

AFFIDAVIT TO ORIGIN OF DISABILITY.

TO BE EXECUTED BY AN OFFICER OR ENLISTED MAN OF THE SOLDIER'S COMPANY AND REGIMENT HAVING PERSONAL KNOWLEDGE OF THE CIRCUMSTANCES UNDER WHICH THE DISABILITY WAS INCURRED ON ACCOUNT OF WHICH PENSION IS CLAIMED.

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. Enlisted Men's evidence will not be accepted if an Officer's can be had.

State of Delaware } ss.
County of Kent

In the matter of the Pension claim of Thomas Carmichael, late
Commissary Sergt of 9th Reg't U. S. C. T. Vols., personally
came before me, a Notary Public in and for the aforesaid County and State,
(Title of officer administering oath.)

Isaac Rider, of Surry, County of
Kent, State of Delaware, who, being duly sworn,

declares in relation to the aforesaid claim that his age is 42 years; that he is the identical person who served
as a private in Co. B, 9th Reg't U. S. C. T. Vols.,
and knows the above soldier, who was a member of Co. 9th Reg't U. S. C. T.;

that on or about the 16th day of August, 1864, while in the line of duty, and
without fault or improper conduct on his part, at or between James River & Richmond, State of

Virginia, said soldier incurred injury of ankle of
left leg caused from misstep in a deep rut,
while marching in the dark, and in muddy
weather.

This accident occurred at or immediately after
the action or engagement at "Flussell's Mills,"
Virginia.

That the claimant, after the acci-
dent, was conveyed in Ambulance or wagon
under charge of affiant.

1. State the nature of the wound or injury received, and in what part of the body located; or the name and nature of the disease or disability incurred.

State what caused the disability, and upon what particular duty the soldier was engaged at the time it was incurred. If on special duty, by whose order was he acting.

If the injury was a rupture, be particular to state its location, and whether you saw it at the time of or immediately after its incurrence, or at any time while in the service.

State whether you saw him at the date of or immediately previous to discharge; also when, where, and whether the disability named then existed.

State whether the soldier was in sound bodily health and especially free from the disabilities upon which claim for pension is based, at the time he enlisted and immediately preceding the date of incurring his disabilities.

State your source of information, whether present at time and place and an eye-witness to the facts related. If in command of company when the disability was incurred, so state.

Affiant further declares that he has no interest, direct or indirect, in this claim, and that he makes the
above statement from personal knowledge having been present at above
date and place, and an eye-witness to above facts.

Affiant's Post-Office address is as follows: Surry, Kent co., Delaware.

Two persons who write their names MUST sign here as witnesses to affiant's signature, if he signs by mark.

James E. Wright
(Name of one witness.)

E. J. Grier
(Name of other witness.)

Isaac Rider

PREPARE YOUR STATEMENT ON A SEPARATE SHEET OF PAPER, CORRECT IT CAREFULLY, AND THEN TRANSFER IT TO THIS BLANK.

This Blank is Prepared by GEORGE E. LEMON, of Washington, D. C., and is Exclusively for his Use.