

ATTESTATION PAPER

No. 38

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

Folio. 531065

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS)

1. What is your name? *Alpheus Dominic Rideout Garcin*
 2. In what Town, Township, or Parish, and in what Country were you born? *Roseblanch, Newfoundland.*
 3. What is the name of your next-of-kin? *May Garcin (wife)*
 4. What is the address of your next-of-kin? *2620 Work St. Victoria B.C.*
 5. What is the date of your birth? *23rd January 1879.*
 6. What is your trade or calling? *Bookkeeper*
 7. Are you married? *Yes*
 8. Are you willing to be vaccinated or re-vaccinated? *Yes*
 9. Do you now belong to the Active Militia? *No*
 10. Have you ever served in any Military 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*
- A.D.R. Garcin* (Signature of Man.)
R.L.H. Sait (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Alpheus Dominic Rideout Garcin*, do solemnly declare that the above answers made by me to the above questions 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 *June 12th 1915* *A.D.R. Garcin* (Signature of Recruit.)
R.L.H. Sait (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Alpheus Dominic Rideout Garcin*, 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 *June 12th 1915* *A.D.R. Garcin* (Signature of Recruit.)
R.L.H. Sait (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 *Esquimaux B.C.* this *12th* day of *June* 191*5*

S. Paul (Signature of Justice.)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

Selby (Signature)
Selby (Signature of Approving Officer.)
Licut. Colonel (Approving Officer.)

DESCRIPTION OF Alpheus Dominic Rideout ^{Garcin} ON ENLISTMENT.

Apparent Age 35 years months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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.)

Height 5 ft. 7 1/2 ins.

Chest measurement { Girth when fully expanded 38 ins.
 Range of expansion 3 ins.

Complexion Ruddy

Eyes Brownish Grey

Hair Dark

Religious Denominations { Church of England X
 Presbyterian
 Methodist
 Baptist or Congregationalist
 Other Protestants
 (Denomination to be stated.)
 Roman Catholic
 Jewish

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 June 12th 1915

Place Esquimaux B.C.

Wallace W. Burriss Capt R.C.M.C.

H. L. Burriss Capt R.C.M.C.
 Medical Officer, Board

*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

Alpheus Dominic Rideout ^{Garcin} 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.

Date July 23rd 1915

Sett (Signature of Officer.)
 O.C. NO. 5. "OVERSEAS" GENERAL HOSPITAL C.E.F.

Card 20
7/4/16

ATTESTATION PAPER

No. 38

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

Folio.

OK

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

- | | |
|--|--------------------------------|
| 1. What is your name?..... | Alpheus Dominic Rideout Garcin |
| 2. In what Town, Township, or Parish, and in what Country were you born?..... | Roseblanch, Newfoundland. |
| 3. What is the name of your next-of-kin?..... | May Garcin, (Wife) |
| 4. What is the address of your next-of-kin?..... | 2620 Work St., Victoria, B.C. |
| 5. What is the date of your birth?..... | 23rd., January, 1879. |
| 6. What is your trade or calling?..... | Bookkeeper |
| 7. Are you married?..... | Yes |
| 8. Are you willing to be vaccinated or re-vaccinated?..... | Yes |
| 9. Do you now belong to the Active Militia?..... | No |
| 10. Have you ever served in any Military Force?.....
<small>If so, state particulars of former Service.</small> | No |
| 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 |

Alpheus D. Garcin (Signature of Man.)
Al R. Gait (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Alpheus Dominic Rideout Garcin*, do solemnly declare that the above answers made by me to the above questions 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 June, 12th., 1915.
Alpheus D. Garcin (Signature of Recruit.)
Al R. Gait (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Alpheus Dominic Rideout Garcin*, 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 June, 12th., 1915.
Alpheus D. Garcin (Signature of Recruit.)
Al R. Gait (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 Esquimalt, B.C. this 12th. day of June, 1915.

So. Gait (Signature of Justice.)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

S. Gait (Approving Officer.)

DESCRIPTION OF Alpheus Dominic Rideout Garcin ON ENLISTMENT.

Apparent Age 35 years months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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.)

Height 5 ft. 7½ ins.

Chest measurement	{	Girth when fully expanded <u> </u> <u>38</u> ins.
		Range of expansion <u> </u> <u>3</u> ins.

Complexion Ruddy

Eyes Brownish grey

Hair Dark

Religious Denominations	{	Church of England <u> </u> <u>X</u>
		Presbyterian <u> </u>
		Methodist <u> </u>
		Baptist or Congregationalist <u> </u>
		Other Protestants <u> </u> <small>(Denomination to be stated.)</small>
		Roman Catholic <u> </u>
Jewish <u> </u>		

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 June, 12th., 1915.

Place Esquimalt, B.C.

M. B. Burris Capt MC
W. A. Blaine Capt MC
 Medical Officer *W. A. Blaine*

*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

Alpheus Dominic Rideout Garcin 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.

Date July 28th 1915.

[Signature]
 Lt. Colonel
 O.C. NO. 5, "OVERSEAS" GENERAL HOSPITAL C.E.F.
 (Signature of Officer.)

REGIMENTAL DOCUMENTS

NAME *Garcin Alphons Donnie Rideout* REGT. NO. *3638* UNIT _____ H. Q. FILE NO. _____

S

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

- ATTESTATION PAPER (M.F.W. 23, 133, or 51)
- CASUALTY FORM (M.F.W. 54 or A.F.B. 103)
- TRAINING HISTORY SHEET (M.F.W. 113)
- FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)
- REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)
- COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)
- MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)
- DENTAL HISTORY SHEET (M.F.B. 465)
- MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)
- MEDICAL EXAMINATION (M.F.W. 129)
- TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)
- PROCEEDINGS, COURT OF INQUIRY (M.F.B. 393 or A.F.A. 2)
- DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)
- LAST PAY CERTIFICATE (M.F.W. 44)
- PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)
- PARTICULARS OF CHARACTER (A.F.W. 3226)
- COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

