

The following Certificate is to be signed by the Pension Agent who pays the Pension of the Applicant.

I Certify that from evidence presented to me, I am satisfied that the above-named *John Johnston* is the identical *Johnston* late of Co. *A.* *4th* Reg't *U.S.C. Troops* as represented; and I further certify that his statements in regard to his receipt of a pension are correct.

(PLACE AND DATE.) *Bull's Creek 11. 1874*

*Chamisso & Sweeney* Pension Agent.

SURGEON GENERAL'S OFFICE, WASHINGTON, *March 19th 1874*

I Certify ~~that it appears from the records of this Office~~

that the within named *John Johnston* late a *Private* in Co. *A.* *4th* Reg't *U.S.C. Troops* ~~was furnished with an artificial~~ *is entitled to the value of an apparatus for amputation.*

9850-5

BY ORDER OF THE SURGEON GENERAL:

*J. Milling*

Asst. Surg. U. S. A.