

Increase
DECLARATION FOR INVALID PENSION

Under the Acts of June 27, 1890, and May 9, 1900.

State of MARYLAND, County of CITY OF BALTIMORE, ss:

On this 15th day of November, A. D. one thousand nine hundred and six, personally appeared before me

a notary public within and for the County and State aforesaid
William T. Richardson a resident of the
CITY OF BALTIMORE
of _____ County of _____

State of MARYLAND who, being duly sworn according to law, declares that he is
the identical William T. Richardson who was ENROLLED on the
day of _____, 1864, in Co B 19 U. S. C Inf
(Here state rank in company, and regiment in Military service, or vessel, if in Navy.)

_____ in the service of the
United States in the War of Rebellion, and served at least ninety days, and was HONORABLY DISCHARGED at
_____, on the _____ day of _____, 1866.

That he has not been employed in the military or naval service otherwise than as stated
above.
(Here state what the service was, whether prior or subsequent to that stated above, and the dates at which it began and ended.)

That he is 63 years of age, having been born on the 4 day of March 1843 ✓

That he is _____ unable to earn a support by manual labor by reason of age increase
(Strike out the word "age" if under 62.)

of disabilities hitherto alleged
(Here name all diseases or injuries from which disabled.)

_____ That said disabilities are not due to his
vicious habits, and are to the best of his knowledge and belief permanent. That he has _____

applied for pension under application No. _____ That he is a pensioner under Certificate No.

1018052
978010 and asks increase
(If a pensioner, the Certificate number only need be given. If not give the number of the former application, if one was made.)

That he makes this declaration for the purpose of being placed on the pension-roll of the United States under
the provisions of the act of June 27, 1890, as amended by act of May 9, 1900.

He hereby appoints, with full power of substitution and revocation,

A. PARLETT LLOYD of Baltimore, Md.

his true and lawful attorney to prosecute this claim, the fee to be TEN DOLLARS, as prescribed by law. That

his POST-OFFICE ADDRESS is 909 Vincent St, County of _____

_____, State of MARYLAND
CITY OF BALTIMORE

1. Benjamin P. Paugh

2. Henry L. Lloyd
(Two witnesses who write sign here.)

Wm T. Richardson
(Claimant's signature—FULL name.)
mark