M

H

03446 Category

DEATH

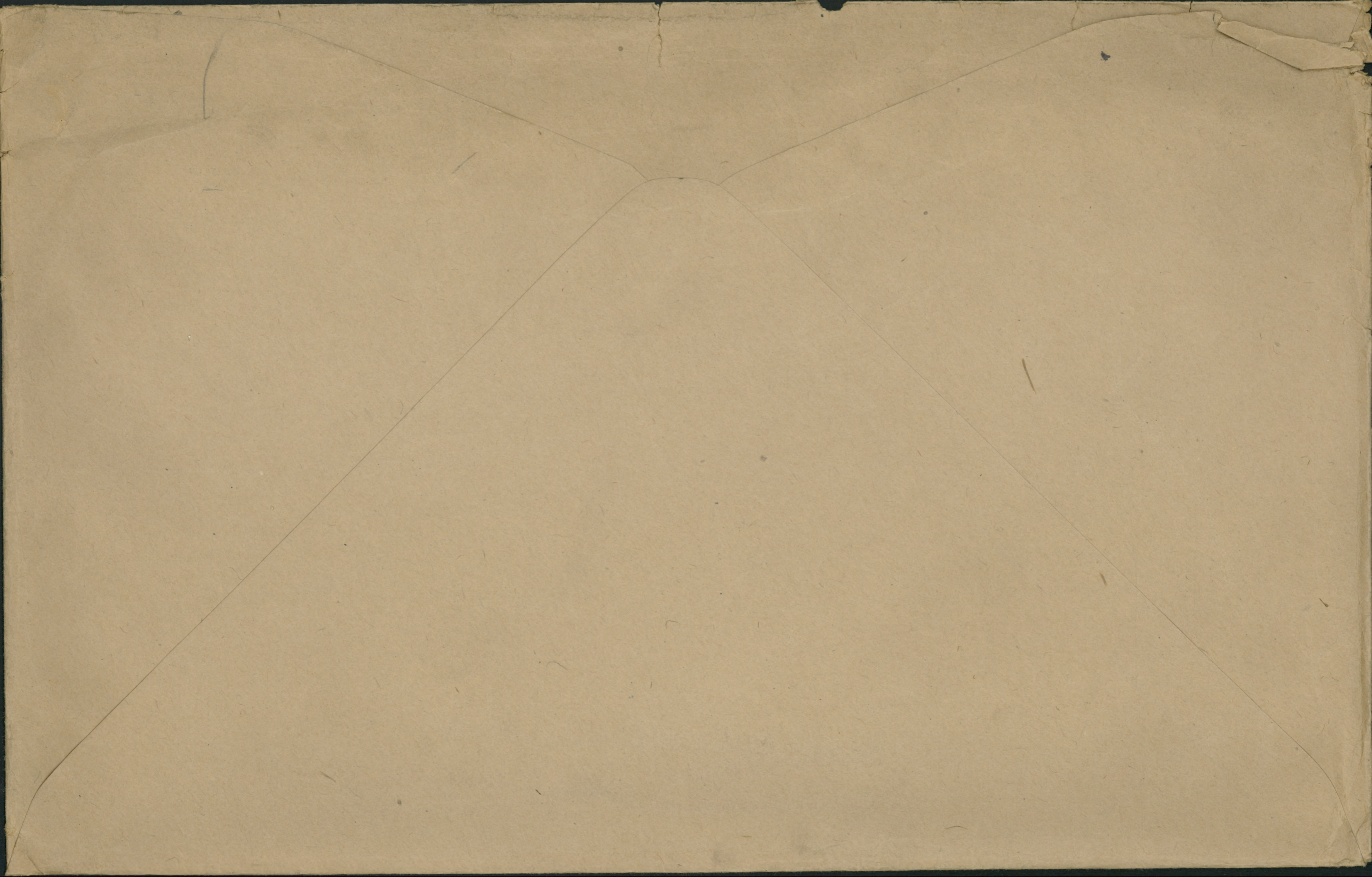
DISCHARGE

Category *Common*
all

DESERTION

H

R 122
Misc



SURNAME.

Garcin.

CARD NO.

CHRISTIAN NAMES

Alphons Louis Ridesur

*S.O.S. Dis. 31-12-17 0/8.
Com. S.A. 16-25-390
8-6-15*

REGL. No.

521065

RANK

Pte.

UNIT

No. 5. General Hospital.

FORMER CORPS

Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Garcin. Mrs. May.

RELATIONSHIP TO SOLDIER

Wife.

*381 O'Leed Ave. Victoria ~~itoria~~
B.C.*

S.A.A.P. 11-9-19

COUNTRY OF BIRTH

Newfoundland. Roseblanch.

DATE

Jan. 23rd. 1879

PLACE OF ATTESTATION

Esquimaux, B.C.

DATE

June 12th. 1915.

(S.A.A.P. Apr. 10/16) 0/5 278-15 ²⁰⁵/₄

MARRIED

Yes.

SINGLE

WIDOWER

TRADE OR CALLING

Book keeper.

RELIGION

Church of England.

DESCRIPTION.

APPARENT AGE

35-

YEARS

0.

MONTHS

HEIGHT

5-

FEET

7 1/2.

INCHES

CHEST MEASUREMENT

38.

INCHES

EXPANSION

3.

INCHES

COMPLEXION

Ruddy.

EYES

Brownish grey.

HAIR

Dark.

DISTINGUISHING MARKS

Nil.

MEDICAL EXAMINATION.

PLACE

Esquimaux B. C.

DATE

June, 12th, 1918.

92 *mm*

Number 521065 Rank Cpl

Surname GARCIN

Christian Name Alpheus Dominic Rideout

Units C.A.M.C. Theatre of War Salonica
508 Comm in Imp Army 31-12-17.

Date of Service Auth came P.H.T. 20 25 d/ 25-1-18

Remarks War office Roll # 2 Page 123
W.O. N/W/9/1783 of 575720

Latest Address _____

Roll No. B. Page 22495

200m.-2-21.M.



R-122

Rank Name GARCIN, Alpheus Dominic Rideout. Reg'l No. 521065
 Unit No. 5. Can. Gen. Hosp. If in perm. Corps, Married or Single Married.
 What Unit?

Place and Date of Enlistment Esquimalt. B.C. June 12th 1915 Place of Birth Roseblanch, Newfound-land.

Name and Address, Next-of-Kin May Garcin. 2620 Work St. Victoria. B.C. ✓
 Relationship Wife.

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

N/E. R.B. NS 2009
 File No. 23-6266
 Category Comm

Discharge, Date and Place Reason Character

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 per C.A. Scandinavian	England	5/9/15	
17-11-15	D.H.A.G.	Embarked for Overseas (Salonika - M 67)	Shampton	16-11-15	Hom. Roll
6-5-17	5 Gen Hosp.	Promoted cpl.	3 rd Ech 5 th H.Q.	14-3-17	110.18.
6-9-17	C.M.H.	Att for S.G. 35 from 5 Gen Hosp cpl	Liverpool	5-9-17	105
2-9-17	5 Gen Hosp	S.O.S of B.S.F on proceeding to United Kingdom for duty	3 rd Ech 5 th H.Q.	16-8-17	35.
29-10-17	"	In com to D.F.E Aldershot	cpl Liverpool	30-9-17	Cancelled by B.I.O. 167 d/16-11-17
16-11-17	"	S.O.S to C.A.M.S. Depot	cpl Liverpool	30-9-17	B.I.O. 321 d/17-11-17 CAME Depot.
17-11-17	CAME Depot	In com to A.S.C. Cadet School Aldershot	" 5 th cliffe	30-9-17	321.

R.F.B. 193 CHECKED
27 SEP 1917

M/E

over.

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				
9.4.18.	5. Gen. Hay	Leaves att. to C.M.H. Liverpool on return to No 5. C.G.H.	Liverpool	13.10.17	Pt II 79
25-1-18	6. M. S. D.	So. on being discharged in British Isles on app ^t to Commission	S'cliffe	31.12.17	Pt II o. 25.

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

nd
B.L.
Name *Garcia*
Surname
Alpheus
Christian Name

Regimental Number

Rank *2nd Lt.*

Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Rates:—Regimental pay \$ per diem; Field Allowance \$ per diem. Separation Allowance \$ per month.

L.L. 53961—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

M. F. W. 127
300M-1-19
1772-39-1140

Remarks :

Imp Gratuity

File No. 6651-a-75

WAR SERVICE GRATUITY.

Register No. I-4-10

Reg. No. 521065 2nd Lt

Dependent _____

Name Garcia Alpheus

Address 19-R. Garcia

Address 381 Obed Ave
Victoria B.C.

Pay Soldier \$ _____

Pay Dependent \$ _____

Days _____ Rate _____ Due _____

Less P.D.P. credited _____

Clerk _____

Less further Dr. Bal. _____
or overpayment.

