

11-18-1861

Bickford, A.F.

Adjutant General

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Adjutant General, "Bickford, A.F." (1861). *Medical Examinations By Last Name*. 40.
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FORM FOR EXAMINING A RECRUIT.

NAME *A. F. Bickford*, age *19*, occupation *Farmer*, born in *Starks*.

1. Have you any disease of Brain, or imperfection in eye-sight, or hearing? *none*,
2. Have you any disease of throat, or difficulty of utterance? *none*
3. Have you any disease of Lungs or Heart? *none*
4. Have you any disease of Stomach, Liver, Bowels, or Urinary Organs? *none*
5. Have you any Bone, Joint, or Muscle incapacitated by any cause, from performing its natural office? *I have lost the first joint from two fingers of left hand -*
6. Have you been vaccinated within seven years? *no*,
7. Have you now, or have you ever had any Rupture? *no*,

REMARKS.

DATE: *Nov. 18th 1861*

RENDEZVOUS: *Stowhegan*
J. W. Johnson Recruiting Officer.

I, *Aaron Bickford*, do certify that I am the *Gardiner Nov 19th 1861* *Father* of *A. F. Bickford*
That the said *A. F. Bickford* is *Nineteen* years of age: and I do hereby freely give my consent to his enlisting as a soldier in the *First* Maine Volunteer Regiment of *Cavalry* for the term of three years.

WITNESS:
Alister Stephen *Aaron Bickford*