

Oliver Scott

No. [REDACTED]

OFFICER'S CERTIFICATE OF DISABILITY.

Oliver Scott Corp'l

Co. E, 30th Reg't N.Y.

POST OFFICE ADDRESS,

Clarksville Howard Co. Md.

M. P. BARRY,
Pension Agent, U. S. Sanitary Commission,
WASHINGTON, D. C.



[L. S.]

day of _____ 1861

In witness whereof, I have hereunto set my hand and official seal, this

Clerk of the _____

I certify that _____ before whom the above
affidavit was made, is a _____ duty authorized to administer oaths,
and that the above is his signature.

On this _____ day of _____ 1861, personally appeared before
me the above named _____ to me well known, and
whom I believe to be respectable and entitled to credit, and subscribed and made oath to the
foregoing statement and that he has no interest in the application of the said _____ for a
pension, and I further certify that I have no interest in said application.

If the officer is
not of the ser-
vice, he must
make oath to his
certificate before
an officer whose
official character
is certified by
the Clerk of a Court
of Record, under
seal.

State of _____
County of _____ } ss.