

BUREAU OF VITAT STATISTTCS.
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1890
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## STATE OF NEW JERSEY. <br> BIRTH RETURN.

## SEE PENALTY FOR NON-REPORT



## BIRTH RETURN

SEE PENALTY FOR NON-REPORT.

2. Date of Birth $\quad \because \mathscr{C} \subset$
3. Place of Birth $Y \subset$,
4. Name of Father
5. Maiden name of Mother

6. Country of Father's Birth
 Age S
7. Country of Mother's Birth -
8. Number of Children in all by this Marriaget, How many of them I
9. Name and P. O. address of Medical Attendant, in his own handwriting, with date,


Collected by P Hasselbacher 2007


BIRTH RETURN.


City or Township and County,


Date of Birth,



BAREGU OF PENSIONS
Wastington, $\mathscr{W} . \mathscr{E}$. 耳uly 10 , 18 多
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WAR DEPARTHENT,
Waskington, 11 T7 1893

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& \text { Cobut, d. S. Amy, Chief off Offax. }
\end{aligned}
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[923]
Ptr

Act of June 27, 1890 .
DECLARATION FOR WIDOW'S PENSION.
T Io be executed before a Court of Dooord, or some officer thereof having custody of its Seal. Patio of Rime fray $\}_{\text {ss: }}$

 Curter wick
Ham uh E Zeke, aged 47 years, who, sing duly sworn according to law, declares that she is the widow of... $4 \subset$ achene
under the name of Conc Hancere min. 28 gemonay mme Rat hive lx mamareng
 Regiment, if in the military Service, or Yore if in the Navy.) War of the Rebellion, and who was honorably discharged on the.. 1
 That she was married under the name of...
 b. Ru 7 l . Libltad
 Solis hex lion yournil, tenser That she has not re-married since the death of the said. That she is without other means of support than her daily labor. The names and dates of birth of all the children now living under sixteen years of age of the soldier by herself are as follows:

 thant $m$. som $a y$ B/E is $8=0$ arthur $A$
 Tratabebie ind
 That she makes this declaration for the purpose of being placed on the pension roll of the United States, under the provisions of the Act of June 27, 1890.

She hereby appoints I. E. HAYWARD, 79 Main Street, East Orange, N: J., her true and lawful attorney
 County of... $8<1$ stator of hin fancily Climates signore: Ollas, Hhemahtre, Teller.
Eleozge Rex and who, being by me duly sworn, say they were present and saw tockatwak $\delta$, $\delta$ eck e
 Coign yer name or make her mark.)
believe, from the appearance of said claimant and their acquaintance with her, that she is the identical person she represents herself to be; and that they have no interest in the prosecution of her claim.


Two witnesses to signatures of identifying witnesses sign here, when either of them signs by mark.
(1) $\qquad$
(2) $\qquad$

A. D. 189L, and I hereby certify that the contents of the above declaration, \&c., were fully made known and explained to the applicant and witnesses, before swearing thereto, including the words.
(If any word bare been erased in the applicator, otter ibefil here.)


and that I have no interest, direct or indirect, in this claim, and am not concerned in its prosecution.


[^0]
$13-060 \mathrm{c} .1$
Military Service.

Write nothing abore this line.

STATE OA

BUREAU OF VITAL STATIBTICS.
C. G3ra M. Funt, Medical Superintendent of the Bureali of higiat Statistics of the State of Nezu dersey, do berebiy Gertify, that the fae .

 Fle in my offoe.

