

TRIPLICATE

1st Depot Battrn., W. O. R. Regiment

M. D. Depot Battalion

Regtl. No. 3136279

PWD

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)

1. Surname HEPBURN
2. Christian name Mitchell Frederick
3. Present address RR#5 St. Thomas, Ont.
4. Military Service Act letter and number 728902 AC
5. Date of birth Aug. 12th 1896.
6. Place of birth St. Thomas, Elgin CO. Ont.
7. Married, widower or single Single
8. Religion Methodist
9. Trade or calling Farmer
10. Name of next-of-kin F.F. Hepburn
11. Relationship of next-of-kin Father
12. Address of next-of-kin RR#5 St. Thomas, Ont.
13. Whether at present a member of the Active Militia XIX Liuet. 25 Regt. St. Thomas
14. Particulars of previous military or naval service, if any Nil
15. Medical Examination under Military Service Act:—
(a) Place London, Ont. (b) Date Oct. 5th 1917 (c) Category A2

DECLARATION OF RECRUIT

I, Mitchell Frederick Hepburn, do solemnly declare that the above particulars refer to me, and are true.

May 21st 1918

Mitchell Frederick Hepburn (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 21 yrs. 9 mths.
Height 5 ft. 8 1/2 ins.
Chest measurement fully expanded 35 1/2 ins.
range of expansion 31 ins.
Complexion Medium
Eyes Blue
Hair Brown

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

RIGHT EYE D 20 LEFT EYE, D 20
20 20
HEARING R Normal L Normal

H. Williams Lieut. Col.
1st Depot Battalion W.O.R.
O. C. Depot Btl.
Regt.

Place LONDON, ONT, Date MAY 23 1918

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

Class

1. Surname

2. Christian name

3. Present address

4. Military service act letter and number

5. Date of birth

6. Place of birth

7. Married, widow, or single

8. Religion

9. Trade or calling

10. Name of next-of-kin

11. Relationship of next-of-kin

12. Address of next-of-kin

13. Whether he has had a number of the Active Military Service Certificate

14. Particulars of previous military or naval service, if any

15. Medical examination number, Military Service Act

(a) Place (b) Date (c) Category

DECLARATION OF RECRUIT

I, , do solemnly declare that the above particulars refer to me, and are true.

Signature of Recruit

DESCRIPTION ON CALLING UP

Height inches

Weight lbs

Complexion

Build

Age years

Special aptitudes

Particulars of previous military or naval service, if any

Distinctive marks, and marks indicating congenital peculiarities or previous diseases

Date

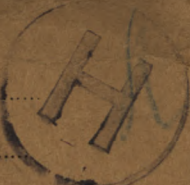
Place

M. L. W. No.

Regt.

Depot Bn.

57918 and



R. O. No.....
H. Q. No.....

DISCHARGE DOCUMENTS

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers.....
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms.....
- Proceedings on discharge.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

Name HEPBURN MITCHELL FREDERICK
 Regt. No. 3136279 Rank Pte
 Corps 1st Depot Bn. W.O.B.

