Execute this paper before some officer having a seal.

Act of June 27, 1890.

Supplemental Declaration for Invalid Pension.

Write in ALL of your Disabilities, whether Wounds, Injuries or Diseases, as under the New Law (Act of June 27th, 1890). it makes no difference whether they were incurred during your service or since your discharge, provided they are not due to vicious [bad] habits.

STATE OF Maryland } ss:
COUNTY OF St Marys }

On this 1" day of June, A. D. one thousand eight hundred and ninety-six personally appeared before me, a Justice of the Peace within and for the county and State aforesaid Josiah Briscoe (Claimant's name here.) aged 63 (Age.) years, a resident of Jarboesville (Place of residence here.), County of St Marys (Name of County here.) State of Maryland (Name of State here.), who, being duly sworn according to law, declares that he is the identical Josiah Briscoe (Claimant's name here.) who was enrolled on the 22 day of October (Month.), 1863 (Year.), in Co I. 7" Reg. U. S. C. T. Vols (Here state rank, company and regiment in Military service, or vessel if in the Navy.) in the **War of the Rebellion** and served at least **ninety days**, and was **Honorably Discharged** at Indianola Texas (State place where discharged.) on the 13 day of October (Month.), 1866 (Year.)

That he was disabled for earning a support by manual labor in a degree entitling him to a pension on Aug. 17", 1891, the date of filing his Original Declaration, by reason of the following disabilities: affection of the eyes and pains in head Gun shot wound of right hand and of head and foundered in Florida and suffer continuously therefrom now (Here name all the wounds, injuries or diseases from which you now suffer.) incurred at near Johns Island near Charleston SC the line of battle (Here state at or near what place each disability was incurred.) on or about was lying waiting for orders to charge when I was shot (Here state as near as you can when each disability was incurred and give circumstances of incurrence.)

That he is also disabled for earning a support by increasing pain from the above causes (Here state all disabilities incurred since filing your Original Declaration.) incurred about Spring of 1864 (Here state when each disability was incurred.), under the following circumstances: by double quicking from 10 miles station to Cedar Run to prevent being surrounded (Here state all the circumstances under which the disability or disabilities were incurred.)

That he has not been in the Military or Naval service otherwise than as above set forth

(If you have rendered other service state dates of enlistment and discharge and give company and regiment, or if in the Navy state the name of the vessel.)

That said disabilities have continued to exist up to the present time, and are not due to vicious habits, and are, to the best of his knowledge and belief, permanent, and that he is now partially (Partially or wholly) disabled for earning a support by manual labor in consequence of same.

That the Cert No. of his Pension Claim is 120,050. (If you have applied for pension state No. of claim here.)

That he makes this supplemental declaration for the purpose of re-opening his claim, and being placed on the pension-roll of the United States under the provisions of the ACT OF JUNE 27, 1890. He hereby appoints

J. B. CRALLE & CO.,

CLAIM & PENSION ATTORNEYS, CRALLE BUILDING,

108 C street N. W., Washington, D. C., his true and lawful attorneys to prosecute his claim, and he hereby agrees to allow said attorneys the lawful fee of Ten Dollars when his pension is allowed. That his Postoffice address is Jarboesville (Claimant's P. O. address here.), County of St. Marys (Name of County here.) State of Maryland. (Name of State here.)

Josiah his + mark Briscoe (Claimant's signature.)

Attest A. B. Hammett (First witness sign here.)

Geo Wing (Second witness sign here)

R