In Testimony Whereof, Of hanes hemennta aet

Attest:
$\qquad$



1892:

CERTIFIED COPY OF
CERTIFICATE OF DEATH

blain \#548.906. of - Karnak E. Ster undow of Abraham W. Saker ak: Dom Stamen. Go. D.
2 and Hugh hg Vol Hog

STATE OF NEW JERSEY.
Certificate of Death.
SEE PENALTY FOR NON-REPORT,
i. Full name of deceased.
 ai= ap honor sot sa med, so state, abd give ser.
2. Age 5 , $\qquad$ years $\qquad$ months.: Color $P A \neq t_{c}$

4. Birthplace $\hat{K}$,

6. How long resident in this State 3 ?

8. Father's name $\qquad$ Country of birth $\qquad$
9. Mother's name $\qquad$ Country of birth $\qquad$
10. I hereby certify that I attended $t=6, c c a c c a$



Filed er


REQUESTED, BUT OPTIONAL.
a. Primary disease.
b. Secondary disease (how long)
c. Remarks $\qquad$

 Residence $222 \otimes \otimes_{r}$.

Date
Name and residence of Undertaker.
$\qquad$
 Place of Burial-favacunt benuetry.


1
$1 ;$

Medical Superintendent.


Birth Return.

Name of Child's Parents,


City or Township and County,


## BIRTH RETURN.

## SEE PENALTY FOR NON-REPORT.


I. Full name of Child (if any)

2. Date of Birth $\qquad$ $-\therefore=$
3. Place of Birth $\gamma \mathscr{C}$
4. Name of Father $\mathcal{F}, \mathcal{A}$
5. Maiden name of Mother $h, \underline{c} \rightarrow$
6. Country of Father's Birth
 Agese Occupation $\lll \lll \ll$
7. Country of Mother's Birth - $C \lll$


How many of them Living ese
9. Name and P. O. address of Medical Attendant, in his own handwriting, with date.


\&, EzEPe $M$, $\sqrt{2}$ tht, Medical Superintendent of the Bureau of Vital Statistics of the State of New Jersey, do hereby Geptify, that the foltowing is a thus and sernect thrmasifitt fiom the seoved of Prithis in my office


In TRestimeny Whepeof, $d$ have houmento set. mye hand and affrixed the (Afficial Seal of said 1 Purean, at Orenton, this Awrintyeconditay of drcembu
AOQ 1892: Attest:



CERTIFIED copy of Record of Birth -QP-

Dranghterfoliliaw 'bkert dam to -48906 of Atrmah ES Ecker. Vidmong Ahahoun We Seter ahiad. gohndtancen. 60, . 2 ma lugh h y Dot dugs

Qimt Minne.


SIATE OF NEW JERSEX


BUREAU OF VITAL STATISTICS
2. EEEPa $M$. Fraht, Medical Superintendent of the Bureau of Vital Statistics of the State of New Jersey, de nereby Geptify, that the fothowing is a then and courect thanowitht frow the record OAfarisiggat in may offuce.


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Atrest:
$\qquad$


Medical Superintendent.
Hech Stato Registrar of Vital Statistics.

CERTIFIED COPY OF RECORD OF MARRIAGE
$\qquad$ Camua © Spiner Qut wisbl. daim \&o tamak E.Ectan widm of atraham W. Boter Alin Gobm Sbucen


## BIRTH RETTURN.

SEE PENALTY FOR MON-REPORT.
i. Full name of Child if and

## $\lll \lll$

$\stackrel{*}{*}$
Color $F$
2. Date of Birth $x, y$
3. Place of Birth $\mathcal{Y}\}$
4. Name of Father $\because, 2$

5. Maiden name of Motier

\%. Country of lilother's Birth Age. $\hat{C}$

9. Name and P. O. address of Medical Artendant, in his own bandwriting, with date.


 of Vital Statistics of the State of New Jersey, do hereby rectify, that the

 file in my office.

Tn Testimony Taiknexen, Of have hereunto not "ene Attest
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 of Vital Statistics of the State of New Iersey, do hexeloy dextify, that the fougoing and annexed is a the oopy of a ceitain ©ith Orturn, ad tatron fram and rampored with the oitginat now vemaining on file in my affire.

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## STATE OF NEW JERSEY.

