card Sf. 25-1-17.

ATTESTATION PAPER.

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

DUPLICATE

No. 931708

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Holloway
1a. What are your Christian names?	Ulysses
1b. What is your present address?	Detroit Mich.
2. In what Town, Township or Parish, and in what Country were you born?	Charleston S.C. U.S.A.
3. What is the name of your next-of kin?	V.E.Holloway
4. What is the address of your next-of-kin?	Charleston S.C. U.S.A.
4a. What is the relationship of your next-of-kin?	Mother
5. What is the date of your birth?	January 15 th 1893
6. What is your Trade or Calling?	Laborer
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? 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, Ulysses Holloway, 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.

Ulysses Holloway (Signature of Recruit)

Date January 5th 1917. Cornelius J Brooks (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Ulysses Holloway, 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.

Ulysses Holloway (Signature of Recruit)

Date January 5th 1917. Cornelius J Brooks (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 Windsor Ont. this 5 th day of January 1917.

James G. Cheyne (Signature of Justice)

M. F. W. 23.
400M.—1 -15.
H. Q. 1772-39-841.

Description of Ulysses Holloway on Enlistment.

Apparent Age 24 years 0 months.

(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 9 ins.

Chest measurement: Girth when fully expanded 34 ins.

Range of expansion 3 ins.

Complexion Colored

Eyes Dark

Hair Dark

...ons: Church of England

Presbyterian

Methodist Yes

...tist or Congregationalist

...

...

...ons

...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).

Both eyes 20~~th~~/20

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 January 5th 1917.

Place Windsor Ont.

[signature]

Capt. Ame

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.

Ulysses Holloway 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] Lieut.-Col. (Signature of Officer)

No. 2 Construction Batt'n. C. E. F.

Date January 5th 1917.

C.E.F. REGIMENTAL DOCUMENTS
WAR SERVICE RECORDS D.V.A.

HOLLOWAY ULYSSES 931706 2 CONST.BN 30602

DEMOB.

H

Box # 4451

931708	HOLLOWAY	ULYSSES
I.D. number **No. d'identification**	**Surname** **Nom de famille**	**Given names** **Prénoms**

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location
Lieu 4451

"CONTENTS CONFIDENTIAL"
"CONTENU CONFIDENTIEL"

ARC-1048 (r. 87/05)

FORM D.M.S. 1300.
8137—50m—28/2/17.

Surname	Christian Name or Names	Reg. No.
Holloway	U.	931708

Rank	Unit	Co.	Troop	Batty.
Pte	26th Res Bn		2 Con.	U.S.

Hospital — Date of Admission

Transferred — Bramshott Mil 27-5-17 Hosp.

C.F.C. La Faux Jura. Hosp. 20.7.18.

do. Hosp. 19.11.18.

Hosp.

Diagnosis V.D.G. gl

(1) Later Diagnosis (if changed)

(2) Diarrhoea. a.f.

(3) Myalgia L.

Additional Diagnosis: if more than one state present

DISPOSITION — Date

C.L. 27-6-17 62 Dis. 15-6-17

REMARKS

30.7.18 a 277. Dis. 23.7.18.

31.7.18 a 278.

25.11.18 a 379.2. Dis. 24.11.18

3.12.18 a 386.2

A.M.D. 2 Dept.

Rep. of D.G.M.S. O.M.F.C. London

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

*Name L. HOLLOWAY Ulysses. Rank Pte. Regtl. No. 931708

Fyle Depot

Original unit / Present unit 2nd Cons Co. M. or S. Age 25 Religion Meth Ref. H.Q.

Port, ship and date of arrival Empress Britain Halifax 21-1-19

Next of kin Mother V.E. Holloway Mrs. Charlottetown S.C., U.S.A.

Address on leave Same

Address on discharge 45 Anson St., Charlston S.C. U.S.A.

