

ARMY OF THE UNITED STATES  
CERTIFICATE  
OF DISABILITY FOR DISCHARGE.



*Frederick Barlow* of Captain *Allan*  
Company, (B.) of the *154th N. Y. S.* Regiment of United States  
Vols. was enlisted by *Lieut. Henry Lincoln* of  
the *154th* Regiment of *N. Y. S. Vols.* at *East Astorville N.Y.*  
on the *21<sup>st</sup>* day of *July* 1862, to serve *3* years; he was born  
in \_\_\_\_\_ in the State of *Germany* is *21*  
years of age, *5* feet *5 1/2* inches high, *dark* complexion, *blue* eyes,  
*brown* hair, and by occupation when enlisted a *Farmer*. During the last two  
months said soldier has been unfit for duty *11* days.\*

STATION: *Covalescent Camp*  
DATE: *Near Fort Bernard* *L. W. Mearns*  
*January 2<sup>nd</sup> 1863* *Commanding Company.*

I CERTIFY, that I have carefully examined the said *Frederick Barlow* of  
Captain *Allan* Company, and find him incapable of performing the duties of a soldier  
because of *Inguinal Hernia of left side. Contracted*  
*in the service*

*L. W. Mearns*  
President of the board convened  
by special order No 90  
Surgeon of Vols

DISCHARGED, this *seventeenth* day of *January* 1863, at *Covalescent*  
*Camp Va*

The soldier desires to be addressed at  
Town \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_  
*Camp*

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