

ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Porter.
- 1a. What are your Christian names?..... George
- 1b. What is your present address?..... Paris, Ontario.
- 2. In what Town, Township or Parish, and in what Country were you born?..... Armagh, Co. Ireland.
- 3. What is the name of your next-of kin?..... Bella Porter.
- 4. What is the address of your next-of-kin?..... Paris, Ontario.
- 4a. What is the relationship of your next-of-kin?..... Mother.
- 5. What is the date of your birth?..... 12th. October 1899.
- 6. What is your Trade or Calling?..... Shipper.
- 7. Are you married?..... No.
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes.
- 9. Do you now belong to the Active Militia?..... No.
- 10. Have you ever served in any Military 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.
- 13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? .. No.
- 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?..... No.
- 16. If so, what was the reason?..... --

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, George Porter, 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.

George Porter (Signature of Recruit)  
 Date 7th. January 1918 Samuel Korbrough (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, George Porter, 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.

George Porter (Signature of Recruit)  
 Date 7th. January 1918 Samuel Korbrough (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 Hamilton, Ontario, this 7th. day of January 1918.  
J. Davis (Signature of Justice)

Description of George Porter. on Enlistment.

Apparent Age 18 years 3 months.  
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 6 ins.

Chest measurement { Girth when fully expanded 34 ins.  
 Range of expansion 2 ins.

Complexion Ruddy.

Eyes Brown.

Hair Fair.

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

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

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

Four vaccinations left arm in childhood. Hearing normal. Visual acuity, both eyes D-20.

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 January 7th. 1918.

Place Hamilton, Ontario, Canada.

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:—

Fit Board, Class "A-4"

*Ryland* Major.

President Medical Board,  
 Hamilton Mobilization Centre.

CERTIFICATE OF OFFICER COMMANDING UNIT.

George Porter. 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.

*B. Davis* (Signature of Officer)

LT. COL.  
 O. O. 2nd. Depot Bn. 2nd. C. O. R.


Date 7th. January 1918.

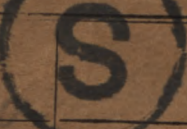
REGIMENTAL DOCUMENTS

BGZ *PORTER*

*GEORGE*

REGT. NO. *3310278* UNIT *2.COR 8th Reg* H. Q. FILE NO. *2.D.B*

*m/22*  




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*13*

DATE RECEIVED

TO WHOM FORWARDED

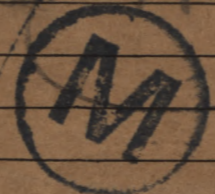
DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

- 2* ATTESTATION PAPER (M.F.W. 23, 133, or 51)
- 2* CASUALTY FORM (M.F.W. 54 or A.F.B. 103)
- TRAINING HISTORY SHEET (M.F.W. 113)
- 2* 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)
- 3* MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)
- 2* DENTAL HISTORY SHEET (M.F.B. 465)
- MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)
- 2* 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)
- 1* PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)
- PARTICULARS OF CHARACTER (A.F.W. 3226)
- 1* COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)
- 1* *Miss card*
- 2* *" papers.*

*19-18-20*



*34/39*

*Demob.*

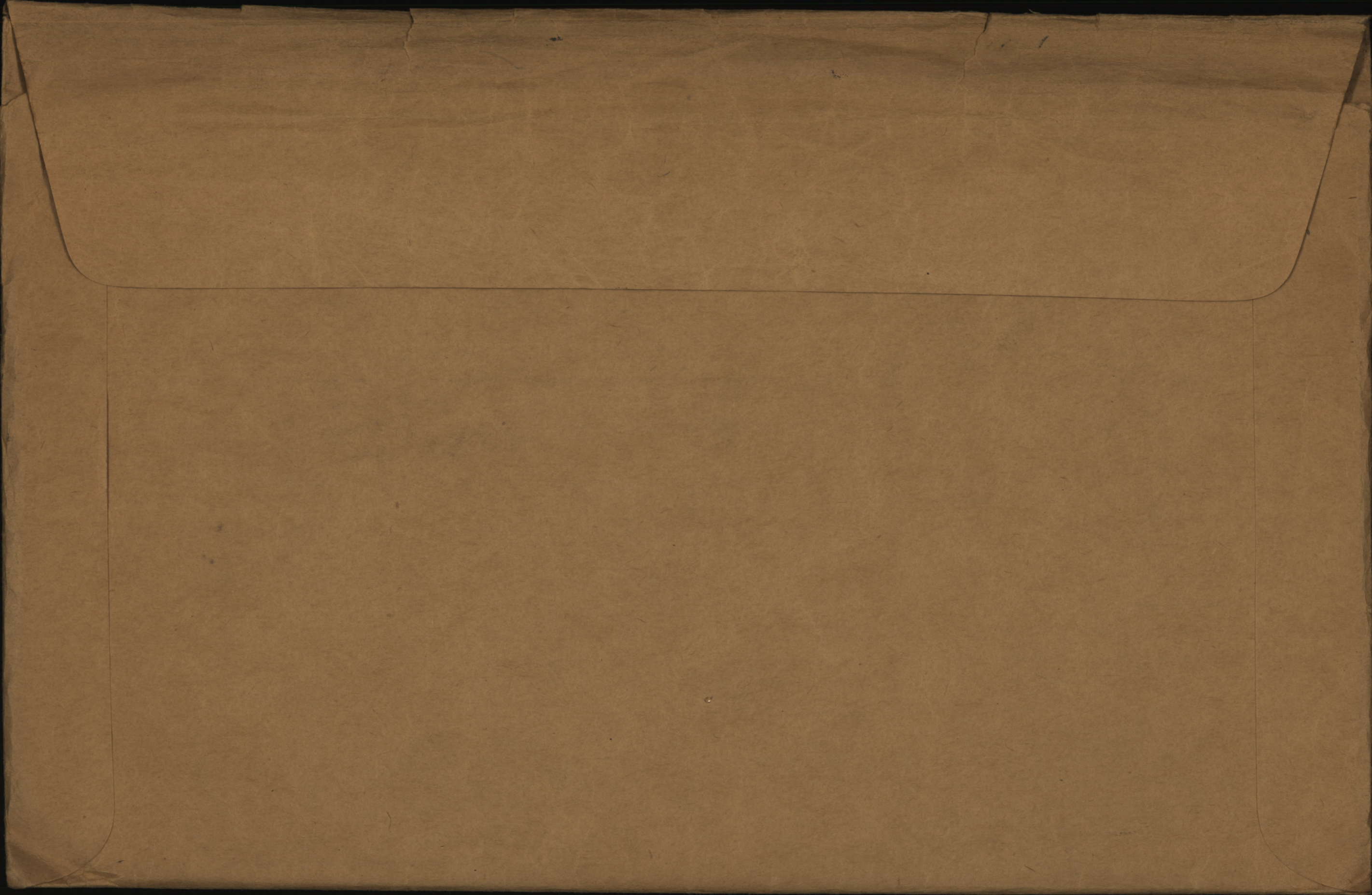


*39-14*

*10*

*48/629*

*1*



SURNAME.

