

9-20-1861

Webb, Nathan

Adjutant General

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FORM FOR EXAMINING A RECRUIT.

NAME *Nathan B. Webb*, age *19 yrs*, occupation *Teacher*, born in *Sweden*.

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? *Yes.*

REMARKS.

Is perfectly sound and free from disease.

DATE: *Sept. 20th 1861*

RENDEZVOUS: *Orland Me.*

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