Transportation issued Yes / ~~No~~ Date 7-2-19 Charlston S.C. Character on discharge

Previous occupation Labourer. Date and place of enlistment Windsor Ja. 5-17

Diagnosis Demobilization Date of Medical Boards 3-2-19

Date. T.O.S.	Remarks.	Pt. 2 Order No.
13-1-19	Posted to Cas. Co. (Ex. Camp) 22-1-19.	
	Leave & Subs. from 27-1-19 to 10-2-19.	28
7-2-19	SOS DISCHARGED "DEMOB'N" 91 days PDP&CA	36

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

(over)

Date.	Remarks	Pt. 2 Order No.

M. F. W. 192
150m.—5-18
1772-39-1243

649-H-23381 (2) CARD NO. X

SURNAME. Holloway

CHRISTIAN NAMES Ulysses

REGL. No. 931708 RANK Pte.

UNIT No 2 Construction Bn

FORMER CORPS Nil

DOS. 4-2-19. Demob.

FOLL. DD 36 of 5-2-19. 2 DD.

NEXT OF KIN.

NAMES IN FULL Holloway, Mrs. V. E.

RELATIONSHIP TO SOLDIER Mother

ADDRESS Charleston, S. C., U. S. A.

45 Anson St., Letter Dec 10th 1918.

CHANGE OF ADDRESS

COUNTRY OF BIRTH U. S. A. Charleston, S. C., DATE Jan. 15th, 1893.

PLACE OF ATTESTATION Windsor, Ont. DATE Jan. 5th, 1916.

R/C 25-1-19. 256/32. Pte.

L. L. 10437. M. & D. 7253. M. F. W. 22. 100M.—11-16. H. Q. 1772-39-339.

From Halifax per S.S. "Southland" 28/3/17.

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Labourer RELIGION Methodist.

DESCRIPTION.

APPARENT AGE 24. YEARS — MONTHS

HEIGHT 5' FEET 9. INCHES

CHEST MEASUREMENT 34. INCHES EXPANSION 3. INCHES

COMPLEXION Colored EYES Dark HAIR Dark.

DISTINGUISHING MARKS Nil.

MEDICAL EXAMINATION. PLACE Windsor. Ont. DATE Jan. 5th. 1917.

Present Address, Detroit. Mich., U.S.A.

mom

Number 931708 Rank ~~pte.~~ Spl. B

Surname HOLLOWAY

Christian Name Ulysses

Units C.O.R.C.C. Theatre of War France

Date of Service 28-5-18.

Remarks 1341 Myrtle Ave. Baltimore Md.

Latest Address ~~45 Anson St., Charleston S.C.~~ U.S.A.

Roll No. B Page 14207

200m.-2-21.M.

DESP. JUN 20 1922
REGN. No 41404/2

NAME Holloway H

REGT'L No. 93708

RANK AND CORPS Pte 126th Can Res Bn

H. Q. FILE No. 649.

FOLLOWS No.

FOLLOWS

CABLE

NO.	DATE

NATURE OF CASUALTY

L. L. 20497—M. & D. 7908

M. F. W. 42—50M.—5-17.
H. Q. 1772-39-893.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
62.	Can Mil Bramshott	27-5-17	V.D.S.
62	Disc	15-6-17	V.D.S.
A277	Can For Corps La Jout Jura	20-7-18	Diarrhoea
A278.	Discharged	23-7-18	Diarrhoea
A379-2	B.F.C. La Jout Jura	19-11-18	Myalgia
A386(2)	Discharged	24-11-18	

FORM R. 149.
7106—250m—7/2/17.

Ulysses. Pte.

Name Holloway, *Rank* *Reg. No.* 931708.

Unit 26th. Res. Bn.

Next of Kin U.S.A.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
27-5-17.	Mil.Bramshott.		V..D.G.	62.		
15-6-17	Discharged.		V.D.G.	62		

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List

Form R. 149.

Name HOLLOWAY Rank Ulysses Pte. Reg. No. 931708

Unit 2 Const. Coy.

Next of Kin U.S.A.

Date		Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List
1918								
20-7		C.F.C.H. La Joux		Diarrhoea	A 277			2788/6
23-7		Discharged		"	A 278		J2	2836/1
19-11-18		C.F. C.H. Jura.		Myalgia	A 379			5805-6
24-11-18		Discharged		"	A 386			5969-1

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List

No. 931708. RANK Pte. NAME Holloway Ulysses.

