

DECLARATION FOR INVALID PENSION

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

State of Maryland, County of Baltimore, ss:

On this 6 day of January, A. D. one thousand nine hundred and eight, personally appeared before me

a Notary Public within and for the County and State aforesaid
Henry Robinson a resident of the City
City of Baltimore County of Baltimore

State of Md who, being duly sworn according to law, declares that he is

the identical Henry Robinson who was ENROLLED on the

day of Oct 30, 1867, in Co E 30 Md I Reg
(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 _____, 18_____.

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 62 years of age, having been born on the 22 day of Feb 1845

That he is wholly unable to earn a support by manual labor by reason of age increased
(Strike out the word "age" if under 62.)
disabilities from causes bullet
(Here name all diseases or injuries from which disabled.)

alleged
unable to prove his age or for that reason
this application is filed 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. 708293 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 502 Reseman St, County of Baltimore, State of Md

1 Henry L. Lloyd

2 W. R. B. B. B.
(Two witnesses who write sign here.)



Henry Robinson
(Claimant's signature - FULL name.)
mark