

REGIMENTAL DOCUMENTS

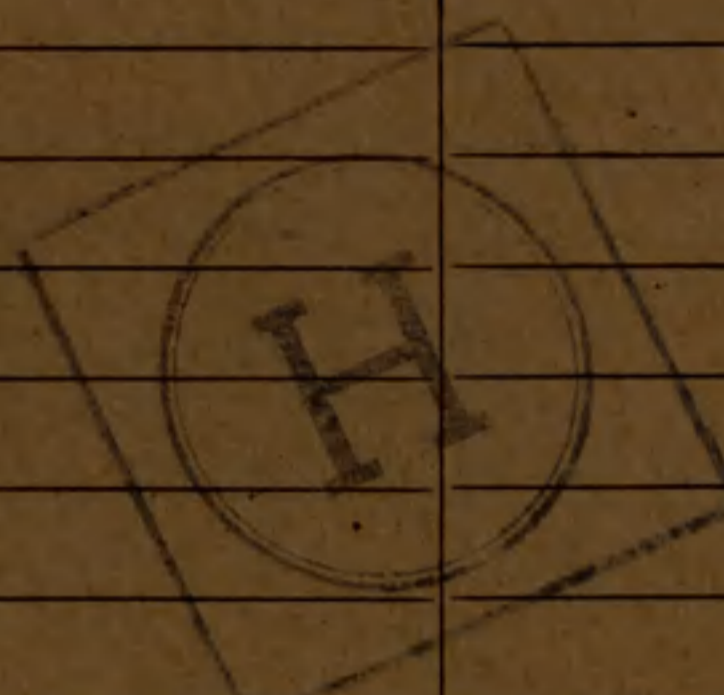
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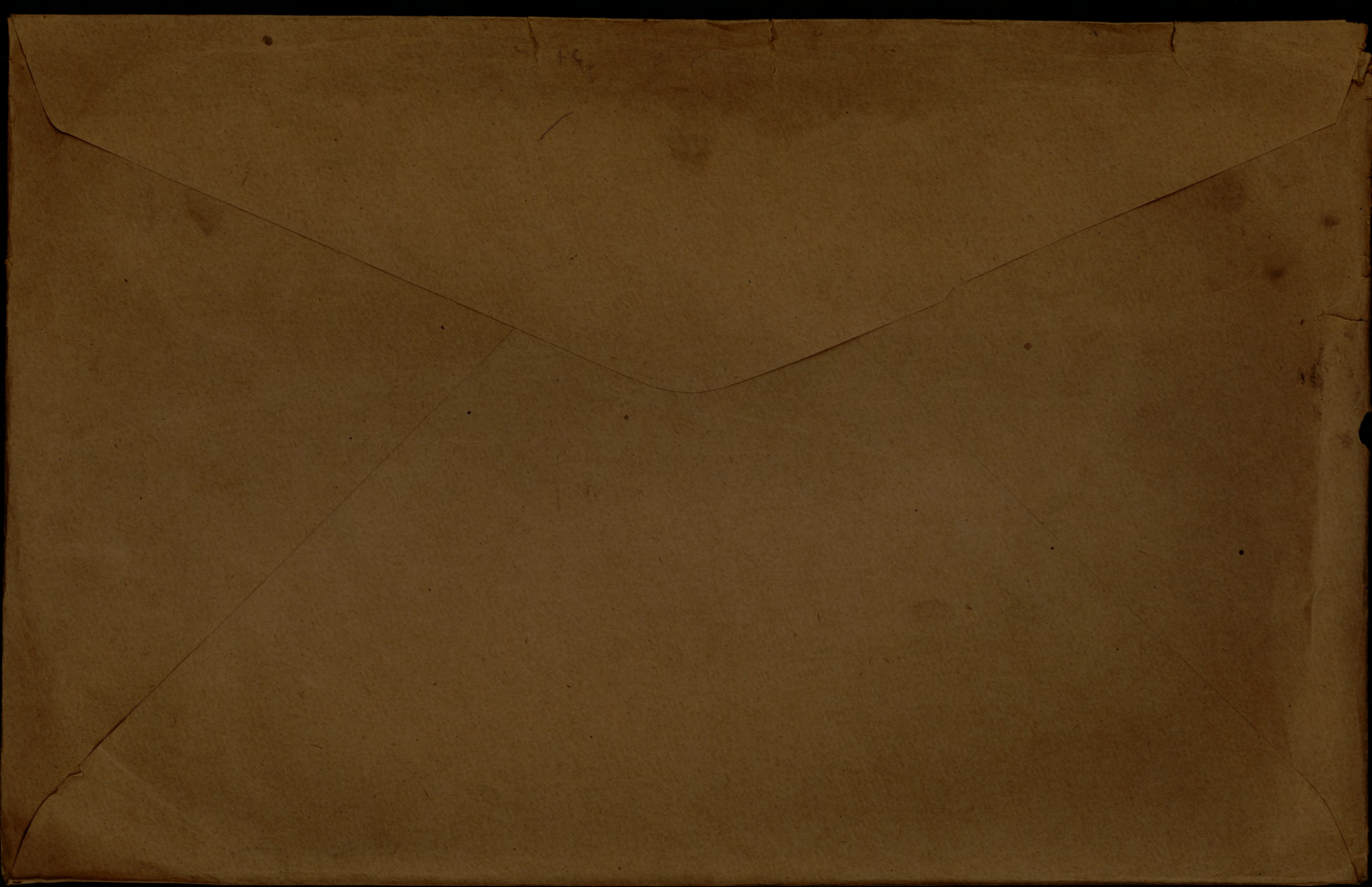
NAME **CORBIN PERCY SINCLAIR**

REGT. NO. **931546**

UNIT **#2 Const Bn** H. Q. FILE NO.

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
31 ATTESTATION PAPER (M.F.W. 23, 133 or 51)	E			36099	DEATH
2 CASUALTY FORM (M.F.W. 51 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
1 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)					
1 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
1 MEDICAL EXAMINATION (M.F.W. 129)					<i>Demob'n</i>
1 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)					
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PARTICULARS OF CHARACTER (A.F.W. 3226)					
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1 <i>A.F.W. 3997</i>					
1 <i>M.F.W. 192</i>					
1 <i>J.M.S. 1375</i>					
1 <i>C.A.D. 85009A</i>					
1 <i>M.W. 67</i>					
1 <i>R.P.V.</i>					





ATTESTATION PAPER.

No. 2 CONSTRUCTION, B.N. C.E.F.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname? *Corbin*
- 1a. What are your Christian names? *Percy Sinclair*
- 1b. What is your present address? *2047 1/2 3rd Ave East*
- 2. In what Town, Township or Parish, and in what Country were you born? *Amherst Cumberland County*
- 3. What is the name of your next-of-kin? *Selina Corbin*
- 4. What is the address of your next-of-kin? *32 South Albion St. Amherst N.S.*
- 4a. What is the relationship of your next-of-kin? *Mother*
- 5. What is the date of your birth? *16th May 1892*
- 6. What is your Trade or Calling? *Boat Maker*
- 7. Are you married? *Single*
- 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*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Percy Sinclair Corbin*, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date *Sept 27th* 191*6*. *Percy Sinclair Corbin* (Signature of Recruit)  
*Minnie Dright* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Percy Sinclair Corbin*, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date *Sept 27th* 191*6*. *Percy Sinclair Corbin* (Signature of Recruit)  
*Minnie Dright* (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 *Dover Road* this *27th* day of *Sept.* 191*6*.

