

REGIMENTAL DOCUMENTS

NAME

*Aikin Albert Percival*

REGT. NO.

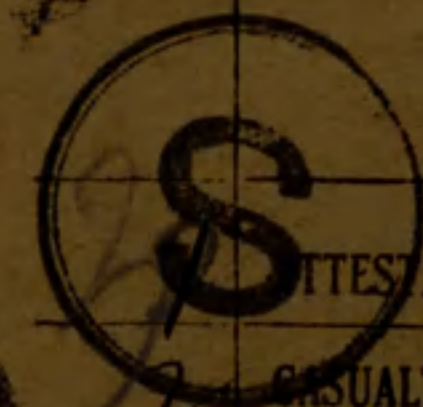
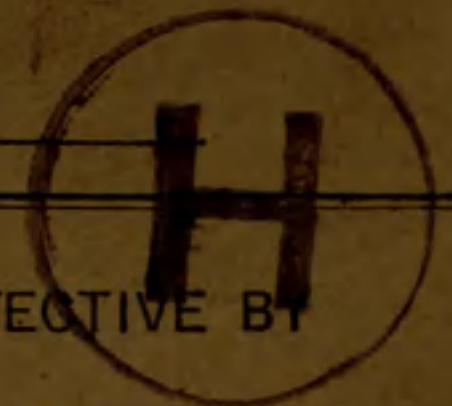
*3106354*

UNIT

*84th Div*

H. Q. FILE NO.

*2823*



CONTENTS

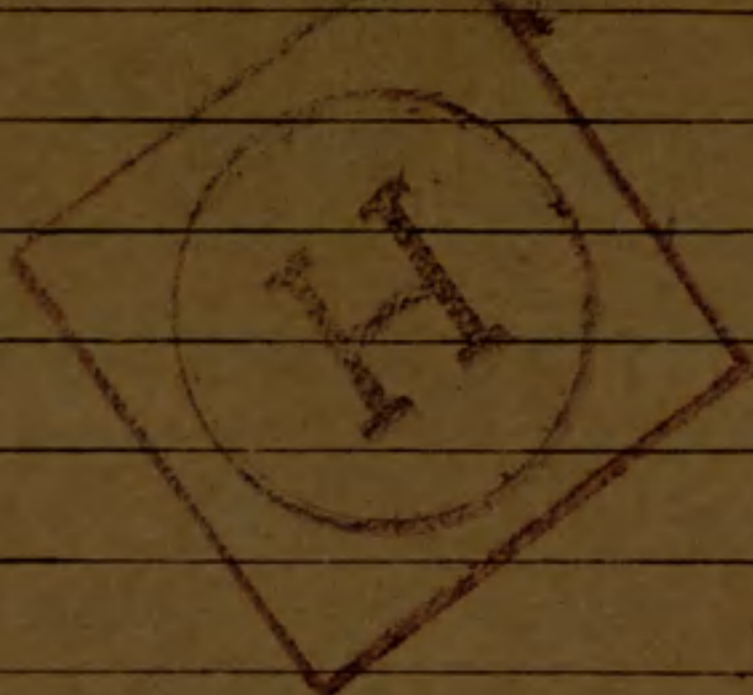
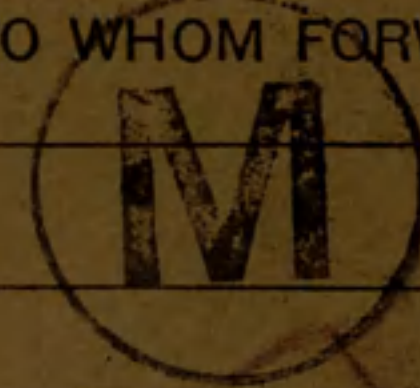
DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY



TESTATION PAPER (M.F.W. 23, 133, or 51) *3*

*W 2879*

DEATH

CASUALTY FORM (M.F.W. 54 or A.F.B. 103) *2*

Category

TRAINING HISTORY SHEET (M.F.W. 113) *sheet*

FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122) *1*

REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120) *1*

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121) *1*

MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178) *2*

DISCHARGE

DENTAL HISTORY SHEET (M.F.B. 465) *1*

Category

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

MEDICAL EXAMINATION (M.F.W. 129) *1*

TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2) *1*

PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

*Removal*

DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

DESERTION

LAST PAY CERTIFICATE (M.F.W. 44)

PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268) *1*

PARTICULARS OF CHARACTER (A.F.W. 3226)

COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

*1* *Sept 30 1918*

*1* *64665009A*

*1* *Mar 1917*

*1* *Cas Card*

*1* *A.F. 91237*

*1* *18122*

~~15-20~~  
*15-20*  
*23-20*  
*31-20*







# PARTICULARS OF RECRUIT

## DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class ONE)

1. Surname..... Aikin  
2. Christian name..... Albert Percy Percival  
3. Present address..... 19 Sanford Ave., S., Hamilton, Ontario, Canada.  
4. Military Service Act letter and number..... 503352  
5. Date of birth..... 7th February 1890.  
6. Place of birth..... Hamilton, Ontario.  
(town, township or county and country)  
7. Married, widower or single..... Single  
8. Religion..... Methodist  
9. Trade or calling..... Clerk  
10. Name of next-of-kin..... Samuel I. Aikin,  
11. Relationship of next-of-kin..... Father.  
12. Address of next-of-kin..... 69 Emerald St, N. Hamilton, Ont.  
13. Whether at present a member of the Active Militia..... No.  
14. Particulars of previous military or naval service, if any..... None.  
15. Medical Examination under Military Service Act:—  
(a) Place..... Hamilton, Ont. (b) Date..... 24th Sept. 1917 (c) Category..... A2

### DECLARATION OF RECRUIT

I, Percy Albert Aikin<sup>PERCIVAL</sup>, do solemnly declare that the above particulars refer to me, and are true.

Albert Percival Aikin (Signature of Recruit)

### DESCRIPTION ON CALLING UP

Apparent age.....	<u>27</u>	yrs.....	<u>9</u>	mths.	} Distinctive marks, and marks indicating congenital peculiarities or previous disease.
Height.....	<u>5</u>	ft.....	<u>9</u>	ins.	
Chest measurement } fully expanded.....	<u>37</u>	ins.	} Vacc. 1 Left. Vacc. in infancy		
	range of expansion.....	<u>4</u>		ins.	
Complexion.....	<u>Fair</u>		} Visual Acuity both eyes D15. Hearing normal.		
Eyes.....	<u>Brown</u>				
Hair.....	<u>Lt. Brown</u>				

E. W. Lifford  
for O. C. 1st Depot Battalion, Depot Btltn.  
2nd Central Ont. Regt. Regt.

Place..... Hamilton, Ont. Date..... 5th January 1918.





# CANADIAN EXPEDITIONARY FORCE

## DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 3106354 (Rank) Pte

Name (in full) Albert Percival Aikin enlisted in

the 2<sup>nd</sup> Depot Battalion

CANADIAN EXPEDITIONARY FORCE at Hamilton on the 5<sup>th</sup>

day of January 1918

HE served in 5<sup>th</sup> Battalion Infantry

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 29 years

Marks or Scars

Height 5 ft - 9"

Complexion fair

nil

Eyes brown

Hair light brown

A. P. Aikin  
Signature of Soldier

W. W. Webb  
Issuing Officer Unit

Date of Discharge HAMILTON, ONT.

NO. 2  
APR 3 1919  
DISTRICT DEPOT.

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

Date 3rd April 1919

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.







WAR VETERANS ALLOWANCE

Name: Albert Percival Aikin

No: 3106354

1. THEATRES OF SERVICE

(1) South African War

Date and port of disembarkation:

(2) World War I *Canada. U.K. France.*

IF CANADA ) Date(s) disembarked in U.K.  
AND ) Date(s) S.O.S in U.K. for Canada  
U.K. ONLY ) Period(s) of desertion in U.K.

(3) World War II

Date of embarkation:

(4) Korean War

Date of embarkation:

2. Date and place of all enlistments:

*5 January 1918 Hamilton, ont*

3. Date of all discharges and reason:

*3 April 1919. Demob.*

4. Date and place of birth as per attestation paper:

*7 February 1890 Hamilton, ont*

5. Marital status: If married, name in full of wife:

*Single*

6. Any other military service:

*No*

7. Decorations, if any.

*No*

*Hamilton  
18/2/60*

Clerk's Initials:



*[Faint handwritten text at the top of the page]*

1. PERIODS OF SERVICE

(1) World War I

Date and place of birth:

(2) World War II

Date (a) discharged in U.S.

(b) (c) (d)

Date (a) 2.0.2 in U.S. for Canada

(b) (c) (d)

Period (a) of honor in U.S.

(3) World War III

Date of expiration:

(4) Other

Date of expiration:

Date and place of all enlistments:

*[Faint handwritten notes and signatures in the middle section]*

Date and place of all enlistments and reasons:

Date and place of birth as per:

Official records:

Date and place of birth as per:

Official records:

Date and place of birth as per:

Official records:

Other's initials:



DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

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

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

On completion, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

1. Christian names Albert Renewal 2. Surname Aiken
3. Rank Pte 4. Original Unit 1st Co R 5. Reg. No. 3106354
6. Address, in full, to which future payments of gratuity are to be forwarded  
69 Emerald St, North Hamilton Ont.
7. Date of enlistment in the C.E.F. 5/1/18.
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge no
9. Relationship of such dependent -
10. Address, in full, of such dependent -
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? -
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—  
(A)
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? -
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service.....  
-
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served..... 1 year 3 mon  
1 Co R's 5/1/18 to 54 Bn. 11/5/18 to 2 Co R's  
20/1/19 to
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department..... no
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? no

DISCHARGE

2

can  
out  
opt



18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments and under what regimental numbers and units. *no*
19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid. *no*
20. Have you been issued with a War Service Badge? If so what class?
21. Have you, during the present war, served in the Imperial Forces?
22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *no*
23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *no*
- (b) If so, was such reversion in consequence of misconduct or inefficiency?
24. Are you now serving in the C.E.F.? *no* If not, give:—(a) Date of discharge *3/4/19* (b) Reason for discharge.