Re-enlisted in Royal Air Force

21337

~~Cards 1 Index removed 12-1-18
 1 pt II
 1 Casualty~~

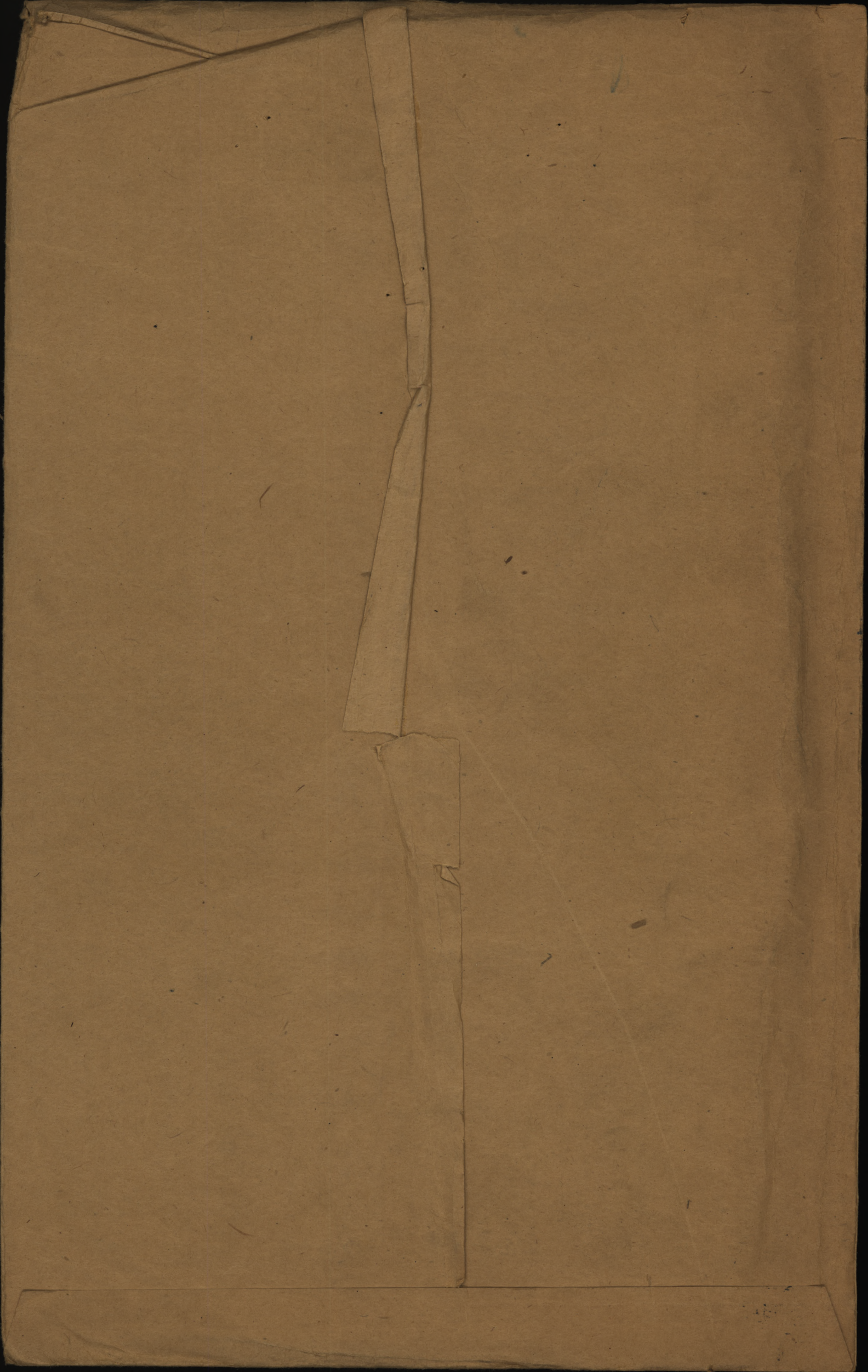


H-19603

Box
4283

A. F. B. 122 — 1
 M. F. W. 129 — 1
 M. F. W. 399 — 1

[Handwritten scribble]



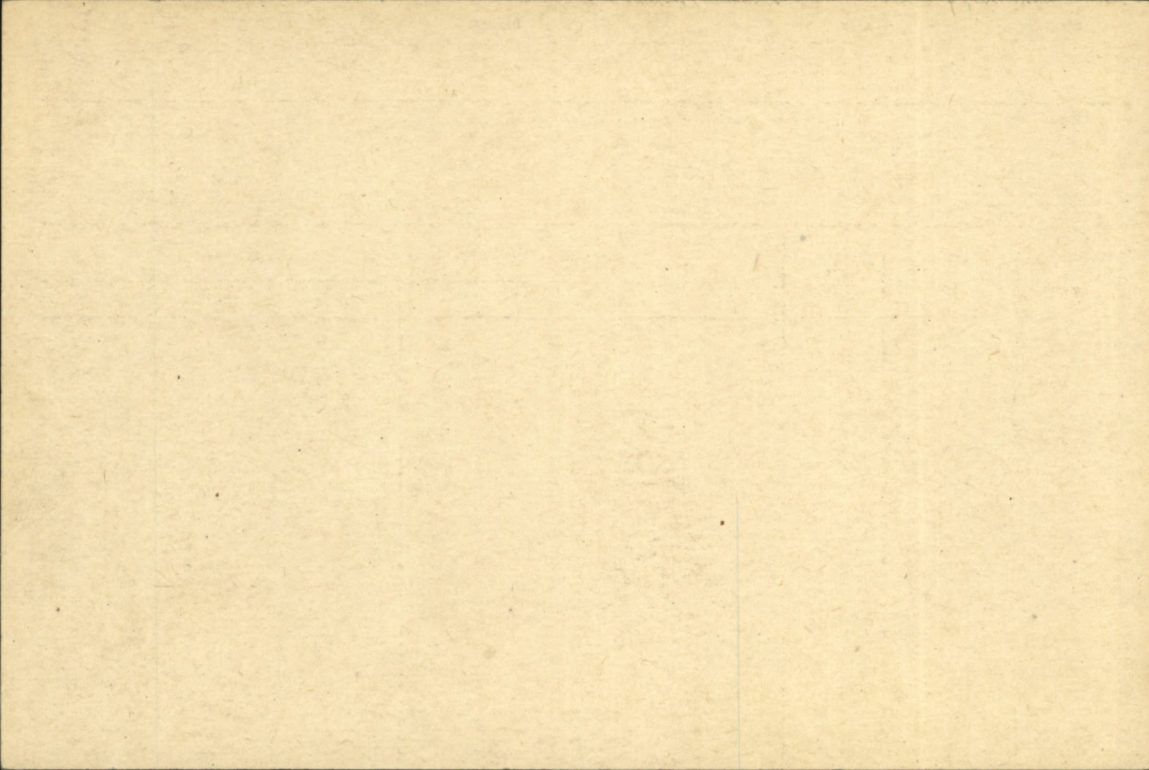
No 3136249 RANK Plt.