*J.D. Murray* (Signature of Justice)

*J.D. Murray*

# Description of *Percy Sinclair Corbin* Enlistment.

Apparent Age... *24* years ..... months.  
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height ..... *5* ft. *7 1/4* ins.

Chest measurement { Girth when fully expanded ..... *36* ins.  
 Range of expansion ..... *3 1/2* ins.

Complexion ..... *Dark*

Eyes ..... *Brown*

Hair ..... *Black*

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

## CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him\* *Fit* ..... for the Canadian Over-Seas Expeditionary Force.

Date ..... *Sept. 27th* 191*6*.

Place ..... *Owen Sound*

*J. Brewster*  
 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:—

*"He has flat feet"*

## CERTIFICATE OF OFFICER COMMANDING UNIT.

*Percy Sinclair Corbin* ..... 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.

*C. H. Reis Capt* ..... (Signature of Officer)

Date *9-27-16* ..... 191*6*

# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. 931546 (Rank) Sergeant  
Name (in full) Tercy Sinclair Corbin enlisted in  
the No 2 Construction Battalion  
CANADIAN EXPEDITIONARY FORCE at Owen Sound on the 27<sup>th</sup>  
day of September 1916.  
HE served in France  
and is now discharged from the service by reason of Demobilization

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

Age 26 years 9 months  
Height 5 feet 8 inches  
Complexion Dark  
Eyes Brown  
Hair Black

Marks or Scars.

Nil

P. S. Corbin  
Signature of Soldier

Date of Discharge

February 17<sup>th</sup> 1919

Issuing Officer

G. W. Shaw  
CAPT. & ADJUT.  
Rank  
FOR LIEUT. COL. No. 6 DISTRICT DEPOT.

Signed at

Halifax

this

17<sup>th</sup>

day of

Appointment

February 1919

in Military District No. 6

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.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

Name of Officer

Rank

Appointment

On demobilization the particulars called for on the back of this certificate will not be con-

Uniform not to be worn after Date of Discharge, unless authority has first been obtained from G.O.C. District.

# MEDICAL HISTORY SHEET

Surname Corbin Christian Name Percy Sinclair

Examined { on 27 day of Sept 1916  
at Owen Sound

Approved by J.H. Brewster

Birthplace { City or Town Amherst  
County Cambridgeshire

Rank \_\_\_\_\_ M.O.

Apparent age 24 Nova Scotia

Trade or occupation Care making (foundry)

Height 5 feet 7 1/4 Inches

Weight 155 lbs.

Chest measurement { Minimum 32 1/2 inches  
Maximum expansion 36 3/8 inches

Physical development Good

Small-pox Marks None

Vaccination Marks { Arm Right Left yes  
Number no mark

When Vaccinated last when a child

(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection  
None  
R. Eye 20/20  
L. " 20/200

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT

Date	Result	VACCINATIONS
<u>3/4/17</u>	<u>Left</u>	<u>L. H. Dau Murray</u>

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>17/2/17</u>	<u>Left</u>	<u>S.S. Shepley</u>
<u>24/2/17</u>	<u>Left</u>	<u>S.S. Shepley</u>
<u>3/4/17</u>	<u>Left</u>	<u>Dau Murray</u>

Enlisted on 27 day of Sept 1916 at Owen Sound

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>#2 Co. West</u>	<u>931546</u>		<u>27/9/16</u>
Transferred to	<u>Batt'n</u> <u>C.E.F.</u>			

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>Windsor, Ont.</u> <u>[Signature]</u> Major, A.M.C.	<u>JAN 30 1917</u>	<u>on enlistment</u> <u>[Signature]</u> Capt., A.M.C.	<u>Fit</u> <u>[Signature]</u> Capt. C.A.M.C.

N.B.—This sheet 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.





# MEDICAL HISTORY SHEET 931546

Surname Corbin Christian Name Percy Sinclair

Examined { on 27 day of Sept 1916  
 at Over Sound

Approved by J. H. Brewster

Birthplace { City or Town Amherst  
 County Camberland, Nova Scotia

Rank \_\_\_\_\_ M.O.

Apparent age 24

Trade or occupation Cover making (Fumdry)

Height 5 feet 7 3/4 Inches

Weight 155 - 142 lbs.

Chest measurement { Minimum 32 1/2 inches  
 Maximum expansion 36 inches

Physical development Good

Small-pox Marks None

Vaccination Marks { Arm Right Left yes  
 Number No marks left

When Vaccinated last when a child 3/4/17

(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection None

Right eye 20/200  
Left " 20/200

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS
<u>3/4/17</u>	<u>S</u>	<u>Doc Murray</u>
		M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>7/2/17</u>	<u>2000</u>	<u>SS Shepley</u>
<u>26/2/17</u>	<u>2000</u>	<u>SS Shepley</u>
<u>3/4/17</u>	<u>2000</u>	<u>Doc Murray</u>
		M.O.
		M.O.
		M.O.

Enlisted on 27 day of Sept 1916 at Over Sound

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>#2600</u>	<u>931546</u>		<u>27/9/16</u>
Transferred to	<u>Battn, 6th</u>			

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>Windsor, Ont.</u>	<u>JAN 30 1917</u>	<u>on enlistment</u>	<u>Fit</u>
<u>J. H. Brewster</u> Major, A. M. C.		<u>W. H. Murray</u> Capt., A. M. C.	<u>Doc Murray</u> Capt. A. M. C.

N.B.—This sheet 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.



# Medical Examination upon leaving the Service of an Officer fit for general service or a Soldier fit for duty.

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank Sgt. Name Corbin Surname Percy S.  
Unit or Corps 17th Reserve (If a soldier) Regtl. No. 921546  
Born at Amburn Nova Scotia date May 16th 1892  
Signature (for identification) Percy S. Corbin

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

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

Weight 160 lbs. no  
Height 5 ft. 9 ins.

**2. NUTRITION AND DIATHESIS P**

Good.

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

**3. NERVOUS SYSTEM P**

no

**4. RESPIRATORY SYSTEM.**

no

**5. HEART P**

Abnormal Sounds? no  
Abnormal Size? no  
Pulse Rate? 80 Intermittence or irregularity? no

**6. ARTERIES.**—Any hardening?

no

**7. DIGESTIVE SYSTEM P**

no

**8. GENITO-URINARY SYSTEM P**

Urinalysis—s.g.? 1.022 Reaction? ac Albumen? 0 Sugar? 0

**9. SKIN, MIDDLE EAR, EYE**  
or any other part?

no

**10.** Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

no

**11.** Opinion as to the health and physical condition of the one examined?

Good

Examined at Kimmel Park Signed H.P. 6 M.O.  
Date 2/1/19 Signed W. A. ... M.O.

If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.

Medical Examination Report

Office of the Surgeon General

Department of the Army

Washington, D.C.