Porter

CARD NO.

CHRISTIAN NAMES

George

REGL. NO.

3310278

RANK

Pvt.

UNIT

2<sup>nd</sup> Cen. Ont. Regt. 2<sup>nd</sup> Depo. Bn.

FORMER CORPS

nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Porter, Mrs. Bella

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

Paris, Ont

COUNTRY OF BIRTH

Ireland, Co. Armagh

DATE

Oct. 12<sup>th</sup> 1899

PLACE OF ATTESTATION

Hamilton, Ont.

DATE

Jan. 7<sup>th</sup> 1918

o/s. 13<sup>th</sup> 9<sup>th</sup> 18 144

Re 7/7/19 - 358 Refru

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

*Handwritten initials and scribbles*

Number, 23310278 Rank, Atto <sup>B</sup>

Surname, PORTER

Christian Name, George

Unit, 600 Theatre of War, England

Date of Service, 25-9-18

Remarks, .....

Latest address, Box 801, Arnold St,

Paris Out

Roll No., a Page 1694

Next of kin \_\_\_\_\_

Address on leave \_\_\_\_\_

Address on discharge \_\_\_\_\_

Transportation issued  Yes  No Date \_\_\_\_\_ Character on discharge \_\_\_\_\_

Previous occupation \_\_\_\_\_ Date and place of enlistment \_\_\_\_\_

Diagnosis \_\_\_\_\_ Date of Medical Boards \_\_\_\_\_

Date \_\_\_\_\_ Remarks \_\_\_\_\_

ESP APR 25 1922  
REGN. NO. 4828752

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



A.G. 10427-50M-20-11-17.

No. 10 M.D. CONCENTRATION WING

NUMBER 3310248 RANK *Private* NAME *Porter George*

REGIMENT: *Details Hawaii Regt.* L.P.C. RECEIVED: -

*2nd C. O. R.*

TAKEN ON STRENGTH: -

EMBARKED FOR CANADA: -

REMARKS - AFFECTING DISPOSITION OF MAN OR DOCUMENTS

*776 others.*

*Paris Out.*

*Lebanon.*

*Headquarters*

1921

1922

~~B.C.~~

~~M.H.S.~~ ~~W~~

~~L.P.C.~~

~~C.F.~~

~~A.P.~~

~~F.C.S.~~

~~D.O.S.~~

D.C.

No 3310278 RANK

Pte

NAME

Porter G.

T. O. S. 8-1-18

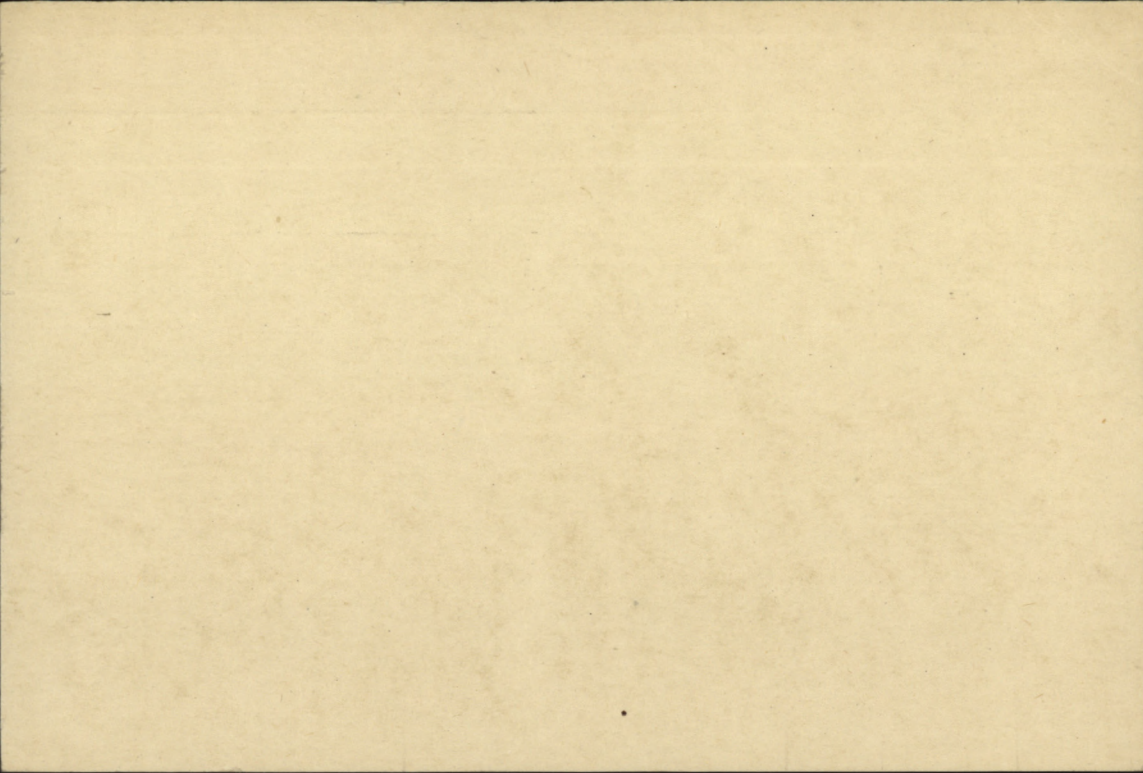
UNIT

2nd Depot Bn. 2nd C. O. R.

D O S - 8 - 1 - 18

M. D. 2.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918 Jan 8	1918 Jan 31	N	aw. & forfeits 1 day pay	N 030-30-1-18.
	Feb	N	aw. & forfeits 2 days. forfeits 2 day.	N 030-19-2-18. N 036-4-2-18
	Mar	N	aw. & forfeits 2 day pay.	N 074-15-3-18.
	Apr	✓		