T. O. S. 5-1-17
D. O. 11. 11-1-17

UNIT No 2. Construction Battalion.

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917	1917			
Jan 5	Jan 31	✓		
	Feb.	✓		
	Mar	✓		

PAID FROM	PAID TO	SIG. OF REC'T	PARTICULARS	AUTHORITY

ORIGINAL

MEDICAL HISTORY SHEET

931708

Surname Holleway Christian Name Ulysses

Examined on 5th day of Jan. 191 7 at Windsor Ont.

Birthplace City or Town Charleston County S. C., U. S. A.

Apparent age 24

Trade or occupation Laborer

Height 5 feet 9 Inches

Weight lbs.

Chest measurement Minimum 31 inches Maximum expansion 34 inches

Physical development fit

Small-pox Marks none

Vaccination Marks Arm Right Left Number 1

When Vaccinated last childhood

(a) Marks indicating congential peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection Both eyes 20/20

Approved by Dan Murray

Rank Capt. 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	
17/1/17	Take	S S Stepley	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
27/1/17	2 Gk	S S Stepley	M.O.
3/3/17	R & R	S S Stepley	M.O.
24/3/17	R & R	Dan Murray	M.O.

Enlisted on 5 th day of January 191 7 at Windsor Ont.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	2 Constn. Co.	931708		5/1/17
Transferred to	N.S.R.D.			22/5/17
	1st Res. Bn			20/10/17
	2nd Constn Bn			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Windsor, Ont.	5/1/17.	on enlistment	Fit. D H Stewart
E K Brimstead Major, A.M.C.		J H Cryderman Capt., A.M.C.	Capt.
Sarnia	21/1/18	D A A	D. Two Adjutant Depot Regt No 6

N.B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Servcie, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname Holloway Christian Name Alyson

MILITARY HOSPITAL ANNEX 14 JUN. 1917 BRAMSHOTT

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			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
		Day	Month	Year	Day	Month	Year				
		24	5	17	15	6	17	Gonorrhoea	22	Very slight discharge. Recovery.	Andrew Lon Capt C.A.M.S.

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

A 4/11

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. 931708 Rank Pte Surname HOLLAWAY
(Give name in full)
Ulysses

Unit or Corps 2 D.D. Birthplace Charleston W.S.A.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 138 lbs. Height 5 ft 9 in. Colour of Eyes Dark

Nutrition Good

Pulse 76

Condition of arteries Good

Vision Rt. 20/20 Left 20/20

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin.)
Trace 1 L / 1 R. Childhood
~~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 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.

No varicose veins, varicocele, Hernia Goitre, Haemorrhoids.

Urine analysis { alb / sugar

(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 Toronto.....(Canada)

Date Feb 3/19..... Signed J.R. Gubmapt 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 U. Holloway.....

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

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

APPROVED
FEB 4 1919
J.R. Christian Col.
For A.D.M.S., M.D.

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

Canadian Form D.M.S. 1375.

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 Pte Name Holloway Surname Ulysses

Unit or Corps No 2 Construct (If a soldier) Regtl. No. 931708

Born at Charlestone U.S. on, date 15.1.1893

Signature (for identification)

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

Ulysses Holloway

1. **PHYSIQUE**---Any deformity, maiming or lameness? If so, describe. no

Weight 152 lbs.

Height 5 ft. 8 in.

2. **NUTRITION AND DIATHESIS?** normal

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?** normal

4. **RESPIRATORY SYSTEM?** normal

5. **HEART?** normal

Abnormal Sounds? no

Abnormal Size? no

Pulse Rate? 80 Intermittence or Irregularity? no

6. **ARTERIES**---Any hardening? no

7. **DIGESTIVE SYSTEM?** normal

8. **GENITO-URINARY SYSTEM?** normal

Urinalysis---S.G.? 1020 Reaction? ac Albumen? no Sugar? no

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

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 Kinmel Pd Signed [illegible] Capt. M.O.

Date 28/12/18 Signed [illegible] 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.