NAME Hepburn M. F.

T. O. S. UNIT, *at Depot Battalion W. O. Reg't*
Transf from "A" Co. 21-5-18
S.O. W.O. may pay list

M. D. /

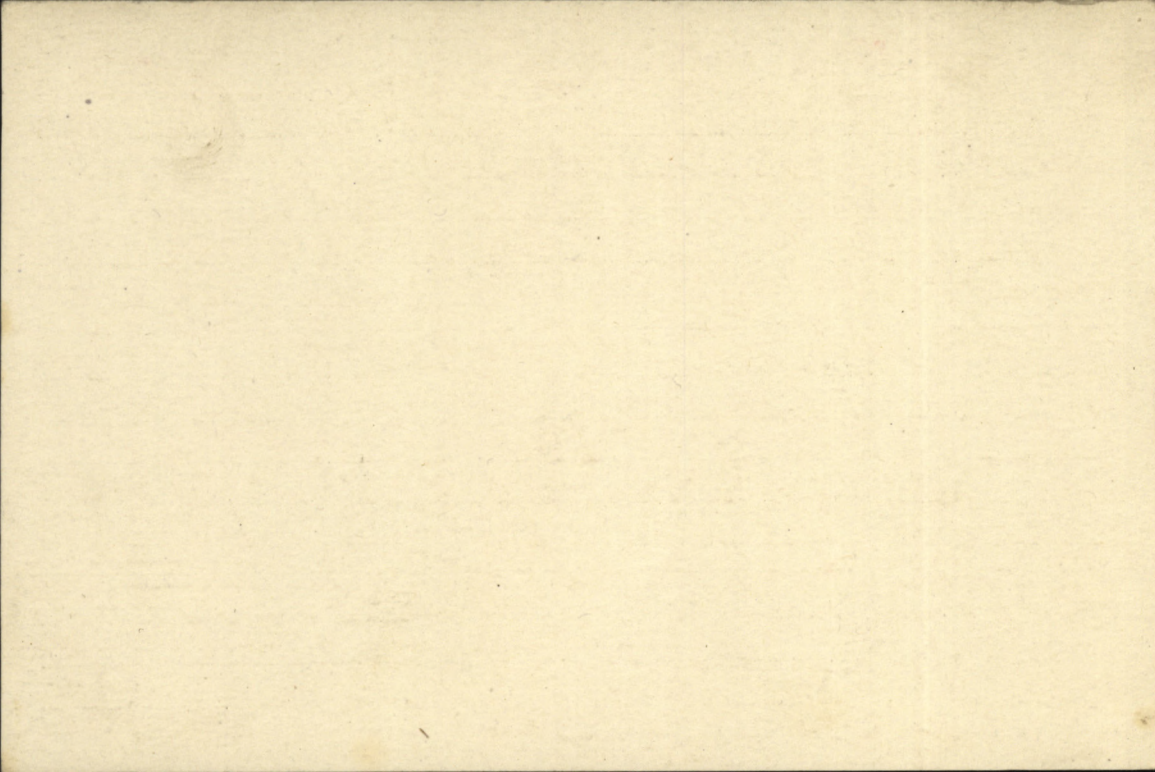
			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1918 May 21	1918 May 31	ni		