Net _____

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
1					1			
2					2			
3					3			
4					4			
5					5			
6					6			

*EMM. SIB.
under A or A.D.R.
Garcia*

Imp Gratuity

GEN'L AUDITOR
Posting checked by
.....
Date.....

381 Meed ave

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
20m.—5-15.
H. Q. 1772-39-819.

To Whom

Address

Rate

By Whom Assigned

Regtl. No.

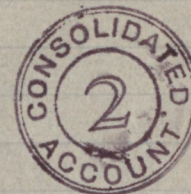
Rank

Corps

Wife
Mrs. M. Garcia~~*2670 Work St.*~~~~*David Ave.*~~ *Victoria B.C.**Fitticom P.O.**22⁰⁰* SEP 1 1915*\$ 20.⁰⁰ 2M 9/5/16 Etd 11/1/16*
*MAY 1915**Garcia A. W. R.*
*(521065)**Pki.*
#5 Gun Hospital C.E.F.

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.		<i>176907</i>	<i>22 -</i>	
Oct.		<i>08117</i>	<i>22 -</i>	
Nov.		<i>29790</i>	<i>22</i>	
Dec.		<i>59124</i>	<i>22</i>	
Jan.	1916	<i>011808</i>	<i>22</i>	
Feb.		<i>111091</i>	<i>22</i>	
March		<i>14850</i>	<i>22</i>	



OVERSEAS COMPANIES
ASSIGNED PAY
MONTHLY AND BONUS

By Whom Assigned

Recd. No.

Rate

Code

PAYMENTS

REMARKS

11/18/50

11/11/50

11/11/50

2012

1912

To Whom

Address

Date

Rate

Code

Rate

Code

Rate

Code

Rate

Code

Rate

Code

Rate

Code

Rate

Code

Rate

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

Sheet No. 2.

L. L. Job 8902.—Req. 6213.

Mrs A. Garcin (Wife)

Name of Soldier

Garcin A W R.
5 Ghosh

Month.	Year.	Cheque No.	Amt.	Remarks.
				22 20 ⁰⁰
April	1916	S 1101	22	
May		H 4044	22	
June		W 2733	22	
July		J 8915	22	
Aug.		R 12921	14	14 ⁰⁰ to adjust
Sept.		H 16473	20	
Oct.		H 2027	20	
Nov.		F 26787	20	
Dec.		J 32674	20	
Jan.	1917	I 37797	20	
Feb.		J 44162	20	20 m.
March		G 50081	20	20 B.
April		C 1617	20	20 Ch.
May		D 7930	20	
June		F 14882	20	20 W.
July		J 21897	20	B.
Aug.		L 28770	20	B.
Sept.		Q 35298	20	B 381 Obed and Victoria Bk 79-798
Oct.		C 41411	20	
Nov.		V 47913	20	
Dec.		S 57439	20	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

SR

Ch

mrc

SR

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

12-6-15

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

Name Mrs May Garcin

Name of Soldier Garcin Alpheno D.R.

Address 2620 Work St

Regtl. No.

David Ave. Victoria

Rank Pte

Tillecum P.B.C.

Corps No 5 Gen Hospital

Relation to Soldier

To what Corps belonging

wife, child or mother

wife

when called out

J ✓

PAYMENTS

42229 M. CO.

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.		N 2788	52	52
Sept.		715454	20	20
Oct.		77099	20	20
Nov.		818662	20	20
Dec.		18525	20	20
Jan.	1916	M 17766	20	20
Feb.		20584	20	20
March		32374	20	20



1. 2. 3.
4. 5. 6.
7. 8. 9.

10. 11. 12.
13. 14. 15.

16.

17.

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Mrs May Garcin

PAYMENTS.

Name of Soldier.

Garcin Alphens. D.R.

L. L. Job 89002.-Req. 6213.

Pte.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	K 1807	20	20
May		Q. 5467	20	20
June		D 3703	20	- 20
July		W 9958	20	20
Aug.		S 13541	20	20
Sept.		K 15936	20	20
Oct.		Q 18441	20	20
Nov.		U. 22292	20	20
Dec.		W 25036	20	20
Jan.	1917	V 28441	20	20
Feb.		V 31609	20	20
March		V 34498	20	20
April		V 977	20	20
May		V 4223	20	20
June		Z 7077	20	20
July		16821	20	20
Aug.		14197	20	20
Sept.		F 18369	20	20
Oct.		K 20392	20	20
Nov.		X 22944	20	20
Dec.		C 26863	20	20
Jan.	1918			612 SR.
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier.....

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

Rank _____ Name **GARCIN, Alpheus Dominic Rideout.** Reg'l No. **521065** P-56
 Unit **No. 5. Can. Gen. Hosp.** If in perm. Corps, }
 What Unit? } Married or Single **Married.**
 Place and Date of Enlistment **Esquimalt. B.C. June 12th 1915** Place of Birth **Roseblanch, Newfound-**
-land.
 Name and Address, Next-of-Kin **May Garcin, 2620 Work St. Victoria, B.C.**
 Relationship **Wife.**

Assigned Pay Monthly \$ ~~22.00~~ ^{20.00 1/5/16} Payable to: *Next of kin as above.*
 Relationship _____

Separation Allowance \$ _____ Payable to _____
 Relationship _____

JAN 22 1919

Discharge, Date and Place _____ Reason _____ Character _____

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.		
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date								
1915																			
Sept	1-30	30	1.00	30.00	30	1.00	30.00	10.00	43.00			4.87							
												4.87	22.00		31.74	11.26			
Oct	1-31	31	"	31.00	31	"	31.00	11.26	45.36			4.87							
												7.30	22.00		34.17	11.19			
Nov.	1-30	30	"	30.00	30	"	30.00	11.19	44.19			4.87	22.00		22.00	22.19			
												2.43							
Dec	1-31	31	"	31.00	31	"	31.00	22.19	56.29			4.87	22.00		34.17	22.12			
Jan	1-31	31	"	31.00	31	"	31.00	22.12	56.22			4.87	22.00		26.87	29.35			
Feb	1-29	29	"	29.00	29	"	29.00	29.35	61.25			4.87	22.00		26.87	34.38			
1/3	30/3	31	1	31	31	10	31.00	34.38	68.48			4.86	22		26 86.44	62			
				213.00				21.30	10.00	244.30			456.87	157.00			202.68	147.62	

Carried forward to
 Large Ledger sheet

Casualty Form—Active Service.

Church of England.

