

Extruplicate **ATTESTATION PAPER.**

No. *2714065*

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- | | |
|--|---------------------------|
| 1. What is your surname?..... | <i>Haviland</i> |
| 1a. What are your Christian names?..... | <i>Willis Howard</i> |
| 1b. What is your present address?..... | <i>Asquith, Sask.</i> |
| 2. In what Town, Township or Parish, and in what Country were you born?..... | <i>Morden, Man.</i> |
| 3. What is the name of your next-of kin?..... | <i>Edy Smith Haviland</i> |
| 4. What is the address of your next-of-kin?..... | <i>Asquith, Sask.</i> |
| 4a. What is the relationship of your next-of-kin?..... | <i>Father</i> |
| 5. What is the date of your birth?..... | <i>March 10th, 1890</i> |
| 6. What is your Trade or Calling?..... | <i>Mechanic</i> |
| 7. Are you married?..... | <i>No</i> |
| 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... | <i>Yes</i> |
| 9. Do you now belong to the Active Militia?..... | <i>No</i> |
| 10. Have you ever served in any Military Force?.....
<small>If so, state particulars of former Service.</small> | <i>No</i> |
| 11. Do you understand the nature and terms of your engagement?..... | <i>Yes</i> |
| 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } | <i>Yes</i> |
| 13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? .. | <i>No</i> |
| 14. If so, what was the nature of the disability? .. | |
| 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? | <i>No</i> |
| 16. If so, what was the reason?..... | |

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Willis Howard Haviland*, 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 *June 26^d* 191*8*. *W. H. Haviland* (Signature of Recruit)
R. G. Repton Sergt (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Willis Howard*, 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 26^d* 191*8*. *W. H. Haviland* (Signature of Recruit)
R. G. Repton Sergt (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 *Regina Sask.* this *26th* day of *June* 191*8*.

R. G. Repton (Signature of Justice)

Description of Willis Howard Haveland Enlistment.

Apparent Age...28.....years 3.....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. 8 1/2 ins.

Chest measurements.....
{ Girth when fully expanded.....37 ins.
{ Range of expansion.....4 ins.

Complexion.....Dark

Eyes.....Brown

Hair.....D Brown

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

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 25.....1918

Place.....Regina Sask

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.

Willis Howard Haveland 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.....June 26.....1918
.....O. Horrel.....Capt. (Signature of Officer)
O/C ARMY & NAVY VETERANS
RY. CONST. DRAFT.

REGIMENTAL DOCUMENTS

NAME

Hariland Willis Howard

REGT. NO.

2714065

UNIT

H. Q. FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

14514

DISCHARGE

Category

DESERTION

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. 303 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)

1
PayCard



NAME Haviland W.H. Cat, C111 O.S.
REGIMENTAL NO. 2714065 RANK Pte
ENLISTED AT Regina PROMOTIONS, &c.
AND DATE
DATE 26-6-18
IF SERVED PREVIOUSLY, STATE UNIT, &c. Army & Navy Veterans, Draft.
MARRIED, WIDOWER, OR SINGLE Single,
NEXT OF KIN E. S. Haviland. RELATIONSHIP Father
ADDRESS OF Asquith, Sask.
ASSIGNMENT OF PAY \$ 15 C. TO Mrs E. S. Haviland
ADDRESS Asquith, Sask.
SEPARATION ALLOWANCE, ENTITLED OR NOT No
DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER
IN WHOSE FAVOUR

CASUALTIES, &C.

NATURE E.G. ABSENCE, PROMOTION, &C.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &C.
	NO.	DATE	
108 from A & N	75-351	9-7-18	
adm. S. N. T. Hosp.	81-385	15-7-18	
on leave from S.P.M.	111-536	15-8-18 to 12-8-18	
from leave 4-9-18 to 15-10-18	131-650		
Leave from Rt.	237/205	18-12-18 to Rt.	24-12-18
Leave from Rt.	242/1296	23/12/18 to Rt.	25-12-18
admitted to Regt. Hosp.	63	4/3/19	
Disch " " "	83	2/2/3/19	

S.O.S. Demobilization D.O. 207. Par 26-7-18

No. 2714065 RANK

Pte

NAME

Haviland, W. H.