*Demobilization*

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit
26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit. *54 Bn. 11/5/18 to 11/1/19*
27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? (b) If so, are you in receipt of full pay and allowances from that Department?

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

Signature of Applicant: *A. Parker*  
 Place of Residence: *69 Emerald St W. Hamilton*  
 Declared before me at: *Hamilton*  
 This *4<sup>th</sup>* day of *April* 19 *19*

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

*W. J. Hart*

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster



No. XI CANADIAN  
GENERAL HOSPITAL  
MOORE BARRACK  
SHORNCLIFF

**MEDICAL CASE SHEET.\***

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
T3677	3106354	Pte	Aiken	A.B.
Year	54	Unit. Bn	Age.	Service. 12/12
1919			28	
Station and Date	Disease L.C.T. Both Legs			
11 Can Pen Hospital Moore Barracks Shorncliffe	Symptoms: Nil			
31-1-19	<p>History: On Oct 5/18 came out of line with sores on legs, discharging pus. Had several sores on each leg. Discharged pus for 1 month or more.</p>			
	<p>P.C.: Multiple sores on legs Sites of repetitive foci. No edema, circulation good. Attacks legs easily due to lack of exercise. G.C. good. Other Systems: Normal.</p>			
1.2.19	<p>Tib for lines W.M. Smith Capt General exercises W.M.S.</p>			

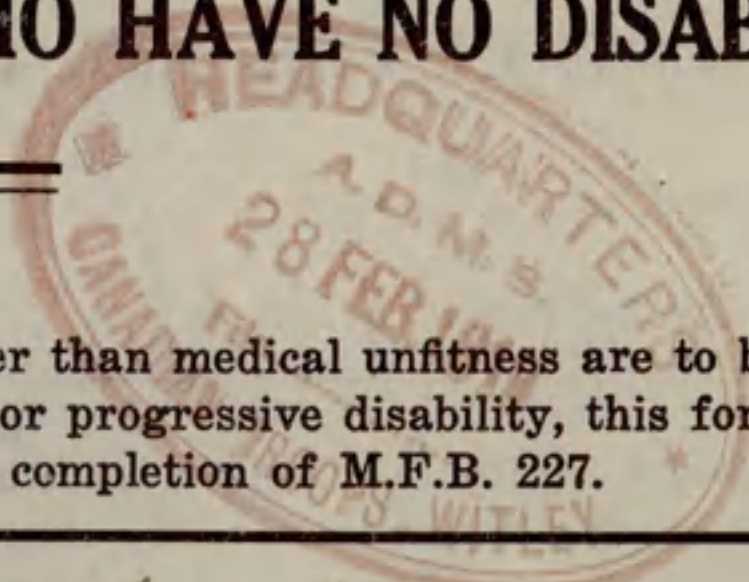
\*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.







# 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. 3106354 Rank PTE Surname AIKIN  
 (Given name in full) ALBERT PERCY  
 Unit or Corps 8th Bankeer Bn. Birthplace Hamilton Ont

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

**1. GENERAL DESCRIPTION:**

Physique good Weight 160 lbs. Height 5 ft. 9 in. Colour of Eyes Brown  
 Nutrition good  
 Pulse 72  
 Condition of arteries good  
 Vision Rt. 6/6 Left 6/6  
 Hearing (conversational voice) Rt. 21 ft.  
 Left 21 ft.

Identification marks, scars, or deformities.  
 (Give cause and date of origin.)  
2 SCARS on R. LEG.  
1 scar on neck.

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 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 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.**



# EXAMINATIONS.

## THIS SECTION FOR USE OVERSEAS—

Examined at..... *W. J. H.* (Overseas)

Date ..... *27/2/11* .....

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 ..... *A. P. Arkin* .....

(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.)

[OVER]



# 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 Aikin Christian name Albert Percy
- 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)..... 19 Sanford Ave. S., Hamilton, Ontario.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 24th day of September 1917, by the undersigned medical board sitting at HAMILTON, Ontario.

- 5. Age as stated 27 Years \_\_\_\_\_ Months.
- 6. Apparent age \_\_\_\_\_ Years \_\_\_\_\_ Months
- 7. Height 5 Feet 9 Inches.
- 8. Weight 137 Pounds.
- 9. Chest measurement { Minimum 33 Ins. Maximum 37 Ins.
- 10. Complexion \_\_\_\_\_ { Eyes \_\_\_\_\_ Hair \_\_\_\_\_
- 11. Physical development. Good { Good Fair Poor
- 12. Smallpox marks. Nil

- 13. Number of vaccination marks { Right arm \_\_\_\_\_ Left arm one
- 14. When vaccinated last Infancy
- 15. Distinctive marks and marks indicating congenital peculiarities or previous disease  
Scar left side of neck.