## BIRTH RETURN.

## SEE PENALTY FOR NON-REPORT.


 $x \ll$

3. Place of Birth. $\%$ ir $C \in$


5. Maiden name of Mother $\%$
6. Country of Father's Birth A...wresp Age +5 Occupation $\% \%=\omega$
7. Country of Mother's Birth
 Age 2
8. Number of Children in all by this Marriage How many of them Living Soss
9. Name and P. O. address of Medical Attend-


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DECLARATION FOR ORIGINAL INVALID PENSION.
Under an Act granting Pensions to Soldiers and Sailors who are incapacitated for the performance of manual labor, and providing for Pensions to Widows, Minor Children and Dependent Parents.
$\left.\begin{array}{l}\text { State of heardrevy } \\ \text { County of } \sum \text { sooty }\end{array}\right\}$ ss.
on bini $26{ }^{\circ}$ dey of An gush
A. D. one thousand eight hundred and


 (Name of Claimant.)




 (Aflame of Claimant.)
Rebellion under the name of....

2,0 , 2,



 ALta ........ That he is now suffering from..............
(Here state the dame and natye of any diagnose, wound or tajury which to any manner anta he now altering from (Here state the name and natye of any digs, wound or injury which to any manner disqualifies yon for performing full math labor, no mater when the same origizted or developed.)
$\qquad$
$\qquad$
$\qquad$
$\qquad$
and that the arid dieability is of a permanent character, and is not the result of vicious habits, and that it incapacitates him from the performance of manual labor in such a degree are to fender him unable to earn a support, and that this declaration is made for the purpose of being placed upon the pension roll, under the
 naval service otherwise than as stated above. $\qquad$
 (Give date of last digegarge from the erica.) military or naval service of the United States.

He hereby appoints, with full power of substitution and revocation, L. E. HAYWARD, Pension and Claim Attorney, East Orange, N. J., his true end lawful Attorney, to prosecute his claim, That he has... (if previous application has been mg, give turner of cia lm,
 if possible; it a pensioner, state rate and number of gertitcate.)
That his Post Office address is. $\% C$ Hat $A C L A K$. County of... 5 maturer.

Two witnesses to claimant's signature sign here:
(2) Of of

Also personally appeared
 18 h, Sf
 and who, being by me duly sworn, say they were present and saw $A$
 $\qquad$ to the foregoing declaration; th a
) $x+\cdots . .$. .
believe, from the appearance of said claimant and their acquaintance with him, that he is the identical person be represents himself to be; and that they have no interest in the prosecution of his claim.


Two witnesses to signatures of identifying witnesses sign here, when either of them signs by mark.
(1) $\qquad$
(2)

SWORN TO AND SUBSCRIBED before me this $\square$ 26 ...day of

A. D. 180 , and I hereby certify that the contents of the above declaration, \&c., were fully made known and explained to the applicant and witnesses, before swearing thereto, including the words
([f' any words have been erased fo the application, enter them hers.)
[L. S.]


The Officer before whom this Declaration is executed must be sure and note in his certificate all erasures and interlineations, as indicated above.


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Qacts: xf tol Ow
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WAR DEPARTMEMT.
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Commissioner of Pensions.
How Hanoen
c. 2 Reg: n Q Quf

$180 \%$.
and on, O Aug 6 I 0 I84.
to date fme 2; 1864
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and during that period the rolls shous him present except as folows.: Zume 3o/az, Inipeed maction gone 2\%/62" Rawned Itrm niovery in aetión aug $6 / 62$ Oo M vecorder show himi eat tived as Aame nillo bme $27{ }^{\text {at }}$ ponder a) Aukemb tendany Aug $0 / 62^{\prime \prime}$

The namu Ohahany Nre or Boh Wawowhao zo foum on the whe of loo nQ Oav

## HANNAH E ESKER

 ROSELAND AVE| 381716 | MAY FID |
| :---: | :---: |
| ROSELAND | NJ |

3-1081

## DROP REPORT' PENSIONER

Cert. No. $\qquad$
Pensioner $\qquad$
Soldier $\qquad$
Service $\qquad$
Class $\qquad$ .......................................
LAW DIVISION

In the above-described case a declaration filed in this Division indicates that said pensioner died
$\qquad$ 19 $\qquad$

The name of the above-described pensioner who was last paid at the rate of \& 30 per month to. MAY 41926 ,..., 19 ....., has this day been dropped from the roll because of Death Thy 9 1926



Additional sum of $\$ 2$ per month for each of the following children, until arriving at the age of 16 years, commancing.