Form No. 103 (Rev. 1-25-60)

1. Name of Patient

2. Date of Examination

3. Place of Examination

4. Name of Examiner

5. Grade and Branch of Examiner

6. Duty Station of Examiner

7. Name of Referring Officer

8. Grade and Branch of Referring Officer

9. Duty Station of Referring Officer

10. Name of Referring Agency

11. Grade and Branch of Referring Agency

12. Duty Station of Referring Agency

13. Name of Referring Officer

14. Grade and Branch of Referring Officer

15. Duty Station of Referring Officer

16. Name of Referring Agency

17. Grade and Branch of Referring Agency

18. Duty Station of Referring Agency

19. Name of Referring Officer

20. Grade and Branch of Referring Officer

21. Duty Station of Referring Officer

22. Name of Referring Agency

23. Grade and Branch of Referring Agency

24. Duty Station of Referring Agency

25. Name of Referring Officer

26. Grade and Branch of Referring Officer

27. Duty Station of Referring Officer

28. Name of Referring Agency

29. Grade and Branch of Referring Agency

30. Duty Station of Referring Agency

31. Name of Referring Officer

32. Grade and Branch of Referring Officer

33. Duty Station of Referring Officer

Handwritten notes at the bottom left of the page.

# 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. 931546 Rank Sgt Surname Carbin  
(Given name in full)  
Percy Sinclair Carbin  
 Unit or Corps D. D. 6 Birthplace Amherst, N. S.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 140 lbs. Height 5' 8 in. Colour of Eyes Brown  
 Nutrition good  
 Pulse 72  
 Condition of arteries good  
 Vision Rt. good Left good  
 Hearing (conversational voice) Rt. 15 ft.  
 Left 15 ft.

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

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 .....

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.

32 South Albion St.  
Amherst,  
N. S.

# 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 *Halifax* .....(Canada)

Date *11-2-4* ..... Signed *D. A. C. Aulay* .....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 *Percy Sinclair Scobin* .....

(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.)

[OVER]

DUPLICATE

To be made out in duplicate.

H.Q. 51-21-20-53

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.

No. 2 CONSTRUCTION, B'n. C.E.F.

(1) Name of Overseas Unit which Soldier joins.....

(2) Regimental Number ..... 931546

(3) Full Name of Soldier ..... Percy Sinclair  
Corbin

(4) Place of Birth ..... Amherst, Cumberland Co.,  
Nova Scotia

(5) Are you married, or not? ..... Single

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

(b) Present Postal Address ..... X

(7) Are you a widower? ..... No

(8) Have you any children? ..... X

If so, give number of boys and girls ..... X

Also their names and ages ..... X

(9) Is your Father alive? *No*

If so, state name and address *Yes*

(10) Is your Mother alive? *Yes: Mrs Selma Corbin*

If so, state name and address *32 South Albion St.,*

*Amherst N. S.*

(11) If your Mother is a widow *No. Remarried but separated*

Are you her sole support, or not? *Yes*

(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.

*\$4.0 per month. Have younger brother about 16 not working.*

(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.

*X*

(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.

*Yes*

(15) Are you insured? *No*

If so, in what Company? *X*

Have you made arrangements for payment of your Insurance premium? *X*

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



*A. J. [Signature]*  
Lieut-Col.  
No. 2 Construction Batt'n. C. E. F.  
Officer Commanding.

Date.....



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

DENTAL CERTIFICATE FOR DEMOBILIZATION

M.D. No. 6.

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) C. O. R. B. C. M. P. S.

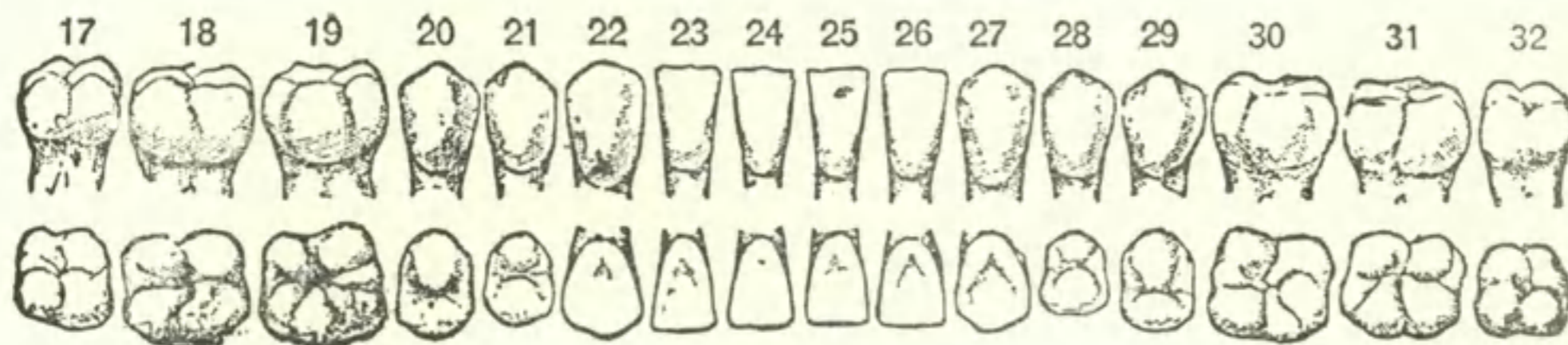
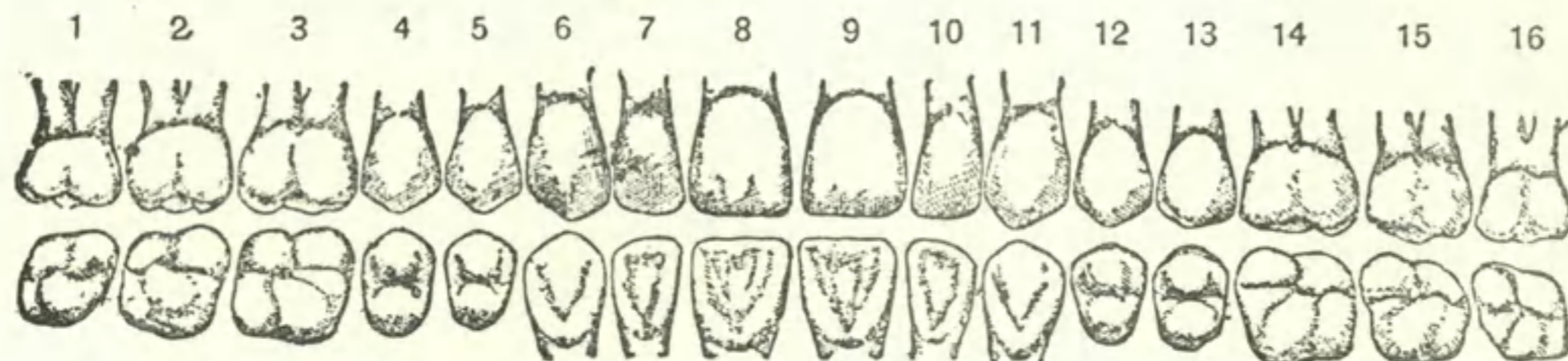
REGIMENT No 2. Construction RANK Sergeant No. 931546

Date of Examination in England 31/12/18 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 18, 29, 30, 31

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
- (c) In France

KIRKEL PARK, NORTH WALES.