T. O. S. 26-6-18 UNIT

Miscellaneous Drafts.

(A.O.#42 of 26-6-18) Army + Navy Veterans Construction Draft

M. D. 12

PAID
FROMPAID
TOSIG.
OR
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

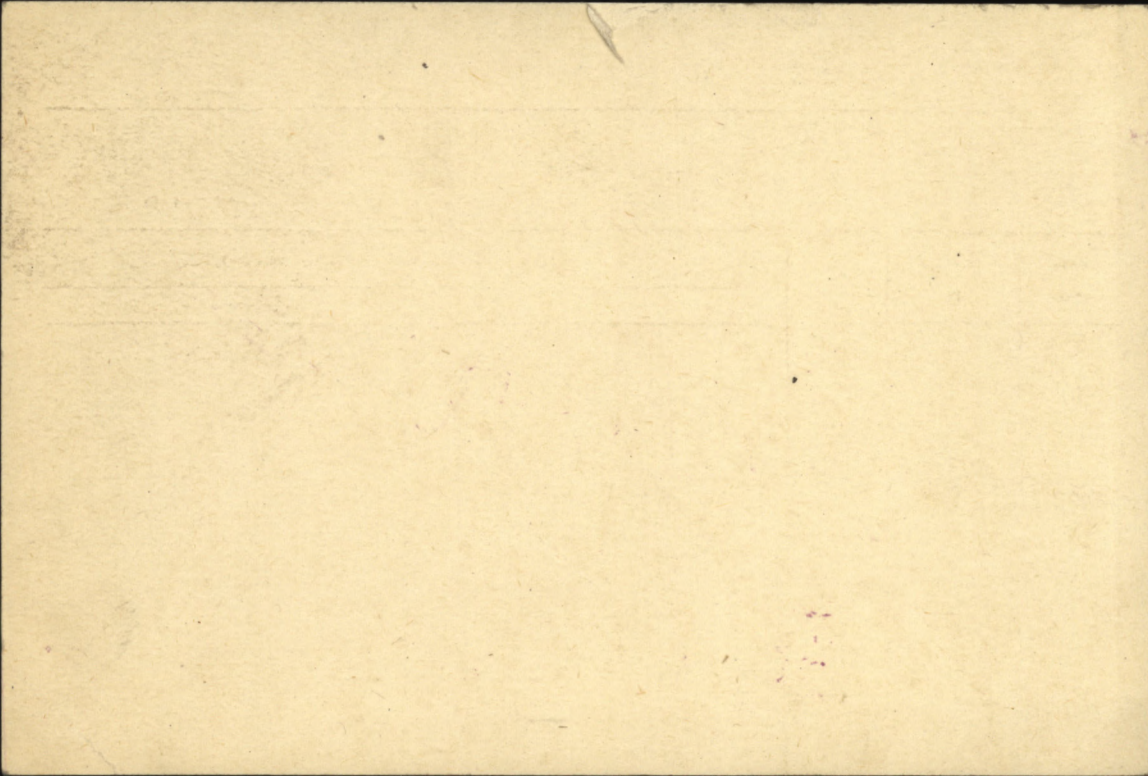
1918

1918

June 26

June 30

n



Surname Haviland H. Q.
Christian names Willis Howard M. D. No. 12
Regtl. No. 2714065 Rank Spr. T. O. S. 19
Unit Army & Navy Draft D. O. Pt. II 42 of 26-6-18
S. O. S. 26-7-19 19
Reason Demob.
Auth. 12.2.207 of 26-7-19
12 Dec 1918

Next of kin Haviland Edy Smith Relationship Father
Address Asquith, Sask. Also notify:

BORN—Place Canada Man. Date Mar. 10th 1890
ATTESTED—Place Regina, Sask. Date June 26th 1918
O/S..... R/C.....



MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

Deputy Registrar

1. Surname Haviland Christian name Willis Howard

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule. _____

3. Consecutive number on schedule of men reporting for service (if he appears on it) _____

4. Address (including street and number, if any) _____ Asquith, Sask.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 25th day of June, 1918 1917, by the undersigned medical board sitting at Regina, Sask.