Surname *Hepburn* H. Q.
Christian names *Mitchell Frederick* M. D. No. *1*
Regtl. No. *3136279* Rank *Pte* T. O. S. *May 21st 1918*
Unit *West Ont Regt 1st Ops Bn* D. O. Pt. II *30 of 40-5-15*
S. O. S. *Dis 8-6 1918*
Reason *To enlist in R.A.F.*
Auth. *W.O. 157 of 6-6-18*
1/2 W.O.R.

Next of kin *Hepburn W. J.* Relationship *Father*
Address *R.R. # 5 St. Thomas Ont.* Also notify:

BORN—Place *Canada, St. Thomas Ont.* Date *Aug. 12th 1896*
ATTESTED—Place *London Ont.* Date *May 23rd 1918*
O/S..... R/C.....



CANADIAN CONTINGENT EXPEDITIONARY FORCE

June PL #2
18-20

LAST PAY CERTIFICATE

M. D. 1
NO. 12

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

Regimental No. 3136279 Rank Pte Name Hepburn Mitchell F

Corps 1st Depot Batt'n W.O.R. who was Released for reenlistment in R.A.F.

On 8.6.18 191 , to 1.6.18 191 ,
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1.6.18 191 ,
to 8.6.18 191 , the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....	1	10
Advances by Cheques } No.....			Reg'tl Pay..... 8 days at \$ 1 c.....	8	
} No.....			Field Allow. 8 days at \$ 10.....	80	
Assigned Pay and Sep'n Allce. No.....			Separation Allowances* (Monthly)		
Other charges <u>L.W.P. 8 days</u>	8	80	Other Allowances*		
Payment on transfer or discharge No. <u>6406</u>	1	10	Other Credits*.....		
Balance Cr. (to be paid by the new unit).....			Bal. Dr. (to be deducted by new unit).....		
Total.....	9	90	Total.....	9	90

KIT CLEAR

* Give particulars.

A monthly stoppage of \$..... NIL..... (†) has..... (‡) been paid on account of Assigned Pay for the month of..... 191 } (to) Assignee.....
{ and Sep'n Allce. for month of 191 }
(Address)

NO Particulars

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

On Transfer of an Officer

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

REMARKS:—

- State (1) date of enlistment 21.5.18
 (2) if married and if a Separation Allowance Card has been submitted No particulars
 (3) cause of discharge for re-enlistment in R.A.F. Authority D.O. 157. W.O.R.
 (4) authority for transfer 1D 30H 804 d/1.6.18