Regiment or Corps *No. 5 "OVERSEAS" GENERAL HOSPITAL C.E.F.*

Regimental No. *521065* Rank *Private* Name *Garcin, Alpheus, Dominic Rickout*

Enlisted (a) *12/6/15* Terms of Service (*one year or 1*) *(a) duration of war* Service reckons from (a) *12th June 1915*

Date of promotion } *14/3/17* Date of appointment } Numerical position on }
to present rank } to lance rank } roll of N.C.Os. }

Extended _____ Re-engaged *Group 37 (Bookkeeper) M.V.* Qualification (b) _____

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				
Embarked Southampton 16-11-15. Dis-embarked Salonica 20-12-15. H.S. Asturias.					
29.4.17.	O.C. No. 5 Can. Gen. P.	Promoted Corporal, 14 th Anthy; C.A.M.C. Orders, No. 82, dt. 5-4-17.	<i>England</i>	<i>5.9.15</i>	<i>in the field.</i> 14.3.17. B.213. <i>imp</i> D 1810, 18 D-1157 1917. ✓
19.8.17.	— — —	Struck off strength of B.S.F. on proceeding for duty 5th L.C. Anthy; M.C. 244, dt. 15.8.17.	— — —	16.8.17.	B.213 <i>imp</i>
25.8.17.	M.L.O.	Embarked for Taranto.	Salonica.	16.8.17.	E.238 <i>imp</i> D 181036 D-2191 1917. ✓
6.9.17.	b. mil HP	Taken on strength from 5th Gen Hosp.	Liverpool	5.9.17	<i>P.H. No. 411</i> <i>W.P. Reid</i> CAPT: FOR LT: COL: I/C RECORDS, C.O.M.F.
30.10.17.	Purpose	Struck off strength on proceeding to O.T.C.	Aldersholt.	30.10.17.	P.2. B.O. 151. <i>Wes Clarke</i> 29.10.17. CAPT. C.A.M.O.: FOR O.C. NO. 5 CANADIAN GENERAL HOSPITAL, LIVERPOOL.

Mr. H. Garcin, 2620 Wood St., Victoria, B.C.

Next of kin *imp*

CERTIFIED CORRECT.
2-63157
CAN. RECORDS LONDON.

(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.

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				
		<p>DISCHARGED IN ENGLAND, K. R. & O. PAR. 392, SEC. XXV.</p> <p><i>Hewitt</i></p> <p>Lieut. Officer Commanding, No. 2 Canadian Discharge Depot,</p>			

3165

ADJUSTMENT OF IMPERIAL
WAR SERVICE GRATUITY

File No. *6651-a-15*
Register No. *J.G. 10*

AWARD

Final Imperial *521065* Rank *Pvt.* Imperial Unit from *same*
Regimental No. which discharged *P.A.F.*

SOLDIER.	DEPENDENT.
<i>Alphus Garcia</i> (Christian Names) (Surname)	<i>Pending</i>
Address <i>381 Obed Ave.</i> <i>Victoria</i> <i>B.C.</i>	Address

SERVICE.

Imperial Years Days.
C.E.F. Years Days. Total Service Years.

Soldier eligible for *31* Days at *70.00* Total \$ *70.00*
Dependent eligible for Days at Total \$
Grand Total \$ *70.00*

C.E.F. Gratuity or Post Discharge Pay Previously credited.

Soldier	\$	<input checked="" type="checkbox"/>
Dependent	\$	<input checked="" type="checkbox"/>
Total	\$	<input checked="" type="checkbox"/>

INTERIM

Imperial Gratuity Payable.

£	S.	D.

= \$

Further Debits—Overpayments. \$

Total to be deducted. \$

Net Due \$ 70.00

Pay soldier *1* payments at *70.00* on *3.1.20* Total \$ *70.00*
Pay soldier payments at on Total \$
Pay soldier payments at on Total \$
Total to soldier \$ *70.00*

Pay dependent payments at on Total \$
Pay dependent payments at on Total \$
Pay dependent payments at on Total \$
Total to dependent \$

REMARKS: *Pay under O.B. 3165. Dict. Write. P.M. 9/13 if P.S.A. was paid on this account and to whom. Advise Soldier that we are writing on S.G.*

Signed *B.F. Lib.* Date *Jan. 30th 1920*

GENERAL AUDITOR'S DEPT.

Award and computation.	Posting to Ledger Account.
Checked <i>A. H. ...</i>	Checked
Date <i>3/5/20</i>	Date

WAR SERVICE GRATUITY

AWARD

[Faint, illegible text and lines, likely a form or table with bleed-through from the reverse side of the page.]

5/14

File No. 6651-A-15

VERIFICATION FORM.

Register No. I.C.10

War Service Gratuity payable by the Canadian Government to Ex-members of His Majesty's Imperial Forces.

Final Imperial Regimetal No. NIL. Rank 2nd Lt. Imperial Unit from R.A.S.C. which discharged

Christian Names Alpheus Surname GARCIA

Address 381 Obad Avenue,
Victoria, B.C.

The above named claims service as follows:—

IMPERIAL SERVICE.

	Regimental Number.	Rank on Appointment, Enlistment or Transfer.	Unit. Regiment. Reserve Depot. (If R.A.F. state Squadron or Wing).
1st Enl.	<u>NIL.</u>	<u>2nd Lieut.</u>	<u>R.A.S.C.</u>
2nd Enl. or Transfer			
3rd Enl. or Transfer			
4th Enl. or Transfer			

CANADIAN SERVICE.

1st Enl.			
2nd Enl. or Transfer			

IMPERIAL SERVICE.

	Date of Appointment Enlistment or Transfer.	Date of Transfer, Retirement or discharge.	Rank on Transfer, Retirement or discharge.	Unit from which Transferred Retired or discharged.	Place of Transfer, Retirement or discharge.	Rank held at date of Retirement or Discharge.
1st Enl.	<u>7.1.18</u>	<u>5.6.19</u>	<u>2nd Lieut.</u>	<u>R.A.S.C.</u>	<u>Winchester or Pirbright</u>	<u>2nd Lieut.</u>
2nd Enl. or Transfer						
3rd Enl. or Transfer						
4th Enl. or Transfer						

CANADIAN SERVICE.

1st Enl.					
2nd Enl. or Transfer					

Are particulars of service as given above correct?
If not, give correct particulars of service.

1st Enl.					
2nd Enl. or Transfer					
3rd Enl. or Transfer					
4th Enl. or Transfer					

1. IF AN OFFICER—Was he cashiered or dismissed from the service by sentence of a Court Martial?

2. Did he resign or was he deprived of his Commission by reason of misconduct?

If so, give particulars.

3. If a Warrant Officer, N.C.O., or Man, was he discharged for misconduct or sentenced to be discharged with ignowiny?

4. Has he been sentenced to penal servitude, or has he been sentenced by Court-Martial to imprisonment for two years or more?

5. During his service has he been convicted by the civil power of any offence punishable by imprisonment for more than two years committed either before or after enlistment?

6. Was he discharged at his own request, or at the request of his parents or guardians on the ground that he was under age?

The foregoing is hereby certified correct.

Signature

Appointment

He claims to have received a Gratuity or Bonus for service in His Majesty's Forces amounting to £...100...s...0...d. 0

State amount of such Gratuity or Bonus (except Gratuity or Bonus for wounds, disability or distinguished service) to which entitled £.....s.....d

If applicant not entitled to Gratuity or Bonus as above, state reason.

He claims an allowance of £...Not stated...d per month was paid to..... as his dependent.....from.....to..... (Relationship) (Date) (Date)

Are particulars re Dependent's allowance as quoted correct?.....

If not, and allowance was paid, state periods for which issued and to whom paid.

PERIOD PAID.

ALLOWANCE PAID.

From.....To..... To

Address

If such Allowance was discontinued prior to Officer's or Soldier's retirement or discharge state reason.

For what rank was officer or soldier being paid at the date of his retirement or discharge.....

Certified that above particulars re amount of Gratuity or Bonus paid, Dependent's Allice., and rank for which paid at date of retirement or discharge, are correct according to my Records.