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\text { Ware } \delta, 184 ?
$$


[3-216a.]


Act of June 27, 1890 .

P. H. Hq dititum Bue

aCALO $\qquad$


Application filed: Ceq 2,8 189
Alleges:

Any other Clalm filed;
Numerical $\mathrm{No}_{2} 704 y 40$

Attorney:
P. 0 ,

$\qquad$ Recognized. $\qquad$ Cointract.
$V_{t}$.
 Wener
Lamy.
R. I.


Conn.
N. Y.
N. J.

Del.


Act of June 27, 1890.

Atomali E Écleer 79 Littlelmare llew arke,

Atridow
Ahsahamili Gecteen visomn blang Cot 10 2" OAf firf
Died at $\qquad$ -
$\qquad$ Olo other claim. than
$-0010497 \%$
May23,1892. $\qquad$ $\frac{1}{44}$
Numerical No. $\qquad$

Application filed: $\qquad$ Allayy 5, 188 e .
Attorny: L6i thaypuand
P.O. 79 Main sh Gast Crange
$\qquad$
. . Me.
N. H.

Vr. 2 und, Aninninterereage 9
Mass.
 ofarldindamempin -
Conn. 6

N. .. Ah anify - Norg K Limemier-Puly $11-93$

Del.
a discase or ind they should be used whenever it is possible to indicate precisely the location
The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.
Insert character lasert character
apd numbior of
ciluitil.

Oriquinal Pension Claim No. $\angle\langle\nmid q 7,1$

Name and rans
Of elaimant - of eldimant.

Claiment's poet-
office addres
office add rese.
Atratury
 Companye 2 Regt $x$ if $v$.
79 dumation A.
Kenansi n
ynamy examined this applicayf who states that he is suffering from the following disability, incurred
$\qquad$ bility.

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if noteraes tho if not, eraes thi
whole lige.
thethrithe topgivestapencien of $\qquad$ dellars-per month.


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claimant?
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os briefly and
as comytactly Arivicar ha aroo. $\qquad$ Kescaly if the tivese $\qquad$
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Upon examination we find the following objective conditions: Pulse rate, $Q 6$
 pounds; age, $\langle\times /$

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Here give a fuld
deacription of
the dieabtlitics,
in becorlanes
Inith Book of anvile owaleu aud diuder. Mesaousces ify of an wieh more thon righ. Mediam liuditetel.3 Rigit Anci lun dex anne fooninfole Derqua Ahbaait in jarict neacalan kenstid diglely. is ith at anilden pariofel and Hewder Matian lesuited Nlig fuly
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hw Alur div dhilliy io fumand to peat he oviderier of Mievians $k$ alaide.
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Rata for EMCF caube. $\qquad$ for that caused by $\qquad$ , and $\qquad$ for that caused by $\qquad$ Nom six mPPraen Fowner.
N. B.-Always forward a certiflonte of examination whether a disability is found to exist or not. (e2s7-300,000) 0- 052


GENERAL AFFIDAVIT. ,
state of Muw hivey, countn of Eiero daini fo Purim \#5-459.90 g Tawnak E. Soter

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 Hi Said Almaham for Eetor uif i- it wiul tit diath aun the clainawt Itammat snmab Ahildin atme Muitmin fin thisi rnNt -
$\qquad$

# state or free ferry: ? 

County of Ops. $^{2} \mathrm{x}$
he this day by the above-named affiant, and I certify that I read said affidavit to said Sworn to and subscribed before me this day by the above-named affiant, and I certify that I read said affidavit to said
Infant, including the words....
 wise forested in said case, nor am I concerned in its prosecution; and that said affiants.........personally known some and that Hoy are credible person.
L. 8.] dittany Suthio (Oftiolal cifaructor.)
and State, do certify that
Esq., who has signed his name to the
foregoing declaration and afflayit was at the time of so doing
Cor said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office, this.


