

Execute this paper

before some officer

having a seal.

See Instructions at Bottom.

A

Declaration for ~~Original~~ Invalid Pension.

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

On this 17 day of August, A. D. one thousand eight hundred and ninety seven
personally appeared before me, a Justice of the Peace within and for the
County and State aforesaid, Orsiah Bruscoe
a resident of Garberville, County of St. Mary's, State of Md.
(Your residence.) (County,) (and State.)

who, being by me duly sworn according to law, on his solemn oath deposes as follow, to wit:
I am the identical Orsiah Bruscoe who was enrolled on the 22
(Write your name here.) (Day of enrollment here.)
day of Oct., 1863, in Company D of the 7 Regiment of U.S. C.
(Month here.) (Year.) (Letter of your Co.) (No. of your Reg't) (and the State.)
Volunteers, commanded by Captain Charles G. Teeplez, and I was honorably dis-
(Name the officer who commanded your Company.)
charged at Indianola Texas on the 13 day of Oct., 1866,
(Name place of discharge.) (Day.) (Month.)

and my age is now 64 years. While in the service aforesaid and in the line of my duty I
(State your present age)
incurred the following named disabilities:

FIRST Rheumatism affecting the right side of the head contracted at or near Jacksonville
(Name first disability.) (Name the place.)
State of Florida, on or about Jan. year of 1882
(Name the State.) (State day, month, or season of year.) (State the year.)

Under the following circumstances: by right leg failed in a retreat
SECOND Wounded in the leg contracted at or near Jacksonville
(Name second disability.) (Name the place.)
State of Florida, on or about same year of 1864
(Name the State.) (State day, month, or season of year.) (State the year.)

Under the following circumstances: by leg failed in a retreat. Ten miles station
THIRD Shot in the leg contracted at or near Fort Harrison
(Name third disability.) (Name the place.)
State of Virginia, on or about Winter fall year of 1864
(Name the State.) (State day, month, or season of year.) (State the year.)

Under the following circumstances: In Battle near Dutch Gap
FOURTH Shot in the head contracted at or near Charleston
(Name fourth disability.) (Name the place.)
State of South Carolina, on or about June last of year of 1864
(Name the State.) (State day, month, or season of year.) (State the year.)

Under the circumstances: In Battle place called Johns Island
on the left side of my head
That I was treated in hospitals as follows:

I was treated in Beaufort Hospital. don't know 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
I am suffering with my eyes while in army
(If you rendered any military or naval service other than the above stated, here state what the service was, and whether in or subsequent to that service)

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 leaving the service I have resided in St. Mary's County Md.
(Here name the places and States in which you have resided since the war.)
Except eight years in Baltw. City Md.
and my occupation has been that of a Farmer
(Here state your occupation or occupations since discharge.)

That prior to my entry into the service above named I was a man of good, sound physical health, being when
enrolled a Sound man That I am now disabled from obtaining my
(state what your occupation was at enrollment.) (Here state whether partially or entirely disabled for performance of manual labor.)
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.

ATTY FILED