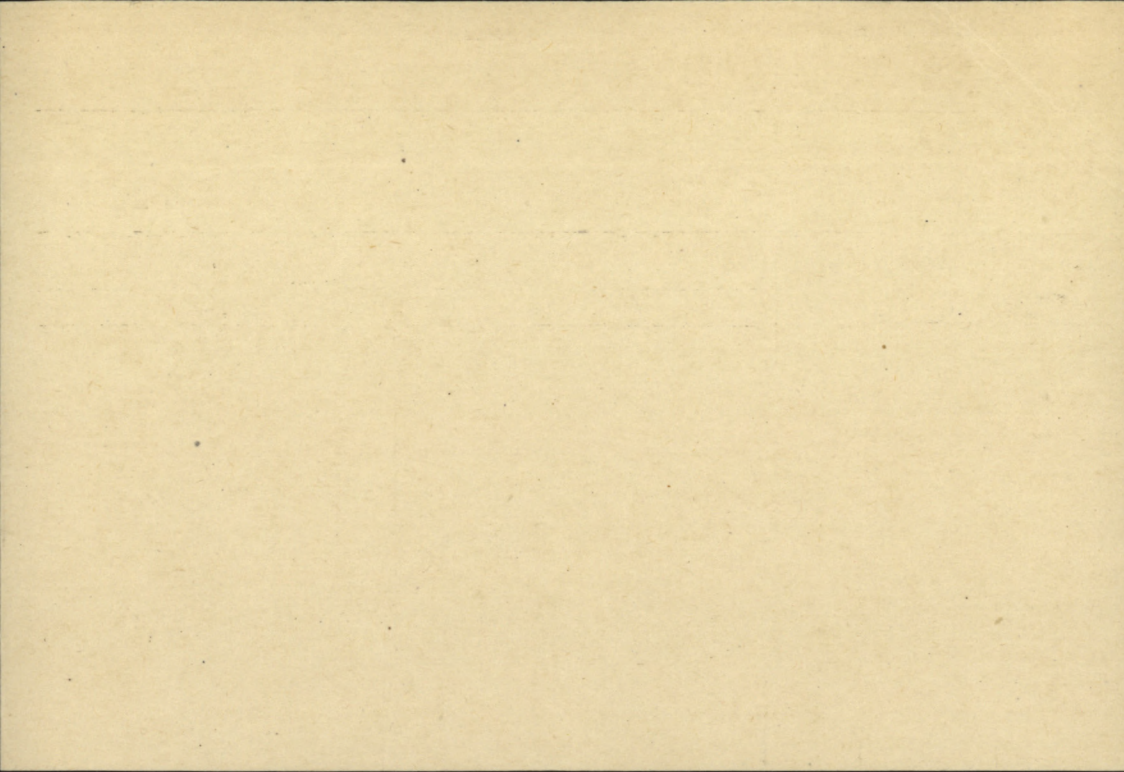
No. 3310278 RANK *Pte.*

NAME *Porter S.*

T. O. S. *8. 1. 18* UNIT *2nd. Depot. Bn. 1st. C. D. R. (Amber Detch)*  
*Unit not stated.*

M. D. *5.*

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1918</i> <i>may 1</i>	<i>1918</i> <i>mar 31</i> <i>June.</i>	<i>✓</i> <i>✓</i>		



13841

REG. NO. 3310278 46045 *Porter Geo* NAME (SURNAME FIRST) ✓

RANK *Bugler* CORPS *2nd Co. Co. R*

AGE *18* SERVICE *—*

NAME OF HOSPITAL *Clearing Depot* PLACE *Luebec*

DATE OF ADMISSION *30-4-18*

DISEASE *Influenza*

DISCHARGE *3-5-18*

OPERATION

DISCHARGED TO DUTY *yes*

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD





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# Extract of Information Coded for Hollerith

Regtl. No. 3310278 Name { Surname..... Porter  
 Christian Names..... George

Abbreviations used:—A.P., Attestation Paper, Particulars of Recruit, Officer's Declaration Paper.  
 A.P.C., Attestation Paper and Pay-roll Card.  
 Cas., Casualty Form and Record Sheet.  
 P.D., Proceedings on Discharge.

Extracted by: Lmd Coded by: Lmd Checked by: SHR

	SOURCE OF INFORMATION	CODE USED	LONGHAND EXTRACT	CODE NO.
A. No. of Card 1, 2, 3, 4, 5, 6			Cards to be punched.....	11
B. Professional Soldier	A.P.	1	No previous service	
C. Theatre of Service	Cas.	2	F.R.K. 7	
D. Personnel Seconded to W.O., R.A.F., etc.	Cas.	3	not dec'd	
E. Rank on Discharge		P.D. 4	O.R.	1
F. Date Discharged		P.D. 5	July 6 <sup>th</sup> 1919	67
G. Disposition on Discharge		P.D. 6	Went out	57
H. Place proceeding to		P.D. 7	Ont.	4
J. Unit Enlisted in	A.P.C.	12 (a) 12 (b)	2nd Dps Bn 2nd Coy	405
K. Country of Birth	A.P.	8	Ire	15
L. Occupation	A.P.	9	Shipper	81
M. Date of Enlistment	A.P.C.	5	Jan 7 <sup>th</sup> 1914	9
N. Place of Enlistment	A.P.C.	13	Hamilton Ont	236

O. Age on Enlistment	A.P.	Years	18	18
P. Religion	A.P.		10	6 of E 1
Q. Rank when left Canada		Cas.	4	OR 1
R. Unit left Canada with		Cas.	12 (b)	Infantry Div 1921
S. Date left Canada		Cas.	5	Sept 10th 1918
T. Unit in England		Cas.	12 (b)	Perm. Cadet 899
U. Date first proceeded to Theatre of War		Cas.	5	Did not proceed

Source of Information—Casualty Form.

1st Unit in T. of W.

2nd Unit in T. of W.

3rd Unit in T. of W.

4th Unit in T. of W.

*000*

Period of Service

Period of Service

Period of Service

Period of Service

Months:

Months:

Months:

Months:

*00*

X. Check Column

CHECK

Z Casualties

Cas.

11

*11*

YA. Honours and Awards

Cas.

~~1. Yes.~~  
2. No.

*no*

~~1~~  
2

YB. Married or Single

A.P.

~~4. M.~~  
5. S.  
6. W.

*single*

~~4~~  
5  
6

YC. Service Unit Transfer

Cas.

7. Subsequent Unit or Units.

All cards subsequent to 1st.


WATCH

8. First Unit.

Last or only card.

*8*

DEPARTMENT OF VETERANS AFFAIRS

To  Copy for H.O. file

P.A.

Ottawa 4, Ont.  
Date...November 1, 1966.

Attention of

NAME PORTER George.

SERVICE 3310278 WW1 C.P.C. No. 835934  
NUMBER B-37583 WW2 W.V.A. No. 99567

NAVY  
ARMY X  
R.C.A.F.

The DEPARTMENT has received information from

.....S.T.M.O. D.V.A. Hamilton, Ont. Tele Memo D/28 October, 1966.....  
(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death...October 20, 1966.....  
Cause of Death.....  
Place of Death...Willett Hospital, Paris, Ont.

Name and Address of next of kin (if known).....  
.....

Copies to: W.S.R.  
V. I.  
~~NAVY~~  
~~H.O.~~  
H.O.

} Destroy form if advice of death already received.

