

AFFIDAVIT TO ORIGIN OF DISABILITY

REPRODUCED AT THE NATIONAL ARCHIVES

TO BE EXECUTED BY AN OFFICER OR ENLISTED MAN OF THE SOLDIER'S COMPANY AND BEARING PERSONAL KNOWLEDGE OF THE CIRCUMSTANCES UNDER WHICH THE DISABILITY WAS INCURRED ON ACCOUNT OF WHICH PENSION IS CLAIMED.

Before Filling in this Affidavit, the Witness should read carefully the Marginal Instructions, and conform thereto in every particular as far as his knowledge of the facts will allow. Enlisted Men's evidence will not be accepted if an Officer's can be had.

State of Maryland }
County of Cecil } ss.

John W. Owens

In the matter of the Pension claim of _____
Co. _____, Reg't _____ Vols., personally

came before me, a Justice of the Peace in and for the aforesaid County and State,
Henry Proster (Title of officer administering oath.)
Cecil, of Port Deposit, County of Cecil, State of Maryland, who, being duly sworn,

declares in relation to the aforesaid claim that his age is 43 years; that he is the identical person who served as a Private in Co. G, 4th Reg't U.S. Col. Vols., and knows the above soldier, who was a member of Co. G, 4th Reg't U.S. Col.; that on or about the 30th day of July, 1864, while in the line of duty, and without fault or improper conduct on his part, at or near Petersburg, State of Va., said soldier incurred a wound of

left thigh in battle he was sent to Hospital I know this from the fact I was present with him in battle and saw him in Field Hospital -

State the nature of the wound or injury received, and in what part of the body located; or the name and nature of the disease or disability incurred.
State what caused the disability, and upon what particular duty the soldier was engaged at the time it was incurred. If on special duty, by whose order was he acting.
If the injury was a rupture, be particular to state its location, and whether you saw it at the time of or immediately after its occurrence, or at any time while in the service.
State whether you saw him at the date of or immediately previous to discharge; also when, where, and whether the disability named then existed.
State whether the soldier was in sound bodily health and especially free from the disabilities upon which claim for pension is based, at the time he enlisted and immediately preceding the date of incurring his disabilities.
State your source of information, whether present at time and place and an eye-witness to the facts related. If in command of company when the disability was incurred, so state.

Affiant further declares that he has no interest, direct or indirect, in this claim, and that he makes the above statement from personal knowledge. Henry Proster

Affiant's Post-Office address is as follows: Port Deposit, Cecil County Md

Two persons who write their names MUST sign here as witnesses to affiant's signature, if he signs by mark.

J. L. Warner (Name of one witness.)
W. S. Reynolds (Name of other witness.)

PREPARE YOUR STATEMENT ON A SEPARATE SHEET OF PAPER, CORRECT IT CAREFULLY, AND THEN TRANSFER IT TO THIS BLANK.

This Blank is Prepared by GEORGE E. LEMON, of Washington, D. C., and is Exclusively for his Use.