931708

Form D.M.S. 1394
10M

PROCEEDINGS OF A MEDICAL BOARD

Dated at Sunningdale 2/4 1918

No 931708 Rank Pte Name HOLLOWAY, ULYSSES

Local Unit C.F.C. Overseas Unit ——— Age 24

Examination held at Sunningdale

DISABILITY.
~~Overseas~~ - Local
(scratch one out)

DAH.

PRESENT CONDITION.

Complains of pains in knees & lft side of chest above nipple. No evidence of arthritis. States that he has not been strong for 3 years as result of malaria. Says that he cannot stand heavy work. There is some cardiac irritability. Pulse 100 standing.

BOARD RECOMMENDS:-

1. Fit for Duty
2. Fit for duty after Should be able to do weeks' physical training.
3. Fit for Temporary Base Duty manual work. weeks
4. Fit for Permanent Base Duty B-Two
5. Discharge

Signatures:-

C. A. McDonald Maj. President.

Members J D Adamson Capt. C.A.M.C.

APPROVED

Dated 14 MAY 1918 191 [signature] Major, C.A.M.C. For A.D.M.S.

for A.D.M.S., Canadians, London Area.

C.A.D.C. 5009 A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION W.D. 2.

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) HOLLOWAY, U.

REGIMENT No. 2. Construct. RANK. Pte. No. 931708.

Date of Examination in England 30.12.18 | Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

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 4, 5, 18,
2. EXTRACTIONS 14, 19,
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

KINMEL PARK, NORTH WALES.

Signature of Dental Officer W. Kennedy Capt

HOLLOWAY, U.

M.D. 2

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

NAME OF SOLDIER Hollaway Phipps

REGIMENT

RANK

DISTRICT 2

No. 931708

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
Condition on first Examination																							
Discharge Exam. At Exhibition Camp Date FEB 3 1919																							
													Filling Extraction										
																					Hasemple Major		

Certificate issued for

M.F.B. 465.
M.—6-18.
72-39-950.

DUPLICATE

To be made out in duplicate. H.Q. 54-21-23-53

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

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

(1) Name of Overseas Unit which Soldier joins ..... No. 2 CONSTRUCTION, B'n. C.E.F.

(2) Regimental Number 93708

(3) Full Name of Soldier ..... Ulysses Holloway

(4) Place of Birth ..... South Carolina U.S.A.

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

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

(b) Present Postal Address ..... —

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

(8) Have you any children ? ..... —

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

Also their names and ages ..... —

M. F. W. 67.

200M.—3-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes; R. W. Holloway

If so, state name and address 45 Anson St. Charleston S.C.

(10) Is your Mother alive? Yes;

If so, state name and address Mrs Virginia E. Holloway

45 Anson St, Charleston, S.C.

(11) If your Mother is a widow X

Are you her sole support, or not? X

(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.

X

(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.

X

(15) Are you insured? Yes

If so, in what Company? North Carolina Mutual

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

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

D. Davie Capt
for
Lieutenant
No. 2 Construction Battalion C.E.F.
Officer Commanding.

Date

No. 2 CONSTRUCTION BATTALION
ORDERLY ROOM
MAR 16 1917

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 931708 (Rank) Pte.

Name (in full) HOLLOWAY ULYSSES enlisted in

the 2nd Construction Bn.

CANADIAN EXPEDITIONARY FORCE at Windsor Ont on the 5th

day of January 19 17

HE served in England and 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 25

Height 5' 9"

Complexion Colored

Eyes Dark

Hair Dark

Marks or Scars

Vacc. Scar Left Arm.

Ulysses Holloway
Signature of Soldier

A. F. Harvey Lt
Issuing Officer

For

O.C. No. 2 District Depot.
Rank

Appointment

Date of Discharge Feby 7. 1919

Signed at Toronto. Ont No. 2 this 7th day of February 19 19

in Military District No. 2

File Reference No.

2 FEB 7 1919
DISTRICT DEPOT

E.S

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

.....

Name of Officer

.....

Rank

.....

