Execute this paper before some officer having a seal.

A ☞See Instructions at Bottom. A

93

Declaration for ~~Original~~ Additional Invalid Pension.

STATE OF Maryland } SS:
COUNTY OF St Marys }

On this 17 day of August, A. D. one thousand eight hundred and ninety Seven personally appeared before me, a Justice of the Peace within and for the County and State aforesaid, Josiah N Briscoe, (Here write your name.) a resident of Jarboesville, (Your residence.) County of St. Mary's, (County,) State of Md (and State.), who, being by me duly sworn according to law, on his solemn oath deposes as follow, to wit:

I am the identical Josiah N Briscoe (Write your name here.) who was enrolled on the 22" (Day of enrollment here.) day of Oct. (Month here.), 1863 (Year.), in Company I (Letter of your Co.) of the 7" (No. of your Reg't) Regiment of U.S.C.T. (and the State.) Volunteers, commanded by Captain Charles G. Lepley (Name the officer who commanded your Company.), and I was honorably discharged at Indianola Texas (Name place of discharge.) on the 13" (Day.) day of Oct. (Month.), 1866, and my age is now 64 (State your present age) years. While in the service aforesaid and in the line of my duty I incurred the following named disabilities:

FIRST Rheumatism affecting the right side (Name first disability.) contracted at or near ~~Jacksonville~~ at Home. (Name the place.) State of ~~Florida~~ Maryland. (Name the State.), on or about ~~Febuary~~ May. (State day, month, or season of year.) year of 18~~64~~ (State the year.)

Under the following circumstances: ~~my right leg failed me in a retreat.~~

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

Under the following circumstances: my leg failed in a retreat. Ten miles Station to Cedar Run

THIRD Fore finger shot. (Name third disability.) contracted at or near Fort Harrison (Name the place.) State of Virginia (Name the State.), on or about in the fall (State day, month, or season of year.) year of 1864 (State the year.)

Under the following circumstances In Battle near Dutch Gap.

FOURTH Shot in the Head (Name fourth disability.) contracted at or near Charlston (Name the place.) State of South Carolina (Name the State.), on or about I think last of (State day, month, or season of year.) year of 1864 (State the year.)

Under the circumstances In Battle place called Johns Island. on the left side of my head.

That I was treated in hospitals as follows: (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.) I was treated in Beaufort Hospitle. dont know the Dr. that attended me.

That I have not been employed in the military or naval service otherwise than as stated above I always suffered with my eyes while in Army. (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 St Marys County Md (Here name the places and States in which you have resided since the war.) Except Eight years in Baltimore City Md.

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 Sound man (State what your occupation was at enrollment.). That I am now ______ (Here state whether partially or entirely disabled for performance of manual labor.) disabled from obtaining my 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 of the United States.

ATTY FILED