

A.

DECLARATION FOR ORIGINAL INVALID PENSION.

A.

To be executed before a court of record or some officer thereof having custody of its seal.

State of Maryland }
County of Howard } ss:

On this 22nd day of February, A. D. one thousand eight hundred and ~~seventy~~ eighty one personally appeared before me, Leleh of the Circuit Court for Howard County, a court of record within and for the county and State aforesaid, Frank Tyler, aged 32 years, a resident of the Florence of Howard State of Maryland, who, being duly sworn according to law, declares that he is the identical Frank Tyler who was ENROLLED on the 14th day of June, 1863, in company (7) of the 1st regiment of M Colored Troops commanded by Captain Henry Bard, and was honorably DISCHARGED at Roanoke Island on the 24th day of September, 1865; that his personal description is as follows: Age, 32 years; height, 5 feet 5 inches; complexion, Black hair, Black; eyes, Black. That while a member of the organization aforesaid, in the service and in the line of his duty at Petersburg, in the State of Virginia on or about the Summer day of 1864, he received a gunshot wound the ball passing through the left shoulder blade, wound red during action (Here state name or nature of disease, or the location of wound or injury. If disabled by disease, state fully its causes; if by wound or injury, the precise manner in which received.)

That he was treated in hospitals as follows: at City Point Hospital (Here state the names or numbers, and the localities of all hospitals in which treated, and the dates of treatment.) but does not know its name

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 since leaving the service this applicant has resided in near Florence of Howard county of Maryland, and 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 partially 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, Joseph D. McGuire of Howard County, State of Maryland, his true and lawful attorney to prosecute his claim. That he has never received nor applied for a pension. That his Post OFFICE ADDRESS is Florence, county of Howard State of Maryland

Claimant's signature: Frank X Tyler
Attest: Samuel H. Handiday his
Samson Dorsey his
Feb 28