

ATTESTATION PAPER.

No. 2643867

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... *Welsh*
- 1a. What are your Christian names?..... *William*
- 1b. What is your present address?..... *29 Chestnut - St. Charlottetown P.E.I.*
2. In what Town, Township or Parish, and in what Country were you born?..... *Comynville P.E.I. Canada*
3. What is the name of your next-of kin?..... *Mrs. James Welsh*
4. What is the address of your next-of-kin?..... *29 Chestnut - St. Charlottetown P.E.I.*
- 4a. What is the relationship of your next-of-kin?..... *Mother*
5. What is the date of your birth?..... *1892*
6. What is your Trade or Calling?..... *Leamster*
7. Are you married?..... *No*
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *Yes*
9. Do you now belong to the Active Militia?..... *No*
10. Have you ever served in any Military ^{or Naval} Force?..... *No*
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... *Yes*
12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *Yes*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *William Welsh*, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date *Sept 29th* 1917. *William Welsh* (Signature of Recruit)
W. Beer Lt. (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *William Welsh*, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date *Sept 29th* 1917. *William Welsh* (Signature of Recruit)
W. Beer Lt. (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at *Charlottetown* this *29th* day of *September* 1917.

W. Beer J.P. (Signature of Justice)
for Queen's Co

Description of William Walsh on Enlistment.

Apparent Age.....25 years + months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height.....5-7 1/2 ft. ins.

Chest measurement { Girth when fully expanded.....38 ins.
 Range of expansion.....2 ins.

Complexion.....Ruddy

Eyes.....Blue

Hair.....Brown

Religious denominations.
 Church of England.....
 Presbyterian.....
 Methodist.....
 Baptist or Congregationalist.....
 Roman Catholic.....M.C.
 Jewish.....
 Other denominations.....
(Denomination to be stated.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

*A mole on back left side
 halfway between first axillary
 border and angle of scapula
 A II*

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him*.....fit.....for the Canadian Over-Seas Expeditionary Force.

Date.....Sep 29th.....1917.

Place.....Cheltenham.....

[Signature]
 Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

.....William Walsh.....having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

.....W. R. Beer.....(Signature of Officer)

Date.....Sept 29th.....1917.

No. 2 DRAFT 5th SIEGE BATTERY

Regt #2643867

O. H. M. S.
S. S. M.

WELSH, William.

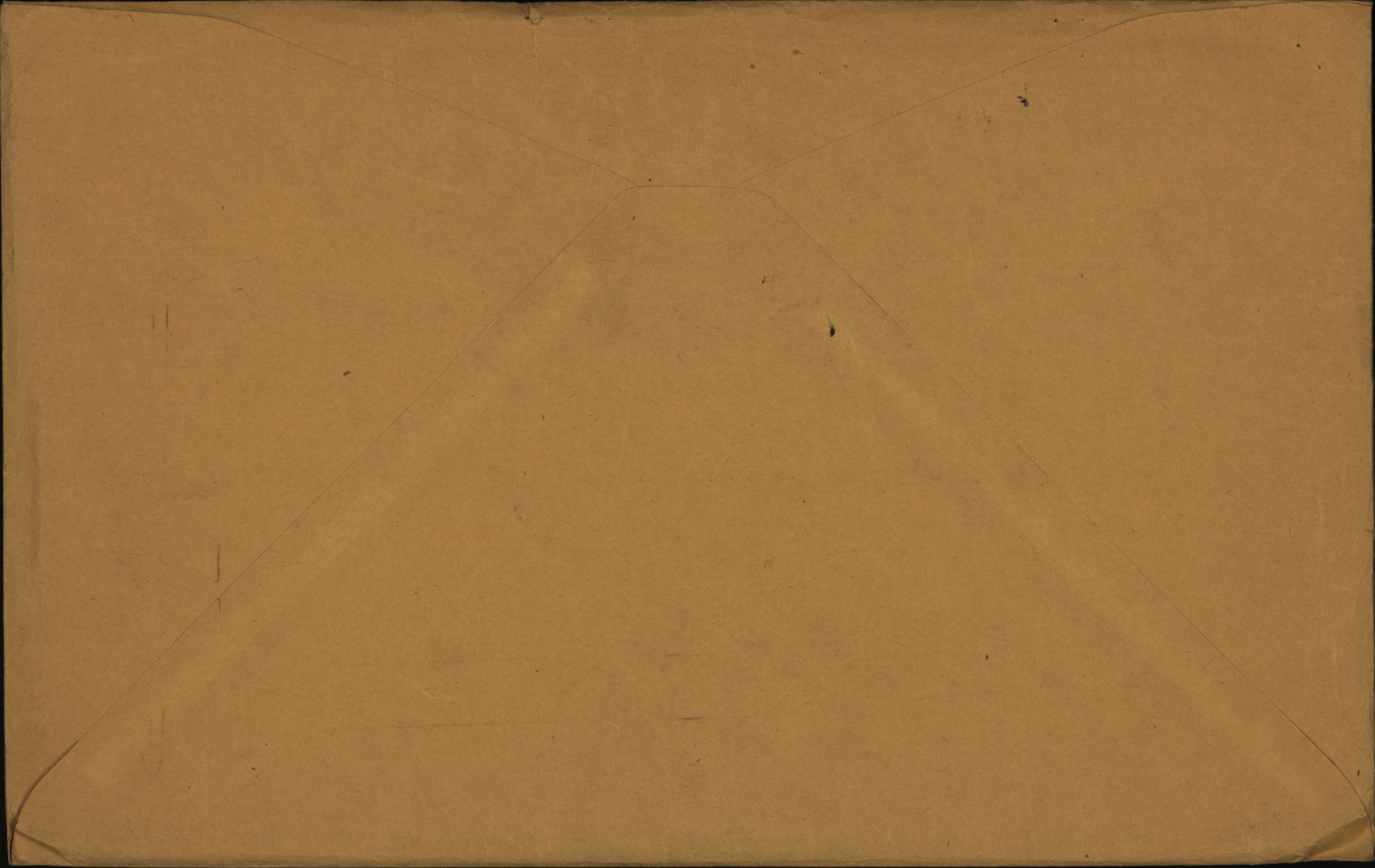
unit ——— C.S. of Gunnery.

