

And deponent further state that *I have been well acquainted* with the claimant, having known him for at least *20 years*, and further, that *my* knowledge of the facts above stated *are* derived from said acquaintance, and from having served as *Soldier* of Company *H* of the *59* Regiment of *U.S.C.V.* volunteers, from the day of *March* 1864 to the day of *December* 1865. And deponent further state that the claimant was a sound and able-bodied man at and prior to enlistment, so far as *they* knew, and that *they are* totally disinterested in this claim.

Post-office address of affiant is *619 Greenwillow St. Baltimore City*

M. A. Campbell
Peter Stevens

James D. Brian
Thomas Scott

(If affiant signs by mark, two persons who can write sign here.)

(Signatures of affiants.)

State of *Maryland*, County of *Baltimore*, SS.

Sworn to and subscribed before me this day by the above-named affiant, and I certify that I read said affidavit to said affiant, including the words _____ erased, and the words _____ added, and acquainted *them* with its contents before *they* executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant _____ personally known to me and that _____ credible person.

Peter Stevens

(Official signature.)

Deputy Clerk Superior Court

(Official character.)

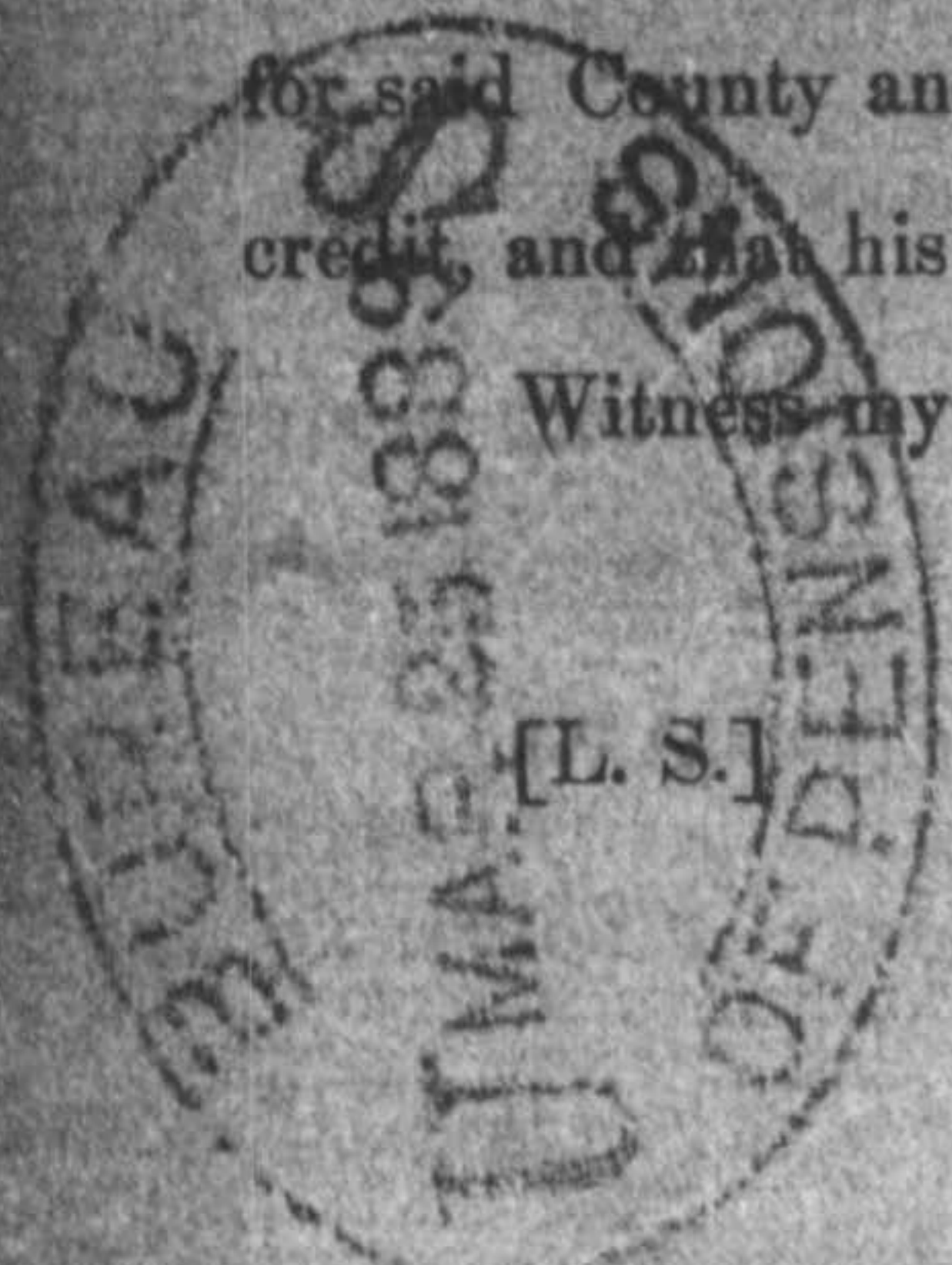
[L. S.]

I, _____, Clerk of the County Court in and for the aforesaid County and State, do certify that _____, who hath signed his name to the foregoing declaration and affidavit was at the time of so doing _____ in and for said County and State, duly commissioned and sworn; and that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office, this _____ day of _____, 188 _____.

[L. S.]

Clerk of the _____



ADDITIONAL EVIDENCE.
PROOF OF DISABILITY.

CLAIM OF
Geo. H. Smith
No. 70 39 U.S.C.V.
685.293

FILED BY
M. V. TIERNEY,
ATTORNEY AT LAW,
WASHINGTON, D. C.