Declaration for an Original Invalid Pension.

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THIS CAN BE EXECUTED BEFORE ANY OFFICER AUTHORIZED TO ADMINISTER OATHS FOR GENERAL PURPOSES.

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

On this 13 day of December A. D., one thousand eight hundred and ninety-Seven personally appeared before me ....., of the ..... Court, **a Court of Record** within and for the County and State aforesaid, William Coats
State your Name.

aged 54 years, who, being duly sworn according to law, declares that he is the identical ..... State your rank in the service.
William Coats
Here state name you served under., who was **Enrolled** on the 22" day of October, 1863., in company I" of the 7" of U.S.C.T. Volunteers,
Month. Letter of company. Number of Regiment. Name of State.
Infantry, Cavalry or Artillery. commanded by ....., and was honorably **Discharged** at
Name of Commanding Officer.
Federal Hill Md., on the 13" day of October, 1866. That
Name place of discharge. Date of month. Month.

while in the service aforesaid and in the line of duty, he contracted the following named disabilities by reason of which he is now disabled for the performance of manual labor, and makes this declaration for the purpose of being placed on the invalid pension roll of the United States, to wit: gunshot wound of
Here state the name of each disability you contracted while in the service with
left shoulder rheumatism & piles
which you are still afflicted. If wound or injury, be particular to state its exact location.

THE FIRST DISABILITY, above named, was incurred or contracted at or near Ft. Gilmore
State name of place near which the disability was incurred.
in the State of ....., on or about the 5th day of of, 1864,
Date of month. Month.
under the following circumstances: .....
Here state fully the circumstances under which the first named disability was incurred.

That he was treated for said disability as follows: .....
If treated in hospital or by Surgeon for said disability, state the name or number and
location of each hospital and about when you entered each, or name of Surgeon, if known. If not treated in hospital nor by Surgeon, so state it.

THE SECOND DISABILITY, above named, was incurred or contracted at or near .....
State name of place near which the disability was incurred.
in the State of ....., on or about the ..... day of ....., 186....,
Date of month. Month.
under the following circumstances: .....
Here state fully the circumstances under which the second named disability was incurred.

That he was treated for said disability as follows: .....
If treated in hospital or by Surgeon for said disability, state the name or number and
location of each hospital and about when you entered each, or name of Surgeon, if known. If not treated in hospital nor by Surgeon, so state it.

THE THIRD DISABILITY, above named, was incurred or contracted at or near .....
State name of place near which the disability was incurred.
in the State of ....., on or about the ..... day of ....., 186....,
Date of month. Month.
under the following circumstances: .....
Here state fully the circumstances under which the third named disability was incurred.

That he was treated for said disability as follows: .....
If treated in hospital or by Surgeon for said disability, state the name or number and
location of each hospital and about when you entered each, or name of Surgeon, if known. If not treated in hospital nor by Surgeon, so state it.

That he has never been employed in the United States military or naval service otherwise than as stated above .....
If in the service other than as above stated, state the company, regiment, &c., in which you served and date of enlistment and discharge. If you
rendered no other service write the word "never" after the words "he has."

That he has not been in the military or naval service of the United States since the 13" day of October
Date of month. Month.
1866. That since leaving the service he has resided in Calvert Co. Md
Here state names of places of residence since your discharge.
....., and his occupation has been that of a Farmland
State occupation.