[No. 1.]

DECLARATION FOR AN ORIGINAL INVALID PENSION.

☞ **This must be Executed before a Court of Record or some Officer thereof having custody of the Seal.**

State of Maryland **County of** Allegany, **ss:**

ON THIS 14th day of August A. D. one thousand eight hundred and Ninety seven, personally appeared before me A Justice of the Peace of the ______ a COURT OF RECORD within and for the county and State aforesaid Robert Dorsey aged ______ years, who, being duly sworn according to law, declares that he is the identical Robert Dorsey who was ENROLLED as a Private on the 28 day of Feby 1864, in Company G of the 30 Regiment of USC Inf commanded by Quinney and was honorably DISCHARGED at Norfolk, Va on the 18 day of Mch, 1867; that his personal description is a follows: age 50 years; height 5 feet 7 inches; complexion Black; hair Black; eyes Black. That while a member of the organization aforesaid, in the service and in the line of duty, at Portsmouth N.H., in the State of New Hampshire on or about the dont Know day of about, 1865, he contracted (Here state the name or nature of disease, or the location of the wound or injury. If disabled by disease state fully its cause, if by wound or injury, the precise manner in which received.) Rheumatism heart and kidney trouble resulting from Measles and typhoid fever

That he was treated in hospitals, as follows: ______
(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 he has not been in the military or naval service of the United States since the 18 day of March 1867 That since leaving the service this applicant has resided in the Allegany of Maryland in the State of ______, and that his occupation has been that of a Laborer ______ That prior to his entry into the service above named he was a man of good, sound physical health, being when enrolled a Laborer That he is now Partially 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 M. V. Tierney of Washington D.C. his true and lawful attorney to prosecute his claim. That he has received ______ applied for a pension #1171431; that his residence is No. ______ street Frostburg Md and that his post-office address is Frostburg Md

George E. Stephens
V. Haselbert Jackson
(Two witnesses who can write sign here.)

Robt his × mark Dorsey
(Signature of Claimant.)

ATT'Y FILED.