*E.C. Richards*

for  
Chief, Central Registry



Fill in only.—Unit, Number, Rank and Name. 46045

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

500M.—  
H. Q. 177. 20.

# Casualty Form—Active Service.

Unit, Regiment or Corps. 2nd. DEPOT BN. 2nd. C. O. R.  
 3310278  
 Regimental No. 3310278 # Rank PRIVATE Name PORTER George  
 C. E. F.  
 Enlisted (a) 7.1.18 Terms of Service (a) WAR & 6 MOS Service reckons from (a) 7.1.18  
 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				
SEP 10 1918		<i>S.O.S. Proceeding Overseas</i>			<i>A. G. Bennett</i> Lieut. Adjt. for O. C. 2nd Ont., Que. Detachment. <i>N.M.7 - 'Themistocles'</i>
		<i>Embarked</i>	<i>Quebec</i>	<i>10-9-18</i>	
		<i>Arrived</i>	<i>London</i>	<i>25-9-18</i>	
8.1.19	<i>b. b. M.D.B.</i>	<i>Attached to M.D.B.</i>	<i>Phyl</i>	<i>23.12.18</i>	<i>Pl II 8 = 8-1-19.</i>
4-3-19	<i>8<sup>TH</sup> Res.</i>	<i>Leave to be attached &amp; in T.O.S. M.D.B.</i>	<i>Rimmel</i>	<i>31-1-19</i>	<i>Pl II No 63 = 4-3-19.</i>
		<i>S.O.S. of D.M. J of C &amp; C.S. H with effect do Pl II No. A. J. Collins Lt. for O.C. MD 7</i>			

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

46045

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				
	TOS SOS	MDL KPC - 10-6-19 to CEF Canada P.F. DO 150 25-6-19 <i>W. C. Roberts</i>			
		..... Officer i/c Wing Discharge Office for O. C. M. D. 2. Kinmel Park Camp.			
		EMB CASSANDRA GLASGOW JUNE 24 19			
JUN 24 1919	O. S.	T. O. S. No. 2 DISTRICT DEPOT, TORONTO 1919		PART II D. 0189	
JUL 6 1919	S. O. S.	(DISCHARGED FROM H. M. S.) No. 2 DIS. DEPOT,		PART II D. 0189	
					<i>W. C. Roberts</i> Lieut. For O. C. No. 2 District Depot.

46045

## SERVICE AND CASUALTY FORM (Part I).

Army Form B. 103-1.  
Part I.

(1)\*Substantive rank

\*Acting rank

\*[To be entered in pencil to facilitate alteration.]

(4) Surname *PORTER*(5) Christian Names *George*(6) Army Form number of, Attestation  
Form or Record of Service paper(7) Whether of British or of Alien  
origin [vide A.C.I. 578 of 1918]

(8) Date of birth as stated on enlistment

(9) (a)

(2) Regiment or Corps

(3) Regtl. No.

*151<sup>st</sup> Inf 2nd Bn 1<sup>st</sup> COR**3310248*(10) Enlistment (b) *Hamilton Ont*(11) Engagement (c) *Duration*(12) Service reckons from (date) *4 Jan 1918*

(13) Special conditions (if any) of enlistment (d)

(14) Any subsequent variations (if any)  
of conditions of serviceInitials and Rank of  
an Officer.

(Authority)

(date)

(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) (Record of Occupation in Civil life (vide Army Order 93 of 1917)
				Industrial Group No. Trade or Calling Married or Single Particulars of Trade Test  Occupation Cards despatched on (date) Second Occupation Card despatched on (date)

(17) Next of Kin

(18) Demobilizer (f)

(Place)

(Signature of  
Posting Officer)

(19) Pivotal-man (f)

(Date)

(20) Qualifications (g)

or (21) Corps trade and rate

(22) Extended {

(23) Re-engaged {

(24) Miscellaneous entries:—

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [vide A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoeing-smith, &c.

Army Form B. 103 (II.) to be gummed on here if required.

Nothing to be written in this margin.

W1889—P2 1150 IM 5/18 G.W.P. Co (34/0)





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

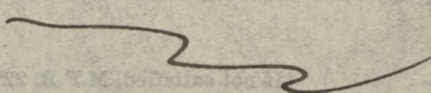
Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 3310278 Rank Private Surname Porter  
(Given name in full)  
George  
 Unit or Corps 8th Leo. Birthplace Ireland

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

1. GENERAL DESCRIPTION:

Physique Good Weight 129 lbs. Height 5' 8" in. Colour of Eyes Brown  
 Nutrition Good  
 Pulse 72  
 Condition of arteries Good  
 Vision Rt. 6/6 Left 6/6  
 Hearing (conversational voice) Rt. 20 ft.  
 Left 20 ft.

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


Opinion as to general health and physical condition Good

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 Sytem 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 no Any other general condition no

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.

*(Large handwritten scribble, likely a signature or mark, covering the space for Section 3.)*

EXAMINATIONS. MEDICAL EXAMINATING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY

THIS SECTION FOR USE OVERSEAS—

Examined at *Amuel Park* (Overseas)

Date *11/26/49*

Signed *[Signature]* 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 *George Porter*

(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.)

Option as to general health and physical condition. The Officer or Other Rank examined 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, Genito-Urinary System, Cardio-Vascular System, Special Senses, Integumentary System, Respiratory System, Digestive System, Muscular System, Distance of marchability, Osseous and Joint System, and any other general condition.

LEDGER BELLY

# 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. 3310478 Rank Pte Surname Porter  
(Given name in full)

Unit or Corps 2nd Depot Bn Birthplace Armagh, Ireland

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

### I. GENERAL DESCRIPTION:

Physique good Weight 150 lbs. Height 5 ft. 6 in. Colour of Eyes Brown  
 Nutrition good  
 Pulse 70  
 Condition of arteries soft  
 Vision Rt. 6/6 Left 6/6  
 Hearing (conversational voice) Rt. 20 ft. Left 20 ft.

Identification marks, scars, or deformities.  
 (Give cause and date of origin.)  
4 vaccines left.  
Tattoo girl left arm

Opinion as to general health and physical condition Good

### 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 Ne Genito Urinary System Ne Cardio-Vascular System Ne  
 Special Senses Ne Integumentary System Ne Respiratory System Ne  
 Disturbance of Mentality Ne Muscular System Ne Digestive System Ne  
 Osseous and Joint System Ne Any other general condition Ne

### 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.

# EXAMINATIONS

## THIS SECTION FOR USE OVERSEAS—

Examined at Rommel P.H. (Overseas)  
 Date H. 6. 19 Signed J.R.T. Sidt 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 George Porter

(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 a Medical Board.)

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

MILITARY SERVICE ACT, 1917

ORIGINAL

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 Porter Christian name George
- 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)..... Paris, Ontario.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 7th. day of January 1918 by the undersigned medical board sitting at Hamilton, Ontario, Canada.