Signature of Dental Officer

H. W. Reid  
Capt.

Mr. J. P. ...

C. O. ...

... 931248

31/12/18

...  
...  
...  
...

...  
...  
...

...

...

**Fill in only.—Unit, Number, Rank and Name.**  
**Casualty Form—Active Service.**

Unit, Regiment or Corps. ....

Regimental No. 931546 Rank Sgt Name Corbin P. S.  
C. E. F.

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

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				
<u>12.1.1902</u>	<u>reas. T/O/S. No. 6 D.D. Hq. Coy. Co. 22.1.1902</u>				<u>Am. Ferguson</u> Lieut ASST. ADJT. No. 6 DISTRICT DEPOT.
<u>17-2-19</u>		<u>DISCHARGED at Halifax, N. S</u>	<u>DO 45</u>		<u>B. W. MacMahon</u> CAPTAIN, O. C. DISCHARGE SECTION No. 6 DISTRICT 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.]

CASUALTY FORM - SERVICE

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

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

*aww*

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

250M.—1-16.  
H. Q. 1772-39-920.

# Casualty Form Active Service.

Unit, Regiment or Corps No. 2 CONSTRUCTION, B'n. C.E.F.

Regimental No. 931546 Rank Plt Name Percy <sup>SINCLAIR</sup> Barber

Enlisted (a) 27.9.16 Terms of Service (a) Period of war service Service reckons from (a) 27-9-16

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				
		Embarked from Canada Halifax		28/3/17	
		Disembarked, England Liverpool		7/4/17	
		Proceeded Overseas	Seaford	12/4/17	Pt 2 D.O.#
		app'd A/Cpl with pay upon arrival in England 10/4/17. Auth Chief Paymaster P.2.F. 14917 dt-14-9-17. & Law records R.L. 4.65-67 over R.2.H.2. 28817. dt-28-8-17 Ref R.G. 16-19841 P.29s 129 dt-22-9-17.			
				Landed in France	17-5-17 N.R.
23.6.17.	O.C.	Sr. Rep. for (1) making (2) failing to report such as the night time	Flt	22/6/17	P.2069 P.135 20/10/17
17 <sup>5</sup> /17	O.C.	app'd as Sgt with pay cancelled		16 <sup>5</sup> /17	P.29s 135 dt 20 10/17 N/R R.G. 16/25295 20466
14 11/17	O.C.	Part 2.9s N° 135 dt 20 10/17 Out parat in so far as it concerns this man's name cancelled			P.29s 140 dt 15 11/17 R.G. 16/20466

CERTIFIED CORRECT,  
 17/6/17  
 6 JUN. 1917  
 CAN. RECORDS, LONDON.

(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, Shoing 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				
14 <sup>th</sup> 17	oc	Reverted to permanent grade on proceeding O'ceas		17.5.17	P295140 dt 15/4/17 KG 16/20466
14 <sup>th</sup> 17	oc	appl <sup>d</sup> as Sgt with pay from		18.5.17	P295140 dt 15-11/17 KG 16/20466
2/2/18	oc	franked 14 days leave to UK.		30/1/18	B213 P2958 dt 13/2/18
23-2-18	oc	Repd must from leave.		18.2.18	B213
7-9-18	oc	Confirmed in rank of Sgt	Field	17.5.17	B213 memo. 52 of Sept 1918
26/10/18	do	Repd 14 days leave	Paris	20/10/18	B213 memo. 63 of Nov 1918
2-11-18	do	Repd from leave	Field	31-10-18	B213
71/12/18	aag	Trans. to England & posted to K. L. Regt Depot Bramshott	Bramshott	14/12/18	K. L. 344 Lieut. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.
17-12-18	H. S. T. D.	T.O.D. & accession to 2 <sup>nd</sup> B. S. D for 9 <sup>th</sup> Nations.	Bishott	14-12-18	D.O. 305
NSRD ON COMMAND TO		COO Kimmel Rypl.	BRAMSHOTT		PART II D.O. ISK 33 27 <sup>12</sup>
		Embarked for Canada		12-1-19	ba. Knight LIEUT. OFFICER IN RECORDS, NOVA SCOTIA REGTL. DEPO

J. B. Rank Name CORBIN, Percy Sinclair. Reg'l No. 931546.  
 Unit No 21 Const. Bn. If in perm. Corps }  
 What Unit? } Married or Single Single.

Place and Date of Enlistment Owen Sound. 27th Sept. 1916. Place of Birth Amherst.  
 Cumberland. Co.

Name and Address, Next-of-Kin Selina Corbin. Relationship Mother.  
 32 South Albion St. Amherst. N.S.

Assigned Pay Monthly \$ Payable to

Separation Allowance \$ Payable to

Relationship

Relationship

W.E. R.B. No 6603  
 File R.L.  
 Category OR CAN

Discharge, Date and Place Reason Character

H. W. V. Ld. - 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 S.S. Southland		7.4.17	
14-6-17	#2 C.C.C.	Arrived in France Field		17.5.17	115
22-9-17	"	To be a/cpl on arrival in Pté	"	10.4.17	129
30-10-17	"	App <sup>g</sup> a/cpl with pay	"	16.5.17	133
15-11-17	"	Reverts to perm grade on prog. of leave	a/cpl	17.5.17	PtE 140
"	"	App <sup>g</sup> a/cpl with pay.	PtE	18.5.17	do
21.9.18.	"	Promoted sergeant	A/cpl	17.5.17.	NO. 52.
16.12.18	NSRD.	T.O.S. from 2 <sup>nd</sup> Coy.	Sgt. Bishott	14.12.18	NO 305 & 71
27-12-18	N.S.R.D	O/C to C.D.D. Rhye	-	27-12-18	- 313

Cauc. PtE 140  
 d/15/17 2<sup>nd</sup> Coy.

d/19.12.18  
 2<sup>nd</sup> Coy.

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.				
25.1.19.	H.S.R.D.	transferred to W.P.C. & S.O.S. to C.E.F. Canada	Sgt Ripon	12.1.19-18	



ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.  
(Assignee)

Name of Soldier

PAYMENTS.

L. L. Job 5470—Req. 6888.

*Mrs. Selina Corbin.*

*Corbin, Percy S.  
931546 - Pte - 2 Canadian Bn.*

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		Z 4744	15	
May		T 7372	15	15 <sup>00</sup>
June		J. 14418	15	15 <sup>00</sup>
July		X 20547	15	15 <sup>00</sup>
Aug.		D 28433	15	15 <sup>00</sup>
Sept.		D 35378	15	15 <sup>00</sup>
Oct.		R. 47057	15	
Nov.		X 52908	15	
Dec.		R 55708	15	135 <sup>00</sup>
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

*\$15<sup>00</sup>*

APR 1917

CANADIAN  
ASSIGNED PAY AUDITED  
*J. H. Brown*  
AUDIT CLERK  
DATE JUN 6 1919

*SA*

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier \_\_\_\_\_

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

MILITIA AND DEFENCE  
 ASSIGNED PAY  
 OVERSEAS CONTINGENTS

To Whom *Mrs Selina Corbin* By Whom Assigned *Corbin, Percy S.*  
 Address *32 South Albion* Regtl. No. *931546*  
*Amherst* Rank *Pte*  
*N.S.* Corps *#2 Constr Bn.*  
 Rate *\$15.<sup>00</sup>*

