Act of June 27, 1890.

Supplemental Declaration for Invalid Pension.

STATE OF Maryland }
COUNTY OF St. Marys } ss:

On this 26 day of July, A. D. one thousand eight hundred and ninety-four personally appeared before me, a Justice of the Peace within and for the county and State aforesaid Josiah Briscoe (Claimant's name here.) aged 51 (Age.) years, a resident of Leonardville (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 2nd day of October (Month.), 1863 (Year.), in Corporal Co. I 4th Regt Md. (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 Indianapolis (State place where discharged.) on the 13th 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 August 12, 1891, the date of filing his Original Declaration, by reason of the following disabilities: Affection of the eyes and Pains in the Head

Wound in head Affection finger Bad eyesight (Here name all the wounds, injuries or diseases from which you now suffer.)

incurred at Johns Island near Charleston wounded in the head — Finger wounded at near Ft. Harrison Va. (Here state at or near what place each disability was incurred.)

on or about Fall of '64 in line of battle Wounded in (Here state as near as you can when each disability was incurred and give circumstances of incurrence.)

head - finger wounded about six mos previous partiecularly in bad weather

That he is also disabled for earning a support by being in bad health (Here state all disabilities incurred since filing your Original Declaration.)

incurred about 1892, under the following circumstances: Began to Suffer (Here state when each disability was incurred.) (Here state all the circumstances under which the disability or disabilities were incurred.) with pains in head and a sort of blindness which increases

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 No. of his Pension Claim is 120,057 (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.,

U. S. 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 Leonardville (Claimant's P. O. address here.), County of St. Marys (Name of County here.)

State of Maryland (Name of State here.).

his
Josiah Briscoe
(Claimant's signature.)
mark

Attest Jeff. B. Jacobs
(First witness sign here.)
his
John P. Dallas
mark
(Second witness sign here)

Test Ernest Ward

Write in ALL of your Discharge, provided they are not due to vicious [bad] habits.

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,

ATTACHED