## MEDICAL AFFIDAVIT.

	In the Pension Claim No. 29
	of Trene in 18 Office to
	1ste ain Coof theReg't of Olico Por Call Vols.  (Company and Regiment of service, if in the Army; or Vessel and Rank, if in the Navy.)
r	Personally came before me. a fustice of the Peace in and for
i e	the aforesaid County and State,
y h (	I wongene Ind , whose Postoffice address is Woque Mrs, County of
l ì	Venue, State of Mecause, well known to me to be reputable
r e	and entitled to credit, and who, being duly sworn, declared in relation to aforesaid case as follows:
o e	That he is a practicing physician, and that he has been acquainted with said soldier for about
;	years, and that the facts known to the affiant in accordance with the marginal instructions. No erasures or inter-
ş	lineations are allowed unless the magistrate certifies in his jurat that they were made before the execution of the paper.)
s - :	Ellarged som and teacher Expecially the fourts
) (	of the fugers, hands Elbanes and Blumeless
r 1	and the three and and the fourts are accollen sore
	and tinder all the time and 15 months ago
1	persostere ruflemation of the crawer boiles
)  -  -	Extending Ever since until mearly 33 of the
e   5	surface of the sculp hus been invaled and
i	hus been ofened down to the bone in 25-
1	or 30 different places and there has been and
-	is get profuse discurge I put from sure
8	of fliseflaters and at present are full that
r	Of theseplaces and at president the pas hust bournewed along the nurely of the seeles and back of the week which renders
f	and buck of the Well wines remain
-	the need and the pain is no never thus opentes
f	are necessary all the time, He inflammatory
i	Condition has extended themage the
e :	Post Phospagual region antil laceeny lear become
<del>-</del> .	The state of the s

NOTES.

The physician, in order to cover the required points, should read carefully the following notes, and unless they are complied with the affidavit will be worthless and ineffective.

1st Waether o not he knew th soldier prior t enlistment; th length of time h has known him how intimatel and what oppor tunities þe ha had of observing his physical con dition; whether a his family physician or as a neigh bor, and how nea he has lived to him. If he knew that the soldie was a sound mar at enlistment, he should so state adding, if true that had he been unsound he would have known it. 2d. If he treated

claimant while it the service, eithe as his regimenta surgeon or while claimant wa home on furlough that fact should be stated. Th ebiimant's physi cal condition a such times should be clearly shown as well as the NA TURE OF HIS DISA BILITY and date of treatment, 3d. If he ha

3d. If he has treated soldier since discharge, he should so state, giving the date of his first treatment: what his physical condition was at the time, with complete diagnosis of the disability; the period during which he treated him should be stated, with dates, as near as possible, of the pre-

## NOTES.

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soldier prior to enlistment: the length of time he has known him; how intimately and what opportunities he has had of observing his physical condition; whether as his family physician or as a neighbor, and how near he has lived to him. If he knew that the soldier was a sound man at enlistment, he should so state, adding, if true, that had he been ansound he would have known it.

2d. If he treated claimant while in the service, either as his regimental surgeon or while claimant was home on furlough that fact should be stated. The claimant's physical condition at such times should be clearly shown, as well as the NA-TURE OF HIS DISA-BILITY and dates of treatment.

3d. If he has treated soldier since discharge, he should so state. giving the date of his first treatment; what his physical condition was at the time, with com-plete diagnosis of the disability; the period during which he treated him should be stated, with dates. as near as possi-ble, of the pre-

scriptions.
4th. Affiant should take especial care to state, to the best of his recollection and ability, to what fractional extent claimant has been disabled for performance of manual labor, ing each year. from discharge to the present time. or such time as affinant's testimony covers.

Reg't of Chio Tory Cut Vols. late a.... of the (Company and Regiment of service, if in the Army; or Vessel and Rank, if in the Navy.) Personally came before me. a. ....in and for points, should the aforesaid County and State, .... ..., a citizen of County of whose Postoffice address is 4 ., State of .. ... well known to me to be reputable 1st whether or and entitled to credit, and who, being duly sworn, declared in relation to aforesaid case as follows: That he is a practicing physician, and that he has been acquainted with said soldier for about \_\_\_\_\_ years, and that. (Here state all the facts known to the affiant in accordance with the marginal distructions. No erasures or inter-Illucione are allowed unless the magistrate certifies in his jurat that they were made before the execution of the paper.)

He further declares that he has practiced medicine. years, and that he has no interest, either direct or indirect, in the prosecution of this claim. Sworn to and subscribed before me this .. ! ! and I hereby certify that the affiant is a practicing physician in good professional standing; that the contents of the above declaration, etc., were fully made known to him before swearing, including the words..... erased, and the words .. added, and that I have no interest, either direct or indirect, in the prosecution of this claim. Certificate filled is affidavit may be sworn to before any officer authorized to administer oaths, whether he has a seal or not.

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He further declares that he has practiced	d medicine
either direct or indirect, in the prosecution of	of this claim.
•	J Sullo
	Hauffuly Thysica
Sworn to and subscribed before me this	
	ticing physician in good professional standing; that the
	de known to him before swearing, including the words  added
1 have no interest, either direct or indirect,	
, , , , , , , , , , , , , , , , , , , ,	at Doss
•	Official Signature.
	Justice of the
[L. S.] Certificate fill	Official Character.
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P. Phis affidavit may be sworn to before any o	fficer authorized to administer oaths, whether he has a s
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EVIDENCE.  Roo. Co. Magi.  Roo. Co. Magi.	FILED BY  J. B. CRALLE & CO.,  S. Olding Attorneys