GENERAL AFFIDAVIT.
State of him fore, , countu of Eseup, s5:




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Exere ana stato of hem-
well known to me to be reputable and entitled to credit, and who, being duly sworn, declared in relation to aforasaid case碞follows:







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 hifill name - Quas finstin dudare thet the puene whe wes huenux an at alme sitiz reasion und ith oreme of billiain Eukin, fitma 6 bquin - is the Same kom wefo diex at

 ohn anmer. Stimuah \& Soter. II: Post offico address is 13 . Whellés sh hewnk $n / f$ -
I furrher declare that... hamer no interest in said osese and ane not concermed in its prosecution.
Chistionson, ERes

STATE OF ofyer fersy
Sworn to and subscribed before me this day by the above-named affiant, and I certify that I read said affidavit to said affiant , including the words $\qquad$ erased, and the words
$\qquad$
$\qquad$ and acquainted ham .-.....with its contents betore..... Ke nowise interested in said case, nor am I concerned in its prosecution; and that said affiant. co me and that $A \omega$ is $\alpha$ $\qquad$ credible person.
T. S.]

$\mathbf{I}_{4}$. $\qquad$ Clerk of the County Court in and for aforesaid County and State, do certify that $\qquad$ Esq., who has signed his name to the foregoing decheration and affidavit was at the time of so doing in and Cor said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office, this $\qquad$ day of. $\qquad$ 18
$\qquad$

T2. B.]

## Clers of the

NOTE.-This can be executed betore any officer authorized to administer oaths for general purposes. It such officer uses a seal, certificate of Clerk of Court is not vecessary. If no seal is used, then such certificate must be attached,

## ADDITIONAL EVIDENCE.

 Iductifiche as ersiedix

## pul hanc- <br> 




GENERAL AFFIDAVIT.

State of $\qquad$
 $\qquad$



A. D. $19 \% /$ p personally appeared before me 4 hetaera Phatic in and for the aforesesial county duly authorized to administer oaths. bheristian of Solver aged $5-9$ years, a resident of hux-ack
$\qquad$ Evan
well known to me to be reputable and entitled to credit, and who, being duly sworn, declared in relation to aforesaid case af follows:
Lute enl acquanilē with it aloe named Alrakum Iv. Selér










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 obremomur. St mon E EAter.

In further declare that.. \& hare re no interest in said case and are not concerned
in its prosecution.
Anisticu ob e

State of heir fuen, ©ounte of Esery, gs:

 on rils $\quad$ day of nay
a Intany Purbie
 in the Countiot of issux

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 fum may $28^{-1861}$ 2-fime $21 / 41504$ -


$\qquad$

$\qquad$

## State of.

 C/Lece $A \operatorname{lec}$Sworn to and subscribed before me this day by the abovenamed affiant, and I certify that I read said affidavit to said affiant , including the words.

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.erased, and the words
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L. S.]
(Official olaracter,
I.. nowise interested in said case, nor am I concerned in its prosecution; and thereat affiant to me and that 4 encr.credible person. to me and that he is br credible person. to me and that he is be, credible person. to me and that 4 encr.credible person.

and State, do certify that
Clerk of the County Court in and for aforesaid Count?
Esq., who has signed his name to the
foregoing declaration and affidavit was at the time of so doing. \(\qquad\)
\(\qquad\) in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

> Witness my hand and seal of office, this
\(\qquad\) day of. 18

\section*{(L. S.]}

Clerk of the
NOTE. -This can be executed before any officer authorized to administer oaths for general purposes. It such officer uses a seal, certificate of Clerk of Court is not necessary, If no seal is used, then such certificate must be attached.