Demob.

✓

PUBLIC ARCHIVES
CENTRE
PUBLIC RECORDS

483953.



DUPLICATE

To be made out in duplicate.

H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins..... No. 2 DRAFT 5th SIEGE BATTERY

(2) Regimental Number..... 2643867

(3) Full Name of Soldier..... William Welsh

(4) Place of Birth..... Cornwall P.E.I. Canada

(5) Are you married, or not?..... No

(6) If married, state,
(a) Full name of your wife.....

(b) Present Postal Address.....

(7) Are you a widower?..... No

(8) Have you any children?.....

If so, give number of boys and girls.....

Also their names and ages.....

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

(9) Is your Father alive?..... No
If so, state name and address

(10) Is your Mother alive?..... Yes
If so, state name and address..... Mrs Catherine Welsh
29 Chestnut St Charlottetown P.E.I.

(11) If your Mother is a widow..... Yes
Are you her sole support, or not?..... Yes

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.
Seventy five dollars per month
Two sons in family other son invalide

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.
.....
.....
.....

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Sepa:ation Allowance? If not, this must be done.
..... Yes

15) Are you insured?..... No
If so, in what Company?.....
Have you made arrangements for payment of your Insurance premium.....
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date..... Nov. 1st 1917

..... W. Beer Lt
Officer Commanding.

No. 2 DRAFT 5th SIEGE BATTERY

No. 2643867 RANK *Gur.*

NAME *Welsh William*

T. O. S. 29-9-17 (contd) UNIT
30-9-17

*Artillery & Infantry Depot.
5th Siege Artillery Draft.
M. D. 6.*

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1917. Sept 29.</i>	<i>1917. Sept 30. Oct.</i>	<i>n. ✓</i>	<i>Proc. overseas 24-11-17</i>	<i>(CO 53024-11-17)</i>
<i>Nov. 1.</i>	<i>Nov. 24.</i>	<i>✓</i>		



SURNAME.

Welsh.

CARD No.

47

CHRISTIAN NAMES

William

*50 56 19-2-19
Demol. FOLL. 50 7
with Doc
50.56 of 25-2-19.*

REGL. No.

2643867

RANK

Ser.

UNIT

No. 5 Siege Bty. (2nd R.S.)

FORMER CORPS

Wel.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Welsh, Mrs. James.

RELATIONSHIP TO SOLDIER

Mother.

ADDRESS

*29 Chestnut St.,
Charlottetown, P.E.I.*

COUNTRY OF BIRTH

Canada. Penwall.

DATE

1892.

PLACE OF ATTESTATION

Charlottetown.

DATE

Sept. 29th 1917.

25-1-19 258 7

Sailed from Halifax per S.S. "Metagama" 4/12/17. ⁹⁹⁷

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Yes.
Teamster.

RELIGION

Roman Catholic

DESCRIPTION.

APPARENT AGE

25 YEARS

MONTHS

HEIGHT

5 FEET

7 1/2 INCHES

CHEST MEASUREMENT

38 INCHES

EXPANSION

2 INCHES

COMPLEXION

Ruddy.

EYES

Blue.

HAIR

Brown.

DISTINGUISHING MARKS

Mole on back left side
halfway between post axillary
border and angle of scapula.

MEDICAL EXAMINATION.

PLACE

Charlottetown

DATE

Sept. 29th 1917.

Present Address - 29 Chestnut St.
Charlottetown
P. E. I.

