[3—10.]

A. # DECLARATION FOR ORIGINAL INVALID PENSION. A.

To be executed before a court of record or some officer thereof having custody of its seal.

State of Maryland
County of Washington } ss:

On this 8th day of August, A. D. one thousand eight hundred and eighty-one, personally appeared before me, Clerk of the Circuit Court, a court of record within and for the county and State aforesaid, Joseph Cole, aged 50 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 Joseph Cole who was ENROLLED on the 9th day of September, 1863, in company D. of the 2d regiment of U. S. C. H. commanded by Charles Ames, and was honorably DISCHARGED at Washington D C. on the 16th day of January, 1866; that his personal description is as follows: Age, 50 years; height, 5 feet 8½ 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 Dayter, in the State of Florida on or about the Month day of September, 1865, he was assisting to

(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.)

load Boats with ammunition he was hurt by a Solid Shot falling on his right foot

That he was treated ~~in hospitals as~~ follows: by the Regimental Surgeon in quarters

(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 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 the injury 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, _____ of _____, State of _____, his true and lawful attorney to prosecute his claim. That he has not received nor applied for a pension. That his Post Office address is Hagerstown, county of Washington State of Maryland.

Claimant's signature: Joseph his X mark Cole,

Attest: Wm E Nelson.
James H Green