5. Age as stated 28 Years 3 Months. 6. Apparent age _____ Years _____ Months

7. Height 5 Feet 8 1/2 Inches.

6. Apparent age _____ Years _____ Months

7. Height 5 Feet 8 1/2 Inches.

8. Weight 145 Pounds.

9. Chest measurement { Minimum 33 Ins.
Maximum 37 Ins.

10. Complexion Dark { Eyes Brown
Hair Dark Brown

11. Physical development. good

12. Smallpox marks... *None*

13. Number of vaccination marks { Right arm _____
Left arm _____

14. When vaccinated last 1911 Low

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

16. Slight defects but not sufficient to cause rejection

The man denies having had { Rheumatism
Tuberculosis
Syphilis
(Strike out disease admitted or suspected.)

We find no evidence of pas

- { Rheumatism
- { Tuberculosis
- { Syphilis

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category

B11

Hearings given

Doherty. Supernatural President.
 Member. W. H. H. H.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.			M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined 25th day of June 1918 at Regina, Sask.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	Army and Navy	274065		
Transferred to.....	Veterans' O/S			
	Draft			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
Regina	25.7.19	Nil	A. aculeatus type

Surname *Harland* Christian Name *Willis Howard*

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease; how induced: if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
Regina Crupman		15	7	18	17	7	18	Measles	3	Rash developed morning of July 17 th 18. Gen. cond ⁿ good	J. W. Mitchell
Regina Leah Isabel Day		17	7	18	13	8	18	Measles	38	At this Media suppuration which gradually subsided. For entire discharge	McRoberts
Regina Leah Isabel Isolation Hospital		14	3	19	22	3	19	Mumps	18	Complicated by an elevation of temp for 3 days in middle of course. No abnormality found.	St. George

DUPLICATE CASE HISTORY SHEET.

Military Isolation Hospital. Regina Sask. Station.
 No. 2714065 Rank Private Name Hamilton, W.H. Age 30
 Unit 12 C YR Completed years of service 10 1/2 Canada Where and how long
 Date of admission 4-3-19 Date of discharge 22-3-19
 Diagnosis Mumps Place of origin Regina Sask.

CONDITION ON ADMISSION AND PROGRESS OF CASE.

Admitted to Temp 98.4 88.18
C.C. Slight headache & soreness of left parotid gland & some swelling
P.H. Mild
Analysis. First complained of soreness of left parotid gland & some swelling this morning
P. Condition. Temp normal, felt fine slight swelling of left parotid gland localized pain
5-3-19 Analysis. color straw reaction 3 acid
Sp. gravity. 10-30 Albumen none sugar none
12-3-19 Temp elevated to 101.2 No complaints except slight headache. Eyes red
18-3-19 Temp normal. No apparent cause for previous elevation

FAMILY HISTORY.

(Tuberculosis, mental or nervous diseases.)

TREATMENT.

(Especially any specific or special form.)

Rest in bed. cal gr. ii Mag Sulph Liquid diet
Astropirin gr. ii t.i.d. p.c.

CONDITION ON DISCHARGE.

(and disposal made of case.)

Well. Heart, lungs normal. Moderate
varicose veins of both legs. B. Category
Is duty.

Date

Sgt A.

H.C. George Capt.

Medical Officer i/c case.

CANADIAN ARMY DENTAL CORPS

DIVISION.....12.

NAME OF SOLDIER.....Hayland.....W.H.

Haviland.....W.H.

REGIMENT A. & N. VETERANS.

RANK.....Pte.

No....271.4065.

[illegible]

601³/₂₀₋₃₀₋₃₂.

069-07-5774

TEENS YACHTS LATIN

СЕРГОС ДАТЕНД УМА НАЦИОНАЛ

10

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 2714065 Rank Cpl. Surname HAVILAND
(Give name in full)

Unit or Corps 12th C. G. R. Birthplace Willis Howard
Morden, Manitoba

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. GENERAL DESCRIPTION:

Physique good Weight 154 lbs. Height 5 ft. 9 in. Colour of Eyes Grey
Nutrition good
Pulse 74 normal
Condition of arteries.....
Vision Rt. 20/20 Left 20/20
Hearing (conversational voice) Rt. 21 ft.
Left 21 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin.)

