

10-1-1861

Sawyer, Hudson

Adjutant General

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FORM FOR EXAMINING A RECRUIT.

NAME *Hudson Sawyer*, age *19 yrs.*, occupation  
*Teacher*, born in *Levant*.

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: *Oct. 1st 1861*

RENDEZVOUS: *Orland Me.*

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