

CLAIMANT'S AFFIDAVIT.

State of Maryland, County of Talbot, ss.

In the matter of the original invalid pension claim No. 536135

ON THIS 14th day of April A. D. 1885; personally appeared before me, a
Justice of the Peace in and for the aforesaid County, duly authorized to administer oaths,
Abner Gibson aged 45 years, a resident of Tunis Mills
 in the County Talbot and State of Maryland
 well known to me to be reputable and entitled to credit, and who, being duly sworn, declares in relation to aforesaid case
 as follows: My post office address is Tunis Mills, Talbot Co. Md.
 [Give present address in full.]

For _____ years immediately preceding my enlistment into the service of the United States on the _____ day of

September 1863 I resided in the following named places: Col. Edward
Lloyds (at Voge Farm) Tunis Mills P.O.
 [Give all the places in which you resided during the period above stated prior to your enlistment.]

Talbot Co. Md. I will here state that I was
 a slave to Col. Ed. Lloyd all my life prior to
 my enlistment in the U. S. Army
 and that my occupation has been that of a farm hand

Since my discharge from said service on the 5th day of September 1866 I have resided in
Miles River Neck, Tunis Mills P.O. Talbot Co. Md.
 [Give the name of each place with date of any change of residence.]

and that my occupation has been that of a Farm Hand

I further state that the disability for which a pension is claimed arises from Rupture
 which was contracted While in the U.S. Service
 [Here state the time, place and all the circumstances under which the disability for which pension is claimed originated.]

In 1864 at Bennydick Charles Co. Md.
I was disabled by carrying heavy poles
for Army purposes

From my said discharge to present time, I have received the following medical treatment for said disease:

by Dr. Chas. Lowndes of Tunis Mills, Md.
 [Give the name]

and address of each physician employed, and the date when each commenced and ceased to treat you. If any of them are deceased, so state.]

Since the origin of the disability for which pension is claimed, I have suffered with the following acute diseases:

Rupture
 [Mention all attacks of acute disease, the time when such attacks occurred, their character and violence.]

In August and completely disabled for
work for one month

For which I was treated by Dr. Chas. Lowndes
 [Name and address and date of treatment.]