Opinion as to general health and physical condition... Good A.

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System no Genito Urinary System no Cardio-Vascular System no
Special Senses no Integumentary System no Respiratory System no
Disturbance of mentality no Muscular System no Digestive System no
Osseous and Joint System..... Any other general condition yes

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

Wounds & Wounds in Army

MEDICAL EXAMINATIONS. OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.
THIS SECTION FOR USE OVERSEAS—

Examined at..... (Overseas)

Date Signed M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at..... (Canada)

Date Signed M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

CASE HISTORY SHEET

St. Andrew's Hospital Regina Station.
 No. 221406.1 Rank P/5 Name Harland Jof Age 28
 Unit _____ Completed years of service _____ Where and how long 13-8-18 Canada
 Date of admission July 17/18 Date of discharge 13-8-18
 Diagnosis Measles Place of origin Regina

CONDITION ON ADMISSION AND PROGRESS OF CASE

Admitted 1 p.m. 103³ 104-78.
Measles - each well developed.
Tongue badly coated, hoarse.
Lungs gradually subsides, each
appeared.
July 28th Neuralgia pain about eye.
" 29th JPR 100, 100, 20 pain about eye. Ice cap
" 30 " Pain in maxilla. Ice in JPR. Ice cap applied
to ear.
Aug 1st No neuralgia pain in face. Ice
cap discharged. Ice applied.
Aug 12th No discharge from ear after Aug 9th

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.)

Bed rest, sedative for cough.
Ice cap to ear. Ice in JPR.
from JPR appeared.

CONDITION ON DISCHARGE

(and disposal made of case.)

Pain. Ear should be attended to.

Date 13-8-18.

W. C. Roberts, C.M.

Medical Officer i/c case.

G/A10858.

STORY MILLER

[Faint handwritten notes]

[Small handwritten mark]

CASE HISTORY SHEET

Grey Nurse Hospital. Regina Sisk Station.
 No. 2714065 Rank Pte Name Haviland H Age 28
 Unit 12 Gen Btl Completed years of service } Where and how long } 1/12
 Date of admission July 15/18 Date of discharge Transf. July 17/18
 Diagnosis measles Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE

Admitted with Bronchitis - July 15/18
 Rash developed July 17/18 for measles.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.)

Cres. nurse & discharge

CONDITION ON DISCHARGE

(and disposal made of case.)

Rash per se & General cond
 Fwd. Moderate Bronchitis

Date

July 17/18

Medical Officer i/c case.



29

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 2714065 (Rank) Corporal

Name (in full) HAVILAND, Willie Howard enlisted in
the Army Heavy Veterans, Railway Construction Draft

CANADIAN EXPEDITIONARY FORCE at Regina, Sask. on the 26th
day of June 1918.

HE served in "Canada One year and one month"

and is now discharged from the service by reason of "Demobilization"

- - - - - Auth. R.O. 1828 and 1420 - - - - -

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

Age 29 years 4 months

Height 5 feet 8½ inches

Complexion Dark

Eyes Brown

Hair D. Brown

Marks or Scars - - - - -

- - - - - M I L - - - - -

W H Haviland

Signature of Soldier

A W Laubach

Issuing Officer

Captain, for O.C.

12th Detachment

Canadian Garrison Regiment.

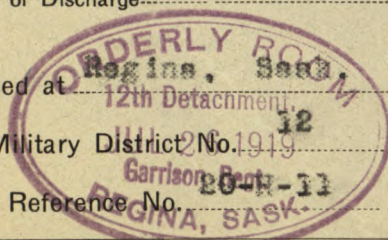
Date of Discharge 26/7/19.

Appointment

Signed at Regina, Sask. this 26th day of July 1919.

in Military District No. 12

File Reference No. 20-H-11



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

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 cer-
tificate will not be com-
pleted.

Original not available
Fill in only.—Unit, Number, Rank and Name.

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

500M.—9-16

H. Q. 1772-39-9:0.

Casualty Form—Active Service.

Unit, Regiment or Corps Army + Navy Vet. Draft

Regimental No. 2714065 Rank Spr Name Howland, Willis Howard
C. E. F.