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

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

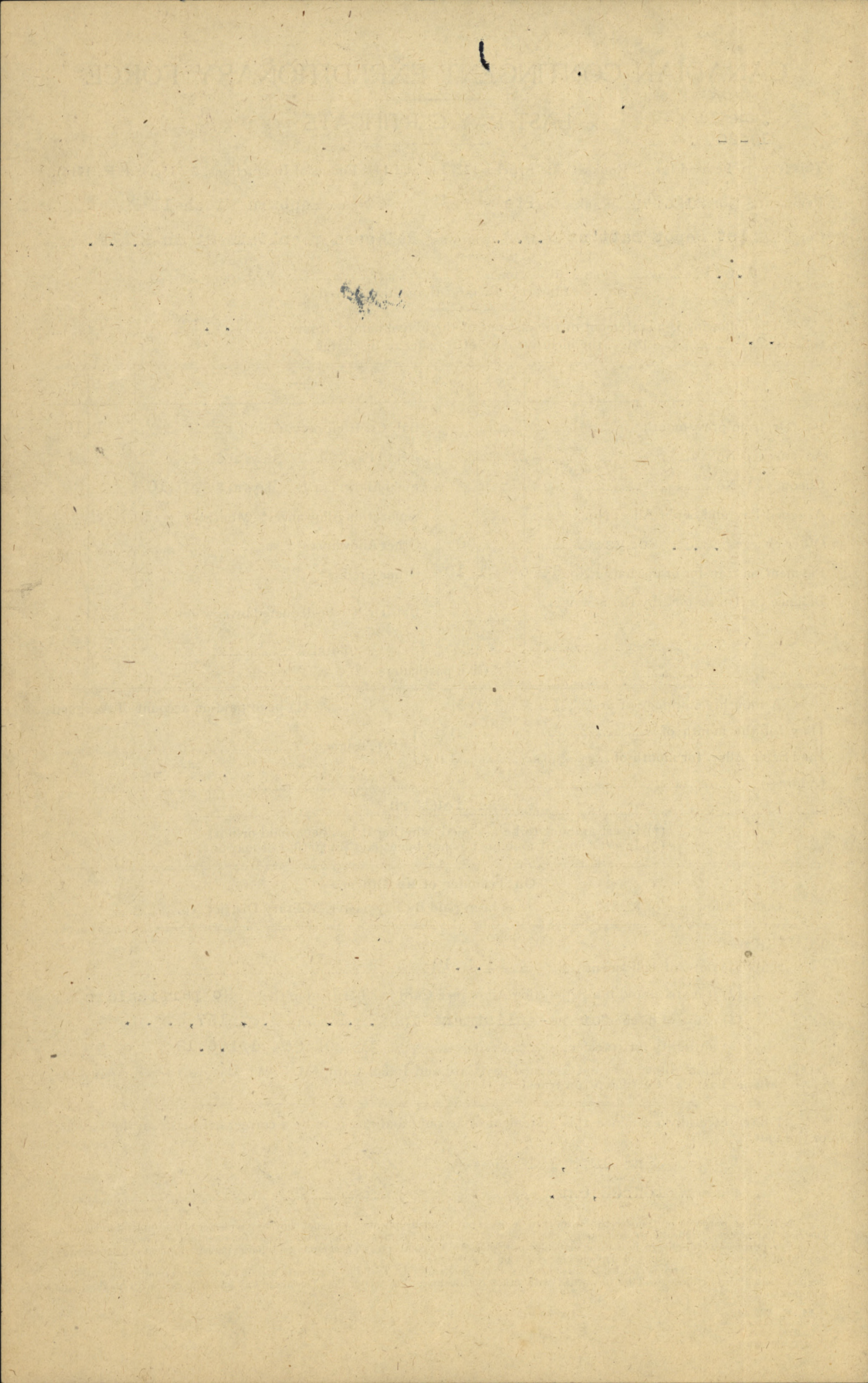
Date..... June 19th, 1918.....

Place..... LONDON, Ont......

[Signature]
Paymaster, 1st Depot Batt'n, W.O.R. Paymaster. Capt

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record. For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record. If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.



1. D. 87-2-4

GAT. All

M.S.A. 15.

MILITARY SERVICE ACT, 1917.

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

1. Surname HEPBURN Christian name Mitchell, Frederick

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 728902 AC

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

4. Address (including street and number if any) RR.#5, St. Thomas, Elgin Co. Ont

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 5 day of October 1917, by the undersigned medical board sitting at London Ontario

5. Age as stated 21 Years 2 Months 6. Apparent age Y Years Months

7. Height 5 Feet 8 3/4 Inches 8. Weight 124 Pounds

9. Chest measurement { Minimum 31 Ins. Maximum 35 1/2 Ins. 10. Complexion Medium { Eyes Blue Hair Brown

11. Physical development good { Good Fair Poor 12. Smallpox marks

13. Number of vaccination marks { Right arm Left arm 2 14. When vaccinated last Childhood

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 We find no evidence of past { Rheumatism Tuberculosis Syphilis (Strike out disease admitted or suspected.)

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

RIGHT EYE D ²⁰/₂₀ LEFT EYE D ²⁰/₂₀ HEARING R Normal L normal

R. Le Touzel Capraue President.

J. M. Searns Member. J. A. M. Ewen Capt G.M.C. Member.

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

Joined 21 day of May 1918 at London Ont

	CORPS	REG'L NUMBER	HABITS	DATE
Joined on enlistment	<u>1st Depot Bn. WDR.</u>	<u>3136279</u>		<u>21-5-18</u>
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>London, Ont.</u>	<u>21/5/18</u>	<u>Pres. Cat.</u>	<u>A II</u>

Signature of Man M. J. [unclear]

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

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

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

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. 1st Depot Battalion W O R
 Regimental No. 3136279 Rank Pte Name Stephens, Mitchell Frederick
 Enlisted (a)..... Terms of Service (a)..... Service reckons from (a) 21/5/11
 Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }
 Extended..... Re-engaged..... Qualification (b) Farmer

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				
<u>9-6-18</u>	<u>Discharged for re-enlistment in P. O. Jr.</u>				<u>Authy. I.D. 30-H-304 of 1-6-18.</u> <u>Last entry made.</u>

W. Scott
 Capt. Adjt.
 for 1st Depot Battalion, W. O. R.

(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.

