REGIMENTAL DOCUMENTS

Sgt. NAME AUCLAIR ALBERT REGT. NO. 3291081 UNIT Can Engineers H.Q. FILE NO.

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W. 2589
100M-11-18
1772-39-1377

MOBILIZATION CENTRE M. D. 5

5th M. D. FIRST Depot Battalion SECOND QUEBEC Regiment

Regtl. No. 3291081

Original

# PARTICULARS OF RECRUIT

## DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)

1. Surname: Auclair
2. Christian name: Albert
3. Present address: St.Marc des Carriers,Co.Portneuf.P.Q.Can.
4. Military Service Act letter and number: 206364 E.C.
5. Date of birth: October 15th 1891
6. Place of birth (town, township or county and country): Loretteville,Co.Quebec, P. Q. Canada
7. Married, widower or single: Single
8. Religion: Roman Catholic
9. Trade or calling: Black-Smith
10. Name of next-of-kin: Pierre Auclair (122)
11. Relationship of next-of-kin: Father
12. Address of next-of-kin: Loretteville L'Orme,Co.Quebec,P. Q. Canada
13. Whether at present a member of the Active Militia: No
14. Particulars of previous military or naval service, if any: Nil.
15. Medical Examination under Military Service Act:—

(a) Place Drill Hall, Quebec (b) Date 19-8-18 (c) Category A 2

SUFFICIENT ADDRESS

## DECLARATION OF RECRUIT

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

Albert Auclair (Signature of Recruit)

## DESCRIPTION ON CALLING UP

| | | | | |
|---|---|---|---|---|
| Apparent age | 26 | yrs | 10 | mths. |
| Height | 5 | ft | 3¾ | ins. |
| Chest measurement | fully expanded | | 34½ | ins. |
| | range of expansion | | 2½ | ins. |
| Complexion | Clear | | | |
| Eyes | Brown | | | |
| Hair | Brown | | | |

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

Nil. (122)

M.S.A.

O. C. Jas Brochu Capt. Depot Btln.

O. C. MOBILIZATION CENTRE M. D. 5

Regt.

Place Drill Hall, Quebec Date 19-8-18

M. F. W. 133.
500 M.—8-17.
1772—39—1158.

# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

**This is to Certify** that No. 3291031 (Rank) SAPPER

Name (in full) AUCLAIR, Albert enlisted in

the Canadian Engineers

CANADIAN EXPEDITIONARY FORCE at Drill Hall, Quebec on the nineteenth

day of August 1918.

HE served in - CANADA -

and is now discharged from the service by reason of DEMOBILIZATION

R.O. 1325.

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

Age 27 yrs. 2 months.

Height 5 ft. 3¾ in.

Complexion clear

Eyes brown

Hair brown

Marks or Scars NIL.

A. Auclair
Signature of Soldier

N. Mitchell
Issuing Officer

Lt. Colonel C. E.
O. C. Engineer Training Depot.

Rank

Appointment

Date of Discharge 14-1-19

Signed at St. Johns, P.Q. this 14th day of January 1919.

in Military District No. 4.

File Reference No.

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.

M. F. W. 39a.
250m —6-18.
H. Q. 1772-39-882.

# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

Signed at ..... this ..... day of ..... 19

On demobilization for certificate
particulars called for to be completed.
the back of this
tificate will not be

.....
Name of Officer

.....
Rank

.....
Appointment

ENGINEER TRAINING DEPOT
JAN 14 1919
ST. JOHNS, P. Q.

List 102

M.S.A. 15 F.

# LOI DU SERVICE MILITAIRE

3291081

# FEUILLE MÉDICALE

**IMPORTANT.**—Si le nom de l'homme n'apparait pas sur la liste des hommes répondant à l'appel, ou s'il n'a pas fait une demande d'exemption ou une déclaration d'être prêt à répondre au service militaire ou, dans le cas où il aurait fait l'une ou l'autre, s'il en ignore le numéro, on l'informera qu'il doit attacher la copie de cette feuille médicale (qu'on lui remettra) à la déclaration ou à la demande d'exemption qu'il pourra faire en s'adressant à n'importe quel maître de poste en Canada, ou envoyer lui-même après avoir marqué dessus le numéro du reçu qu'il a reçu du maître de poste, au Registraire ou au député Registraire de la Loi du Service Militaire. Dans tous les cas le double de cette feuille médicale sera envoyé par le Bureau Médical au Commandant du District à moins que ce dernier n'ait donné ordre de l'envoyer directement au Registraire ou Député Registraire.