Name Welsh W Rank Imm Regtl. No. 2643867

Original unit 6 G.A. Present unit 6 D.D. M. or S. S. Age 27 Religion R.G. Fyle Depot H.Q.

Port, ship and date of arrival Halifax, N.S. Aquitania 24-1-19

Next of kin Mrs James Welsh

Address on leave 29 Chesnut St Char'town P.E.I.

Address on discharge 29 Chesnut St Char'town P.E.I.

Transportation issued Yes No Date Yes. Character on discharge Farmer

Previous occupation Farmer Date and place of enlistment 29-9-17 Char'town P.E.I.

Diagnosis _____ Date of Medical Boards _____

Date.	Remarks.	Pt. 2 Order No.
6-2-19	J.O.B. 10.1.19 Posted to Sub Depot Ch'town	37
25-2-19	S.O.S. On Discharge fr. 19-2-19	56.

*—Name will be given in full ; surname first.

Date.

Remarks

Pt. 2 Order No.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

M.D. No. 6
No. 6
ORIGINAL

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 2643867 Rank Gnr. Name Welsh, William

Corps Sub- Depot 6 th, Dist. Depot who was* Discharged

On 19-2-19 1919, to _____

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-1-19 1919, to 19-2-19 1919, the inclusive date of transfer or discharge.

Dr.			Cr.		
	\$	c		\$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month	8	09
Advances by Cheques } No. <u>1967</u>	10	00	Regt'l Pay <u>50</u> days at \$ <u>1</u> <u>00</u>	50	00
Assigned Pay No.			Field Allow. <u>50</u> days at \$ <u>0</u> <u>10</u>	5	00
Other Charges*			Other Allowances* <u>Clo. All.</u>	35	00
Payment on transfer or discharge No. <u>2006</u>	100	89	Other Credits* <u>Subs. 26-1-19 to 10-2-19</u>	12	80
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	110	89	Total	110	89

*Give Particulars.

A monthly stoppage of \$ 15.00 (†) has not (‡) been paid on account of Assigned Pay for the month of Feby. 1919 to (Assignee) Mrs. Jas. Welsh
(Address) 29 Chestnut St. Charlottetown, P.E.I.

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

Outfit Allowance of \$ _____ has been paid by Paymaster, Military District No. _____

REMARKS:—

State (1) date of enlistment 29-9-17

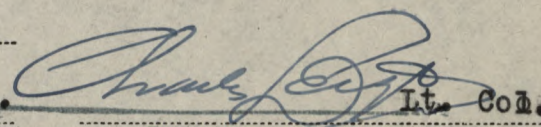
(2) if married and if a Separation Allowance Card has been submitted _____

(3) cause of discharge and authority Demob. R.O. 1420

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date _____

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date 19-2-19

Place Charlottetown, P.E.I.  Lt. Col.

Paymaster C. E. F. Units Paymaster

N.B.—For purposes of transfer this form is to be made out in quadruplicate. One copy to Paymaster of new unit; one to District Paymaster; one to accompany the pay-list at the end of the month, and; one for retention as a record.

For purposes of discharge it is to be made out in triplicate. One copy to accompany discharge papers; one copy to accompany pay-list at the end of the month, and; one for retention as a record.

M. F. W. 44.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Rates (Vide Articles 123, 124 and 141, Financial Instructions, Series C.E.F. 1918).

Regimental No. _____ Rank _____ Name Walter J. Wilson

Company No. _____ Date of Discharge 1918-11-10

On _____ Insert "discharged" or "transferred"

The following is a statement of the amount of the above named from _____ to _____ the inclusive date of transfer or discharge.

	Dr.	Cr.		
Balance Cr. (to be paid by the new unit)				
Payment on transfer or discharge No. 2006	100.00			
Other Charges				
Assigned Pay No.				
Charges by				
Advances No.				
Field Allowance 70 days at \$ 1.00		70.00		
Field Pay 80 days at \$ 1.40		112.00		
Other Allowances				
Other Credits				
Balance Cr. (to be deducted by new unit)				
Total	100.00	182.00		

*Give Particulars

A monthly stoppage of \$ 10.00 has been paid on account of Assigned Pay for the month of _____ 1918. (Assigned Pay) _____

Address: _____

(+) Insert amount to be assigned, whether it has been paid or not.
 (-) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer _____ has been paid by Paymaster, Military District No. _____

REMARKS

(1) State (1) date of enlistment _____

(2) If married and if a Separation Allowance Card has been submitted _____

(3) Cause of discharge and authority _____

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date _____

I have carefully examined this statement of account and find it to be a correct extract from the Pay-List of the unit.

Date _____ Place _____

MR.—For purposes of transfer this form is to be made out in quadruplicate. One copy to Paymaster of new unit; one to District Paymaster; one to accompany the pay-list at the end of the month; and one for retention as a record.