Signature

Appointment

C. E. F.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian Names *Alpheus* 2. Surname *Garsen*
3. Rank *Cpl.* 4. Original Unit *1st Gen Hosp* 5. Reg. No. *521065*
6. Address, in full, to which future payments of gratuity are to be forwarded
381 Ohio Avenue
Victoria B.C.
7. Date of enlistment in the C.E.F. *June 1915*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge
May Garsen
9. Relationship of such dependent
wife
10. Present address, in full, of such dependent
381 Ohio Avenue
Victoria B.C.
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?
Not applicable
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
I was out in the Balkans with
1st Gen Hosp - Nov 1915 - Aug 1917
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States?
Not applicable
14. Were you on active service only in Canada or the United States? If so, give particulars of units and dates of such service
Not applicable
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served
Two months half
in Can - 10 months in England
one year nine months in the Balkans with 1st Gen Hosp
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department
Not applicable
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.?
Not applicable

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. *Having served*

Two & 1/2 years in one unit, which was the No 5 Can Gen Hospital

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid *No*

20. Have you been issued with a War Service Badge? If so, what class? *No*

21. Have you, during the present war, served in the Imperial Forces? *Yes*

22. Are you entitled to received, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled

I have received 50 pounds from the Imperial Forces

23 (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England *No*

(b) If so, was such reversion in consequence of misconduct or inefficiency? *No*

24. Are you now serving in the C.E.F. *No* If not, give:—(a) Date of discharge

Jan 1st 1918 (b) Reason for discharge *Accepted a Commission in the Imperial Army*

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit *No*

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit

Served 1 3/4 years with No 5 Can Gen Hosp. at Salonica Greece.

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? *No*

(b) If so, are you in receipt of full pay and allowances from that Department? *No*

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: *A. Garen*

Place of Residence: *Victoria B.C. 381 Shea Avenue*

Declared before me at: *Victoria B.C.*

This *30* day of *June* 19*19*.

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of the Administration of Oaths.

Adrian Donald
A Justice of the Peace in and for the Province of British Columbia

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....
.....
.....

Certified Correct.

District Paymaster.

Imperial Service

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

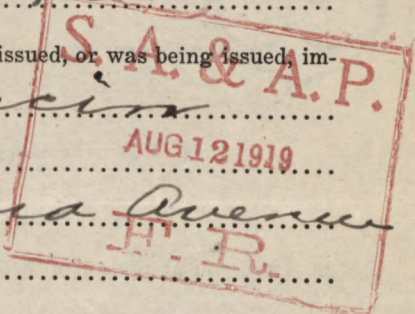
Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian Names *Alphons* 2. Surname *Garcia*
3. Rank *2nd Lt* 4. Original Unit *H. I. A. S. Co.* 5. Reg. No.
6. Address, in full, to which future payments of gratuity are to be forwarded *381 Obed Avenue Victoria B.C.*
7. Date of enlistment in the C.E.F. *June 1915*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *May Garcia*
9. Relationship of such dependent *wife*
10. Present address, in full, of such dependent *381 Obed Avenue Victoria B.C.*
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No*
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
Yes. Served with a Can. Unit No 5 Can Gun Hoop from June 1915 - Dec 1917 -
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? *Not applicable*
14. Were you on active service only in Canada or the United States? If so, give particulars of units and dates of such service *Served in California with No 5 Can Gun Hoop, also in France with the 4th Division Imperial.*
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served *Served with the Imp. Forces 1 1/2 years 2 1/2 years with the Canadian*
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department *Not applicable*
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *No*



18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. *Enlisted with the Canadian & transferred to the Imperial*

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid *I have received fifty pounds from the Imperial*

20. Have you been issued with a War Service Badge? If so, what class? *No*

21. Have you, during the present war, served in the Imperial Forces? *Yes*

22. Are you entitled to received, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled *Fifty Pounds from the Imperial*

23 (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England *No*

(b) If so, was such reversion in consequence of misconduct or inefficiency? *No*

24. Are you now serving in the C.E.F. *No* If not, give:—(a) Date of discharge *Jan 1st 1918* (b) Reason for discharge *Recieved a Commission in the Imperial Army*

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit *No*

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit *Yes at the Balkans, also in France*

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? *No*

(b) If so, are you in receipt of full pay and allowances from that Department? *No*

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: *A. Garcia*

Place of Residence: *3810 Bea Avenue Victoria B.C.*

Declared before me at: *Victoria B.C.*

This *30* day of *June* 19*19*

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of the Administration of Oaths.

A. J. McDonald
A Justice of the Peace in and for the Province of British Columbia

POST DISCHARGE PAY.				
Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....
.....
.....

Certified Correct.

District Paymaster.

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 Cpl Name A. D. R. Surname GARCIN
 Unit or Corps 1st Cante (If a soldier) Regt. No. _____
 Born at Rose Blanche, Newfoundland on, date 23-1-79
 Signature (for identification) A. Garcin

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

1. **PHYSIQUE**—Any deformity, maiming or lameness? If so, describe. No

Weight 168 lbs.
 Height 5 ft. 8 in.

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?** Normal

4. **RESPIRATORY SYSTEM?** Normal

5. **HEART?**
 Abnormal Sounds? No
 Abnormal Size? No
 Pulse Rate? 76 Intermittence or irregularity? No

6. **ARTERIES.**—Any hardening? No

7. **DIGESTIVE SYSTEM?** Normal

8. **GENITO-URINARY SYSTEM?**
 Urinalysis—s.g.? 1.026 Reaction? acid Albumen? None Sugar? None

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. No

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

Examined at London { Signed W. J. May M.O.
 Date 2 Jan 1918 { Signed J. Rogers 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.

Medical Examination upon leaving the Service

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

Orders, January 1862, require that every Officer upon leaving the Service for general service be examined by a Medical Board and Soldiers leaving the Service upon being discharged be examined by a Medical Board and the results of the examination to be reported on this Form.

Blank lines for name, rank, and other identifying information.

The examination shall be made jointly by two Medical Officers.

1. PHYSIQUE AND GENERALITY, including stature, weight, hair, eyes, nose, mouth, throat, chest, back, arms, hands, feet, and general appearance.

Blank lines for recording physical examination findings.

2. NUTRITION AND DIGESTION.

Blank lines for recording nutrition and digestion findings.

3. NERVOUS SYSTEM.

Blank lines for recording nervous system findings.

4. RESPIRATORY SYSTEM.

Blank lines for recording respiratory system findings.

5. HEART.

Blank lines for recording heart findings.

6. ARTERIES—Aorta, brachial, femoral, radial, ulnar, and tibial.

Blank lines for recording arteries findings.

7. DIGESTIVE SYSTEM.

Blank lines for recording digestive system findings.

8. GENITO-URINARY SYSTEM.

Blank lines for recording genito-urinary system findings.

9. EAR, NOSE, AND EYE.

Blank lines for recording ear, nose, and eye findings.

10. SPECIAL SENSES.

Blank lines for recording special senses findings.

11. OPINION AS TO THE HEALTH AND PHYSICAL CONDITION OF THE ONE EXAMINED.

Blank lines for recording the examiner's opinion.

If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the Surgeon-General of the Army or the Surgeon-General of the Navy for further action.

ORIGINAL MEDICAL HISTORY SHEET.

Surname Larcin Christian Name Alphons Domine Rideout

Examined { on 12th day of June 1915
at Esquimaux B.C.
Birthplace { City or Town Roseblanche
County Newfoundland

Approved by H.L. Burris
Rank Capt A.M.C. M.O.

