ORIGINAL

ATTESTATION PAPER.

No. 270482

210TH OVERSEAS BATTALION, C.E.F.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Foster.,
1a. What are your Christian names?	Henry
1b. What is your present address?	P.O.Paris, Ont. Canada
2. In what Town, Township or Parish, and in what Country were you born?	Rezebukta, New Brunswick, Canada.
3. What is the name of your next-of kin?	Mrs Jane Foster.
4. What is the address of your next-of-kin?	P.O.Trakedy, New Brunswick.Canada.
4a. What is the relationship of your next-of-kin?	Mother
5. What is the date of your birth?	18th September 1887
6. What is your Trade or Calling?	Baker
7. Are you married?	No
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes
9. Do you now belong to the Active Militia?	Yes 38th D.Rifles
10. Have you ever served in any Military Force? If so, state particulars of former Service.	No
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, Henry Foster, 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.

his mark Witness J. E. McKegney (Capt.)

X Henry Foster (Signature of Recruit)

Date June 29th 1916 H Oedham (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Henry Foster, 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.

his mark Witness J. E. McKegney (Capt)

X Henry Foster (Signature of Recruit)

Date June 29th 1916. H Oedham (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 Brantford. this 29th day of June. 1916.

W Norman Andrews J P (Signature of Justice)

M. F. W. 23
750M—3-16
H. Q. 1772-39-341

Rejoined 30/6/16

Description of Henry Foster on Enlistment.

Apparent Age 29 years 9 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 3 ins.

Chest measurement: Girth when fully expanded 37½ ins.; Range of expansion 2½ ins.

Complexion Dark

Eyes Brown

Hair Dark

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

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

None

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 June ~~Sept~~ 29th 1916.

Place Paris, Ont.

A. S. Lovell
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:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Henry Foster 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.

(Signature of Officer)
Lt-Col. O.C. 215th O's Battalion C.E.F.

Date June 29th 1916.

27-9-18 Dw

DESERTERS

~~DISCHARGE~~ DOCUMENTS

R. O. No.

H. Q. No.

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers.....

Declaration of change of [illegible].....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet ....1.....

Compulsory Stoppages.....

Casualty Forms.....1.....

Proceedings on discharge.....

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....3.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....1.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....1.....

PG-1

Name FOSTER Henry

Regt. No. 270482 Rank Pte.

Corps 215th Bn

S.O.S. 5-9-16 M/R. 11-9-18

H.O. 652-17-5. Vol 5.

15099

C

H

H

M. F. W. 62.
50M.—9-16.
H. Q. 1772—39—935.

215th BATTALION

MEDICAL HISTORY SHEET.

Surname Foster *Christian Name* Henry

Examined { on 29th day of June 1916
at Paris, Ont.

Birthplace { City or Town Wakedy
County N.B.

Apparent age 29

Trade or occupation Barber

Height 5 Feet 3 Inches.

Weight 167 Lbs.

Chest measurement { Minimum 35 inches.
Maximum expansion 2½ inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm Right. Left.
Number 1

When Vaccinated last in 1909

(*a*) Marks indicating congenital peculiarities or previous disease None

(*b*) Slight defects but not sufficient to cause rejection

Vision R.D. 40
L.D. 40

Approved by A. S. Lovell

Rank M.O.

Date.	Fit or Unfit.	Examined for Re-engagement.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
		M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
		M.O.
		M.O.
		M.O.

Enlisted on 29th *day of* June 1916 *at* Paris, Ont.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	215th O's Batt'n C.E.F.	270482	Temperate	29/ 6/16
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

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.

M. F. B. 313.
400M.—1-16.
H. Q. 1772-39-439.

Surname Foster Christian Name Henry

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	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.

No 270482 RANK Pte NAME Foster, Henry

T. O. S. 30-6-16 DO 116 of 8/7/16 UNIT 215th Battalion

M. D. 2.

PAID FROM 1916	PAID TO 1916	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC. PARTICULARS	AUTHORITY
June 30	July 31	O. S.		
Aug		O. S.		
Sept 1	Sept 5	n.	Struck off Strength 6/9/16	DO 151 of 8-9-16
			o/c closed by charges.	n.

UNIT SAILED
APR 29 1917

Fi[illegible]m Only.—Unit, Number, Rank and [illegible]ame.

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

Casualty Form—Active Service.

Unit, Regiment or Corps 215th O's Battalion C.E.F.

Regimental No. 270482 Rank Pte. Name Foster, Henry.

Enlisted (a) 29/6/16 Terms of Service (a) Duration of war & 6 months after Service reckons from (a) 29/6/16

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: Date	Report: From whom received	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.
8-9-16.	215th	A WL from 15-8-16. SOS as Deserter by C of I held 6-9-16	Niagara	6-9-16	Pt II DO #151
14-11-21.	215th Bn	Pt II Do. 151, d/ 8-9-16 amended to read:— Having been declared by C. of I. held 6-9-16 Ill. Absent from 15-8-16 is S.O.S. as Deserter.	Ottawa	15-8-16	After Order #2.

H

[signature]

Capt.

for D of R

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

[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				