For purposes of discharge it is to be made out in duplicate. One copy to accompany discharge papers; one copy to accompany pay-list at the end of the month; and one for retention as a record.

M. W. W. 441
1918-11-10
M. W. W. 441

CANADIAN ARMY DENTAL CORPS.

DENTAL CERTIFICATE.

NOTE:- This form will be attached to the Medical History sheet of each Other Rank being returned to Canada for disposal.

REGTL. No. *2643867* NAME *Welsch W.* RANK *Gr* UNIT *eka*

Date of Examination	<i>27/2/18</i>
Present Dental Condition	
In case of loss, or decay of teeth, is the loss due to wounds, injury, or disease, directly attributable to Active Service?	
Has he ever declined Dental Treatment?	
Recommendation	<i>free</i>

Date.....
Station..... *Borden*

Signature of Examining Officer *R. H. Hays*Capt.
C.A.D.C.

* Name should be entered in block letters.

CANADIAN ARMY DENTAL CORPS

DENTAL EXAMINER

Name: [Faint text] Rank: [Faint text] Service No: [Faint text]

Address: [Faint text]

2/11/43

Present Dental Condition: [Faint text]
In course of treatment: [Faint text]
to the [Faint text] [Faint text]
to the [Faint text] [Faint text]
Dental [Faint text] [Faint text]

[Faint signature]

Recommendation: [Faint text]

Date: [Faint text]

[Faint signature]

Station: [Faint text]

Capt. G.A.D.O.

[Faint signature]

Signature of Examining Officer: [Faint text]

Name should be written in black ink

M.A. 6.

Medical Examination upon leaving the Service

of an Officer fit for general service or a Soldier fit for duty.

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank *Gr.* Name *W. M. Wilcox* Surname *Welsh*
Unit or Corps *O. G. A.* (If a soldier) Regtl. No. *2643887*
Born at *Syde River, P. E. I.* on date *1891.*
Signature (for identification) *W. M. Wilcox*

The examination is to be made jointly by two Medical Officers.

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe. *None.*

Weight *170* lbs.
Height *5 8* ft. *8* ins.

2. NUTRITION AND DIATHESIS? *good.*

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM? *No.*

4. RESPIRATORY SYSTEM. *No.*

5. HEART?
Abnormal Sounds? *None.*
Abnormal Size? *No.*
Pulse Rate? *70.* Intermittence or irregularity? *No.*

6. ARTERIES.—Any hardening? *No.*

7. DIGESTIVE SYSTEM? *No.*

8. GENITO-URINARY SYSTEM? *No.*
Urinalysis—s.g.? *1020* Reaction? *acid.* Albumen? *0.* Sugar? *0.*

9. SKIN, MIDDLE EAR, EYE or any other part? *No.*

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe. *None.*

11. Opinion as to the health and physical condition of the one examined? *Good*

Examined at *Naval Park* Signed *J. J. Burke Capt* M.O.
Date *1-1-13.* Signed *W. W. Battle Capt* M.O.

If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.

*Charlottesville 11-2-19
Examined this man
certify condition unchanged
J. J. Burke
W. W. Battle*

Medical Examination upon leaving the service

of an Officer fit for general service or a Soldier fit for duty

W. H. ...

*W. H. ...
1891*

*W. H. ...
1891*

1 PHYSICIAN

1891

8

2 NUTRITION AND DIGESTION

3 NERVOUS SYSTEM

4 RESPIRATORY SYSTEM

5 HEART

6 ARTERIES

7 DIGESTIVE SYSTEM

8 GENITO-URINARY SYSTEM

9 SKIN

10 SENSES

11 SPECIAL SENSES

*W. H. ...
1-1-18*

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

M A 6

NAME OF SOLDIER (Block Letters) WALSH W

REGIMENT C.G.A. RANK G.N.R. No 2643867

Date of Examination in England 31.12.18 Date of Examination in France _____

DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.



PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS
3. CROWNS
4. DENTURES

- (a) Full Upper
- (b) Part Upper
- (c) Full Lower
- (d) Part Lower

Bit

HAS HE EVER REFUSED DENTAL TREATMENT ?

HAS HE EVER RECEIVED DENTAL TREATMENT ? (Reply by "Yes" where applicable to any or all of a, b or c.)

- (a) In Canada
- (b) In England
- (c) In France

—

KINMEL PARK, NORTH WALES.

Signature of Dental Officer

W. Kennedy
Lieut.

NOTICE
J. A. H. C.
W. H. H. H.
C. E. A. C.
S. H. H. H.

THE
OFFICE
OF THE
SECRETARY
OF THE
TREASURY
WASHINGTON
D. C.

1911

11

MEDICAL HISTORY SHEET

ORIGINAL

Surname Welsh Christian Name Williams

Examined { on 29 day of Sep 1917
 at Charlottetown
 Birthplace { City or Town Cornwall
 County Queens P.S.
 Approved by A¹¹ [Signature]
 Rank St Col M.O.

