

Duplicate

Not on roll

ATTESTATION PAPER.

No. *4231*

Folio. *Base*

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- 1. What is your name?..... *Robert Gill*
 - 2. In what Town, Township or Parish, and in what Country were you born?..... *Liverpool, Eng.*
 - 3. What is the name of your next-of-kin?..... *Mrs. S. Gill, (Mother).*
 - 4. What is the address of your next-of-kin?..... *8 Paddington, Liverpool, Eng.*
 - 5. What is the date of your birth?..... *May 2nd 1892*
 - 6. What is your Trade or Calling?..... *Cover*
 - 7. Are you married?..... *No*
 - 8. Are you willing to be vaccinated or re-vaccinated?..... *is vaccinated against typhoid? 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*
- Robert Gill*..... (Signature of Man).
Ed. G. Maddal..... (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Robert Gill*, do solemnly declare that the above answers made by me to the above questions 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.

Robert Gill..... (Signature of Recruit)
 Date *15th February 1915* *Ed. G. Maddal*..... (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Robert Gill*, 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 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.

Robert Gill..... (Signature of Recruit)
 Date *15th February 1915* *Ed. G. Maddal*..... (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 entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at..... *London, Ont.* this *15th* day of *February* 191*5*

W. H. G. [Signature]..... (Signature of Justice)
 I certify that the above is a true copy of the Attestation of the above-named Recruit.
W. H. G. [Signature]..... (Approving Officer)

Description of *Gill Robert* on Enlistment.

Apparent Age *23* years *8* 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. *5 1/2* ins.

Chest measurement { Girth when fully expanded *35* ins.
 Range of expansion *3 1/2* ins.

Complexion *fair*

Eyes *brown*

Hair *Black*

Tattoo right arm

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

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 *17th February 1915*

Geo. A. Hale

Place *Windsor Ont.*

B. O. 18 BATT CO
 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.

Robert Gill 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.

Geo. A. Hale (Signature of Officer)

Date *18th February 1915*

REGIMENTAL DOCUMENTS

NAME

Gill Robert

REGT. NO.

34231

UNIT

H. Q. FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

ATTESTATION PAPER (M.F.W. 23, 133, or 51)

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

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

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)

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

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

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

MEDICAL EXAMINATION (M.F.W. 129)

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

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

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

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

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

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

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

DEATH

Category

11707

DISCHARGE

Category

DESERTION

[Handwritten mark]



Original not available

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..... 18th Battalion

Regimental No. 54231 Rank P^E Name Gill, Robert
C. E. F.

Enlisted (a) 18-2-15 Terms of Service (a) 12 of W. Service reckons from (a) 18-2-15

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				
8-4-15	18 th Bn.	S.O.S. - med. unfit	Walsley Bks London, Ont.	8-4-15	P ^E II Order # 148
30-5-21	do	pt II 148 d/s 8-4-15 amended to read:- Sol under R.R. para 322(c) (c) (within 3 months of Enl med Unfit for Service)	Issued at Ottawa	8-4-15	After order # 2. J. B. Langman For H. of P.

(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.

Casualty Form - Active 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				

No. *1231*
54231

RANK

Pte

NAME

Gill Robert

T. O. S.

UNIT

18th Battalion

M. D. /

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915</i>	<i>1915</i>			
<i>Feb 12</i>	<i>Feb 16</i>	<i>L</i>		
<i>Feb 18</i>	<i>Feb 28</i>	<i>L</i>		
	<i>Mar</i>	<i>L</i>		
<i>Apr 1</i>	<i>Apr 8</i>	<i>OS</i>	<i>Dischgd 8-4.</i>	<i>20148 - apr 1915</i>

UNIT SAILED
APR 18 1915

a/c closed by charges. OS.



Rank

Name

GILL

R.

Reg'l No. 54231

Unit 18th Battalion.

If in perm. Corps,
What Unit?

Married or Single

Place and Date of Enlistment

Place of Birth

Name and Address, Next-of-Kin

Relationship

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

Report

Date

From whom
receivedRecord of promotions, reductions,
transfers, casualties, etc., during active
service. The authority to be quoted
in each case.

Place

Date

REMARKS
Taken from Official Documents

8-4-15 O.B. 18th Discharged Medically unfit London Ont 8-4-15 Part II order 148

To R-2 X