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-2 Visual Acuity both eyes D-15 Hearing normal.

W. Bethume President.  
L. A. Carr Member. R. Y. Parry Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
8-1-18		<u>W.P. Williams</u> M.O.	8-1-18		M.O.
		M.O.	11-1-18		<u>W.P. Williams</u> M.O.
		M.O.	16-2-18		M.O.
			7-13-5-4-18		M.O.

Joined \_\_\_\_\_ day of \_\_\_\_\_ 191 at \_\_\_\_\_

Joined on enlistment	CORPS	REG'TL NUMBER	HABITS	DATE
Transferred to.....	<u>1st Depot Bn 2nd C.O. Bn 8th RES. Bn 54 Bn</u>	<u>3106354</u>		<u>MAY 10 1918</u>

### EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Witley</u>	<u>27/2/19</u>	<u>fit "A"</u>	<u>R.B. Kennedy</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 Albert Percy Aikin

O.C. Mobilization Centre  
HAMILTON, ONT.  
CANADIAN  
CAPT.  
COR.— LT.-COLONEL



Christian Name

Surname

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				
Memorial Hospital Farnborough		12	1	19	21	1	19	1 Ct. Both legs		well as admission	W. Chambers
No. XI CANADIAN GENERAL HOSPITAL, MOORE BARRACKS, SHORNCLIFFE,		3	1	JAN 1919	6	2	19	do	7	I.C.P. Both legs on Oct 5 <sup>th</sup> sent out skin sores on legs now healed G.C. Good other system normal Get for Livers A	W. Smith Capt











DUPLICATE

To be made out in duplicate.

# M.S.A.

H.Q. 54-21-23-53

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

### INSTRUCTIONS.

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

(1) Name of Overseas Unit which Soldier joins 1<sup>st</sup> Depot Bn 2<sup>nd</sup> C. O. R.

(2) Regimental Number 3106354

(3) Full Name of Soldier Aikin, Albert Percival

(4) Place of Birth Hamilton, Canada

(5) Are you married, or not? Single

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

(b) Present Postal Address Single

(7) Are you a widower? No

(8) Have you any children? No

If so, give number of boys and girls No

Also their names and ages No



(9) Is your Father alive?.....

Yes

If so, state name and address.....

Samuel Isaac Aikin , 69 Emerald North  
Hamilton, Ont

(10) Is your Mother alive?.....

No

If so, state name and address.....

No

(11) If your Mother is a widow.....

No

Are you her sole support, or not?.....

No

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

No

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

No

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

No

(15) Are you insured?.....

Yes

If so, in what Company?.....

Metropolitan and Continental Life

Have you made arrangements for payment of your Insurance premium.....

Yes

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

*E. W. C. [Signature]*  
for Officer Commanding.

Date..... *Jan 14 / 18*



TLH Rank Name AIKIN, Albert Percival, Reg'l No. 3106354  
 Unit If in perm. Corps, } Married or Single Single  
 What Unit? }  
 Place and Date of Enlistment Hamilton, Ont. 5th. Jany. 1918 Place of Birth Hamilton, Ont.  
 Name and Address, Next-of-Kin Samuel I. Aikin,  
 69, Emerald St. N Hamilton, Ont. Relationship Father

Assigned Pay Monthly \$ Payable to

Relationship

N/E. R.B. No. 8071  
 File No.  
 Category *Reant*

Separation Allowance \$ Payable to

Relationship

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.				
		Arrived in England		10-2-18	S/D SCANDINAVIAN
26-2-18	8 Res Bn	Taken on strength.	E-Salving	3-2-18	2057
11-5-18	8th Res.	S.O.S. on posting to 54th Bn	Witley	10-5-18	D.O. 131 54th Bn Pos 46 d/18-78
20-1-19	7 BORD	SOS from 54 Bn	"	17-1-19	Do 16 54th Bn Do 62 22-1-19
10-7-19	"	SOS to 8 Res Bn	"	6-7-19	Do 34 (8 Res Pos 44 9/10-2-19)
17-3-19	2 MB.W.	SOS from 8th Res	Rhyl	12-3-19	Do 64. (8 Res to 71 9/12-3-19)
28-3-19	M.A. 2	S.O.S. to Canada, sailing 31 Dispersal Draft No 7-8	Rhyl	24-3-19	Do 74

*B.L.*

A.F.B. 03 CHECKED  
 5 MAY 1918  
 4

*2nd to O.R.*







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) AKIN A.P.