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Apparent age 25-
 Trade or occupation Farmer
 Height 5 feet 7 1/2 Inches M.O.
 Weight 165 lbs. M.O.
 Chest measurement { Minimum 36 inches M.O.
 Maximum expansion 38 inches M.O.
 Physical development Good M.O.
 Small-pox Marks None M.O.

Date	Result	VACCINATIONS
<u>6/11/17</u>	<u>Slight</u>	<u>W. Macmillan Capt</u> M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right Left
 Number None
 When Vaccinated last
 (a) Marks indicating congenital peculiarities or previous disease M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>12/10/17</u>	<u>nil</u>	<u>W. Macmillan Capt</u> M.O.
<u>25/10/17</u>	<u>Slight</u>	<u>W. Macmillan Capt</u> M.O.
<u>31/10/17</u>	<u>Fair</u>	<u>W. Macmillan Capt</u> M.O.

(b) Slight defects but not sufficient to cause rejection

Enlisted on 29th day of September 1917 at Charlottetown

CORPS	REG'TL NUMBER	HABITS	DATE
<u>No. 2 DRAFT 5th</u>	<u>SIEGE BATTERY</u>		
	<u>2643867</u>		

Joined on enlistment
 Transferred to

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>Kinross Park</u>	<u>7.1.19.</u>	<u>nil.</u>	<u>"A" W. Macmillan Capt</u>

N.B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

Fill in only.—Unit, Number, Rank and Name.

M. F. W. 54. (A. F. B. 103.)

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. *#2 Draft 5th Siege Battery*

Regimental No. *2643867* Rank *Gunner* Name *McLach, William*
C. E. F.

Enlisted (a) *29-9-17* Terms of Service (a) *Duration of War* Service reckons from (a) *29-9-17*

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Extended..... Re-engaged..... Qualification (b) *Teamster*

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
<i>No. 27</i>		<i>Embarkation R.M.S. Metagama Disembarked Metagama</i>	<i>Halifax Liverpool</i>	<i>27-11-17 14-12-17</i>	
<i>19-12-17</i>	<i>O.S. Res. Bty C.F.A.</i>	<i>S.O.S. from Canada</i>	<i>Witley</i>	<i>14-12-17</i>	<i>B20 P II 32</i>
<i>6-3-18</i>	<i>O.S. Bty C.F.A.</i>	<i>S.O.S. on posting to C.S. of Gunners</i>	<i>Witley</i>	<i>6-3-18</i>	<i>B.O. part II - 65</i>
<i>8-3-18</i>	<i>C.S. of G.</i>	<i>S.O.S. from Res. Bty. C.F.A.</i>	<i>Witley C.</i>	<i>6-3-18</i>	<i>For 69</i>
<i>30/12/18</i>	<i>C.F.A.</i>	<i>By command to Segs. Camp Kemreb Park Bty. for transfer to C.F.A. in Canada</i>	<i>Bordon</i>	<i>30/12/18</i>	<i>PT. II. ORDER OF MAJON; COMMANDING RESERVE BATTERY C.G.A. CANADIAN RESERVE ARTILLERY. # II # 364</i>

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.]

Casualty Form - Active Service

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
18/1/19		<p><i>Sgt E. W. L. on train to C.C.</i> <i>Disch Canada</i> <i>Sailing on 7 B.M. Hammock Street</i> <i>Kimmel Park</i></p> <p>H. M. T. 'ADUITANIA' EMBKD. LVP'L JAN. 18. 1919 DEBKD. HALIFAX. N. S. JAN. 24. 1919</p>			
10-1-19		O'SEAS T. O. S. DISPERSAL STA. "A" CH'TOWN.		Do 32	<p><i>Ritchie</i> Lieut. For O. C. Dispersal Station "A"</p>
19-2-19		S. O. S. DISPERSAL STA. "A" CH'TOWN.		Do 52 Do 56	<p><i>Ritchie</i> Lieut. For O. C. Dispersal Station "A"</p>

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 2643867 (Rank) Private

Name (in full) William Welsh enlisted in

the 2nd Troop 5th Siege Battery

CANADIAN EXPEDITIONARY FORCE at Charlottetown on the 29th

day of September 1917

HE served in Canadian School of Gunnery England

and is now discharged from the service by reason of Demobilization

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:—

Age 27 years (BORN 1892)

Marks or Scars

Height 5ft 7 1/2 in

Complexion Ruddy

Eyes Blue

Hair Brown

Signature of Soldier

Issuing Officer

Date of Discharge Feb. 19th 1919

Rank

Signed at Charlottetown this Nineteenth day of February 1919

in Military District No. 6

File Reference No.

