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DECLARATION FOR ORIGINAL INVALID PENSION.

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TO BE EXECUTED BEFORE A COURT OF RECORD OR SOME OFFICER THEREOF HAVING CUSTODY OF ITS SEAL.

State of Maryland

Washington County, } SS.

On this 11th day of October, A. D. one thousand eight hundred and seventy-eighty

personally appeared before me, Clerk of the Circuit Court, a court of record within and for the County and State aforesaid, James Hill aged

37 years, a resident of the Town of Hagerstown, county of Washington, State of Maryland, who, being duly sworn according to law, declares

that he is the identical James Hill who was ENROLLED on the 28th day of August, 1863, in Company of the Band of First Brigade Regiment of U.S.C.T. commanded by a 3rd Class Man

and was honorably DISCHARGED at Brownsville Texas on the 20th day of April, 1866; that his personal description is as follows: Age, 37 years; height 5 feet Eight inches; complexion, Black, hair, Black; eyes, Black

That while a member of the organization aforesaid, in the service and in the line of his duty at Fort Harrison, in the State of Virginia on or about the Twelfth day of December, 1864, he was captured by falling from a

bridge whilst carrying timber for buildings winter quarters Here state name or nature of disease, or the location of wound or injury. If disabled by disease, state fully its causes; if by wound or injury, the precise manner in which received.

he fell across a small tree that was cut & put in the water
he also at the same place and same time received a
large wound in the forehead, which at times causes him
quite an uneasiness in the head, when looking up
when he is at his work.

That he was treated in hospitals as follows: Not treated in hospitals. Here state the names or numbers, and the localities of all hospitals in which treated, and the dates of treatment.

That he has Not been employed in the military or naval service otherwise than as stated above. Here state what the service was, whether prior or subsequent to that stated above, and the dates at which it began and ended.

That since leaving the service this applicant has resided in the Town of Hagerstown in the State of Maryland, and his occupation has been that of a Plaster

That prior to his entry into the service above named he was a man of good, sound, physical health, being when enrolled a Farmer. That he is now Married disabled from obtaining his subsistence by manual labor by reason of his injuries, above described, received in the service of the United States; and he therefore makes this declaration for the purpose of being placed on the invalid pension roll of the United States.

He hereby appoints, with full power of substitution and revocation, William Chrissinger of Hagerstown County of Washington, Md., his true and lawful attorney to prosecute his claim. That he has never received nor applied for a Pension. That his POST OFFICE ADDRESS is Hagerstown county of Washington State of Maryland

Claimant's signature, James Hill

ATTEST: A. D. Quinn
W. J. Hasky