REGIMENT 8th Can Res Bn RANK Plc No. 3106254

Date of Examination in England 26/2/19 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 3, 7, 8, 9, 10, 15, 19, 29

2. EXTRACTIONS

3. CROWNS

- 4. DENTURES (a) Full Upper (b) Part Upper (c) Full Lower (d) Part Lower

Dental Certificate issued.

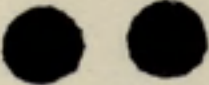
HAS HE EVER REFUSED DENTAL TREATMENT? No

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

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

Signature of Dental Officer [Signature]





u  
sio  
to e  
llw u

Central Bank

1914



Sheet # 2.

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

M. F. W. 54. (A. F. B. 103.)  
250M.—1-16.  
H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps.....

Regimental No. 310 6354 Rank Pte Name Aikin Albert Percy  
C. E. F.

Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....

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).....

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				
10-2-19	8th Res.	D.O. from 2nd B.O.P.D.	Witley	6-2-19	D.O. #41
<del>12.3.19</del> <del>6.3.19</del>	8th Res	SOS to MD#2 Wing Rhyl	Witley	<del>12.3.19</del> <del>6.3.19</del>	71 D O #65

*Alf Gale* ..... Lieut.  
ASS'T ADJ'T FOR D.O. 8th CANADIAN RES. Bn

13/3/19

H. M. T. S.  
L.H.P. 1113  
\*24-3-19\*

Canada

Attached C.C.C. Kinmel Park for return to Canada. Part 11 Orders No. .... Ceases to be attached C.C.C. Kinmel Park on embarking for Canada, Part 11 Order No. 74

Commanding 2 Wing, Kinmel Park Camp,  
28/3/19

(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				
MAR 24 1919	O. S.	T. O. S. No. 2 DISTRICT DEPOT, TORONTO			PART II D. O. 99
APR 3 1919		S.O.S. (Discharged)	No. 2 District Depot, Part II, D.O. No. ....		99 <i>R. W. Hurd</i> Lieut. For O. C. No. 2 District Depot.



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

# Casualty Form—Active Service.

Unit, Regiment or Corps *good sec. 1st Depot Bn., 2nd C.O.R. To 8th Res Bn*

Regimental No. *3106354* Rank *Private* Name *AIKIN Albert Percival*

Enlisted (a) *5-1-18* Terms of Service (a) *D of W* Service reckons from (a) *5-1-18*

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) *Clerk*

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked Canada Disembarked England T.O.S. from 1st Depot Bn. 2nd C.O.R., on arrival from Canada.	H. Linton Liverpool	3-2-18 16-2-18 ✓	
		Proceeded overseas for Service with <i>54th</i> Bn.	Witley	10-5-18	Pt. 2 No. 131 <i>away</i>
					Adjutant, 8th Canadian Reserve Bn.
		T. O. S. <i>54th</i> TH BN ON ARRIVAL	FRANCE	11 MAI 18	N. R.
		S. O. S. TO C. C. R. C.	FIELD	23 MAI 18	N. R.
		T. O. S.	"	23 MAI 18	N. R.
		S. O. S. TO UNIT	"	12 ADU 18	N. R.
		JOINED UNIT	"	14 ADU 18	B. 21
		Forfeits pay to make good cost of: 1 Fork, value $4\frac{3}{4}$ d; 1 Knife table, value $4\frac{1}{4}$ d lost by neglect.		12-6-18.	B.2069. D.O. 61/18.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.]

CERTIFIED CORRECT.

16 MAY 1918

CAN. RECORDS LONDON.

26-2-18

8th R. Bn.

11-5-18

8th Res

11 MAI 18

C. I. B. D.

T. O. S. *54th* TH BN ON ARRIVAL

FRANCE

11 MAI 18

N. R.

23 MAI 18

C. I. B. D.

S. O. S. TO C. C. R. C.

FIELD

23 MAI 18

N. R.

23 MAI 18

C. C. R. C.

T. O. S.

"

23 MAI 18

N. R.

12 ADU 18

C. C. R. C.

S. O. S. TO UNIT

"

12 ADU 18

N. R.

17 ADU 18

UNIT

JOINED UNIT

"

14 ADU 18

B. 21

17-6-18.

C. C. R. C.

Forfeits pay to make good cost of:  
1 Fork, value  $4\frac{3}{4}$ d; 1 Knife table,  
value  $4\frac{1}{4}$ d lost by neglect.

12-6-18. B.2069. D.O. 61/18.



