

10-21-1861

Armstrong, Charles F.

Adjutant General

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FORM FOR EXAMINING A RECRUIT.

NAME *Charles F. Armstrong*, age *Twenty Seven* occupation  
*Laborer*, born in *Maehiasport*

1. Have you any disease of Brain, or imperfection in eye-sight, or hearing? *no*
2. Have you any disease of throat, or difficulty of utterance? *no*
3. Have you any disease of Lungs or Heart? *no*
4. Have you any disease of Stomach, Liver, Bowels, or Urinary Organs? *no*
5. Have you any Bone, Joint, or Muscle incapacitated by any cause, from performing its natural office? *no*
6. Have you been vaccinated within seven years? *no*
7. Have you now, or have you ever had any Rupture? *no*

REMARKS.

DATE: *October 26<sup>th</sup> 1861*

RENDEZVOUS: *Maehias*

*St C. F. Stone* Recruiting Officer.