ten mile station to Cedar run
SECOND Wounded in leg contracted at or near Jacksonville
(Name second disability.) (Name the place.)
State of Fla, on or about June year of 1864
(Name the State.) (State day, month, or season of year.) (State the year.)

Under the following circumstances:

THIRD Wounded in leg contracted at or near Jacksonville
(Name third disability.) (Name the place.)
State of Fla, on or about June year of 1864
(Name the State.) (State day, month, or season of year.) (State the year.)

Under the following circumstances:

FOURTH Wounded in leg contracted at or near Jacksonville
(Name fourth disability.) (Name the place.)
State of Fla, on or about June year of 1864
(Name the State.) (State day, month, or season of year.) (State the year.)

Under the circumstances:

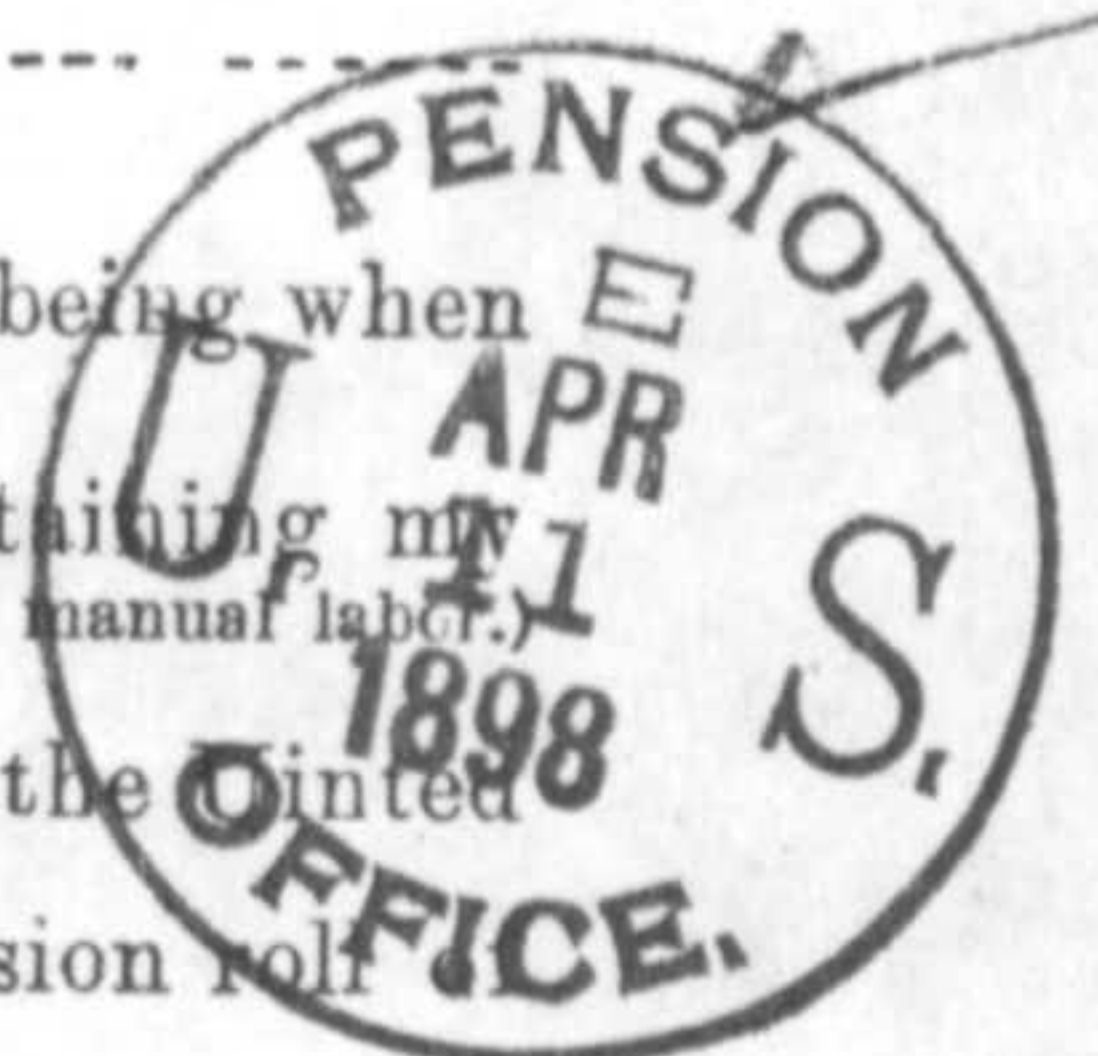
That I was treated in hospitals as follows: Newford, South Carolina and
Base hospital at deep bottom, Va.
(Here state the names or numbers and the localities of all hospitals in which treated, and the
dates of treatment, and if you received no hospital treatment, state that fact.)

That I have not been employed in the military or naval service otherwise than as stated above

(If you rendered any military or naval service other than the above stated, here state what the service was, and whether prior or subsequent to that stated
above, and the dates at which it began and ended. If you rendered no other service, write the word "not" in the blank space after the words "I have.")

That since leaving the service I have resided in in Balto. and St Marys
county Maryland
(Here name the places and States in which you have resided since the war.)
and my occupation has been that of a farmer
(Here state your occupation or occupations since discharge.)

That prior to my entry into the service above named I was a man of good, sound physical health, being when
enrolled a farmer That I am now almost entirely disabled from obtaining my
(State what your occupation was at enrollment.) (Here state whether partially or entirely disabled for performance of manual labor.)
subsistence by manual labor by reason of my disabilities above described, received in the service of the United
States, and I therefore make this declaration for the purpose of being placed on the invalid-pension roll
the United States.



I could not go to town to get the seal on this paper
as I am not able to walk there Wounded in leg.