

# Declaration for an Original Invalid Pension.

THIS MUST BE EXECUTED BEFORE A COURT OF RECORD OR SOME OFFICER THEREOF HAVING CUSTODY OF THE SEAL.

State of Maryland, County of Worcester, ss.

ON THIS 27<sup>th</sup> day of March A. D. one thousand eight hundred and eighty four personally appeared before me Clerk of the Essex Court a Court of Record within and for the county and State aforesaid

aged Stafford years, who, being duly sworn according to law, declares that he is the identical Stafford who was ENROLLED on the 7<sup>th</sup> day of Sept 1863, in company of the 7<sup>th</sup> regiment of Madison's

commanded by Lieutenant Kemmer and was honorably DISCHARGED at Baltimore Md on the January day of 1866; That his personal description is as follows: Age 49 years; height 5 feet 5 inches; complexion light brown

hair, black; eyes brown That while a member of the organization aforesaid, in the service and in the line of his duty at \_\_\_\_\_ in the State of Virginia

on or about the \_\_\_\_\_ day of \_\_\_\_\_, 1864 he incurred blindness - caused by exposure Here state the name or nature of 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. from the effects of which he has never recovered

He claims pension for partial blindness

That he was treated in hospitals as follows: Fortress Monroe Va Here state the names or numbers, and the localities of all hospitals in which treated, and the dates of treatment. Dicks Hospital Balt.

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 has not been in the military or naval service of the United States since the \_\_\_\_\_ day of July 1866

That since leaving the service this applicant has resided in the \_\_\_\_\_ county of Worcester in the State of Md, and that his occupation has been that of a laborer

That prior to his entry into the service above named he was a man of good, sound, physical health, being when enrolled a laborer That he is now \_\_\_\_\_ 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,

O. J. Webbles of Washington Dc

his true and lawful attorney, to prosecute his claim. That he has never received \_\_\_\_\_ applied for a pension; that his residence is No. \_\_\_\_\_ street \_\_\_\_\_

and that his post office address is Cambridge Worcester Md

R. G. Henry  
E. W. Belmont  
[Two persons who can write must sign here.]

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