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				
24-6-18.	C.C.R.C.	Forfeits 8d. to make good Cover lost by neglect.	1 Breech	19-6-18.	B.2069. D.O.64/1918.
12.10.18	54 Bn.	Evac Sick	Field	4.10.18	B213.
4.10.18	12c7a	J.C.S. Legs	adm to 12c7a } C.C.A.	4.10.18	a36. a 285
5.10.18	14c7a	J.C.S. Legs	adm to 14c7a } C.R.S.	5.10.18.	a36. a 295
6.10.18	14c7a	do	adm 14c7a.	6.10.18	a36. a 375
15.10.18	37c7a	do	adm 37c7a	12.10.18	a36. a 948
15.10.18	15c.c.b.	do	adm 15c.c.b.	13.10.18	a36. a 1015
15.10.18	2 Can Gen	do	adm 2 Can Gen.	15.10.18	W3034. W8330
8.11.18	do	do	To 3 con dep.	8.11.18	do - W 1150
8.11.18	3 con dep.	do	adm do	8.11.18	do - W 1355
8.11.18	do	do	To 2 Can Gen.	8.11.18	do - W 1150.
8.11.18	2 Can Gen	Scabies	adm 2 Can Gen.	8.11.18	do - W 1150.
19.12.18	do	do	rem do	19.12.18	Letter 1/1.17.58.
11.1.19	do	Invalided (Sick) & posted to 2nd C.O.R.D. Witley H.S. Brighton	England	11.1.19	W3083-6701 D.O. 6 d/22.1.19
20-1-19	2 CORD	To.S from 54th Bn	witley	19-1-19	2016
R275 H					Lieut For Lieut-Col. adq.  A. Anderson LIEUT. FOR LT: COL: I/O RECORDS. C.O.M.F.



Surname

Christian Name or Names

Reg. No.

AIKIN.

A.P.

3106354.

Rank  
Pte.

B.C. Unit  
54.

Cas. List.

14. C.F. Amb. 6-10-18.

11-10-18.A341 I.C.T. Legs.

21. 10. 18. A349. 15. C.C. 8 13. 10. 18.

22. 10. 18. A350- 2. 2. C. G. Le Treport. 15. 10. 18.

16. 11. 18. A342<sup>3</sup> 3 Can Dep. Le Treport. 7. 11. 18<sup>R</sup>

16. 11. 18. A342<sup>4</sup> 2 Can Gen Le Treport. 8. 11. 18

Scabies at

16 - 1 - 19. B420<sup>1</sup> 9 Can Gen. Shorncliffe. 2 - 1 - 19

17. 2. 19. B439<sup>1</sup> 11 C.G. H. Shorncliffe. 1. 2. 19.

14 - 2 - 19. B445

Disc 6 - 2 - 19

I.C.T. Legs add

A.M.D. 2 Dept  
Bolt. Gen. M.S. O.M.F.C. London







Albert Percival

Name **Aikin** Rank **Plt** Reg. No. **3106354**  
 Unit **54 Bn (2 COR)**  
 Next of Kin **Canada**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
6-10	14 Can 7 amb		ICT Lys	A 341		37867
13-10-18	No 15 CCS.			A 349		38336
15-10-18	No 2 Cgt R Depot.			A 351		4913
4-11-18	No 3 C D. Le' Transport		"	A 374		5524-14
8-11-18	2 <sup>nd</sup> C. S. H. Le' Transport		Seabies	A 375		5519-9
12-1-19	9 Mil. Hos. Shorncliffe		DP	B 420		4851
1-2	16 E. Coy. Shorncliffe		16 E. Coy	B 30		6181
6-2	Discharged		do	B 145		1635
Will report. 8 <sup>th</sup> Coy. W. Valley 16-2-19						







LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A341	14 b F a.	6-10-18	No 5. legs
A349	15 b lg S.	13-10-18	" " "
A350	2 Can Gen: Le Depot	15-10-18	" " " "
A372	3 Conv. Dep. " "	7-11-18	" " " "
A372	2 Can Gen: " "	8-11-18	Scabies
B420	9 Can Gen: Phome	12-1-19	" "
B439	11 " " " "	1-2-19	No 5. legs
B445	Disc	6-2-19	" " " "



NAME

*Aikin.*

*A.*

*P.*

REGT. NO.

*9106354*

RANK AND UNIT

*Pl*

*54 Bn.*

NEXT OF KIN

CABLE

No.

DATE

NATURE OF CASUALTY



SURNAME. *Aikin*  
 CHRISTIAN NAMES *Albert Percival*  
 REG. No. *3106354* RANK *Pte.*  
 UNIT *2<sup>nd</sup>. Cen. Ont. Regt. 1<sup>st</sup>. Depo. Bn.*  
 FORMER CORPS *Nil.*

*J 2*

CARD NO. *V*

*Sgt No 3419*  
*HLB. 99 of 9-4-19*  
 FOLL  
*FOR 5-1-18*  
*NOTES 5-1-18*

NEXT OF KIN.