1. Nom de famille Aiclair Nom de baptême Albert

2. Numéro de la réponse à l'appel ou de la demande d'exemption d'après le reçu du maître de poste ou la liste 206364 E.C.

3. Numéro consécutif de la liste des déclarations (s'il y apparait) .....

4. Adresse (y compris la rue et le numéro s'il en existe) St Marc Garrison Point

Voici les renseignements exacts qui résultent de l'examen du sujet ci-dessus nommé, fait le ..... jour de ..... 1917, par le bureau médical soussigné siégeant à .....

5. Âge affirmé 26 ans 10 mois. 6. Âge apparent 27 ans ..... mois.

7. Hauteur 5 Pieds 3½ pouces. 8. Poids 122 livres.

9. Mesure de poitrine { Minimum 32 pouces / Maximum 34 pouces } 10. Couleur { Yeux Bleu / Cheveux Brun }

11. Développement physique Bon { Bon / Moyen / Pauvre } 12. Marques de vérole .....

13. Nombre de vaccinations { Bras droit ..... / Bras gauche 1 } 14. Dernière vaccination .....

15. Indices distinctives et indices de particularités congénitales ou de maladie antérieure .....

16. Défauts légers insuffisants pour l'exemption .....

Le sujet nie avoir souffert de { Rhumatisme / Tuberculose / Syphilis } Nous ne trouvons pas de preuve qu'il ait souffert de { Rhumatisme / Tuberculose / Syphilis }

(Rayez la maladie admise ou soupçonnée.)

Nous avons examiné le sujet ci-dessus nommé, conformément aux règlements pour les examens médicaux des F.E.C. et il est classé dans la catégorie $A^{II}$

..... *Président.*

Maj. Ford Capt ..... *Membre* ..... *Membre*

| Date | Résultat | Vacciné | Date | Résultat | Innoculations, Anti-Typhoïdes, Etc. |
|---|---|---|---|---|---|
| 21/8/18 | | K Claus Capt O.M. | 21/8/18 | | K & C O.M. |
| | | O.M. | 26-8-18 | TAB 2 gt | M R Slack Capt O.M. |
| | | O.M. | 13-9-18 | 2 gt | P H Boone Capt O.M. |

*Enrôlé le* ..... *jour de* ..... *191* ..... *à* .....

| | Corps | No. dans le régiment | Habitudes | Date |
|---|---|---|---|---|
| Enrôlé | 1st Dep Bde 2nd Que Regt. | 3291081 | | 19/8/18 |
| Transféré à | Can. Engrs | | | 19-8-18 |

## EXAMINÉ OU REFUSÉ PAR UN BUREAU MÉDICAL.

| Quartier | Date | Maladie | Resultat |
|---|---|---|---|
| St Johns P.Q. | AUG 26 1918 | | $A^{2}$ R J Geggie Capt President Medical Board St. Johns P.Q. |
| St Johns P.Q. | Jan 13th 1919 | | $A^{II}$ John F.S. Foster Capt |

N. B. Il sera disposé de cette feuille conformément aux règlements du service médical de l'armée, si le sujet devient inapte au service; la date et la cause seront indiquées au verso.

*Signature de l'homme* Albert Aiclair

Nom de baptême .....

Nom de famille .....

| QUARTIER | Date de l'arrivée au quartier | Dates de l'Admission à l'hôpital | | | Dates de Sortie de l'hôpital | | | MALADIE | Nombre de jours à l'Hôpital | Remarques sur la nature de la maladie; comment contractée; légère ou violente; si complètement guérie; s'il y a eu traitement particulier; dans les cas de maladies vénériennes, mentionnez la maladie originaire et si le mercure a été administré. Si c'est un accident, dites s'il est arrivé en devoir et si une enquête a été faite. Date et détails de fourniture de fausses dents et autres articles de chirurgie. Détails d'innoculations prophylatiques. | Signature de l'officier médical |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Jour | Mois | An | Jour | Mois | An | | | | |
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# DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

NAME OF SOLDIER Auclair Albert

REGIMENT ..... RANK ..... No. 329108

DISTRICT 5

## INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

   Only such entries to be made on this sheet as will show:

   1. Condition on examination (in red).
   2. Condition on leaving Canada.
   3. Condition on discharge.

| | Date | Amalgam | Temporary Filling (a) G. P. (b) Cement | Cement | Treatment Putrescent Pulp | Root Filling | Pulp Cap | Devitalization | Pyrrhœa | Synthetic Porcelain | Extracting | DENTURES U | DENTURES L | DENTURES P | Gold Clasp | Gold Filling | CROWNS Gold | CROWNS Porcelain | Bridge Work | OPERATOR | Military District | REMARKS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Aug 20 Condition on first Examination | 1918 | | | | | | | | | | 5 / 1.3.13 14.30 | | | | | | | | | N. J. Vetin Pvt cop | 5 | Car 7.8.15. |

M.F.B. 465.
200M.—6-18.
1772-39-950.