- 5. Age as stated 18 Years..... Months.....
- 6. Apparent age..... Years..... Months.....
- 7. Height 5 Feet 6 Inches.....
- 8. Weight 129 Pounds.....
- 9. Chest measurement { Minimum 32 Ins. Maximum 34 Ins.
- 10. Complexion Ruddy. { Eyes Brown. Hair Fair.
- 11. Physical development..... Good { Good Fair Poor
- 12. Smallpox marks..... Nil.
- 13. Number of vaccination marks { Right arm..... Left arm Four.
- 14. When vaccinated last In infancy.
- 15. Distinctive marks and marks indicating congenital peculiarities or previous disease Nil.

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 A-4 Hearing normal. Visual acuity, both eyes D20.

Laumann Member. R. Lang President. W. Weckel Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
14/2/18		<u>BRNB</u> M.O.	25/1/18		<u>BRNB</u> M.O.
		M.O.	5/2/18		<u>BRNB</u> M.O.
		M.O.	14/2/18		<u>BRNB</u> M.O.

Joined 7th day of January 1918 at Hamilton

CORPS	REG'TL NUMBER	HABITS	DATE
<u>2nd. DEPOT Bn. 2nd. C. O. R.</u>	<u>3810278</u>		<u>7-1-18</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Jubel</u> <u>Quibel</u>	<u>17/5/18</u> <u>19-8-18</u>	<u>Underage</u>	<u>A4</u> <u>Aiv</u> <u>JH G cast</u> <u>without opt cause</u> <u>be kept.</u>

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.

Signature of Man  
George Porter



CASE HISTORY SHEET.

No. 3310278 Rank Bugler Name George Porter Age 18  
 Unit 2<sup>d</sup> C.O.P. Completed years of service            Where and how long } Hamilton  
 Date of admission Apr 29<sup>th</sup> 1918 Date of discharge May 13, 1918  
 Diagnosis Influenza Place of origin           

CONDITION ON ADMISSION AND PROGRESS OF CASE

Brought into hospital in feverish condition,  
Headache, chills, Loss of appetite  
& inflamed throat & glands.

FAMILY HISTORY

Negative

(Tuberculosis, mental or nervous diseases.)

TREATMENT

Routine treatment for Influenza

(Especially any specific or special form)

Calomel Dover - Ment. Alka  
Aspirin etc

CONDITION ON DISCHARGE

Wetter & reported back  
to duty

(and disposal made of case.)

Date May 14, 1918

C. D. McLaughlin  
 Medical Officer i/c case

CASE HISTORY SHEET

Handwritten notes at the top of the page, including the words "Case History Sheet" and "Patient Name".

Handwritten word, possibly "Page", in the middle of the page.

Handwritten notes in the lower middle section of the page.

Handwritten notes at the bottom of the page.



3310 278

46045

Regional No. MEDICAL HISTORY OF A.F. B. 178.

Regimental No. Region

Surname Porter Christian Names George

TABLE I.—General Table.

Birthplace { Parish Kilmarnock County Scotland
Examined { on 7 day of Jan 1918 at Hamilton
Declared Age 18 years 3 days
Trade or Occupation Shipper
Height 5 feet 6 inches Weight lbs.
Colour of Hair Fair Complexion Brown
Eyes Ruddy
Chest Measurement { Girth when fully expanded 34 inches Range of expansion 2 inches
Physical Development
Vaccination Marks { Arm, Right Left (Number 4
When Vaccinated
Vision { R.E.—V= With Glasses { R. L.E.—V= L.
Identification Marks, such as Tattoo, Moles, Scars, etc.
Defects or Ailments

Examined and found—

Fit for Grade I II III IV X
(Strike out those which do not apply.)

Signature R. J. Ross Chairman of Medical Board.

Re-examined for posting at On day of 191

Enlisted { at on day of 191

Table with 2 columns: Corps, Regtl. No. Rows for Joined on enlistment, Transferred to

TABLE III.—Boards, Courts of Enquiry, 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.

Table with 2 columns: Date, Brief details and Signature. Entry: 4.6.19 A cat J.R. Liddell

Special Remarks: state if a discharged Soldier

TABLE IV.—Service Table.

Table with 3 columns: Station or Troopship, Date of arrival or embarkation, Date of Departure or disembarkation. Includes text: Became non-effective by on day of 191 (Signature) (Rank)



Regimental No. 3310278 Region

Surname: Porter Christian Names

TABLE I.—General Table.

Birthplace { Parish County Co. Sligo Ireland
Examined { on... day of... 191... at...
Declared Age 18 3/12 years... days.
Trade or Occupation...
Height... feet... inches. Weight... lbs.
Colour of Hair Fair Complexion Ruddy
Eyes Brown
Chest Measurement { Girth when fully expanded 34 inches. Range of expansion 2 inches.

Physical development
Vaccination Marks { Arm, RIGHT LEFT. Number

When Vaccinated
Vision { R. E.—V = With Glasses { R. L. E.—V =

Identification Marks, such as Tattoo, Moles, Scars, etc.:

Defects or Ailments:

Examined and found—

Fit for Grade I. Lit Class II. 2 a 4' III. IV.

(Strike out those which do not apply.) Signature Chairman of Medical Board.

Re-examined for posting at On... day of... 191...

Enlisted { at on... day of... 19...

Table with 2 columns: Corps, Regtl. No. Rows for Joined on enlistment and Transferred to.

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

Table with 2 columns: Date, Brief details and Signature. Entry: 17/6/19, Colonel Park A. H. D. W. etc. Capt.

Special Remarks: state if a discharged Soldier

TABLE IV.—Service Table.

Table with 3 columns: Station or Troopship, Date of arrival or embarkation, Date of Departure or disembarkation.

Became non-effective by on... day of... 191... (Signature) (Rank)



# CANADIAN EXPEDITIONARY FORCE

## DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 3310278 (Rank) Bglr.

Name (in full) George Porter, enlisted in  
the 1st. C. O. R.

CANADIAN EXPEDITIONARY FORCE at Hamilton on the Seventh  
day of January, 19 18

HE served in 8th Res. in England.

and is now discharged from the service by reason of Demobilization.  
Medical Unfitness.

