

671-a

Snow, Toliver

Co. E. 9 Ga. Inf.

(CONFEDERATE)

Part.

CARD NUMBERS.

1.....	20.....
2.....	21.....
3.....	22.....
4.....	23.....
5.....	24.....
6.....	25.....
7.....	26.....
8.....	27.....
9.....	28.....
10.....	29.....
11.....	30.....
12.....	31.....
13.....	32.....
14.....	33.....
15.....	34.....
16.....	35.....
17.....	36.....
18.....	37.....
19.....	38.....

Number of personal papers herein.....

Book Mark.....

See also.....

Soliver Snow
Priv. Co. E 9 Regt. Ga. Inf.

Discharged May 30, '62.

S. O. 124 A. G. O. 62, Par. 2

No. 15
Paid 5. June 1862.

Johann Snow, Private
E. 9. 1/2 of

From 23 July 1862
to 30 May 1862

dis
Pay \$35.20
Nothing 25.-
\$60.20

ARMY OF THE CONFEDERATE STATES.

CERTIFICATE OF DISABILITY FOR DISCHARGE.

(To be used, in duplicate, in all cases of discharge on account of disability.)

....., of Captain
..... Company, () of the Regiment of Confederate States
....., was enlisted by of
the Regiment of at
on the day of 186 , to serve years; he was born
in in the State of is
years of age, feet, inches high, complexion, eyes,
..... hair, and by occupation when enlisted a During the last two
months said soldier has been unfit for duty days. (Here consult directions on Form Med. Dept. Gen. Reg.)

STATION: *Barracks Hospital*

DATE: *May 27th 1862*

.....
Commanding Company.

I CERTIFY, that I have carefully examined the said *John Snow* of
Captain *Phillips* Company, and find him incapable of performing the duties of a soldier
because of (Here consult par. 1134, p. 245, and directions on Form 12, p. 200, Med. Dept. Gen. Reg.) *deformity existing*
in his left foot - rendering him incapable of
marching -

Wm Alex Hearn Surgeon.

DISCHARGED this day of , 186 , at

.....
Commanding the Post.

NOTE 1.—When a probable case for pension, special care must be taken to state the degree of disability.

NOTE 2.—The place where the soldier desires to be addressed may be here added.

Town—

County—

State—

(DUPLICATES)

F 310

CERTIFICATE OF DISABILITY
FOR DISCHARGE in the case
of

John S. Linn

Co. E

9th Regt of Ga. Vols.

S. G. O. May 28/62.

Res. referred to the Sec. of
War, for discharge

Simpson
Surgeon.

Hannah Hooper

A. G. Discharge

By order of the

A. G. O.

Received (A. & I. G. Office, May 30)



ARMY OF THE CONFEDERATE STATES

CERTIFICATE OF DISABILITY FOR DISCHARGE

CERTIFICATE OF DISABILITY FOR DISCHARGE in the case

of

John S. ...

Co. *E*

9th Reg't of *Pa. Vol.*

Received (A. & I. G. Office)

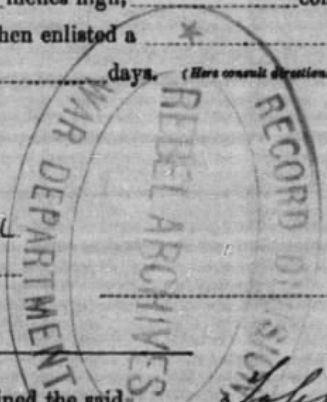
ARMY OF THE CONFEDERATE STATES.

CERTIFICATE OF DISABILITY FOR DISCHARGE.

(To be used, in duplicate, in all cases of discharge on account of disability.)

....., of Captain.....
..... Company, (.....) of the..... Regiment of Confederate States
....., was enlisted by....., of
the..... Regiment of..... at
on the..... day of..... 186....., to serve..... years; he was born
in..... in the State of....., is
years of age,..... feet,..... inches high,..... complexion,..... eyes,
..... hair, and by occupation when enlisted a..... * During the last two
months said soldier has been unfit for duty..... days. (Here consult directions on Form..... Med. Dept. Gen. Reg.)

STATION: *Stamm Hospital*
DATE: *May 27 1862*



.....
Commanding Company.

I CERTIFY, that I have carefully examined the said..... *John Snow* of
Captain..... *Alburn's* Company, and find him incapable of performing the duties of a soldier
because of (Here consult par. 1134, p. 245, and directions on Form 12, p. 269, Med. Dept. Gen. Reg.) *deformity existing*
in his left foot, rendering him incapable of
marching -

Wm. H. - H. Surgeon.

DISCHARGED this..... day of....., 186....., at.....

.....
Commanding the Post.

NOTE 1.—When a probable case for pension, special care must be taken to state the degree of disability.
NOTE 2.—The place where the soldier desires to be addressed may be here added.

Town— County— State—

(DUPLICATES)