

10-15-1861

Miles, C. E.

Adjutant General

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### Recommended Citation

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FORM FOR EXAMINING A RECRUIT.

NAME *C. E. Miles*, age *18.*, occupation  
*Farmer*, born in *New York, Remondout Co. Me*

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: *Oct 15, 1861*

RENDEZVOUS: *Old Town*

*Chas. Smith* Recruiting Officer.