

10-9-1861

York, Charles E.

Adjutant General

FORM FOR EXAMINING A RECRUIT.

NAME *Charles E. York*, age *26*, occupation  
*Lumberman*, born in *Buckfield*

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? *Never was vaccinated*

REMARKS.

DATE: *Oct 9<sup>th</sup> 1861*

RENDEZVOUS: *Montegon*

*Chas. Snow*

Examining Surgeon.