Apparent age 35 years
Trade or occupation Book keeper
Height 5 Feet 7 1/2 Inches
Weight 156 Lbs.
Chest measurement { Minimum 36 inches
Maximum expansion 38 inches
Physical development Good
Small-Pox Marks None

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

12 OCT 1917

Vaccination Marks { Arm Right Left
Number None
When Vaccinated last Never

Date	Result	VACCINATIONS.
<u>8/15</u>	<u>Positive</u>	M.O.
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease None
(b) Slight defects but not sufficient to cause rejection None

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>6/7/15</u>		M.O.
<u>16/7/15</u>		M.O.
<u>20/7/15</u>		M.O.

Enlisted on 12th day of June 1915 at Esquimaux B.C.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	No. 5 "OVERSEAS" GENERAL HOSPITAL C.E.F.	<u>3628</u>		<u>12th June 1915</u>
Transferred to.. ..		<u>521065</u>		

CANADIAN

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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.

MARRIED OR SINGLE *Married*
 PLACE OF BIRTH *Roseblanch. Newfoundland.*
 NAME AND ADDRESS OF NEXT OF KIN *Mary Gardin
 2620 Work St. Victoria B.C.*
 RELATIONSHIP OF NEXT OF KIN *Wife*
 NAME AND ADDRESS OF NEXT OF KIN
 RELATIONSHIP OF NEXT OF KIN
 SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)
 PAYABLE TO
 RELATIONSHIP OF DEPENDANT

PARTICULARS		EFFECTIVE DATE
<i>Prom epl.</i>		<i>14/3/17</i>

ADMISSIONS TO HOSPITAL, &c.			
DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL
<i>No trace of Small Ledger Sheets.</i>			
<i>No trace of Small Ledger Sheets.</i>			
<i>W. H. S.</i>			

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE			
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1		2	
			\$	C.			\$	C.			\$	C.				No.	DATE	No.	DATE
			213				21	30						10	244.30				
<i>Apr 30</i>	<i>30</i>	<i>1.00</i>	<i>30.00</i>		<i>30</i>	<i>.10</i>	<i>3.00</i>								<i>33.00</i>	<i>88</i>	<i>2/4</i>		
<i>May 31</i>	<i>31</i>		<i>31</i>		<i>31</i>		<i>3.10</i>								<i>34.10</i>	<i>104</i>	<i>2/5</i>	<i>96</i>	
<i>June 30</i>	<i>30</i>		<i>30.00</i>		<i>30</i>		<i>3.00</i>								<i>33</i>			<i>102</i>	
<i>July 31</i>	<i>31</i>		<i>31</i>		<i>31</i>		<i>3.10</i>								<i>34.10</i>	<i>121</i>	<i>3/16</i>	<i>130</i>	
<i>Aug 31</i>	<i>31</i>		<i>31</i>		<i>31</i>		<i>3.10</i>								<i>34.10</i>			<i>139</i>	
<i>Sept 30</i>	<i>30</i>		<i>30.00</i>		<i>30</i>		<i>3.00</i>								<i>33.00</i>	<i>149</i>	<i>17.8.16</i>	<i>158</i>	
<i>Oct 31</i>	<i>31</i>		<i>31</i>		<i>31</i>		<i>3.10</i>								<i>34.10</i>	<i>177</i>	<i>2.10.16</i>		
<i>Nov 30</i>	<i>30</i>		<i>30</i>		<i>30</i>		<i>3</i>								<i>47.9.70</i>	<i>168</i>	<i>18.9.16</i>		
<i>Dec 31</i>	<i>31</i>		<i>31</i>		<i>31</i>		<i>3.10</i>								<i>33</i>	<i>186</i>	<i>28.11.16</i>		
<i>Dec 31</i>	<i>31</i>		<i>31</i>		<i>31</i>		<i>3.10</i>								<i>34.10</i>	<i>186</i>	<i>20.1.16</i>		
<i>Jan 31</i>	<i>31</i>		<i>31.50</i>												<i>222</i>	<i>18/12</i>			
<i>Feb 28</i>	<i>28</i>		<i>30.80</i>												<i>34.10</i>	<i>213</i>	<i>2/12</i>	<i>230</i>	
<i>Mar 31</i>	<i>31</i>		<i>34.10</i>												<i>30.80</i>	<i>239</i>	<i>17/1</i>		
			<i>601.10</i>												<i>10</i>	<i>264</i>	<i>2/3</i>		
			<i>635.80</i>												<i>10</i>	<i>256</i>	<i>16/2</i>		
															<i>10</i>	<i>247</i>	<i>2/2</i>	<i>273</i>	
															<i>10</i>	<i>645.80</i>			

AUTHORITY
 220.82-94/17
 455

REG'L. No. *521065* RANK *Cpl* NAME *Garcin A.O.B.*
 IF IN PERMT. CORPS } UNIT *5 Gen. Hosp.* TRANSFERRED TO *C.A.M.E.D* DATE *1/1/18* AUTHORITY *321 17/11/17*
 WHAT UNIT }
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY
 PLACE OF ATTESTATION *Esquimault-* TRANSFERRED TO DATE AUTHORITY
 DATE OF ATTESTATION *June 12th 1915* TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY \$ *22* DATE EFFECTIVE *1/9/15*
20 *15/16*
 PAYABLE TO *Mr May Garcin, 2620 Avon St. Victoria B.C.* RELATIONSHIP
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
 PAYABLE TO RELATIONSHIP
 JAN 22 1918

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) *2/1/18* EFFECTIVE *1/2/1918* REASON *Commission Impl Army*
 DISCHARGE DATE AND PLACE *Comm Imp. Army 31/12/17* REASON AND AUTHORITY *A93a(ii)2-g-1284*
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DLS			CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
DATE	No.	DATE	1	2	3	4				CREDIT	DEBIT			
							4868.	154	20268	4162				
			486				2200		2686	4776				
			487	487			20		2974	5212				
				973			20		2973	5539				
			486	484			20		2945	5946				
				484			20		2484	6899				
			487	487			20		2974	7225				
			486				20		2972	7663				
			2433				20		40307					
			486				316		4919	6044	20	4044		
			486				20		2486	6968				
			487				20		3461	6917				
			487	487			20		2487	7510				
			487				376		3666					
			487	487			20		3948	6972				
			924538	954868			396		57608					

Small Ledger Sheet

110

521065. *Cpl* Garvin A. D.R.

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS		
	NO. OF DAYS	RATE	AMOUNT	NO. OF DAYS	RATE	AMOUNT				NO. OF DAYS	RATE	AMOUNT	1	2	3	4
1917			635 80					10	645 80					92 45	38 95	48 68
Apr 30	105/10		33						33							
May 31			34 10						34 10	292 2/4				4 86		
June 30			33 --						33 --	290 15/4				4 87		
July 31			34 10						34 10	298 2/3				4 87		
Aug 31			34 10						34 10	306 17/5				4 87		
Sept 30			33						33	345 48				4 86		
			837 10					10	847 10	337 17/7				4 86		
										329 3/7						
														131 37	38 95	48 68

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER. SEP. RED. ALLGE. PAY ENG.
-------	-------------	------	------	-------------	------	------	------	------	---------	----------------------------------

