

10-9-1861

Smith, Charles

Adjutant General

FORM FOR EXAMINING A RECRUIT.

NAME *Charles Smith*, age *19*, occupation
Lumberman, born in *Bloomfield*

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.

DATE:

Oct 9th 1864

RENDEZVOUS:

Howeigan

Chas. N. Snow

Examining Surgeon.

Howeigan Oct 10th 1861

I Adaline Smith do hereby certify
that I am the Mother of Charles
Smith. That the said Charles Smith
is 19 years of age and I do hereby
freely give my consent to his
enlisting as a Soldier in the
Maine Volunteer Regiment of
Cavalry for the term of three years

Witness

Henry W. Priest }

Adaline Smith