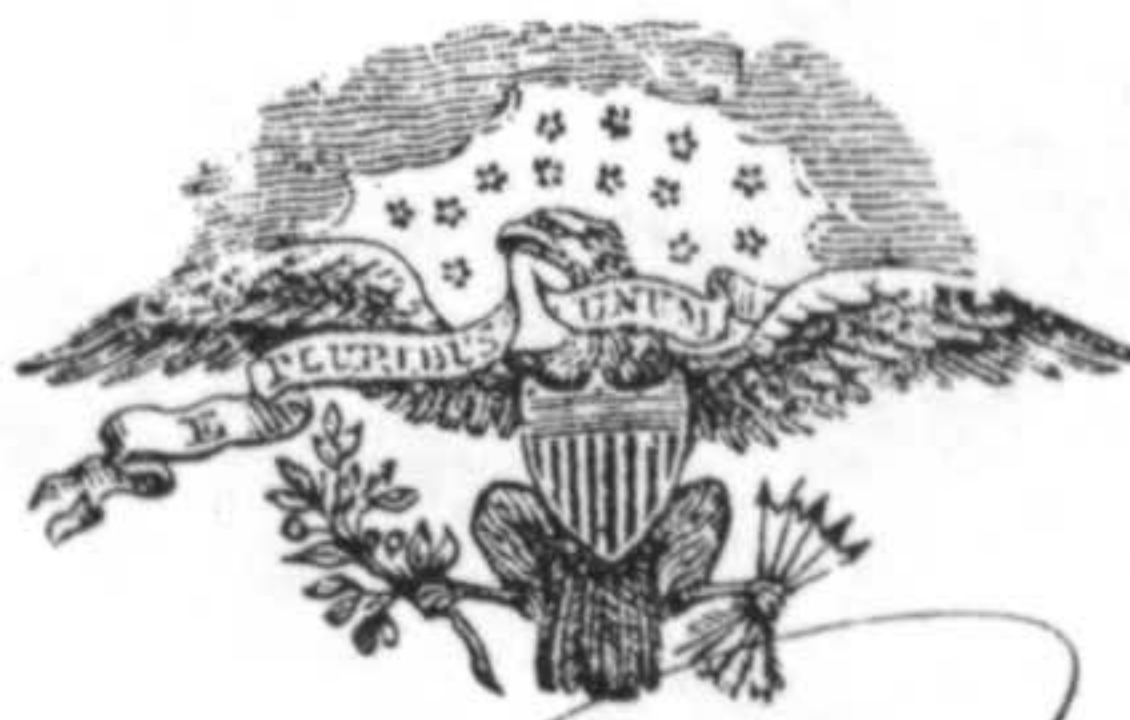


ARMY OF THE UNITED STATES. CERTIFICATE OF DISABILITY FOR DISCHARGE.



Corporal Robert Bennett, of *Captain Searcy*
Spruemy Company, (*D*) of the *7th U.S. Colored* Regiment of the United States
Volunteers was enlisted by *Sgt. Binney* of
 the _____ Regiment of _____ at *Dorchester*
 on the *26th* day of *September*, 1863, to serve *three* years; he was born
 in *Dorchester* in the State of *Maryland*, is *Twenty three*
 years of age, *five* feet *nine* inches high, *Griff* complexion, *Black* eyes,
Black hair, and by occupation when enlisted a *Farmer*. During the last two
 months said soldier has been unfit for duty _____ days.* *Soldier states he was*
wounded in action at Chapin's farm Va 29 September
1863

STATION: *Willet's Post N.Y.*

DATE: *May 5th 1865*

Wm. J. Thurst
 Surgeon U.S. Vols
 Commanding Company
 Hospital

I CERTIFY, that I have carefully examined the said *Corporal Robert Bennett*
 of *Captain Searcy* Company, and find him incapable of performing the duties of a
 soldier because of *amputation of right leg, the result of gunshot*
wound

Dislike to

Wm. J. Thurst
 Surgeon U.S. Vols
 In Charge of Hospital

DISCHARGED, this *Seventeenth* day of *May*, 1865, at *Grant U.S.*
General Hospital Willet's Post New York Harbor

Wm. J. Thurst
 Commanding the Regt.

The Soldier desires to be addressed at
 Town *New York City* County *N.Y.* State *N.Y.*

* See Note 1 on the back of this. † See Note 2 on the back of this.