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. _____ (Rank) _____ Name _____

Unit _____

Address on Discharge *29 Esplanade St. Charlottetown P.E.I.*

Character and Conduct _____

Former Occupation _____

Special Qualifications of Value in Civil Life _____

Medals and Decorations _____

Remarks _____

Signed at _____ this _____ day of _____ 19 _____

Name of Officer _____

Rank _____

Appointment _____

On demobilization the particulars called for on the back of this certificate will not be completed.

LTR

Rank _____ Name WELSH, William Reg'l No. 2643867
 Unit _____ If in perm. Corps }
 What Unit? } Married or Single Single.
 Place and Date of Enlistment Charlottetown, Sept, 29th, 1917 Place of Birth Cornwall. PEI. CAN.
 Name and Address, Next-of-Kin Mrs James Walsh.
29 Chestnut St, Charlottetown, PEI. Relationship Mother.

Assigned Pay Monthly \$ _____ Payable to _____ Relationship _____
 Separation Allowance \$ _____ Payable to _____ Relationship _____

N/E. R. No. 11347
 File R. L. [Signature]
 Category [Signature]

Discharge, Date and Place _____ Reason _____ Character _____

H. W. V., Ld.—11319-17.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
		Arrived in England		14-12-17	S/S Metagama
19.12.17	Res. C. ga	T.O.S from Canada	Gnr Witley	14.12.17	PI-32
8.3.18	Sch Gny	T.O.S from Res C. ga	" "	6.3.18	--679 Res C. ga P11-65/6.3.18
30.12.18	" "	sw cond sep. Comp Rhyl	" Presden	28.12.18	" 164
31.12.18	" "	NOA to Res Bde C. G.	" "	26.12.18	" 367 Res Bde P11-8-5/8/19
8-1-19	Res Bde	of cmd sep camp Rhyl	" "	26-12-18	" 8
7-2-19	✓ ✓	and O. to Canada	Witley	18-1-19	" 39

ASSIGNED PAY: ENGLAND OR CANADA. SEPARATION ALLOWANCE. ENGLAND OR CANADA. NAME: WELSH, William
EFFECTIVE DATE: 1 May 1918. EFFECTIVE DATE: NUMBER: 24643867
AMOUNT: 15.00. AMOUNT: PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY: Mr. James Welsh, (Mother), 29 Chestnut St., Charlottetown, P.E.I.
WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

UNIT AND TRANSFERS
ORIGINAL UNIT: 2nd Dfr. 5th Siege
DATE ACCOUNT FIRST OPENED: 25-11-17
23-2-19 CANADA SECTN.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
1918	812	Borden	30				
18.12	1698	Borden	15.08				
22.12	1964	CRA	4.87				
			20.25				

PARTICULARS OF RENDERING NON-EFFECTIVE: Disbanded with 1393 27/12 Borden

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
1918									70.65	60.	
Mar	Sal. Ind.								103.65		
April	Curs. Pay	33		AR 223 10/4/18 CRA	9.73				84.19	75.	
				" 635 21/4/18 "	9.73						
		33.			19.46						
May	J.P.	34.10		A.P.				15.	103.29		
				Q 4005 Lon R. 3/5/18	4.44						
				AR 953 8/5/18 CSB	9.73				79.39		
				" 1463, 23/5/18 CRA	9.73						
		34.10			23.90			15			
June	J.P.	33		A.P.				15	94.39		
				AR 1627. CRA. 11-6-18	19.47						
				" 2350 " 26-6-18	2.43				75.49		
		33.			21.90			15			
July	GP	34.10		Cap.				15	94.59		
				AR 2663. CRA. 10/18	4.87						
				" 3183 " 24/18	9.73				79.99	75.00	
		34.10			14.60			15			
Aug	GP.	34.10		Cap.				15	99.09		
				AR 3541. CRA. 14/18	4.87						
				" 3001 " 28/8/18	9.73				84.49		
		34.10			14.60			15			
Sept.	GP.	33.		Cap.				15	102.49		
				AR 4313. CRA. 11/9/18	4.87						
				" 4831 " 25/9	9.73				87.89		
		33.			14.60			15			
Oct	"	34.10		A.P.				15	106.99		
				AR 5278 " 9/10	4.99						
				6174 " 30/10	9.73				107.22		
		34.10			14.72			15	92.27		

COMPILED BY: E. Collins
CHECKED BY: M. Morgan

* Strike out whichever inapplicable.

started
at 1.11.19.