# CANADIAN CONTINGENT EXPEDITIONARY FORCE

## LAST PAY CERTIFICATE

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

Regimental No. 3291081 Rank Sapper Name Auclair, Albert

Corps Canadian Engineers, E T D St Johns P Q, who was* Struck Off Strength,

On 1-11-18 191...., to .....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-11-18 191....

to 20-11- 191..8, the inclusive date of transfer or discharge.

| Dr. | $ | c. | Cr. | $ | c. |
|---|---|---|---|---|---|
| Bal. Dr. from prev. month | | | Balance Cr. from prev. month | 62. | 40 |
| Advances by Cheques No. | | | Regt'l. Pay 20 days at $ 1. | 20. | 00 |
| Advances by Cheques No. | | | Field Allow. 20 days at $ .10 | 2. | 00 |
| Assigned Pay and Sep'n Allce. No. | | | Separation Allowance* (Monthly) | | |
| Mulct 21 days pay Other charges | 23. | 10 | Other Allowances* | | |
| Payment on transfer or discharge No. | | | Other Credits* | | |
| Bal. Cr. (to be paid by the new unit) | 61. | 30 | Bal. Dr. (to be deducted by new unit) | | |
| Total | 84. | 40 | Total | 84. | 40 |

*Give particulars.

A monthly stoppage of $.....(†) has.....(‡) been paid paid on account of Assigned

Pay for the month of.....191...
and Sep'n Allce. for month of.....191... (to) Assignee.....

(Address) .....

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

### On Transfer of an Officer.

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

REMARKS:—

State (1) date of enlistment 19-8-18

(2) if married and if a Separation Allowance Card has been submitted no no

(3) cause of discharge Deserter authority D.O.343

(4) authority for transfer .....

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

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

Date 13-12-18

Place St. Johns P.Q. Lieut.

Asst. Paymaster, Engr. Training Depot. *Paymaster.*

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit, duplicate to District Paymaster, triplicate to accompany the pay list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44

H.Q. 1772-39-903.

# 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. 3291081 Rank Sapper Surname Auclair
(Given name in full) Albert
Unit or Corps Can. Eng. Birthplace Pointe Claire P.Q.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 122 lbs. Height 5 ft. 3½ in. Colour of Eyes Brown

Nutrition Good

Pulse 74

Condition of arteries Good

Vision Rt. 20/20 Left 20/20

Hearing (conversational voice) Rt. OK ft.

Left OK ft.

Identification marks, scars, or deformities. (Give cause and date of origin).
Scar on left sacro-iliac region posteriorly from boil

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.

(If space is insufficient, continue on back of form.)

[OVER]

# EXAMINATIONS.

## THIS SECTION FOR USE OVERSEAS—

Examined at ..... (Overseas)

Date ..... Signed ..... M.O.

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

Signature .....

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

## THIS SECTION FOR USE IN CANADA—

Examined at St Johns P.Q. (Canada)

Date Jan 13th 1919 Signed J. H. Leonard Capt 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 Albert Sinclair

(If not satisfied, M.F.B. 227 will be completed by Medical Board.) 329108 1

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

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-89-1142.

MOBILIZATION CENTRE M. D. 5

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

M. F. W. 54. (A. F. B. 103)
500M.—9-16
H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps 1ST DEPOT BATTALION 2ND QUEBEC REGIMENT

Regimental No. 3291081 Rank Private C. E. F. Name Auclair Albert

Enlisted (a) 17-8-18 Terms of Service (a) Can. Expd. Force Service reckons from (a) 19-8-18

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) Black-Smith

| 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 | | | | |
| | | Trans to Can Engs | St. Johns | P.O | 19-8-18 # 236 |

DISCHARGED
Demobilization R. O. 1326
D.O. 14. 14-1-19.
[signature] capt
Lieut O. E.,
A/Adjt. Engineer Training Depot.

