

9-20-1861

Montgomery, William

Adjutant General

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FORM FOR EXAMINING A RECRUIT.

NAME *William Montgomery*, age *31 yrs*, occupation
Steward at E. Inc. Co. Lewis born in *Boothbay*.

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?

REMARKS.

Is perfectly sound and free from disease.

DATE: *Sept, 20th 1861*

RENDEZVOUS: *Orland Me.*

Geo. A. Wheeler M. D. Examining Surgeon.

Montgomery