CANADIAN EXPEDITIONARY FORCE

~~Discharge~~ Certificate

This is to Certify that No. 3136279 (Rank) Private

Name (in full) Mitchell Frederick Hepleurn enlisted in
the 1st. Depot Battalion W.O.R.

CANADIAN EXPEDITIONARY FORCE at London Ont. on the 23rd
day of May 1918.

HE served in _____

and is now ^{released.} ~~discharged~~ from the service by reason of for re-enlistment in
the Royal Air Force.

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

Age 21 years 10 months

Marks or Scars _____

Height 5 feet 8 3/4 inches

Complexion Medium

Eyes Blue

Hair Brown

None

Mitchell Frederick Hepleurn
Signature of Soldier

W. Scott Beutler
Issuing Officer
for O C 1st Depot Battalion, W. O. R.

Capt. Adjt.

Rank _____

Date of ~~Discharge~~ Release 5th June 1918

Appointment _____

Signed at London Ont. this 8th day of June 1918

in Military District No. One

File Reference No. 1 D-30-H-804 d/1-6-18

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. 3136279 (Rank) Private Name Mitchell Frederick Hepburn

Unit 1st Depot Battalion W.O.R.

Address on ~~Discharge~~ Royal Air Force Toronto Ont.

Character and Conduct

Good
Farmer

Former Occupation

Special Qualifications of Value in Civil Life

Farmer

Medals and Decorations

Nil

Remarks

Nil

Signed at London Ont. this 3th day of June 1918.

W. C. H. H. H.
Name of Officer Capt. Adj.
for **1st** Depot Battalion, W. O. R.

Rank

Appointment

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 *Pte* Name *Mitchell Frederick* Surname *HEP BURM.*
 Unit of Corps *1st Depot Bdt W. O. R.* (If a soldier) Regtl. No. *3136279*
 Born at *St Thomas Cent* on, (date) *12-8-1896*
 Signature (for identification) *Mitchell Frederick Hepburn*

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

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe.

Weight	Colour of eyes
<i>120</i> lbs.	<i>Blue</i>
Height	Identification Marks
<i>5</i> ft. <i>8</i> ^{<i>3</i>} / _{<i>4</i>} in.	<i>mid. small mole on back.</i>

2. NUTRITION AND DIATHESIS? *normal*

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

3. NERVOUS SYSTEM? Is there a history of previous disability? *no*

4. RESPIRATORY SYSTEM? Is there a history of lung trouble? *no*

5. HEART?

Abnormal Sounds?	<i>none</i>		
Abnormal Size?	<i>no</i>		
Pulse Rate?	<i>72</i>	Intermittence or Irregularity?	<i>no</i>
		Muscular Tone?	<i>good</i>

6. ARTERIES.—(a) Any hardening or nodulation?
(b) Blood Pressure.

7. DIGESTIVE SYSTEM? (Condition of teeth and tonsils to be included). *good*

8. GENITO-URINARY SYSTEM?

Urinalysis—S.G.?	<i>1000</i>	Reaction?	<i>acid</i>	Albumen?	<i>none</i>	Sugar?	<i>none</i>
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9. SKIN, MIDDLE EAR, EYE or any other part? *normal*

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? *normal.*

Examined at *London Cent* Signed *Les Moore Capt* M. O.
 Date *8-6-18* Signed *Mitchell Frederick Hepburn* M. O.
 Signature note of Soldier.

If any disease or impairment of health or physical condition is discovered or complained of by the soldier examined, 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 or for general service or a Soldier or for duty

The Officer leaving the service upon being furnished for general service by a Medical Board, and Soldiers leaving the service upon being found otherwise fit for duty by a Medical Board, are not to be reported on this form.

H. P. BARN

with other Regt No. 1126-21

1126

Rank: Major
Last of War: 1864
First of War: 1861
Signature for Identification: [Signature]

The examination shall be made by a Medical Officer.

