

10-15-1861

Higgins, Charles H.

Adjutant General

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FORM FOR EXAMINING A RECRUIT.

NAME *Charles A. Higgins*, age *23 Years*, occupation *Sailman*, born in *Trenton*.

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.*

REMARKS.

DATE: *Oct 16th 1861*

RENDEZVOUS: *Essexworth*

O. M. Perry Recruiting Officer Examining Surgeon.