Appointment

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

Uniform is not to be worn after expiration of one month from date of discharge, except by special permission of G. O. C district.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 931708 (Rank) Private

Name (in full) HOLLOWAY, Ulysses enlisted in

the No. 2 Construction Battalion

CANADIAN EXPEDITIONARY FORCE at Windsor, Ont. on the 5th

day of January 17. 19

HE served in Canada, England and France

and is now discharged from the service by reason of On Demobilization

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

Age 25 Years	Marks or Scars Vaccination scar on left arm
Height 5 Feet, 9 Inches	
Complexion Colored	
Eyes Dark	
Hair Dark	

Signature of Soldier

W Bell Thomson

Issuing Officer Captain

Toronto, Ont. 7th February, 1919 for a/Adjutant General

Date of Discharge Rank

Appointment

Signed at Ottawa this 19th day of March 19

in Military District No. xx Headquarters

File Reference No. 649-H-28361

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

.....

Name of Officer

.....

Rank

.....

Appointment

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

DVA: 95-7 Vol. 11 WSR 7 (B) /TL.

DEPARTMENT OF VETERANS AFFAIRS

RECORD OF SERVICE

IN THE

CANADIAN ARMED FORCES

THIS REPORT IS NOT VALID WITHOUT THE IMPRINT OF THE OFFICIAL STAMP OF THE DEPARTMENT

Service Rank and/or Number 931708 Name Ulysses HOLLOWAY

1. Branch of Service: CANADIAN EXPEDITIONARY FORCE
2. Date and Place of Birth: 15 January 1893 Charleston S.C. U.S.A.
3. Date and Place of Appointment, Enlistment or Enrolment: 5 January 1917 Windsor, Ontario.
4. Unit on Appointment, Enlistment, or Enrolment: No. 2 Construction Battalion
5. Theatres of Service: CANADA - ENGLAND - FRANCE
6. Date and Place of Retirement or Discharge: 7 February 1919 Toronto, Ontario.
7. Reason for Retirement or Discharge: "Demobilization"
8. Rank on Retirement or Discharge: Private
9. Medals and Decorations: BRITISH WAR & VICTORY MEDALS
10. Remarks: NIL

DESCRIPTION AT TIME OF RETIREMENT OR DISCHARGE

Sex: Male Age: 26 Years 1 Months. Height: 5 Feet 9 Inches.

Eyes: Dark Hair: Dark Complexion: Dark

Marks or Scars: Vaccination scar left arm.

DEPARTMENT OF VETERANS AFFAIRS MAR 15 1952 WAR SERVICE RECORDS OTTAWA - CANADA

Ottawa, Ont., Canada March 15, 1952

for Director, War Service Records

DVA 812 (REV. 7-51)

M.F.W. 44.
1188 (D.P.) 250M.-12-18.
1772-39-903.

CANADIAN EXPEDITIONARY FORCE.

LAST PAY CERTIFICATE

No. 56

Regimental No. 931708 Rank Pte Name Holloway U
(Surname first)

Unit No. 2 DISTRICT DEPOT who was* DISCHARGED

On 7-2-19 191....., to Demob

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-2-19 to 7-2-19 191...
the inclusive date of transfer or discharge.

	Dr.		Cr.	
Bal. Dr. or Cr. from prev. month			80	52
Regimental Pay 7 days at $ 1 c			7	—
Field Allowance 7 days at $ c 10				70
Separation Allowance				
Clothing Allowance			35	—
Post Discharge Pay USA			70	—
*Other Credits				
Advances 51001	80	52		
Separation Allowance and Assigned Pay Cheque No.				
*Other Charges	5	60		
Balance on transfer or on discharge, cheque No. 51257	112	70	5	60
Total	198	82	198	82

*Give particulars. D.B. 5 60/100

A monthly stoppage of $ 15.00 (†) has ..... (‡) been paid on account of

Assigned Pay for the month of ~~July~~ 191 9 } (to) Assignee Mrs Virginia Holloway
and Separation Allce. for month of ~~Closed~~ 191 }

(Address) ~~45 Ancona St Charlestown Co~~ USA

(†) 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.

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

REMARKS:—

State (1) date of enlistment ..... married or single S

(2) Separation Allowance, entitled or not No (3) Reason for discharge Demob

(4) Authority for discharge or transfer DO 3 C

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date 6-2-19

Place TORONTO, ONT.