APR 1917

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				





# SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

*Selma Corbin Mother*

Name of Soldier

*Corbin Percy, S.*

L. L. Job 310.—Req. 6574.

PAYMENTS. *931546*

Remarks.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			<i>Sgt</i>
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.		<i>K 25476</i>	<i>62</i>	<i>62</i>
Jan.	1917	<i>H 28049</i>	<i>20</i>	<i>20</i>
Feb.		<i>H 31153</i>	<i>20</i>	<i>20</i>
March		<i>H 34286</i>	<i>20</i>	<i>20</i>
April		<i>I 569</i>	<i>20</i>	<i>20</i>
May		<i>I 3712</i>	<i>20</i>	<i>20</i>
June		<i>L 7027</i>	<i>20</i>	<i>20</i>
July		<i>K 10466</i>	<i>20</i>	<i>20</i>
Aug.		<i>O 14029</i>	<i>20</i>	<i>20</i>
Sept.		<del><i>N 16762</i></del>	<del><i>20</i></del>	<del><i>20</i></del>
Oct.		<i>T 22122</i>	<i>25-</i>	<i>B</i>
Nov.		<i>I 25679</i>	<i>25-</i>	<i>B</i>
Dec.		<i>A 17111</i>	<i>25</i>	<i>B</i>
Jan.	1918			<i>B</i>
Feb.				
March				
April				
May				
June				
July				

*X 125810 Sgt*

*162*

*N 16762 Cancelled*

RE-WRITE

*B 33800 at*

MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier \_\_\_\_\_

**PAYMENTS.**

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

27-9-16

70.

MILITIA AND DEFENCE

M. F. W. 11.

50m.—6-16.

H. Q. 1772-39-318.

SEPARATION ALLOWANCE

Name

*Elmira Corbin*

Name of Soldier

*Corbin Percy, S*

Address

*32 South Albion  
Amherst  
N.S*

Regtl. No.

*931546*

Rank

~~Pvt~~ *Sgt. 22/5/17 CPMX (19) 23/8/17  
Gm 015/7/17*

Corps

*No 2 Coon Bn*

Relation to Soldier

wife, child or mother

} *Mother*


To what Corps belonging

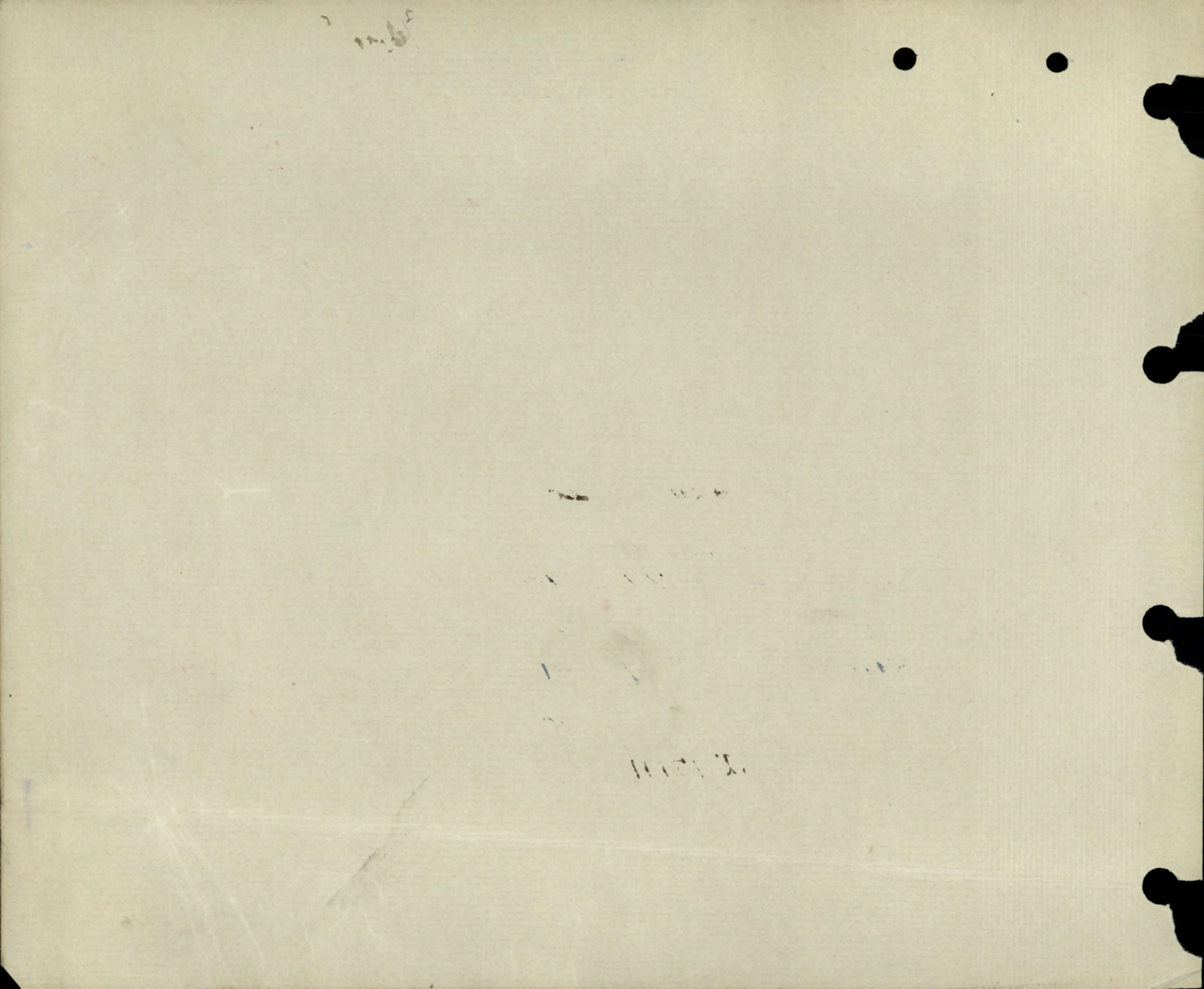
when called out

}

✓ ✓

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.	1915			
Jan.				
Feb.				
March				
Apl.	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				





Date of Enlistment

MLITIA AND DEFENCE

9999

Date of Assignment

27-9-16

# Separation and Assigned Pay Branch



Apr 1, 17

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20	25	20	
----	----	----	--

RATE OF ASSIGNMENT

15			
----	--	--	--

pc 3287. 1-9-18  
Op 2753  
No 27154

PARTICULARS OF SEPARATION ALLOWANCE

No. 931546  
 Rank Pte, Promoted Sgt. 22-5-17 to p.m.d. 23-8-17.  
 Soldier's Name Percy S. Corbin  
 Battalion #2 Const'n Batts.  
 Beneficiary Mrs Selina Corbin  
 Relationship Mother  
 Address

PARTICULARS OF ASSIGNMENT

Name Mrs. Selina Corbin  
 Address 32 South Albion, Amherst, N.S.  
 Change of Address  
 1  
 2  
 3  
 4