Enlisted (a) 26-6-18 Terms of Service (a) DoFW Service reckons from (a) 26-6-18

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

Extended Re-engaged 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				
9.7.18	#12C5R	Los from A+N. Vet. Off.	Regiment	9.7.18	DO 75-
7.6.7.19	"	To be prov. Cpl	"	1.6.19	DO 167
26.7.19	"	Disch. Demob with R 01328 + 1420	"	26.7.19	DO 207

Dothine
Capt for DofR

(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				

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

M. F. W. 54. (A. F. B. 359M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps.

Army & Navy Veterans' Overseas Draft

Regimental No. *2714065*

Rank *Sapper*

Name *Haviland, Willis Howard*

C. E. F.

Enlisted (a) *26 June 1918*

Terms of Service (a) *C. E. F. No. 10*

Service reckons from (a) *26 June 1918*

Date of promotion to present rank

Date of appointment to lance rank

Numerical position on roll of N. C. O.

Extended

Re-engaged

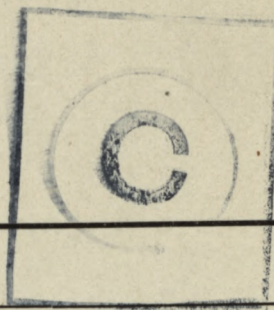
Qualification (b) *Mechanical*

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				
9/7/18	A&N.Vets.	T.O.S. 12th. C.G.R.	Regina	9/7/18	D.O. 75/351
JUL 26 1919 DISCHARGED JUL 26 1919 <i>Regina</i> <i>Sask.</i> <i>for A. Laubach</i> Captain O.C. 12th Det. Can. Garrison Regt. D.O. 207-2					

(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				

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)



1. No. 2714065-

2. Rank Corporal

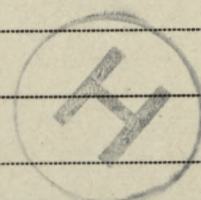
3. Name Haviland W.H.

4. Unit 12th Detachment Canadian Garrison Regt.

5. Date of Discharge JUL 26 1919 Place Regina Sask.

6. Reason for Discharge

DEMobilization



7. Authority R.O. 13287 1420

8. Proposed Residence after Discharge Asquith Sask.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W. ? 39. Sherwood Barracks

Regina Sask.

W.H. Haviland

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Sherwood Barracks Regina Sask.

Date JUL 26 1919

Signature for A. Laubach Captain
O.C. 12th Det. Can. Garrison Regt.
(O.C. Discharging Unit.)

LIST OF DISCHARGE DOCUMENTS

Attestation Paper, Discharge	MINIA Form W-23
or Particulars of Discharge	MINIA Form W-123
Field Discharge Sheet	MINIA Form W-123 or A.F.B. 123
General Form	MINIA Form W-123 or A.F.B. 123
Last Pay Certificate	MINIA Form W-41
Certificates that missing documents are duplicates	
Medical History Sheet	MINIA Form B-212 or A.F.B. 178
Proceedings of Medical Board	M.F.B. 221 A.F.B. 178 or A.F.B. 46
Discharge History Sheet	MINIA Form B-465
Medical Report	M.F.W. 123 or D.M.S. 123
Departmental Discharge Sheet	MINIA Form B-221
Temporary Discharge Sheet	MINIA Form B-221

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	Militia Form W. 23
or Particulars of Recruit	Militia Form W. 133
Field Conduct Sheet	Militia Form W. 178 or A.F.B. 122
Casualty Form	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate	Militia Form W. 44
Certificate that missing documents are unobtainable	
Medical History Sheet	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet	Militia Form B. 465
Medical Report	M.F.W. 129 or D.M.S. 1375
Regimental Conduct Sheet	Militia Form B. 263
Company Conduct Sheet	Militia Form B. 263a

...unit or battalion

March. 4th. 1919.

19

Admitted to Military Isolation Hospl at 11.00.a.m.above date.

Orderly N.C.O.

Claviland, W.H.

IF ENTITLED TO
POST
DISCHARGE
RAY

30M-11-18.—L.L. 50877-M. & D. 9553.

[illegible]