C. H. Reeve
Paymaster. CAPT.
PAYMASTER, No. 2 DISTRICT DEPOT

N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
(C) For purpose of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificates will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

CREDITS, ADVANCES, Etc.

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

Date	Place	Cheque No. A.R. No. or Other Particulars.	AMOUNT				Signature of Officer Making Payment.
			Dr.		Cr.		
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....

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

M. F. W. 54. (A. F. B. 103)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps #2 Construction Battalion C E F

Regimental No. 931708 Rank Private Name Ulysses Holloway

C. E. F.

Enlisted (a) 5/1/17 Terms of Service (a) Duration of War Service reckons from (a) 5/1/17

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) Laborer

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
		Embarked, Canada	Halifax N.S.	25/3/17	
	O.C.	Disembarked England	Liverpool	4/4/17	
17/5/17	No 2 Comm	Proceeded Overseas	Seaford	17/5/17	Pt 2. D.O. 11 H. B. MacLean Lt for Captain, Adjutant, No. 2 Construction Battn. C.E.F.
2[illegible]-5-17	N.S.R.D.	D.O.S. Depot Coy	Bramshott	22-5-17	Pt 2 D.O. 74
25-5-17	"	Admitted to Bram Mil Hosp	"	25-5-17	" " 76
17-6-17	"	Reported from Hosp.	"	17-6-17	" " 100
21-8-17	"	On Command Longmoor RR.	"	21-8-17	" " 165
11/10/17	"	Posted to Depot Co	"	11/10/17	" " 212
20/10/17	"	S.O.S. to 17th Res Bn	"	20/10/17	" " 220

Dickson Lt for CAPTAIN & ADJUTANT,
FOR O.C. NOVA SCOTIA REGIMENTAL 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 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
22-10-17	O.C.17th	Taken on strength from NSRD	Bramshott	20-10-17	Part 11 Order 251.
25-3-18.	O.C.17th.	S.O.S. on transfer to Can.For. Corps.	Bramshott.	25-3-18.	Pt.11.Order.71.
26-3-18	O.C. C.F.C.	T.O.S. Base Depot, C.F.C. Sunningdale	25-3-18 Pt.11 D.O. 73		Lieut., Asst. Adjt. 17th Canadian Res. Bat.
29-5-18	Do	S.O.S. on transfer to 2 Const Co	BASE DEPOT C.F.C. SUNNINGDALE France	28-5-18	PT. II. DO. NO. 128. Major for O.C. C.F.O.
29-8-17.	2nd Const Bn	S.O.S to N.S.R.D.	Field	17-5-17	Pt-II 125.
29-5-18	C.G.B.D.	Having arrived from England to T.O.S. No. 2 Can Const Coy	Field.	29-5-18	RR. 674 H.T.O. 36 7 June 1918
3-6-18	Do.	Left for Unit	Fld.	3-6-18	RR 1253
8-6-18	O.C. Unit	Joined Unit	Fld.	6-6-18	B213.
20-7-18	Jura Hosp	Diarrhea. adm.	Jura Hosp	20-7-18	W7895
24-7-18	Jura Hosp	" Desch	Field	24-7-18	W8146
27-7-18	"	" Rejoined unit	Field	24-7-18	B213
20 11/18	C.F.C. Hspl	Myalgia adm.	C.F.C. Hspl	19 11/18	W2604W
24 11/18	do.	do. Desch	do.	24 11/18.	33283

CERTIFIED CORRECT 5 JUN. 1918 CAN. RECORDS, LONDON.

for Lt-Col i/c Records, C.E.F.

Army Form B. 103. Regimental Number 931708

Casualty Form—Active Service.

Regiment or Corps 2 Can Const Bat

Rank Pte Surname Holloway Christian Name W

Religion ..... Age on Elistment ..... years ..... months

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

Date of promotion to present rank ..... Date of appointment to lance rank .....

Extended { ..... / ..... } Re-engaged { ..... / ..... } Qualification (b) .....

or Corps Trade and rate .....

Occupation ..... Signature of Officer.

