

9-18-1861

Holmes, William L.

Adjutant General

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FORM FOR EXAMINING A RECRUIT.

NAME *William S. Holmes*, age *20 yrs*, occupation  
*Mariner*, born in *Mt. Desert*

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? *None*
6. Have you been vaccinated within seven years? *No.*

REMARKS.

*Holmes is perfectly sound and healthy.*

DATE: *Sept. 18th 1861*

RENDEZVOUS: *Oreland Me.*

*George A. Wheeler* Examining Surgeon.