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

Age <u>19</u>	Marks or Scars <u>Nil</u>
Height <u>5' - 6"</u>	
Complexion <u>Ruddy</u>	
Eyes <u>Brown</u>	
Hair <u>Fair</u>	

G Porter Signature of Soldier

J. A. McLean  
Issuing Officer

Date of Discharge

No. 2 DISTRICT DEPT  
JUL 6 - 1919  
TORONTO

Coff  
For Coff  
O.C. No. 2 District Depot.  
Rank

Date JUL 6 - 1919 19

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

THIS IS TO CERTIFY that No. \_\_\_\_\_ (Name) \_\_\_\_\_ enlisted in \_\_\_\_\_ the \_\_\_\_\_ CANADIAN EXPEDITIONARY FORCE on the \_\_\_\_\_ Day of \_\_\_\_\_ He served in \_\_\_\_\_ and is now discharged from the service by reason of \_\_\_\_\_

THE DESCRIPTION OF THIS SOLDIER in the DATA below is as follows:—

Age	_____
Height	_____
Complexion	_____
Eyes	_____
Hair	_____
Signature of Soldier	_____

Issued at \_\_\_\_\_ No. 2 DISTRICT DEPT. \_\_\_\_\_ JUL 7 1919 \_\_\_\_\_

Leading Officer \_\_\_\_\_ Date \_\_\_\_\_

O.C. Det. \_\_\_\_\_ Bank \_\_\_\_\_

NOTE.—As no duplicate form is available, the original will be retained and a copy thereof sent to the nearest office of the Canadian Expeditionary Force, if requested to forward it in an unduplicate form to the Secretary of the Council of War, Ottawa, Canada.

# SERVICE AND CASUALTY FORM (Part I).

Army Form B.103—I.  
Part I.

Army Form B. 103 (II.) to be gummed on here, if required.

Nothing to be written in this margin.

Forms/B. 103/8

HWV(R1460)

3/19

P2L51 100,000

(6.28 19)

(1)*Substantive rank <i>Pte.</i> *Acting rank <i>Nil.</i> *(To be entered in pencil to facilitate alteration.) (4) Surname <i>Porter.</i> (5) Christian Names <i>George.</i> (6) Army Form, number of, Attestation } Form or Record of Service paper } (7) Whether of British or of Alien origin ( <i>vide</i> A.C.I. 578 of 1918) (8) Date of birth as stated on enlistment (9) (a)				(2) Regiment or Corps  <i>151<sup>st</sup> Sft. 2<sup>nd</sup> Bn. 1<sup>st</sup> Coy.</i>	(3) Regtl. No.  <i>3310278</i>
(10) Enlistment (b) <i>Hamilton, Ontario.</i> (12) Service reckons from (date) <i>4.1.18.</i> (14) Any subsequent variations (if any) } of conditions of service }		(11) Engagement (c) (13) Special conditions (if any) of enlistment (d)			
(Authority)		(date)			
(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) Record of Occupation in Civil life ( <i>vide</i> Army Order 93 of 1917)  Industrial Group No. Trade or Calling Married or Single Particulars of Trade Test  Occupation Cards despatched on (date) Second Occupation Card despatched on (date)	
(17) Next of Kin (18) Demobilizer (f) (Place) (19) Pivotal-man (f) (Date) (20) Qualifications (g) or (21) Corps trade and rate (22) Extended { (23) Re-engaged { (24) Miscellaneous entries :—					

Initials and Rank of an Officer.

Signature of Posting Officer

**NOTES.**—(a) Here enter particulars of any subsequent claim as to actual age after verification by birth certificate (*vide* A.C.I. 470 of 1918). (b) Whether direct or voluntary enlistment, or called up under the Military Service Acts. (c) Whether for specified term of years or for duration of the war. (d) Whether "for Home Service only," or "not to be transferred without the soldier's consent," &c. (e) If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. (f) Required for demobilization purposes. (g) Signaller, Shoing-smith, &c.

(A) Report		(B)	(C)	(D)	(E)	(F)
Date	From whom received	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer
11. 10. 18	8 <sup>th</sup> Res. Bn.	80. 284.	Arrived in England. TOS.	—	25. 9. 18.	SS. "Themistocles"
14. 2. 19	2 Wing.	" 38.	TOS of Perm. Cadre.	Witley.	" "	
9. 1. 19	10. Wing.	" 8.	TOS of P.C.	Rhyt.	19. 1. 19.	
28. 2. 19	" "	" 58.	TOS of P.C. + SOS Res. Unit.	" "	11. 12. 18.	
					1. 3. 19	

*[Handwritten signature]*

For Lt: Col: if  
Lieut.  
Records.  
Det. S.C.

Nothing to be written in this margin.



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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters)

PORTER, G

REGIMENT

D. Bn.

RANK

PTE

No

3310278

Date of Examination in England

5-6-19

Date of Examination in France

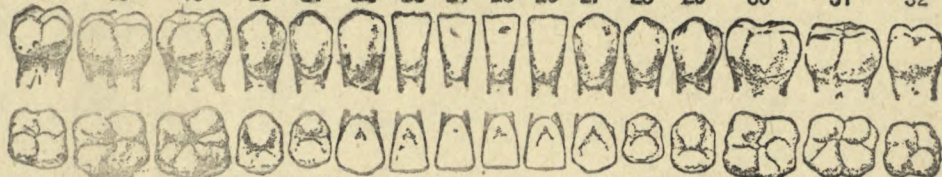
DIRECTIONS TO DENTAL OFFICERS

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

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16



17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32



PRESENT DENTAL REQUIREMENTS

1. FILLINGS

2. EXTRACTIONS

3. CROWNS

4. DENTURES

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

*Full*

HAS HE EVER REFUSED DENTAL TREATMENT?

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

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

*YES*

KINMEL PARK,  
NORTH WALES.

Signature of Dental Officer

*W. Sinclair*  
*Capt*

WATER GARDEN  
1/11/11

1/11/11

1/11/11

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) PORTER G. M.D.2  
 REGIMENT 8th Res. RANK Bugler No. 3310278  
 Date of Examination in England 17/6/19 Date of Examination in France \_\_\_\_\_

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



PRESENT DENTAL REQUIREMENTS

1. FILLINGS 4. 11. 12. 21. 32
2. EXTRACTIONS \_\_\_\_\_
3. CROWNS \_\_\_\_\_
4. DENTURES
  - (a) Full Upper \_\_\_\_\_
  - (b) Part Upper \_\_\_\_\_
  - (c) Full Lower \_\_\_\_\_
  - (d) Part Lower \_\_\_\_\_

HAS HE EVER REFUSED DENTAL TREATMENT ?

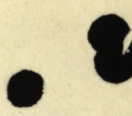
HAS HE EVER RECEIVED DENTAL TREATMENT ? (Reply by "Yes" where applicable to any or all of a, b or c.)

- (a) In Canada \_\_\_\_\_
- (b) In England Yes
- (c) In France \_\_\_\_\_

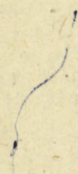
KINMEL PARK, NORTH WALES.

Signature of Dental Officer

*W. L. Hoague*  
Capt



Faint, illegible text or markings at the top of the page, possibly bleed-through from the reverse side.



