☞ See Instructions at Bottom.

A 10

Declaration for ~~Original~~ Additional Invalid Pension.

STATE OF Maryland }
COUNTY OF St. Mary's } SS:

On this 28 day of Feb., A. D. one thousand eight hundred and ninety-eight, personally appeared before me, a Justice of the Peace within and for the County and State aforesaid, Josiah Briscoe (Here write your name.), a resident of ~~Fighting Pt.~~ (Your residence.), County of St. Mary's (County,), State of Md (and State.), who, being by me duly sworn according to law, on his solemn oath deposes as follow, to wit:

I am the identical Josiah Briscoe (Write your name here.) who was enrolled on the 22 (Day of enrollment here.) day of Oct. (Month here.), 1863 (Year.), in Company F (Letter of your Co.) of the 7 (No. of your Reg't.) Regiment of U.S.C.T. (and the State.) Volunteers, commanded by Captain Chas. G. Pepples (Name the officer who commanded your Company.), and I was honorably discharged at Indianola Tex (Name place of discharge.) on the 13 (Day.) day of Oct (Month.), 1865, and my age is now 63 (State your present age.) years. While in the service aforesaid and in the line of my duty I incurred the following named disabilities:

FIRST Foundered in Leg (Name first disability.) contracted at or near Jacksonville (Name the place.)

State of Fla (Name the State.), on or about June (State day, month, or season of year.) year of 1864 (State the year.)

Under the following circumstances: While double quicking from the ten mile station to Pedar river

SECOND ~~contracted at or near~~ (Name second disability.) (Name the place.)

State of (Name the State.), on or about (State day, month, or season of year.) year of (State the year.)

Under the following circumstances:

THIRD (Name third disability.) contracted at or near (Name the place.)

State of (Name the State.), on or about (State day, month, or season of year.) year of (State the year.)

Under the following circumstances

FOURTH (Name fourth disability.) contracted at or near (Name the place.)

State of (Name the State.), on or about (State day, month, or season of year.) year of (State the year.)

Under the circumstances

That I was treated in hospitals as follows: Benford, South Carolina and Base hospital at deep bottom, Va. (Here state the names or numbers and the localities of all hospitals in which treated, and the dates of treatment, and if you received no hospital treatment, state that fact.)

That I have not been employed in the military or naval service otherwise than as stated above (If you rendered any military or naval service other than the above stated, here state what the service was, and whether prior or subsequent to that stated above, and the dates at which it began and ended. If you rendered no other service, write the word "not" in the blank space after the words "I have.")

That since leavins the service I have resided in in Calto, and St Marys county Maryland (Here name the places and States in which you have resided since the war.)

and my occupation has been that of a farmer (Here state your occupation or occupations siuae discharge.)

That prior to my entry into the service above named I was a man of good, sound physical health, being when enrolled a farmer (State what your occupation was at enrollment.) That I am now almost entirely (Here state whether partially or entirely disabled for performance of manual labor.) disabled from obtaining my subsistence by manual labor by reason of my disabilities above described, received in the service of the United States, and I therefore make this declaration for the purpose of being placed on the invalid-pension roll of the United States.

I could not go to town to get the seal on this paper as I am not able to walk there Foundered in leg.