

10-8-1861

Springer, Eugene

Adjutant General

FORM FOR EXAMINING A RECRUIT.

NAME *Eugene Springer*, age *18*, occupation
Laborer, born in *Pittsfield. Me*

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? *Has not*
6. Have you been vaccinated within seven years? *Has not*

REMARKS.

DATE: *Oct. 8th 1861*

RENDEZVOUS: *Stoughton*
William Stone Examining Surgeon.