Faint, illegible markings or text in the lower middle section of the page.

# CLINICAL CHART.

(To be pasted into Case Book opposite Patient's case.)

Corps 2<sup>nd</sup> C.O. AR.

Hospital Station Clearing Depot

No. 3310278 Rank and Name George Porter Plt Age 18

Service 4 months

Disease Influenza Date of Admission May 29 Date of Discharge May 3 Result Better Case Book \_\_\_\_\_ Folio \_\_\_\_\_

Dates of Observation	<u>30 May</u>																																			
	1	2	3	4																																
Days of Disease	TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME			
	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.				
Temperature Fahrenheit																																				
107°																																				
106°																																				
105°																																				
104°																																				
103°																																				
102°																																				
101°																																				
100°	116	92	76	74																																
99°																																				
98°																																				
97°																																				
Pulse per Minute																																				
Respirations per Minute																																				

B. 288.

50m.-7-18.  
H. Q. 1772-39-513.

Signature Geo. D. W. Sargent, M.D.

In charge of case.



46045

Rank **1st Dft 2nd Bn 1st O.O.R**  
Unit

Name **PORTER, GEORGE**  
If in perm. Corps,  
What Unit?

Reg'l No. **3310278**

Married or Single **Single**

Place and Date of Enlistment **Hamilton Ont. Jan 7/18**

Place of Birth **Armagh Co. Ireland.**

Name and Address, Next-of-Kin **Bella Porter  
Paris, Ont.**

Relationship **Mother**

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

N/E. R.B. No.  
File R.L.  
C. 12121  
*OK*

Discharge, Date and Place

Reason

Character

H. W. & V., Ltd.—9546-16.

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.				
✓					
11.10.18	8 Res Bn	Arrived in England. Taken on strength.	Witley	25.9.18	No 284
14.2.19	2nd Wing	TOS of Perm Cadre	1st Lt	19.1.19	NO 38 (8 Res Bn D 89/30319)
9-1-19	10 Wing	TOS. of P.C.	-	11.12.18	808
28.2.19	✓	TOS of P.C. & SOS Res Unit	✓	1.3.19	NO 58.
21.3.19	18 Res.	SOS. to 10 Wing K.F.			
18.5.19.	M.D.6.	SOS on trans. to M.D. Y.K.P. Regt	9/2.	18.5.19	DO 138. / M.D. 10 140/20 5/19
21.5.19	2 M.D.C. Wing	S.O. of P.C. on Trans. to 10 M.D.C.W.	..	1.3.19.	DO 120.
10-6-19	10 M.D.C.W.	S.O. of P.C. to M.D.2.	..	10.6.19	DO 148. (M.D. 2. No 138/11-6-19)

46045

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.				
20.6.19	M.D. 7.	S.O.S. to M.A. 2. pending RT. 6	Rhyl	19.6.19	Do 170
23.6.19.	MT 2.	MT 2 Do 138 of 11.6.19 is amended to read TOS from 13 MT Wing	do	19.6.19	Do 148
25.6.19.	M.D. 2.	S.O.S. to Canada.	do	24.6.19.	Do 150. SL 79-I-38
		SL 79-1-38		24.6.19	



K PK

AUTHORITY  
A.P. NOM. ROLL

Strike out whichever inapplicable

ASSIGNED PAY	ENGLAND or CANADA	SEPARATION ALLOWANCE	ENGLAND or CANADA	NAME: <i>PORTER George</i>
EFFECTIVE DATE: <i>1-9-18</i>		EFFECTIVE DATE: -		NUMBER: <i>3310278</i>
AMOUNT: <i>15<sup>00</sup></i>		AMOUNT: -		PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY	WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.	AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
<i>Mrs Bella Porter, Mother Paris St. Ont.</i>		<i>L.P.C. from Canada</i>	<i>11-9-18</i>	<i>He</i>
<i>stopped eff. 1/6/19</i>				
<i>Stopped eff. 1/19</i>				

UNIT AND TRANSFERS
ORIGINAL UNIT: <i>Draft No. 15... 2 Corb.</i>
DATE ACCOUNT FIRST OPENED: <i>11-9-18</i>

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO
			<i>8<sup>th</sup> Res. Canada</i>

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<i>13/11/18</i>	<i>2384</i>	<i>Kennel PK.</i>	<i>4 93</i>	<i>2333</i>	<i>Kennel</i>	<i>4 87</i>
<i>2/12/18</i>	<i>4042</i>		<i>4 87</i>	<i>3584</i>		<i>9 13</i>
<i>24/1/19</i>	<i>Q.M. Clqr. 887</i>	<i>19/11/18</i>	<i>4 38</i>	<i>3940</i>		<i>7 43</i>

Manito Can. 1/6/19 A.R. B 96.7 K. PK to Kin. PK 26/5/19. A.P. Bal. Cr 9.01

PARTICULARS OF RENDERING NON-EFFECTIVE: *transferred to Kin. PK. 26/5/19. A.P. Bal. Cr 9.01*

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
<i>10/9/18</i>	<i>Bal. from Canada</i>								<i>1500</i>		
<i>11-30</i>	<i>P.P.</i>	<i>22</i>		<i>AP</i>				<i>15</i>			
		<i>23</i>						<i>15</i>	<i>22</i>		
<i>Oct</i>	<i>P Pay</i>	<i>34 10</i>		<i>AP</i>				<i>15</i>			
				<i>AR 27. 1-10-18. Kenn PK.</i>	<i>4 87</i>				<i>36 23</i>		
		<i>34 10</i>			<i>4 87</i>			<i>15</i>			
<i>Nov</i>	<i>P Pay</i>	<i>33</i>		<i>AP</i>				<i>15</i>			
				<i>AR 2384. 13-11-18</i>	<i>4 93</i>						
				<i>Q 4005. 887. 9. ✓ ✓</i>	<i>4 37</i>						
				<i>AR 4092 2-12 ✓</i>	<i>48 79</i>						
<i>Dec</i>	<i>P.P.</i>	<i>34 10</i>		<i>AP</i>				<i>15</i>	<i>15 24</i>		
		<i>67 10</i>			<i>58 09</i>			<i>30</i>			
<i>Feb</i>	<i>Jan &amp; Feb Pay</i>	<i>64 90</i>		<i>AR P. 300. 9 1/2. Kenn PK. END</i>	<i>9 73</i>						
				<i>- B. 450. 23 1/2 ✓ ✓</i>	<i>4 87</i>						
				<i>AP P. 1065. 28 1/2 - END</i>	<i>4 87</i>						
				<i>AP. Jan &amp; Feb.</i>				<i>30</i>			
				<i>AR 893. 13 2/3. K. PK.</i>	<i>9 73</i>						
<i>Mar</i>	<i>P Pay</i>	<i>34 10</i>		<i>AP</i>				<i>15</i>			
				<i>AR 1889. 26 2/3. MD #10 KP</i>	<i>4 87</i>						
				<i>3078. 13 2/3. K.P.K.</i>	<i>9 73</i>						
				<i>4241. 26 2/3 ✓</i>	<i>4 87</i>				<i>20 57</i>		
		<i>99 00</i>			<i>18 67</i>			<i>45</i>	<i>67 13</i>		
<i>Apr</i>		<i>33</i>		<i>TR 993. 10/4. Kin Park.</i>	<i>9 73</i>				<i>87 67</i>		
				<i>P.P.</i>				<i>15</i>	<i>103 60</i>		
<i>May</i>		<i>34 10</i>		<i>AP May</i>				<i>15</i>	<i>43 07</i>		
				<i>TR 2355. 2/4. Kin PK.</i>	<i>4 87</i>						
		<i>67 10</i>			<i>14 60</i>			<i>30</i>	<i>43 07</i>		

