FOR THE AFFIDAVIT OF AN OFFICER, ORDERLY SERGEANT OR COMRADE,

As to Incurrence of Claimant's Disability or Disabilities.

☞ The person making affidavit on this blank should be careful to fill in *all* the blank spaces *as fully as possible*. The paper may be sworn to before any officer authorized to administer oaths, whether he uses a seal or not.

State of Maryland County of St. Mary's,

In the Pension Claim No. ..... *of* Josiah Briscoe

late a ..... *in Co.* I *of the* 7 *Reg't. of* U.S.C.T., ... *Vols.,*

personally appeared before me, a Justice of the Peace *in and for the aforesaid County, duly*

authorized to administer oaths John P. Watts *aged* ..... *years, a resident of*
Affiant's Name here. Age.

Near California ..... *in the County of* St. Mary's ..... *and*
Affiant's place of residence here. County here.

State of Maryland ..... *who being duly sworn, according to law, states that he was a*

..... *in Co.* I *of the* 7 *Reg't. of* U.S.C.T. ..... Vols.,

and was well acquainted with Josiah Briscoe ..... this applicant for Pension, and
Here affiant should state claimant's name.

know him to be the identical person of that name who served as a ..... in Company I

7 Regiment of U.S.C.T. ..... Vols.
Here name the State to which Reg't was accredited, and whether Infantry, Cavalry or Artillery.

THAT THE SAID Josiah Briscoe ..... while in the line of duty,
Claimant's Name here.

incurred founder in leg .....
Here state the wound, injury or disease claimant first incurred.

at or near Jacksonville ..... State of Fla. ..... on or about
State at or near what place claimant incurred his disability. Name of State.

the ..... day of June ..... year of 1864, under the following circumstances: .....
Day. Month or season. Year. Here state all of the circum-

from hard and fast Marching. .....
stances under which claimant incurred the disability. Write them out as fully as you can.

.....

CLAIMANT ALSO INCURRED .....
Here state the second disability claimant incurred, if he incurred more than one.

at or near ..... State of ..... on or about
State at or near what place claimant incurred his disability. Name of State.

the ..... day of ..... year of ....., under the following circumstances: .....
Day. Month or season. Year. Here state all of the circum-

.....
stances under which claimant incurred the disability. Write them out as fully as you possibly can.

.....

THIRD DISABILITY .....
Here state the third disability claimant incurred, if he incurred more than two.

incurred at or near ..... State of ..... on or about
State at or near what place claimant incurred his disability. Name of State.

the ..... day of ..... year of ....., under the following circumstances: .....
Day. Month or season. Year. Here state all of the circum-

.....
stances under which claimant incurred the disability. Write them out as fully as you possibly can.

.....

FOURTH DISABILITY .....
Here state the fourth disability claimant incurred, if he incurred more than three.

incurred at or near ..... State of ..... on or about
State at or near what place claimant incurred his disability. Name of State.

the ..... day of ..... year of ....., under the following circumstances: .....
Day. Month or season. Year. Here state all of the circum-

.....
stances under which claimant incurred the disability. Write them out as fully as you possibly can.

.....

That claimant's disabilities existed up to and at the date .....
Here state "of discharge," if you know his disabilities existed at that

.....
time, andif you do not know it, state why you have no knowledge of that fact.

Founder in leg.