NAMES IN FULL *Aikin, Samuel I*  
 RELATIONSHIP TO SOLDIER *Father*  
 ADDRESS *69 Emerald St., N. Hamilton, Ont.*

CHANGE OF ADDRESS

COUNTRY OF BIRTH *Canada, Hamilton Ont.* DATE *Feb. 7<sup>th</sup> 1890.*  
 PLACE OF ATTESTATION *Hamilton Ont.* DATE *Jan. 5<sup>th</sup> 1918.*

*1/2 5-2-18 1112*  
*2*

*M/61-4-19 295*  
*36*  
*Plc*



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



LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS	B V
25 Number.....	3106354	Rank.....	Ft	
Surname.....	AIKIN			
Christian Names.....	Arthur Percival			
Unit.....	54th Bn. Can. Inf. Theatre of War France			
Date of Service.....	11-5-18			
Remarks.....	Spend			
Latest Address.....	40 rue Samuel Aikin 69, Emerald St - St. Hamilton Dub			
Roll No.	B Page 3336			



NAME

REGT. No.

RANK AND UNIT

NEXT OF KIN

CABLE

No.

DATE

NATURE OF CASUALTY

DESP. APR 26 1926  
REAN. No. 22376



Date of Enlistment

*auths NR*

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

# A

# 831

*1-2-18*

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--	--

RATE OF ASSIGNMENT

<i>\$ 15.00</i>			
-----------------	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

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

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

Soldier's Name \_\_\_\_\_

Battalion *1st Depot Bn 2nd C.O.R.*

Beneficiary \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Change of Address \_\_\_\_\_

1 SAMUEL I. AIKIN,  
69 EMERALD ST., N.,  
HAMILTON, ONT. 15 15.00

2 % 3106354 PTE ALBERT PERCY AIKIN

3 FIFTEEN DOLLARS

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>Feb 18</i>	<i>G 95015</i>		<i>15</i>	<i>15</i>	
<i>mar</i>	<i>G 98020</i>		<i>15</i>	<i>15</i>	
<i>apr</i>	<i>G 7794</i>		<i>15</i>	<i>15</i>	
<i>may</i>	<i>H 10725</i>		<i>15</i>	<i>15</i>	
<i>June</i>	<i>B 13644</i>		<i>15</i>	<i>15</i>	
<i>July</i>	<i>V 26602</i>		<i>15</i>	<i>15</i>	
<i>AUG</i>	<i>H 29080</i>		<i>15</i>	<i>15</i>	
<i>SEP</i>	<i>H 35690</i>		<i>15</i>	<i>15</i>	
<i>OCT</i>	<i>H 42333</i>		<i>15</i>	<i>15</i>	
<i>NOV</i>	<i>H 50435</i>		<i>15</i>	<i>15</i>	
<i>DEC</i>	<i>B 62687</i>		<i>15</i>	<i>15</i>	
<i>JAN</i>	<i>B 64862</i>		<i>15</i>	<i>15</i>	
<i>FEB</i>	<i>H 76990</i>		<i>15</i>	<i>15</i>	
<i>MAR</i>	<i>D 82765</i>		<i>15</i>	<i>15</i>	
<i>APR</i>	<i>G 534</i>		<i>15</i>	<i>15</i>	
			<u><i>225</i></u>	<u><i>225</i></u>	

*151-7-41*

A/c Closed *30/4/19*

Ret'd per *Canada*

Date *4/19* M.F.W. 187 *5/19*

Clerk *MD 2 Rollins m20 88362*

AUDITED.

M. F. W. 128  
400M-617-1772-39-141  
L. L. 22320-M. & D. 7593.

*24/2/18*  
*A. Robinson*







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*  
 23 MAR 1919

STB. A M.D.2  
 SERVICE GROUP 31 SHORT FORM.  
 OCCUPATIONAL GROUP 31 (Demobilization.) A/53188  
 Hamilton  
 Father  
 Clerk  
 M

1. No.	3106354	
2. Rank.	Pte	
3. Name.	A I K I N Albert Percival	
4. Unit.	7th Res. South Bn	
5. Date of Discharge	APR 3 1919	Place HAMILTON, ONT.
6. Reason for Discharge	DEMOBILIZATION	
7. Authority.	No. 2 District Depot, Part II, D.O. No. 99	
8. Proposed Residence after Discharge	69 Emerald St. Liverpool, Canada Hamilton Ont *24-3-19*	
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. ? Albert Percival Aikin Signature of Soldier.	
10. CONFIRMATION.	The discharge of the above named man is hereby confirmed. Place HAMILTON, ONT. Date APR 3 1919 Signature J. D. Mott (O. C. Discharging Unit.)	



APR 27 Entet



1908  
21



NUMBER 3106354.

RANK Pte.

