

Physician's Affidavit.

STATE OF FLORIDA,

County of.....

Before me personally came....., who

being duly sworn, deposes and says, that he is a physician, that he is a resident of the State and County aforesaid,

that he personally knows....., the

applicant named in the foregoing application for a pension. This deponent further says that he has carefully

examined the said applicant's physical condition and finds:

(Here state nature, character and extent of wounds, disease or disability.)

.....
.....
.....
.....
.....

This deponent further says that the said.....

is permanently..... disabled by reason of such..... from

earning a livelihood for himself by manual labor.

(Add "and totally," if the facts are such as to warrant such statement.)

(If the application for pension is based upon age, strike from the above last line the words "by manual labor.")

Sworn to and subscribed before me this.....

day of.....,

A. D. 19....

.....
.....
..... Physician.

Certificate of Clerk of the Circuit Court.

I certify that the above affidavits are genuine; that all of the affiants are persons of trustworthy character and their statements are entitled to full faith and credit; that the attesting officers are duly authorized to administer oaths; that their signatures are genuine, and that the said applicant..... is a bona-fide resident and citizen of the State of Florida.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Circuit Court for.....

Columbia County, this *25* day of *June*, A. D. 19*07*

M. W. Scarborough
Clerk Circuit Court.