*Checked*

*67.10*  
*20.57*  
*87.67*  
*973*  
*30*  
*38.93*  
*78.66*  
*9.01*  
*87.67*  
*87.67*  
*9.01*  
*87.67*

1919 NUMBER 3310278

RANK Pte.

NAME Porter, J.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
May	Forward								43 07		
June				AR. 3940. 23.5.19. KPk.	24 33						
				- 426. 6.6.19. END	9 73				9 01		
				, 3584. 10.5.19	9 73				72		
				✓ 15420. 20.6.19. ✓ END	9 73				10 45		
					53 52						
				B.O.B. Canada. 21.6.19							
				2 CORP. S.L. 79.							

M.D.2

46045

SERVICE GROUP

SHORT FORM.

Toronto  
Mother  
Labourer

PROCEEDINGS ON DISCHARGE.

OCCUPATIONAL GROUP

7 (Demobilization.)

A

1. No. 3310278 C of E

2 Rank. Bugler

3. Name. PORTER George

4. Unit. 2 C.O.R. 8 Res 2. D.B.

5 Date of Discharge JUL 6 - 1919 Place Toronto

6 Reason for Discharge Demob.

7. Authority. No. 2 District Depot, Part II. D.O. No. 189

8. Proposed Residence after Discharge

Paris ont Box 801

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.?

G Porter

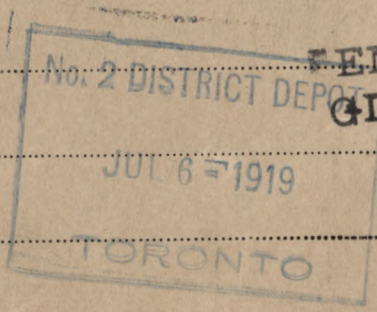
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place.....

Date.....



EMB. CASSANDRA  
GLASGOW JUNE 24 19

J. McHenry  
Capt

Signature..... For  
O.C. No. (O. C. Discharging Unit.)

LIST OF DISPERSED DOCUMENTS

1	...	...
2	...	...
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PROCEEDINGS OF THE  
CONFERENCE ON THE  
FUTURE OF THE  
NATION



A large rectangular area with faint horizontal lines, suggesting a table or a form for recording data. The lines are evenly spaced and run across the width of the page. There are some faint, illegible markings and smudges within this area, particularly on the left side.

2. 2. 2

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

Group..... A  
Checked by No. .... 20  
Date..... 23-6-19



pid n



Date of Enlistment *7-1-18*

MILITIA AND DEFENCE

*P. 9706*

Date of Assignment

*Sept 1st 1918*

# Separation and Assigned Pay Branch

*Sept 1st 1918*

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

<del>25.00</del>	<i>30</i>		
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RATE OF ASSIGNMENT

<i>15.00</i>			
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*1-9-18  
P82753  
M023689*

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. \_\_\_\_\_ Name \_\_\_\_\_

Rank \_\_\_\_\_ Promoted \_\_\_\_\_ Reverted \_\_\_\_\_ Discharge \_\_\_\_\_ Address \_\_\_\_\_

Soldier's Name \_\_\_\_\_ Change of Address \_\_\_\_\_

Battalion *2nd Depot. Batt. 1st C.O. Re. aft 151.*

Beneficiary *Mrs B. Porter.*

Relationship *Widowed mother.*

Address *Paris, Ontario*

1 *MRS. B. PORTER,*

2 *PARIS,*

3 *ONT. 15 25 40.00*

4 *A-C 3310278 PTE GEORGE PORTER*

*FORTY DOLLARS*

Date	Cheque No.	Amount S/A	Amount A/P	Total
<i>Sept 1918</i>				
<i>Sept.</i>	<i>m 302</i>	<i>25</i>	<i>15</i>	<i>40</i>
<i>Oct.</i>	<i>647873</i>	<i>25</i>	<i>15</i>	<i>40</i>
<i>Nov</i>	<i>257626</i>	<i>25</i>	<i>15</i>	<i>40</i>
<i>Dec</i>	<i>2d 64203</i>	<i>45</i>	<i>15</i>	<i>60</i>
<i>Jan</i>	<i>a 74489</i>	<i>30</i>	<i>15</i>	<i>45</i>
<i>Feb</i>	<i>C 81739</i>	<i>30</i>	<i>15</i>	<i>45</i>
<i>March</i>	<i>a 87205</i>	<i>30</i>	<i>15</i>	<i>45</i>
<i>ap.</i>	<i>a 4283</i>	<i>30</i>	<i>15</i>	<i>45</i>
<i>May</i>	<i>K 7297</i>	<i>30</i>	<i>15</i>	<i>45</i>
<i>June</i>	<i>L 10343</i>	<i>30</i>	<i>15</i>	<i>45</i>
<i>July</i>	<i>H 13061</i>	<i>30</i>	<i>15</i>	<i>45</i>
		<i>330</i>	<i>165</i>	

*014704-1-13*

REMARKS

*8-4-18 a.c.o. 6318 rend. 8-2-18*

*Des. L.P. 115838. 609*

*Alc Closed 31.7.19*

*Ret'd per Cassandra*

*Date 5.7.19 M.F.W. 18/19*

*Clerk ex Mitchell m.A.#2*

M. F. W. 128.  
4'05" 6' 7" 172.39-1141  
L. L. 22320-M. & D. 1693.

AUTHORITY *M.O-2-13-12*

FOR *m. Courley*

NEW ACCT. *30-9-18*

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

CANCELLED  
1088

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date

Cheque No.

Amount S/A

Amount A/P

Total

REMARKS

M. F. W. 173  
40ms 6-7-1 72-81-1141  
L. L. 22240-M. & D. 1983

AUTHORITY }  
FOR }  
NEW ACC'T. }