

12-2-1861

Morrison, David H.

Adjutant General

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FORM FOR EXAMINING A RECRUIT.

NAME *David H. Morrison*, age *19*, occupation  
*Farmer*, born in *Dixmont*

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? *not as I know of*
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 none*
6. Have you been vaccinated within seven years? *have not*
7. Have you now, or have you ever had any Rupture? *none*

REMARKS.

DATE:

*Dec 2d*

RENDEZVOUS:

*Dixmont*

*Nathl Sawyer* Recruiting Officer.