

The said applicant further swears, that he has not been engaged in, or aided or abetted the late rebellion in the United States; and that he has never been a member of either of the Branches of the National Home for Disabled Volunteer Soldiers. And said applicant further stipulates and agrees that he will abide by and obey all the rules and regulations made by the Board of Trustees, or by their order; that he will perform all duties required of him, and obey all lawful orders of the Officers of the Home.

WITNESSES  
Wm Head Charles R Walsh

Sworn to and subscribed before me the day and year first above written, and I hereby certify that the foregoing affidavit was read over and fully explained to Charles R Walsh before he executed it.

(11) Wm Head  
Clk. Ct. Court

**CERTIFICATE OF IDENTIFICATION.**

I HEREBY CERTIFY that I have every reason to believe, after an examination of his discharge papers, that Charles R Walsh is the identical person described therein, and that the above declaration signed by him is true.

(9) \_\_\_\_\_

**SURGEON'S CERTIFICATE.**

I certify that I have carefully examined (9) Charles R. Walsh Co. D 12 Reg't M. Cal. Volunteers, and that he is (10) permanently totally disabled for obtaining his subsistence by manual labor.

Date of Injury or Disease, \_\_\_\_\_ day Aug 22 1864

Place of \_\_\_\_\_ State of Georgia

Character of Disability, gunshot wound of abdomen

Complications, injury to right hip

Present condition of Applicant, general physical condition

fairly good in point of flesh

Right thigh amputated near hip

joint (10) W. H. ... SURGEON.

Sworn to and subscribed before me, this 22 day of July A. D. 1877 and I hereby certify that the said \_\_\_\_\_ is known to me as a Surgeon in actual practice, and reputable in his profession.

(11) \_\_\_\_\_