Declaration for an Original Invalid Pension.

To be executed before some officer authorized to administer oaths for general purposes. The official character and signature of any such officer not required by law to use a seal must be certified by the clerk of the proper court, giving dates of beginning and close of official term.

State of Maryland, City of Baltimore, ss:

ON THIS [illegible] day of [illegible] A. D. one thousand eight hundred and ninety [illegible]

personally appeared before me, a [illegible]

within and for the County and State aforesaid [illegible]

aged [illegible] years, who, being duly sworn according to law, declares that he is the identical [illegible]

who was ENROLLED as a [illegible] on the [illegible] day of [illegible]

[illegible], 18[illegible], in Company [illegible] of the [illegible] Regiment of [illegible]

commanded by [illegible] and was honorably DISCHARGED at

[illegible] on the [illegible] day of [illegible] 18[illegible] that his

personal description is as follows: Age [illegible] years; height [illegible] feet [illegible] inches; complexion [illegible]

hair [illegible]; eyes [illegible]. That while a member of the organization aforesaid, in the

service and in the line of duty at [illegible] in the State of [illegible]

on or about the [illegible] day of [illegible], 18[illegible], he [illegible]

(Here state the nature of each disease, or the location of wound or injury. If disabled by disease, state fully its cause; if by wound or injury, the precise manner in which received.)

That he was treated in hospitals as follows:

(Here state the names or numbers, and the localities of all hospitals in which treated, and the dates of treatment.)

That he has [illegible] 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 has not been in the military or naval service of the United States since the [illegible] day of [illegible] 18[illegible]

That since leaving the service this applicant has resided in the [illegible] of [illegible]

in the State of [illegible] and that his occupation has been that of a [illegible]

That prior to his entry into the service above-named he was a man of good, sound, physical health, being when enrolled a [illegible]

That he is now [illegible] disabled from obtaining his subsistence by manual labor by reason of his injuries, above described, received in the service of the United States; and he therefore makes this declaration for the purpose of being placed on the invalid pension roll of the United States. He hereby appoints with full power of substitution and revocation,

A. PARLETT LLOYD, of Baltimore, Md.,

his true and lawful attorney to prosecute his claim. That he has [illegible] received [illegible] applied for a pension; that his residence is No. [illegible] street

Baltimore, Maryland, and that his post office address is same.

[illegible]

(Signature of Claimant.)

[illegible]

[Two witnesses who can write, sign here.]