

Pennsylvania Volunteers.

NAME OF
WHOM:

TERM OF
SERVICE.

RESIDENCE.

REMARKS.

Miller	1 yr	Inns out with Co June 29/65.	
"	"	" " " " " " " "	
"	"	" " " " " " " "	
"	"	Discharged for Disability May 12/65.	
"	"	" May 15/65.	
Brookhead	1 yr	Inns out with Co June 29/65.	
"	"	Discharged for Disability May 12/65.	
Brookhead	1 yr	Inns out with Co June 29/65.	
Miller	"	" " " " " " " "	
"	"	" " " " " " " "	
Miller	1 yr	Inns out with Co June 29/65.	
Brookhead	"	" " " " " " " "	
Miller	"	Discharged for Disability May 12/65.	
Miller	1 yr	Inns out with Co June 29/65.	
"	"	" " " " " " " "	
"	"	" " " " " " " "	