1393 27/12
Borden

Bal on Led Sh. = 92.94
" " " " = 72.69

MONTH	NUMBER	RANK	NAME	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
1918											
Nov									92 27		
				251 C.A. 13/11/18	4 87-						
				1249 " 27/11/18	9 43						
				1249 " 3/12/18	24 33						
				leave				15			
Dec				leave				15	40 44		
				1698 Borden 18/12/18	15 09				92 94		
				1964 C.A. 8/12/18	4 87				79 85		
				1754 R. Hyl 9/1/19	9 43				79 85		
Jan 19				1-0-A. Borden 8/12/18		30			62 95		

11/12/18 - 12/12/18

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

M. OR S. *S*

REGT. No. 2648867

RANK *Gm*

NAME (IN FULL) *WEISH, William*

NEXT OF KIN <i>Mr James Drelsh</i>	RELATIONSHIP <i>Mother</i>	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT <i>2 Drap & Serge Ballon</i>	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)
ADDRESS <i>29 Chestnut St Charleston SC 29401</i>					PLACE OF ATTESTATION <i>Charleston SC</i>	TRANSFERRED TO	DATE
IS SEPARATION ALLOWANCE PAID? <i>me</i>	DATE EFFECTIVE				DATE OF ATTESTATION <i>29-9-17</i>	TRANSFERRED TO	DATE
TO WHOM PAID <i>me</i>	RELATIONSHIP				ASSIGNED PAY \$ <i>15.00</i>	DATE EFFECTIVE	
ADDRESS					PAYABLE TO <i>Mr James Drelsh</i>	RELATIONSHIP <i>Mother</i>	ANY CHANGE IN ASSIGNEE OR ADDRESS
					ADDRESS <i>29 Chestnut St Charleston SC 29401</i>		
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED <i>Charleston</i>	DATE <i>19/7/19</i>	REASON <i>Demolition</i>
							AUTHORITY <i>1420 R0</i>
							IF ENTITLED TO POST DISCHARGE PAY <i>Yes</i>

116

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS	
	NO. OF DAYS	RATE	AMOUNT			COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3					DEBIT	CREDIT		
<i>Self</i>	<i>50</i>	<i>70</i>	<i>35-00</i>	<i>12-90</i>	<i>110 89</i>				<i>100 89</i>	<i>10 00</i>					<i>110 89</i>			<i>809 Cal. P.C. 12/18/19, 26 1/2 10 7/19 357 00 Clothing Allow</i>	
	<i>100</i>			<i>280</i>	<i>280</i>				<i>124 190</i>	<i>70</i>									
									<i>March 24/19 49 09/</i>	<i>70</i>								<i>140 00</i>	
									<i>April 17/19 154 04 8,</i>	<i>68 40</i>			<i>1 60</i>					<i>70 00</i>	<i>Blaukitt L.M.C. 10/19/19</i>
									<i>May 13/19 58 51 6 2,</i>	<i>70 00</i>								<i>me</i>	
				<i>280</i>	<i>280 00</i>					<i>278 40</i>			<i>1 60</i>		<i>280 00</i>				

Certified that all payments due on this acct. have been paid.

W. [Signature]
CAPT
For Senior Officer Pay Services, M. D. 6

Date of Enlistment 29-9-17

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

W 11622

1st May 18

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

15			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. _____
 Rank _____ Promoted _____ Reverted _____ Discharge _____
 Soldier's Name _____
 Battalion 5 Siege Batty 2d Div
 Beneficiary _____
 Relationship _____
 Address _____

PARTICULARS OF ASSIGNMENT

Name _____
 Address _____
 Change of Address _____
 1 MRS. JAMES WELSH, W11622
 29 CHESTNUT ST.,
 2 CHARLOTTETOWN, P.E.I. 15 15.00
 A-C 2643867 GNR WILLIAM WELSH
 3 FIFTEEN DOLLARS
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
July	K 1511		30	30	File 19089-W-6 (314a) (NR) a/c of LP 2106 Rem May & June a P mailed 29-7-18/18
July	A 27932		15	15	
Aug	V 37160		15	15	
Sept	D 47437		15	15	
Oct	K 51264		15	15	
Nov.	Q 57238		15	15	
Dec.	X. 64714		15	15	
Jan 1919	N 73960		15	15	
			135	135	

ENTERED IN
 JUL 17 1918
 VOUCHER SECTION

M. F. W. 128.
 400M. C-17-1772 39-1141
 L. L. 22320-M. & D. 7893.

A/c Closed 31-1-19.
 Ret'd per "Aquisania"
 Date 28-1-19 M.F.W. 187
 Clerk B. H. Foot

Ind. O. 52399. Dat. 31-1-19. OK 9th 31'19

AUTHORITY } 2 Mo 7.3.18
 FOR }
 NEW ACCT. } D. Brown 17.7.18

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

Grid for Rate of Separation Allowance with 4 columns.

RATE OF ASSIGNMENT

Grid for Rate of Assignment with 4 columns.

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

Table with columns: No., Rank, Promoted, Reverted, Discharge, Soldier's Name, Battalion, Beneficiary, Relationship, Address.

Table with columns: Name, Address, Change of Address, 1, 2, 3, 4.

Main table with columns: Date, Cheque No., Amount S/A, Amount A/P, Total, REMARKS.