NOV 23 Rec'd OK

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1916 Dec. 31		338	135	473	
Jan.	67930	25	15	40	m
Feb	98669	25	15	40	
Mar	116832	25	15	40	✓
April	8259	25	15	40	
May	13346	25	15	40	ms
June	426862	25	15	40	
July	30287	25	15	40	
Aug	40169	25	15	40	
Sept.	91972	25	15	40	
Oct	49890	25	15	40	
Nov	57946	25	15	40	
Dec	65771	45	15	60	✓
JAN 1917	70468	30	15	45	
		688	330	1018	

CANADIAN  
 ASSIGNED PAY AUDITED  
 J. H. Brown  
 AUDIT CLERK  
 DATE JUN 6 1919

S.A. Shoes Sgt. 22-5-17. to p.m.d. (9)23-8-17.  
Promoted to Sgt with pay 16/5/17. per Opml 20/10/17. gms. 17/18

M. F. W. 128  
400M-6-17-1772-38-1141  
L. L. 25220-M. & D. 7188.

.....A/c Closed 31-1-19  
 Ret'd per Emperor of Britain  
 Date 22/19 F.X. 29/19  
 Clerk M.D.L. 65-745



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

## PARTICULARS OF SEPARATION ALLOWANCE

No.			
Rank	Promoted	Reverted	Discharge
Soldier's Name			
Battalion			
Beneficiary			
Relationship			
Address			

## PARTICULARS OF ASSIGNMENT

Name			
Address			
Change of Address			
1			
2			
3			
4			

Date	Cheque No.	Amount S/A	Amount A/P	Total				REMARKS

M. F. W. 128  
 400mc-6-17-1772-39-1141  
 L. L. 22320-M. & D. 7593.

Name Corbin Percy S. Rank Sgt. Regtl. No. 931546.

Original unit #9 Const Present unit 6 P.D. M. or S. M. Age 1892 Religion meth Ref. H.Q. Fyle Depot.

Port, ship and date of arrival Halifax, N.S. Emp of Britain 13.1.19.

Next of kin Mrs. S. Corbin, 32 South Abbots St. Amherst, N.S.

Address on leave.....

Address on discharge Same as 'next of kin'

Transportation issued  Yes  No Date..... Character on discharge.....

Previous occupation Core maker. Date and place of enlistment.....

Diagnosis..... Date of Medical Boards.....

Date.	Remarks.	Pt. 2 Order No.
12.1.19.	I. O. District Depot	
22.1.19	Posted to Cas. Coy.	D.O. 29.
17.2.19.	Discharged at Halifax, N.S.	D.O. 45.

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

Date.

Remarks

Pt. 2 Order No.

M. F. W. 192

150m.—5-18

1772-39-1243

SURNAME. *Corbin,*

CHRISTIAN NAMES *Percy Sinclair.*

REGL. No. *931546.* RANK *Sto. Cpl.*

UNIT *U.S. Construction,*

FORMER CORPS *Nil*

*805 Dio 17-2-196*  
*D.O. 45107 14-2-19*  
*Remob no. 6.2.2*

*Bw.*

NEXT OF KIN.

NAMES IN FULL *Corbin, Mrs. Selma*

RELATIONSHIP TO SOLDIER *Mother*

ADDRESS *32 South Albion.*  
*Leit. 702*

CHANGE OF ADDRESS

COUNTRY OF BIRTH *Canada, Amherst.* DATE *May 16th 1892.*

PLACE OF ATTESTATION *Queen's Sound, Ont.* DATE *Sept. 27th 1916.*

*R/C 25-1-19  $\frac{256}{66}$  6 Sgt.*

From Halifax per S.S. "Southland": 28-3-17.

MARRIED

SINGLE

*Yes*

WIDOWER

TRADE OR CALLING

*Coat Maker*

RELIGION

*Methodist.*

DESCRIPTION.

APPARENT AGE

*44.*

YEARS

*Not stated*

MONTHS

HEIGHT

*5.*

FEET

*7 1/4.*

INCHES

CHEST MEASUREMENT

*36.*

INCHES

EXPANSION

*3 1/2.*

INCHES

COMPLEXION

*Dark.*

EYES

*Brown.*

HAIR

*Black.*

DISTINGUISHING MARKS

*Not stated.*

MEDICAL EXAMINATION.

PLACE

*Queen Sound Ont. Sept 27th 1916*

DATE

*Present Address*

*2047, 3rd. Ave. E.  
Queen Sound, Ont.*

No. 931546

RANK

Pte.

NAME

Corbin. Percy. Sinclair

T. O. S. 27-9-16

UNIT

No 2. Construction Battalion

D. O. S. 19-10-16

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Sept. 27	1916 Oct. 31.	m.		
	Nov	✓		
	Dec.	✓		
1917 Jan 1917		✓		
	Feb.	✓		
	Mar	m	Prom. Prov. Cpl. 20-1-17	D. O. S. 12-3-17





*P.*  
Number

931546

Rank

Sgt. *B*

Surname

CORBIN

*P.*  
Christian Name

Percy Sinclair

Units

CORC C

Theatre of War

France

Date of Service

17-5-17

Remarks

Latest Address

32 South Albion St.  
Amherst

Roll No.

*B Page 19373*

*d. l.*

## GRATUITY (IMPERIAL)

---

CHRISTIAN NAME

SURNAME

REG. No.

---

SCHEDULE No.

LINE No.

---

UNIT RETIRED OR DISCHARGED FROM

---

PLACE OF RETIREMENT OR DISCHARGE

---

DATE RECEIVED FROM OTTAWA

IMPERIAL DEPOT No.

---

DATE RECEIVED FROM REG. DEPOT.

DATE FORWARDED TO OTTAWA

## List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.	
Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Proceedings on Discharge " B. 218.	
Copies of Convictions, by C. P. in MS.	In the case of recruits who are rejected on final approval, the discharge documents will consist of	
Med. Hist. Sheet, Militia Form B. 313		
Medical Report for Invalid* " B. 227.		(a) Proceedings on Discharge.
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.		(b) Attestation.
*Only if discharged "Medically unfit."	(c) Medical History Sheet (in the event of such having been prepared.)	

*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.*

This space to be for numbers

## Proceedings on Discharge.

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

*War Service Badge  
Class 'A' # 76187  
Issued*

No. *931546*

Rank *Sergeant*

Surname *Corbin*

Christian Name *Percy Sinclair*

Corps (Squadron, Battery or Company) *No 2 Construction Battalion*

Date of Discharge *February 17th 1919*

Place of Discharge *Halifax N.S.*

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age	years	months	Descriptive Marks
<i>26</i>	<i>9</i>	<i>9</i>	<i>Nil</i>
Height	<i>5</i>	<i>8</i>	
Complexion	<i>Dark</i>		
Eyes	<i>Brown</i>		
Hair	<i>Black</i>		
Trade	<i>Cone Maker</i>		
Intended place of residence	<i>32 South Albion Street</i>		
(To be given as fully as practicable.)	<i>Amherst, N.S.</i>		

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

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

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

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.)

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

M. F. B. 218.

100M.—1-17.  
H. Q. 1772-39-113.

(OVER)

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

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.

(Place) *Halifax N.S.* *P.S. Corbin* (Signature of Soldier.)

(Date) *February 14 1919* *H. W. [Signature]* (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.

