

Form of Application for an Artificial Limb, or for Commutation for the same; to be forwarded to the Surgeon General, Washington, D. C.

I, *Permy J. Sanderson*, being duly sworn, do declare that I am the identical *Permy J. Sanderson* who was a *Private* in Co. *C* *Seventh* Reg't *United States Infantry* and that I lost my *left hand* by reason of a *rifle ball* received at *while charging in front of Fort Fisher* on or about the *28th* day of *September*, 18*64*, that I received from the United States an artificial *hand* made by *Grill*, and that I am in receipt of a pension on Certificate, No. *54,331*, which is paid to me by the Pension Agent at *Baltimore Maryland*. And I now make application for *Commutation in Money* under the provisions of the Act, approved June 17, 1870; and I desire to have the

John C. Buschman *Permy J. Sanderson*
Post Office Address, Town, *Charlottesville* County, *Virginia* State, *Maryland*
Claimant's Signature.

Sworn to and subscribed before me, in the *County of Kent and* State of *Maryland* this *28th* day of *September*, 187*0*.

James Graves J.P.

State of Maryland, Kent County, Sct :

I Hereby Certify, That *James Graves* Esq., before whom the *annexed affidavit* was made, was at the time of so doing one of the Justices of the Peace of the State of Maryland, in and for the *fourth* Election District of Kent County, duly commissioned and qualified according to law.

In Testimony Whereof, I hereto subscribe my name and affix the Seal of the Circuit Court for Kent County, this *28th* day of *September* A. D., 18*70*

Jess S. Hines Clerk.