NAME AIKIN. Albert Percy. 15<sup>00</sup> Can.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Bal. Forward.								6344		
Sept	Pte. Pay.	33 -		cd. P.				15 -			
				A.R. 1106. 7/9/18. 11 C.S.B. S	357						
				A.R. 1180. 7/9/18. 11 C.S.B.	357				7787		
		33 -			357			15 -			
Oct	P.P.	34 10		ap				15			
				1263 3.10.18 1. 11 C.S.B.	373				9324		
				889 30.10.18 2 C.S.H.	466				8858		
		34 10			839			15			
Nov	✓	33 00		ap				15			
	✓	34 10		ap				15			
				1262 15/12/18 2 C.S.H.	466						
				1204 4/12/18 ✓	466				11636		
Jan	✓	34 10		ap				15	13546		
		101 20			932			45			
Feb	6	30 80		ap				15	15126		
	10 days 2 16/2/19 8 Reserves 7/2/19	730		1387 31/12/18 ✓	466						
				7788 5/2/19 7 MB Res	4867				10523		
				8159 21/2/19 8 Res	2920				7603		
				7355 15.3.19 ✓	487				7116		
		38 10			8740			15			
Apr	/										
May				8 MAR 1106. 6/9/18 54 Res	357						
				8 MAR 1106. 14/6/18 11 B.S.	16						
				13/6/18	18				6725		
				505 Canada SL 31 2/2/19							



\* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.
EFFECTIVE DATE:-	1/2/18	EFFECTIVE DATE:-	
AMOUNT:-	1500	AMOUNT:-	

NAME:- *Aikin Albert Percy*  
NUMBER:- *3106354*

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.

*Samuel Aikin*  
*69 Emerald St N*  
*Hamilton*  
*(Father) out.*

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
<i>Jpc Caw</i>		<i>Plt</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	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<i>13/6/18</i>		<i>761 1007</i>	<i>16.00</i>	<i>27/7/19</i>		<i>87 1007</i>	<i>17.00</i>
<i>19/6/18</i>		<i>1 2/18</i>	<i>16</i>			<i>11 ECH. 2nd Rep.</i>	
<i>4/9/18</i>	<i>1102</i>	<i>1007</i>	<i>3.57</i>				
<i>24/7/19</i>	<i>8169</i>	<i>1007</i>	<i>27.00</i>				

UNIT AND TRANSFERS

ORIGINAL UNIT: *25th Depot Bn 2 Coy*  
DATE ACCOUNT FIRST OPENED: *1/2/18*

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'F'D	UNIT TRANSFERRED TO
<i>Jpc Caw</i>	<i>1/2/18</i>		<i>8th Reg</i>
<i>H6</i>	<i>18/5/18</i>	<i>1/6/18</i>	<i>54 Bn</i>

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS CE ALL'CE
<i>Jpc Caw</i>	<i>1<sup>00</sup></i>	<i>2/10</i>		

PARTICULARS OF RENDERING NON-EFFECTIVE: *Disch'd. 6/19/19 R 3804 Intly 26/7/19 Intly. M.D. 2 R. Bal 97.9368*

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>2/1/18</i>	<i>Pal. from Canada</i>								<i>26.95</i>		
<i>March 31</i>	<i>Balance forward</i>								<i>22.91</i>		
<i>April</i>	<i>Ptes Pay</i>	<i>33.00</i>		<i>AP</i>				<i>15</i>			
				<i>AR 233 14/4/18 8 Res</i>	<i>12.17</i>						
				<i>84005/169 4/3/18</i>	<i>26</i>						
				<i>AR 793 28/4/18</i>	<i>7.30</i>						
		<i>33.00</i>			<i>19.73</i>			<i>15</i>	<i>21.18</i>		
<i>May</i>	<i>Ptes Pay</i>	<i>34.10</i>		<i>AP</i>				<i>15</i>			
				<i>AR 1007 9/5/18</i>	<i>9.73</i>						
				<i>2907 6/5/18 6/5 8 Res</i>	<i>11</i>						
		<i>34.10</i>			<i>9.84</i>			<i>15</i>	<i>30.44</i>		
<i>June</i>	<i>Ptes Pay</i>	<i>33.00</i>		<i>AP</i>				<i>15</i>			
				<i>A.R. 519 4/6/18 4 W. C. R. C.</i>	<i>4.46</i>						
				<i>637 17/6/18</i>	<i>3.57</i>				<i>40.41</i>		
		<i>33</i>			<i>8.03</i>			<i>15</i>			
<i>July</i>	<i>P.P.</i>	<i>34.10</i>		<i>AP</i>				<i>15</i>			
				<i>A.R. 752 1/7/18 4 W. C. R. C.</i>	<i>4.46</i>						
				<i>891 17/7/18</i>	<i>3.57</i>				<i>51.48</i>		
		<i>34.10</i>			<i>8.03</i>			<i>15</i>			
<i>Aug.</i>	<i>P.P.</i>	<i>34.10</i>		<i>A.P.</i>				<i>15</i>			
				<i>A.R. 903 6/8/18 1st E.S.A.</i>	<i>3.57</i>						
				<i>AR 1046 4/8/18 4 W. C. R. C.</i>	<i>3.57</i>						
				<i>1057 1/8/18 11 E.S.B.</i>	<i>3.57</i>				<i>63.44</i>		
		<i>34.10</i>			<i>7.14</i>			<i>15</i>			
	<i>Forward</i>			<i>Bleeford</i>					<i>63.44</i>		

COMPILED BY: *Claudia*  
CHECKED BY: *AR 2/19/19*