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER. SEP. RED. ALLGE. PAY ENG.
309	br Bal	112 75							112 10	
Oct	P. O.	34 10		a.p.l					20	
				299 AR. 10-9-17 S.G.H. 2/20	48 67					
				A.R. -- CMHL 2 2/2	9 73				67 80	
		34 10			58 40					
Nov	Cpl P.	36		a.R. 14 30/10 Aldersholt.	14 33					
Dec	Cpl P.	37 20							20	
	P.S. to Cpls pay 243 days @ 10% 14/3/17 to 31/10/17	24 30							20	
1918	Jan	97 50		19330 AR. Rem 1/18	24 33				76 64	
				Jan Case a.P.	48 66				37 20	
				CP 30565 20/21/17	34 07				113 84	
		37 20		" 59156 21/1/18	34 07				88 14	
					68 14				25 70	
		37 20							25 70	
				<i>Cpl P.</i>					20	
				Overcredited 11 days @ 10% diff in pay of rank. Jan 1918					110	
				Overcredited 47/8 - 34 7/8					37 20	
				31 days at 10%					38 30	
									12 60	

MONTH	PARTICULARS	CR.1	CR.2
	Balance Forward		
June	Refund of Bal Cr. To.		12
Oct	Debit Suspense		12
	Adj of Exchange.		01
			01

Carried Forward

MENTS		ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
3	4				CREDIT	DEBIT			
48 68		396		576 08	69 72			Nil	
		20		20	82 72			-	
		20		29 73	87 09			-	
		20		24 87	95 22			-	
		20		24 87	104 45			-	104 45.
		20		20	118 55			-	nil.
		20		39 45	112 10			-	
48 68		516 -		735 00	112 10				

CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER. SEE RED. ALLOC. PAY ENG.
------	------	-------------	------	------	------	------	---------	---------------------------------------

							12 60	
							01	

Handwritten notes and scribbles on the right side of the page, including some red markings and illegible text.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Liverpool 6/9/ 1917.

No. 521065 Rank Capt Name Garcin, A.

Local Unit CAMB Overseas Unit Western Gen Hosp Age 38

Examination held at C.M.H. Liverpool

DISABILITY.
~~Overseas-Local~~
(SCRATCH ONE OUT). None

PRESENT CONDITION.

BOARD RECOMMENDS: A III

1. Fit for Duty
2. Fit for duty after weeks' physical training.
3. Fit for temporary Base Duty weeks
4. Fit for Permanent Base Duty
5. Discharge

Signatures:-

(Wm Broughton Major President.

Members (H. A. ...

(Dr ...

(

APPROVED

Dated 6/9/ 1917. Wm Broughton Major

PROCEEDINGS OF A MEDICAL BOARD

Date of *Examination* at *London* 1917

Name *John Smith* Rank *Major*

Local Unit *100th Cavalry* Overseas Unit *100th Cavalry*

Examination held at *London*

DISABILITY
Overseas local
(Scratch one out)

PRESENT CONDITION

- BOARD RECOMMENDATIONS
1. For *Temporary* base pay *10 weeks*
 2. For *Temporary* base pay *10 weeks*
 3. For *Temporary* base pay *10 weeks*
 4. For *Permanent* base pay *10 weeks*
 5. For *Permanent* base pay *10 weeks*

President

Members

APPROVED

Date *1/1/17*

For A.D.M.S.

This space to be left blank for the Chelsea Number.

Army Form B. 268.

Proceedings on Discharge.

23-5 266

2022.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 521065. Army Rank *lpl.*

Name *Garcin, Alpheus Domic Rideout.*
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps *No 5. 6 Gun Hosp.*
Battalion, Battery, Company, Depot, &c. *Camb.*
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge *31-12-17.*

Place of discharge *No. 2. C. D. D. London.*

1. Description at the time of discharge.

Age <i>38</i> years <i>11</i> months	Descriptive marks. <i>1 Sac Lt arm.</i>
Height <i>5</i> feet <i>8</i> inches	
Chest measurement { girth when fully expanded <i>38</i> ins. range of expansion <i>3</i> ins.	
Complexion <i>Dark.</i>	
Eyes <i>Grey.</i>	
Hair <i>Dark.</i>	
Trade <i>carpenter.</i>	
Intended place of residence (To be given as fully as practicable) { <i>Sir. C.R. The Gunpowder Barr & Co</i> <i>Parson St. W.</i>	

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of *Commission in the*
A. S. C. 1-1-18 - Auth Army test A. G. 3.9.11 2-
4-1284. of. 14-1-18.
RR 40.392. x 10

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character:— **VERY GOOD**

4. Character awarded in accordance with King's Regulations:—

MILITARY CHARACTER. VERY GOOD
14/15 Star
29-10-20
RR.

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

[Signature]
Initials of Commanding Officer.
2 CANADIAN DISCHARGE DEPOT

Army Form B. 2088 has been issued to*

* Strike out if not applicable.

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Not applicable

Classification for service, or proficiency pay... .. Class _____

6. Campaigns, Medals and Decorations

London 22 Mos

Certificate of education *Not applicable*

Should write

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) _____
(Date) *31/12/17*

[Signature]
Commanding _____ Battn. _____ Regiment. _____
LONDON

8. Certificate to be signed by the soldier on discharge.

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) _____
(Date) *31/12/17*

A. Garcia (Signature of Soldier.)
J. J. Brown (Signature of Witness.)
apl.

(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 at 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 towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.

Further service *31-12-17* (the date of confirmation of discharge) *2* ,, *353* ,,

Total *2* ,, *353* ,,

11. Confirmation of discharge.

The discharge of the above-named man is hereby confirmed for *31-12-17* (date)

(Place) _____
(Date) *31/12/17*

[Signature]
Signature _____
LONDON

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

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.)

Sut & Bal shown on L.P.C.

A. Garvin

LIST OF DISCHARGE
DOCUMENTS.

1. Proceedings on discharge.
(Army Form B. 268.)
2. Proceedings on transfer to re-serve (if any).
(Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any).
Army Form B. 136.
7. Authority for continuance, or extension, of service (if any).
Army Form B. 221.)
8. Court of Inquiry on an injury (if any)
(Army Form A 2.)
9. Regimental conduct sheet.
(Army Form B. 120).
10. Company conduct sheet.
(Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet.
(Army Form B. 178).
13. Medical report on invalid (if any).
(Army Form B. 179).
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge).
18. Descriptive return (Army Form D 400), where required.
See section 11 on second page.
19. Active service casualty form.
(Army Form B. 103).
20. Employment sheet.
(Army Form B. 2066).

In the case of recruits who are rejected before, or on, final approval, the discharge documents will consist of—

1. Duplicate attestation.
(On third page the date and cause of discharge will be entered and signed by the competent military authority).
2. Medical history sheet (if any).
(Army Form B. 178).

Instructions as to the preparation, dispatch,
and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery).

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms:—

- (a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
- (b) Character Certificate (Army Form B. 2067) if entitled.
- (c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office,

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

6651-A-15.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

J.G. 10
1/11/19

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Orders-in-Council (P.C. 3165), dated 21st December, 1918, as amended by P.C. 285, dated 8th February 1919, and P.C. 1168, dated 23rd June 1919.

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written in.

On completion this Declaration is to be returned to THE ASSISTANT DIRECTOR PAY SERVICES OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Reg. No. *521065* 2. Rank *Private* 3. Original C.E.F. Unit *No 5 Canadian Hosp*
4. Christian Names *Alpheus* 5. Surname *Garciu*
6. Address, in full, to which future payments of gratuity are to be forwarded
381 Obed Avenue Victoria B.C.