1. PHYSIOLOGICAL - and history, present or former, of the disease

Weight: 150 lbs
Height: 5 ft 10 in
Measurements: [Blank]

2. NUTRITION AND DIETETICS

The nutrition and dietetics of the patient should be reported on this form.

3. NERVOUS SYSTEM - in cases of nervous disease

4. RESPIRATORY SYSTEM - in cases of pulmonary disease

5. HEART

Arterial Blood: [Blank]
Arterial Pulse: [Blank]
Circulation: [Blank]

6. LUNGS - in cases of pulmonary disease

7. DIGESTIVE SYSTEM - condition of liver and stomach to be noted

8. GASTRO-INTESTINAL SYSTEM

Location: [Blank]
Character: [Blank]

9. SKIN - MIDDLE EXAMINE

Is the skin moist and elastic?
Is the skin dry and scaly?
Is the skin red and inflamed?

10. OPINION AS TO THE PRESENT AND FUTURE CONDITION OF THE PATIENT

Present: [Blank]
Future: [Blank]

Signature of Soldier: [Blank]

The report should be made in the form of a certificate, and the certificate should be filed in the patient's record.

This space to be for numbers

Military District No. 1

JUN 27 1918

Proceedings on Discharge

L. D. 30 H 804

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

No. *3136279*

Rank *Private*

Surname *Hebburn*

Christian Name *Mitchell Frederick*

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) *1st Depot Battalion W.O.R.*

Date of Discharge *8th June 1918*

Place of Discharge *London Ont.*

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age *21* years *10* months.

Height *5* feet *8 3/4* inches.

Complexion *Medium*

Eyes *Blue*

Hair *Brown*

Trade *Farmer*

Intended place of residence *Royal Air Force Toronto Ont.*

(To be given as fully as practicable.)

Descriptive Marks

None

2. The above-named man is ^{*released*} discharged in consequence of *for re-enlistment in the Royal Air Force.*

Authy. I.D. 30-H-804 d/1-6-18.

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

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

Good

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

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

Farmer.

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

M. F. B. 218.

100M.-1-17.
H. Q. 1772-39-113.

(OVER)

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

Nil.

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

6. Medals and Decorations.....

Nil.

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

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

(Place) *London Ont.*

W. Scott Peffer
Capt. Adjt.
for O C 1st Depot Battalion, W. O. R.
Commanding

(Date) *8th June 1918.*

8. Certificate to be signed by the Soldier on ^{Release} ~~Discharge~~

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

(Place) *London Ont.* *Mitchell Frederick Depleurn* (Signature of Soldier.)

(Date) *8th June 1918.* *L. J. Terry* (Signature of Witness.)

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

9. Additional Certificate in the case of a Soldier who takes his ^{Release} ~~discharge~~ on his own request.

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

Mitchell Frederick Depleurn (Signature of Soldier.)

10. Statement of Service.

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

11. Confirmation of ^{Release} ~~Discharge~~.

The ^{Release} ~~discharge~~ of the above-named man is hereby confirmed.

(Place) *London Ont.*

W. Scott Peffer
(Signature) Capt. Adjt.
for O C 1st Depot Battalion, W. O. R.

(Date) *8th June 1918.*

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.)

I have received all just demands due to me;

Mitchell Frederick Hejolum

<p>Attestation Paper Military Form B. 232</p>	<p>Reg. Conduct Sheet Military Form B. 103</p>
<p>Proceedings on Discharge " B. 212</p> <p>In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge</p> <p>(b) Attestation</p> <p>(c) Medical History Sheet (in the event of such having been prepared)</p>	<p>Company Battery Regiment Conduct Sheet " B. 103a</p> <p>Copies of Convictions by C. P. in MS</p> <p>Med. Hist. Sheet Military Form B. 213</p> <p>Medical Report for Invalids " B. 227</p> <p>Statement of Man's Account on Transfer and Last Pay Certificate " D. 877</p> <p>"Only if discharged 'Medically unfit'"</p>

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

Reservations referred to at Para. 8.
(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="padding-left: 40px;">(a) Proceedings on Discharge.</p> <p style="padding-left: 40px;">(b) Attestation.</p> <p style="padding-left: 40px;">(c) Medical History Sheet (in the event of such having been prepared.)</p>
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N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.