M. F. W. 128. 400M... L. L. 22220-M & D. 7983.

JCH
WLC

~~A~~

Number 2643864 Rank Y.M.

Surname W E L S H

Christian Name William

Units C. G. A. Theatre of War Eng

Date of Service 14/12/17

Remarks

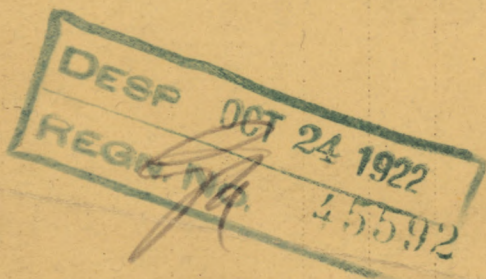
Latest Address 49
27 Chestnut St.
Charlottetown

Roll No a Page 2826 P.E.I.

Class G" # 117130 (15-4-58)

113 Longworth Avenue,
Charlottetown, P.E.I.

3rd Issue Class "C" # 115513 (17-11-60)
Box 10, Dorchester, N.B.



P. 878.

Extract No. ~~10~~ **7**

Unit. - ~~CFA~~

Date:-

Reg. No.

Rank

Name

Struck off Strength of O.M.F. of C.
on transfer to C.E.F. Canada. **MD6**

2643867 **GNR**

WELSH. N. WS

Canada

18 1 19

Acted on

Ledger Ck.

X-413b.

C.R. No.

P./R.L.

Date

CONFIRMATION OF CABLE.

(PAYCANEX)

This space to be for numbers.

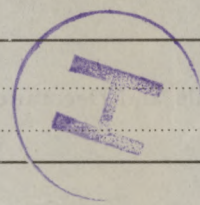
7-2-34



Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No.	2643867
Rank	Gunner
Surname	WELSH <i>Welsh</i>
Christian name	William
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	C.S. of Gunnery
Date of discharge	19-2-19
Place of discharge	Charlottetown, P.E. Island



1. DESCRIPTION AT THE TIME OF DISCHARGE.

	Descriptive marks
Age.....27.....years.....months.	
Height.....5.....feet.....7½.....inches.	NIL
Complexion	RUDDY
Eyes	BLUE
Hair	BROWN
Trade	FARMER
Intended place of residence (To be given as fully as practicable.)	29 Chestnut Street Charlottetown, P.E.I.

2. The above-named man is discharged in consequence of

C.E.F..R.O.1420

Authority for discharge.....DEMOBILIZATION.....

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

*noted
by*

5. He is in possession of the following number of G. C. Badges

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company, (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....*Charlottetown, P.E.I.*.....

(Date).....

Commanding.....

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place).....*Charlottetown, P.E.I.*..... (Signature of Soldier.)

(Date).....*July 19-1919*..... (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.... (the date to which the Record of Service is completed)years.....days.

Total.....years.....days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place)*Charlottetown, P.E.I.*.....

(Date).....*July 19th 1919*.....

(Signature)

J. P. Ritchie
for the Sub-Inspector "A."

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

List of Discharge Documents.

No.	Description of Document	Date
1	Statement of Service	1862
2	Statement of Discharge	1862
3	Statement of Pay	1862
4	Statement of Property	1862
5	Statement of Medical History	1862
6	Statement of Character	1862
7	Statement of Conduct	1862
8	Statement of Ability	1862
9	Statement of Health	1862
10	Statement of Education	1862
11	Statement of Family	1862
12	Statement of Religion	1862
13	Statement of Political Opinions	1862
14	Statement of Social Opinions	1862
15	Statement of Moral Opinions	1862
16	Statement of Intellectual Opinions	1862
17	Statement of Physical Opinions	1862
18	Statement of Mental Opinions	1862
19	Statement of Spiritual Opinions	1862
20	Statement of General Opinions	1862

I hereby certify that the foregoing documents are unaltered.

Under Command

718 - In the case of a man discharged by purchase, the date and number of papers received, and amount of time he has served, are to be stated.

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263 Squadron } Battery } Conduct Sheet, " B. 263a Company } or Field Conduct Sheet " W. 178 Copies of Convictions, by C. P. in MS. Med. Hist. Sheet, Militia form B. 313 Casualty Form " W. 54 Medical Report for Invalid§ " B. 227 Dental History Sheet " B. 465 Last Pay Certificate " W. 44 Duplicate Discharge Certificate " W. 39A ‡Form of Will " W. 82 §Only if discharged "Medically unfit." ‡Only if man has not been overseas.	Attestation Paper Militia Form W. 23 or Particulars of Recruit " W. 133 Proceedings on Discharge " B. 218
In the case of recruits who are rejected on final approval, the discharge documents will consist of (a) Proceedings on Discharge. (b) Attestation. (c) Medical History Sheet.	

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.