7. Give the following particulars of service with Pay and Allowances for each enlistment which you have had in the Naval or Land Forces of Canada or the British Empire on or since the 4th August, 1914. Answer in the following order in space allotted.

	Regt. No.	Rank on Enlistment.	Unit. (State whether Active Militia, Permanent Force, C.E.F. or Naval. If R.A.F. state Wing.)
1st Enl.	<i>521065</i>	<i>Plt.</i>	<i>CANADIAN SERVICE. C. A. M. C.</i>
2nd Enl.			
3rd Enl.			
4th Enl.			
Imp. Enl.	<i>2nd Lt</i>	<i>cadet</i>	<i>R.A.S.C.</i>

Lowley

	Date of Enlistment.	Date of Discharge.	Rank on Discharge.	Unit from which discharged	Place of Discharge.	Reason for Discharge.
1st Enl.	<i>Jan 15 1915</i>	<i>Jan 18 1918</i>	<i>Private</i>	<i>Canadian Expeditionary Force</i>	<i>London</i>	<i>Compassion</i>
2nd Enl.						
3rd Enl.						
4th Enl.						
Imp. Enl.	<i>Jan 5 1915</i>	<i>Jan 5 1919</i>	<i>2nd Lt</i>	<i>R.A.S.C.</i>	<i>Victoria</i>	<i>at home</i>

M. F. W. 2595 (b)
494-D.P.-100M-6-19.
1772-39-1389.

Dec 23 1919
RB

S. A. & A. I.
SEP 9 1919
F. R.

8. (a) Did you revert overseas to a rank lower than the temporary substantive rank held by you on your arrival in England? No (b) If so, give date and ranks and state if such reversion was in consequence of misconduct or inefficiency Not applicable
9. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:
I was with the No 5 Gen. Gen Hospital at Salonica and England for 2.3 years.
10. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? Yes
11. Have you been issued with a War Service Badge? If so, give number and class 308230
12. Are you at present a member of and in receipt of pay and allowances from any Canadian Naval or Land Forces? If so, give unit Not applicable
13. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received, from where paid, and on what dates Not applicable
14. Are you entitled to receive, or have you received any payment in the nature of Post Discharge Gratuity from the Imperial Forces? If so, state amount received, or to which you are entitled Received fifty pounds Entitled to 50 pounds more
15. Were you at the time of enlistment a civil employee of the Dominion or a Provincial Government? If so, state what Government, what Department, and whether civil pay was issued on your account while you were on active service Not applicable
16. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-Establishment? No
(b) If so, are you in receipt of full pay and allowances from that Department? No
17. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge May Garcia & Nora Garcia
18. Relationship of such dependent wife & child
19. Present address, in full, of such dependent 381 Oued Avenue Victoria B.C.
20. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? If so, give his regimental number, rank, unit and full name Not applicable

REMARKS

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.....

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.....

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and by virtue of the Canada Evidence Act.

Signature of applicant: A. Garsin

Place of Residence: Victoria B.C.

Declared before me at: Victoria B.C.

This 3rd day of Nov 1919

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths.

A. J. Thorne
A Justice of the Peace in and for the Province of British Columbia

NOTICE.—If the dependent has not forwarded a Statutory Declaration to Ottawa, in connection with Separation Allowance, it will be necessary to forward one with this application. These are for wife, M.F.W. 148, mother, M.F.W. 147, and guardian, M.F.W. 149, and may be obtained from the Assistant Directors Pay Service, or the Patriotic Fund. Guardian forms must be completed by the present guardian.

Space below this line to be used only by the Assistant Directors Pay Service.

POST DISCHARGE PAY.

Dates paid.	Amounts paid soldier.	Amount paid dependent.

REMARKS

Certified correct.....

Assistant Director Pay Services, Mil. Dist. No.....

Date.....

And I have this to say in regard to the matter of the ... and knowing that ... the same fact as ...

Signature of applicant

Place of Residence

This ...

Signature of Director of the Bureau

Place of Residence

Notice - All persons ...

Place of Residence

Amount paid ...

...

...

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...

DUPLICATE.

5 2 1 0 6 5

ARMY FORM B. 178.

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital.
Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname G A R C I N Christian Name Alpheus Dominic Rideout

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Roseblanche County Newfoundland

Examined ... { on 13th day of June 1915,
at Esquimalt, B. C.

Declared Age ... 35 years ... days.

Trade or Occupation ... Book-keeper

Height ... 5 feet 7½ inches.

Weight ... 156 lbs.

Chest Measurement { Girth when fully Expanded 38 inches.

{ Range of Expansion 3 inches.

Physical Development ... Good

Vaccination Marks { Arm ... Right Left
Number

When Vaccinated ... Never

Vision ... { R.E.—V=
L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease ... (a)

(b) Slight defects but not sufficient to cause rejection ... (b)

Approved by (Signature) H. L. Burris,
(Rank) Capt., A.M.C.
Medical Officer.

Enlisted ... { at Esquimalt, B. C.
on 12th day of June 1915.

Joined on Enlistment ...

Corps.	Regtl. No.
<u>5th Gen Hospital C.E.F.</u>	

Transferred to ...

Became non-effective by ...

This Medical History Sheet has been compared with the corresponding Attestation Paper, and entries made in red have been taken from the Attestation Paper. ON ... day of 191 .

(Signature) H. L. Burris
(Rank)

Lieut.-Col.

Forms B. 178 39

The Sick List in the case of Warrant Officers treated in quarters.

ber
ital

Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.

Signature of Medical Officer

10/1/12

Vaccination

2 1/2

10/1/12

2 1/2

10

10

10

10

10

10

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief details, and signature
5 August 1915	Vaccination Positive
6 July 1915	Inoculation
16 do	do
26 do	do

Table IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

I certify the foregoing to be a true copy of an original entry on a Medical History Sheet of this man.

For the Officer in Charge of Records
Panamanian Contingents.

O.A.M.C.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

12-6-15

Separation and Assigned Pay Branch

Sept 1/915

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20	25	112	
----	----	-----	--

RATE OF ASSIGNMENT

20			
----	--	--	--

X 93 Mark

PARTICULARS OF SEPARATION ALLOWANCE

No. *(1521065)*
 Rank *Pte* Promoted Reverted Discharge
 Soldier's Name *A. W. P. Garcin*
 Battalion *# 5 Gen. Hosp.*
 Beneficiary *Mrs May Garcin*
 Relationship *wife*
 Address

PARTICULARS OF ASSIGNMENT

Name *Mrs. M. Garcin (Wife)*
 Address *David Ave. Tellico*
 Change of Address *381 Olead Ave. P.O. Victoria B.C.*
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917</i>					
<i>Dec 31</i>		<i>612</i>	<i>576</i>	<i>1188</i>	
<i>Jan 18</i>	<i>B 67875</i>	<i>30</i>	<i>20</i>	<i>50</i>	<i>Jan</i>
<i>Feb.</i>		<i>25</i>	<i>20</i>	<i>45</i>	
		<i>XX</i>	<i>XX</i>	<i>XX</i>	

MR 0615976 destroy 27/1/19
A.P. \$22.00 Sept 1/15
\$20.00 May 1/16, 2 M 9/5/16.
Account closed 31-1-18 Disfronb...
Soldier given com. in Inf. Army
Effectual from 1-2-18 39M 1-2-18
N.A.S.

M. F. W. 128
 400M-6-17-1772-39-141
 L. L. 22320-M. & D. 1933.