(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

| 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 | | | | |
| | | | | | |

H. Q. .....

M. D. No. ~~5~~ 4 19-8-18

N.O. Part II No 2 3/6 24-8-18 Aug 12/10

Surname Auclair.

T. O. S. Aug 16th 1918

Christian names Albert.

D. O. Pt. II 231 of 19-8-18

Regtl. No. 3291081 Rank Pte.

S. O. S. Dis 14-1-19 ~~7-11-1~~ 1918

Unit 2nd Que Regt. 1st Dpo Bn

Reason ~~Deserter~~ Demob

Auth D.O. ~~343 of 9-12-18~~ Ct # 14 of 14-1-19 E.D.

Next of kin Auclair Pierre.

Relationship Father

Address Loretteville, L'Orme Co., Quebec, P.Q.

Also notify: .....

BORN—Place Canada, Loretteville P.Q. Date Oct 15th 1891

ATTESTED—Place Quebec P.Q. Date Aug 19th 1918

O/S .....

R/C .....

W. 22—100M 7-18. 1772-39-839.

Name Auclair A. Category A 2

Regimental No. 3291081 Rank Spr.

Enlisted at Quebec Date 16-8-18

Taken on Depot Strength Coy. A.

Married or Single S.

Trade Blacksmith Religion R. C.

Vaccination

Inocculations. 1 ✓ 2 13-9-18 3 20-9-18

Medical Boards

Struck off ~~1-11-18 DO 341~~ 14-1-19 DO 14

Disposition Deserter

# CASUALTIES, &c.

| NATURE<br>E.G. Absence, Promotion, &c. | PART II. D. O.<br>No. | <br>Date | REMARKS<br>If In Hospital, Note Name, &c. |
|---|---|---|---|
| AWL. 8am 1-11-18 | 308 | 4-11-18 | |
| Court Martial | 329 | 25-11-18 | |
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# List of Discharge Documents.

| | | |
|---|---|---|
| Reg. Conduct Sheet, | Militia form | B. 263 |
| Squadron / Battery / Company } Conduct Sheet, | " | B. 263a |
| or | | |
| Field Conduct Sheet | " | W. 178 |
| Copies of Convictions, by C. P. | | in MS. |
| Med. Hist. Sheet, | Militia form | B. 313 |
| Casualty Form | " | W. 54 |
| Medical Report for Invalid§ | " | B. 227 |
| Dental History Sheet | " | B. 465 |
| Last Pay Certificate | " | W. 44 |
| Duplicate Discharge Certificate | " | W. 39A |
| ‡Form of Will | " | W. 82 |

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

| | | |
|---|---|---|
| Attestation Paper | Militia Form | W. 23 |
| or | | |
| Particulars of Recruit | " | W. 133 |
| Proceedings on Discharge | " | B. 218 |

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

(a) Proceedings on Discharge

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

*I hereby certify that the following documents are unobtainable.*

*Officer Commanding.*

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

SPC

This space to be for numbers.

# Proceedings on Discharge.

MILITARY DISTRICT No. 4 MAR 15 1919 M. D. 4

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

No. 3291081

Rank SAPPER

Surname AUCLAIR,

Christian name Albert

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

Corps (Squadron, Battery or Company) Canadian Engineers

Date of discharge 14-1-19.

Place of discharge ST. JOHNS, P.Q.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 27 years 2 months.

Height 5 feet 3¾ inches.

Complexion clear

Eyes brown

Hair brown

Trade Black-Smith

Intended place of residence (To be given as fully as practicable.) St. Marc des Carriers. Co. Portneuf, P.Q. Canada.

Descriptive marks NIL.

2. The above-named man is discharged in consequence of DEMOBILIZATION

Authority for discharge R.O. 1328.

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

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

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

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

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

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

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

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

6. Medals and Decorations.....

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

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

(Place).....

(Date).....

*Commanding*.....

8. **Certificate to be signed by the Soldier on Discharge**

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

(Place) ST. JOHNS, P. Q. A. Sinclair *(Signature of Soldier.)*

(Date) 14-1-19 *(Signature of Witness.)*

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

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

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

.....*(Signature of Soldier.)*

10. **Statement of Service.**

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

Total.....years.....days.

11. **Confirmation of Discharge.**

The discharge of the above-named man is hereby confirmed.

(Place) ST. JOHNS, P. Q.

(Signature) Lt. Colonel C. E. O. C. Engineer Train Depot.

(Date) 14-1-19

**Reservations referred to at Para. 8.**

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

N I L.

A. Sinclair