๕สax department,
Record and Pension Division, JUL. 181888
Respectfully returned to the
COMMISSIONER OE PENSIONS
John Lickemecerl
May 13,151, ,a sd 71.0 as at The name lorn Lietemuer or Sinkmion hat not been found on the wile of loo. \(D\), 2 r. L. Dug



Antuivit that the Claimant has not Re-married, and that She is without other means of Support than her Daily Labor.

Each : of the oovn or Usu-ank

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 E. Ecter
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> (Officig Sigtaturo.)
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and State, do certify that \(\qquad\) Fsq., who has signed his nume to the
toregoing declaration and afflarit was at the time of so doing
in and
for said County and State, duly commissioned and sworm; that all bis official actare antitled fo full faith and credit, and What his sirnature thereunto is genuine.

Witnees my hand and seal of office, this \(\qquad\) 18 \(\qquad\)

NOTE. -This can be executed before any oficer anthozized to administer oaths for general purposes. If buch offices ubes a seal, certificate of Clerk of Court is not necsssary. If no seal is used, then sueh certincate mast be attached.


GENERAL AFFIDAVIT.

State of \(\qquad\) hun, Countg of \(\qquad\) , \(85:\)

 on this 19 day of haong
a Irtaif PuAlíe A. A. 18 ? ? personally appeared before me Mathas thang then aged 65 vears, a resident of hemeante
is the country of \(Q_{2}\) 24
woll known to me to be reputable and entitled to credit, and who, being duly eworn, declared in relation to aforebaid case as, follows:
 Mrahaur W, Eeler as I Snzece wish hicic a Same Gu-pany teume o a a Ara dweh acqiiausilana thom that Ll sexa

 aire sroved unden fh hame of follex tramen in Co "D" و it suema पietwa 4 new firzay vol fintas ling


 1861.2 g fine \(21 \mathrm{x}-9664\)

Hin post Offce sdress is. 74 Worrshi, blaca hement \(n f\).
I further declare that Itave no interest in said cass and aus rawhe not concerneo in its prosecution.

Abathins Heagg

Sworn to and sulferibed before me this day by the above-named affiant, and I certify that I read said affidavit to said. affiant , including the words erased, and the words:
and acquainted \(\not \subset x-2 \rightarrow\) with its contents before
\(\qquad\) nowise interested in said case, nor am I concerned in its prosecution; and that said affiant \(t \geqslant\) to me and that \(2 \leq \infty<\) \(\qquad\) credible person.

\section*{L. 8.\(]\)}
\(\square\)
I.

Clerk of the County Court in and for aforesaid County and State, do certify that \(\qquad\) Esq., who has signed his name to the foregoing declaration and affidavit was at the time of so doing. in and cot said County and Stave, duly commissioned and sworn; that all his official sots are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office, this
day of 18 ......

\section*{ㄴ. S.]}

\section*{Clerk of the}

NOTE. - This can be executed before any officer authorized to administer oaths for general purposes. It such officer uses a seal, certificate of Clerk of Court is not necessary. If no seal is used, then such certificate must be attached,




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\(\qquad\)
GUar Department,
Record and Pension Division,
JUL 121898
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COMMISSIONER OF PENSIONS.
Mathano Macy
May 13 Iso 1 M. \(0 . a b\) a Out \(\lim ^{21}\) no为 ,nne fostanyeny



Fast. Orange ell. J. Sel \(129 \stackrel{4}{16}\)

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remmissioner of pensions Washington.
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HeamahiE. Eeber


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 Collected by P Hasselbacher 2007

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RECOGNIZED ATTORNEY.

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approvals of P(P)
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Augt.7.1893
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 Approved for admisscion
4
 May vi . 189 / virivot```


[^0]:    $\rightarrow$ The Officer before whom this Declaration is executed must be sure and note in his certificate all erasures and interlineations, as indicated above.