*P.S. Corbin* (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) *Halifax N.S.*

(Signature) *J.S. Dore*

(Date) *February 17, 1919*

LIEUT. COL.  
No. 6 DISTRICT DEPOT.

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.)

*P.S. Corbin*

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.	NAME:-	<i>CORBIN Percy Sinclair</i>		
EFFECTIVE DATE:-	<i>1<sup>st</sup> April 1917.</i>	EFFECTIVE DATE:-		NUMBER:-	<i>931546</i>		
AMOUNT:-	<i>15<sup>00</sup></i>	AMOUNT:-		PARTICULARS OF RANK OR APPOINTMENT			
NAME, ADDRESS, RELATIONSHIP & AUTHORITY				AUTHORITY	DATE EFFECTIVE		
<i>Mrs Selina Corbin. - (mother)</i>				<i>DO140-15<sup>th</sup></i>	<i>18.5.17.</i>		
<i>32 South Albion Street.</i>				<i>DO52 26<sup>th</sup> 9/18</i>	<i>17.5.17.</i>		
<i>Amherst N.S.</i>							
<i>start 7.1.19</i>							
UNIT AND TRANSFERS							
ORIGINAL UNIT:- <i>2<sup>nd</sup> Construction Bn</i>							
DATE ACCOUT FIRST OPENED:- <i>1<sup>st</sup> April 1917.</i>							
AUTHORITY		DATE EFFECTIVE	DATE LEDGER SHEET T'S'FO	UNIT TRANSFERRED TO			
				<i>Canada</i>			
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS							
DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<i>9/12</i>	<i>6566.</i>	<i>40<sup>th</sup></i>	<i>7.46</i>				
<i>18/12</i>	<i>3566</i>	<i>BRADJ. 22</i>	<i>9.73</i>				
			<i>17.19</i>				
DAILY RATES OF PAY AND ALLOWANCES							
AUTHORITY		PAY	F.A.	P.F.A.	SUBS'CE ALL'CE		
		<i>1.35</i>	<i>-</i>	<i>15</i>			

PARTICULARS OF RENDERING NON-EFFECTIVE: *Canada 21/18. (with 161.17/2 NSR). Led Bal 132.12 P.C. Bal 132.13*

1918 MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
MAR	<i>Bal Ford</i>										
apl	<i>Prs</i>	<i>4.5</i>		<i>Ass Pay</i>				<i>15</i>	<i>96.73</i>		
				<i>AR 2.9. CFC Jura</i>	<i>4.46</i>						
				<i>- 264 22/4 - " -</i>	<i>4.46</i>				<i>117.81</i>		
May	<i>ap 886</i>	<i>4.5</i>		<i>Ass Pay</i>	<i>8.92</i>			<i>15</i>			
	<i>P. Pay</i>	<i>46.50</i>		<i>AR 4.05 9/5 CFC Jura</i>	<i>4.46</i>						
				<i>AR 4.19. 23/5 - " -</i>	<i>4.46</i>				<i>140.39</i>		
June	<i>ap 886 Pay</i>	<i>46.50</i>		<i>Ass Pay</i>	<i>8.92</i>			<i>15</i>			
		<i>4.5</i>		<i>AR 7.06 7/6 CFC 5</i>	<i>4.46</i>			<i>15</i>			
				<i>- 868 27/6</i>	<i>4.46</i>				<i>161.47</i>		
July	<i>Spay</i>	<i>46.50</i>		<i>a Pay</i>				<i>15</i>			
				<i>AR 9.46 10/7 CFC 5</i>	<i>5.35</i>						
				<i>AR 10.90 25/7</i>	<i>5.35</i>				<i>182.27</i>		
Aug	<i>Spay</i>	<i>46.50</i>		<i>Can a P</i>				<i>15</i>			
				<i>AR 12.53 10/8 6765</i>	<i>5.35</i>						
				<i>AR 14.80 25/8</i>	<i>5.35</i>				<i>203.07</i>		
Sep	<i>Spay</i>	<i>46.50</i>		<i>Can a P</i>				<i>15</i>			
				<i>AR 16.90 5/9 CFC 5</i>	<i>5.35</i>						
				<i>AR 18.74 24/9</i>	<i>5.35</i>				<i>222.37</i>		
Oct	<i>Spay Pay</i>	<i>46.50</i>		<i>Can a P</i>				<i>15</i>			
				<i>AR 5.16 23/10 Det Paris</i>	<i>27.99</i>						
				<i>AR 2.16 24/10 CFC 5</i>	<i>5.60</i>						
				<i>AR 23.11 27/10 CFC 5</i>	<i>11.19</i>						
				<i>✓ 77. 27/10 C Det Paris</i>	<i>37.31</i>						
				<i>✓ 1.88 26/10</i>	<i>37.31</i>				<i>106.48</i>		
				<i>✓ 15.16 29/10</i>	<i>27.99</i>						

*17.19*  
*132.03*  
*149.22*

NUMBER

931546 RANK

NAME

CORBIN Percy Sinclair

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
									106.48		
Nov	8 <sup>th</sup> Py	45=		cap				15-			
Dec.	✓	46.50		AR 2899 26/11. C7C6.	18.66						
Jan	✓			cap				15-			
				AM 1566 10/12 Base.	7.46				149.32	Loss	Paul
				Bolelo. 18/14 RR.	9.75				132.13		
		91.50			36.65			30			
July				AR 31079 Rhy L	9.75				122.30		
				Sundowned on RR	14.73						
				SOS t. Can 12/79 BOK 25/79							
				NSR							

CANADIAN  
ASSIGNED PAY AUDITED

*J. H. Brown*  
AUDIT CLERK

DATE JUN 6 1919

M. OR S. *E of B* 21-1-19

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

REGT. No. *931546*

RANK *Sgt*

NAME (IN FULL) *Corbin P.S.*

AUDITOR *W*

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F. <i>2 Bn Con.</i>	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)
ADDRESS		<i>135 15</i>			PLACE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				DATE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
TO WHOM PAID <i>Mrs. S Corbin</i>	RELATIONSHIP				ASSIGNED PAY \$ <i>15.00</i>	DATE EFFECTIVE <i>1-2-19</i>	<i>job</i>
ADDRESS <i>32 South Albion St Amhurst MS</i>					PAYABLE TO <i>Mrs S Corbin</i>	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
					STOP PAYMENT FORM RENDERED, DATE	EFFECTIVE	
					DISCHARGED	PLACE	DATE REASON AUTHORITY

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS	
	NO. OF DAYS	RATE	AMOUNT	\$	C.	\$	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$	C.	\$	C.	DEBIT		CREDIT
				11	20	11	20																	
<i>1-1-19</i>	<i>48</i>	<i>150</i>	<i>72.00</i>	<i>20.00</i>	<i>67.53</i>	<i>35.00</i>	<i>196.53</i>				<i>156.97</i>	<i>156.51</i>	<i>156.30</i>					<i>10</i>	<i>05</i>		<i>08</i>	<i>11</i>	<i>15</i>	<i>lets do 29</i>
<i>17/2/19</i>			<i>35.00</i>				<i>196.53</i>				<i>156.66</i>	<i>166.58</i>	<i>30.00</i>							<i>285.68</i>	<i>7.00</i>			
	<i>153</i>	<i>350</i>	<i>139.10</i>				<i>489.10</i>																	
				<i>10</i>			<i>489.10</i>																	
			<i>350</i>	<i>139.10</i>			<i>489.10</i>																	
			<i>350</i>	<i>139.10</i>			<i>489.10</i>																	

