PRO F OF DISABILIT

NOTE.—This affidavit must be executed by Commissioned Officer, if possible, but, if not possible to secure such evidence then two of the soldier's comrades should stip.
State of Rewink County of Cadamingus , 55.
ON THIS 2/ day of Rivernoon A. D. 188 . personally appeared before me a
in and for the aforesaid County, duly authorized to administer oaths
William C. Clark aged 45 years, a resident of Solamanan
in the County of Cattorougus and State of Rew Jork and
aged years, a resident of
in the county of and State of who being
duly sworn according to law, state that he is acquainted with Fridgick : Bollow
applicant for Invalid Pension, and know the said That will Bollow to be the identical
person of that name who enlisted or volunteered as a Crusic in Company B 13-4-
Regiment of here think Mes vols., and who the discharged [Died or was discharged]
at Bouldleur-cumb Co. on or about the 12 - day of furning , 186 3
by reason of Sure insert the reason of the solder's discharge, if known; if norknown, so state; or, if he died, so state.]
That the said Treslevick Bulling while in the line of his duty, at or near
arlinghent Height in the State of briginia did, on or
about the halling from part of september, 1862 become disabled in the following manner, viz:
[Here state the time and place and manner in which the wound or other injury was received. Describe the wound or injury, the part of the body
away to a restricted they he had the lefter of deli
wounded or intered, and all the circumstances attending it. If sickness, state time and place when contracted, who caused it, the name of the
sickness, and how it affected him.]
Command but was obschuzer as alone stated
•
•
That the facts stated are personally known to the affiant by reason of the state who her affiant was with the command the time the
wis at the think that suid Clausiant was later
cluimant contracted his disability, or whether his knowledge was otherwise obtained. All the facts known to affiant relative to the soldier's matrical treatment for his disability while in the service should be stated, clying time and place if possible.
157 Reguest of lewyork Vals