*Payments Completed*  
*H. P. Allum*





P. 657  
MARRIED OR SINGLE

PLACE OF BIRTH *Amherst, Cumberland Co.*  
 NAME AND ADDRESS OF NEXT OF KIN *Selina Corbin  
 32 South Albion St. Amherst N.S.*  
 RELATIONSHIP OF NEXT OF KIN *Mother*  
 NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN  
 SEPARATION ALLOWANCE MONTHLY \$  
 EFFECTIVE (DATE)  
 PAYABLE TO  
 RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.		
PARTICULARS	EFFECTIVE DATE	AUTHORITY
<i>Promoted Corp in Canada</i>	<i>16-5-17</i>	<i>Do. No. 2. 22 77 + Do. No. 135, 20-11-17 20-149-15-11-17</i>
<i>71<sup>st</sup> Do. 135, 20-11-17 cancelled.</i>		
<i>Reinstated to Per grade as preceding 17-5-17</i>	<i>17-5-17</i>	<i>Do. 140- 8-11-17</i>
<i>App'd as Sgt. with pay.</i>	<i>18-5-17</i>	<i>Do. 140- 15-11-17</i>

ADMISSIONS TO HOSPITAL, &c.				
DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL	

REG'L No. *931546* RANK *9 Sergeant* NAME *Corbin Percy Sinclair*  
 IF IN PERMT. CORPS) WHAT UNIT  
 UNIT *2 Bow Bow* TRANSFERRED TO DATE AUTHORITY  
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY  
 PLACE OF ATTESTATION *Bow Bow* TRANSFERRED TO DATE AUTHORITY  
 DATE OF ATTESTATION *27 Feb 16* TRANSFERRED TO DATE AUTHORITY  
 ASSIGNED PAY MONTHLY \$ *15.00* DATE EFFECTIVE *1-4-17*  
 PAYABLE TO *W. Selina Corbin, 32 South Albion St. Amherst N.S.* RELATIONSHIP *Mother*  
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE  
 PAYABLE TO RELATIONSHIP  
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON  
 DISCHARGE DATE AND PLACE REASON AND AUTHORITY  
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)  
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS					
	No. OF DAYS	RATE	AMOUNT \$ c	No. OF DAYS	RATE	AMOUNT \$ c				No. OF DAYS	RATE	AMOUNT \$ c	1 No. DATE	2 No. DATE	3 No. DATE	4 No. DATE	1				2	3				4	CREDIT	DEBIT		
<i>Apr/30</i>	<i>30</i>	<i>1.20</i>	<i>36.00</i>					<i>21.80</i>	<i>21.80</i>											<i>21.80</i>				<i>6</i>	<i>60</i>	<i>Bal from Canada</i>				
<i>MAY</i>	<i>1-31</i>	<i>1.20</i>	<i>37.20</i>					<i>37.20</i>	<i>37.20</i>	<i>44 15</i>	<i>17 19.4</i>			<i>14 60</i> ✓						<i>15</i>	<i>15-</i>	<i>42.80</i>				<i>1.50</i>	<i>41.30</i>			
<i>JUN</i>	<i>1-30</i>	<i>1.50</i>	<i>45.00</i>					<i>48.00</i>	<i>49.80</i>	<i>72 14.5</i>				<i>9.73</i> ✓						<i>15</i>		<i>39.33</i>	<i>40.67</i>				<i>3.00</i>	<i>37.67</i>		
<i>July</i>	<i>1-31</i>	<i>1.50</i>	<i>46.50</i>					<i>46.50</i>	<i>46.50</i>					<i>9.73</i> ✓						<i>15</i>	<i>15-</i>	<i>24.73</i>	<i>65.74</i>				<i>4.50</i>	<i>61.24</i>	<i>Pls Sergt 16-5-17. Do. 2. 22-5-17. other 16ds @ .20 = 4.80 may.</i>	
<i>Aug</i>	<i>-</i>	<i>-</i>	<i>46.50</i>					<i>46.50</i>	<i>46.50</i>											<i>15</i>		<i>19.46</i>	<i>124.28</i>					<i>28.50</i>	<i>68.74</i>	
<i>Sept</i>	<i>1-30</i>	<i>1.50</i>	<i>45.00</i>					<i>45.00</i>	<i>45.00</i>											<i>15</i>		<i>32.84</i>	<i>136.44</i>					<i>124.28</i>		
			<i>256.20</i>					<i>266.00</i>	<i>282.80</i>					<i>34.06</i>		<i>22.30</i>				<i>90</i>		<i>146.36</i>	<i>136.44</i>							
MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFERRED	SER. ALLOC. PAY	ENG.																		
<i>Sep</i>	<i>bal</i>		<i>56</i>						<i>136.44</i>																					
<i>Oct</i>	<i>S.P.</i>		<i>46.50</i>		<i>PR. 27-11-17. 2 Const. Co. Att. C.F.C.</i>	<i>4.46</i> ✓		<i>15</i>																						
			<i>46.50</i>		<i>115. 13-7</i>	<i>4.46</i> ✓		<i>15</i>	<i>159.02</i>																					

CANADIAN  
 ASSIGNED PAY AUDITED  
*J. H. Brown*  
 AUDIT CLERK  
 DATE JUN 6 1919

9/24 931546 Corbin S.S.

15.00

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS		
	No. OF DAYS	RATE	AMOUNT	No. OF DAYS	RATE	AMOUNT				No. OF DAYS	RATE	AMOUNT	1	2	3	4	1				2	3				4	CREDIT
	MONTH PARTICULARS			OP 1	OP 2	PARTICULARS		DR 1	DR 2	DR 3	DR 4	CR 1	CR 2														
	out bal																					159.02					
Nov.	S.P.	45.00	260 over Dr. as Sp. in June 20 140 15-11-17																			15					
			AR 318. 28 1/2		CAC	4	46	✓																			
			- 842. 10		-	4	46	✓																			
			- 964. 25		-	4	46	✓																			
			- 1082. 10 1/2		-	4	46	✓																			
DEC		46.50	AN. AR 618. 11 1/2		per group	4	46	✓		15.198.22																	
		91.50																				22.30					
JAN	1918	46.50																				15					
			AR 1252. 23		2 Combs Ten	12	49	✓																			
			- 1426. 21		-	10	71	✓		206.52																	
		46.50																				23.20					
FEB	SP.	42	Assigned Pay																			15					
			AR 1850. 24		CAC	4	46	✓																			
			CA M C. dm. 11 1/2		91134	38	93	✓																			
			" " 11 1/2		93090	9	73	✓																			
			AR. CAC.		460.	Jura.	31 1/2	97	33																		
			1871. "		28 1/2	4	46	✓																			
			1593. "		4 1/2	3	37	✓		15.714.15																	
		42																				189.37					
MAR	1918	46.50	Asay																			15					
		46.50	AR 2317. 18 1/2		CAC	8	92	✓		15.96.73																	
			Jura		8	92	✓																				