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents.
		Embarked ...			
		Disembarked			
23/11/18	O.C.	Adm to	Hpl	19/11/18	B213
30-11-18	oc.	Rejoins from Hosp	—	24-11-18	B213
11/12/18	AAG	Trans to Eng & posted to N.S. Reg Depot Bramshott		14/12/18	KR 3444

C A Hewett
Lieut. for Lt.-Col., A. A. G.
Canadian Section, G. H. Q. 3rd Echelon, B. F

(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) Signaller, Shoeing-Smith, &c.

W. 5527—M2093 1000m 7/17 (25686) C. P. & S., Ltd. Forms B./103 E/1555.

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
14.12.18	N S R D.	S.O.S. attached to 2 C.C.D for Ors. Rations	B'shott	14.12.18	D.O 305
	NSRD	ON COMMAND TO CDD Kinmel Pk Rhyl.	BRAMSHOTT		PART II D.O. NSRD 313 27/12/18
		Attached C.C.C.K. P. 12 JAN 1919 Part 32 2 Orders pending transfer to C. E. F. Canada.			C.A. Knight LIEUT, OFFICER i/c RECORDS, NOVA SCOTIA REGTL. DEPOT.
		Ceases to be attached on transfer to C.E.F. Canada. Part 2 Orders 33 12 JAN 1919			
		W.R. Bell Lieutenant for Officer Comd'g M.D. 2. C.W. Kinmel Park Camp. Rhyl			
JAN 13 1919	O.S.	T. O. S. No. 2 DISTRICT DEPOT, TORONTO		1919	PART II D. O. 28

C.W.C. Robert
Lieut.
For O. C. No. 2 District Dep.

7-2-19
S.O.S. (Discharged) No. 2 District Depot
Part II, D.O. No. 36

H Sargeant Cyt.
O.C. Discharge Sections, No. 2 District Depot

Form R 122.
2353—100M—9-12-16.

J.P. Rank Name HOLLOWAY. Ulysses. Reg'l No. 931708.

Unit No2. Const Bn. If in perm. Corps What Unit? Married or Single Single.

Place and Date of Enlistment Windsor. Ont. 5th Jan 1917. Place of Birth Charleston. S.C. U.S.A.

Name and Address, Next-of-Kin V.E. Holloway.

Charleston. S.C...U.S.A. Relationship Mother.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No 6663
File R.L.
Category OR CAN

H. W. V., Ld.—9546-16.

Report. Date.	Report. From whom received.	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.
		Arrived in England ss "Southland"		7.4.17.	
29.8.17	2nd Const Bn	S.O.S. to N.S.R.D.	Bield	17.5.17	Pt II 125
22.4.17	NSRD.	T.O.S. from 2nd C.C. Corps	Bramshott	22.5.17	Pt II 74
24.5.17	"	Adm. B'shott. Mil. Hosp.	"	24.5.17	Pt II 76. Venereal
17.6.17	"	Disc. " " "	"	15.6.17	Pt II 100. V.D.G.
23.6.17	26 Res	Adm Gslot Mil Hosp		27.5.17	Ch 62. VDG
"	"	birch " " "		15.6.17	Ch 62
20.10.17	N.S.R.D.	S.O.S. to 17th Res. Bn.	Pte "	20.10.17	Pt II 220 (17th Res. Pt II 251d. 22.10.17.
25.3.18	17th Res	SOS to Can Forestry Corps		25.3.18	— 71 & Pt II 73 d/26.3.18 BDC 76 TOS
29.5.18	BDC 76	S.O.S. to 2 Const Coy France	Pte "	28.5.18	Pt II 0 128 & 36 d/2 C.C.C. 22.6.18
16.12.18	NSRD.	TOS from 2nd CCCoy.	Pte B'shott	14.12.18	DO 305 & 71 D/ 2 CCC. 19.12.18

A.F.B. 103 CHECKED JUN: 1918

931708 Holloway. U.

Report. Date.	Report. From whom received.	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.
27-12-18	N.S.R.D	O/C to C.D.D. Rhyl	Pte	B'Shott	27.12.18	D.O 313
25.1.19	N.S.R.D	Cases O/C to Rhyl & S.O.S. to C.E. Canada	"	Ripon	12.1.19	— 18

Mother

L[illegible]b 5470—M. & D. 6888

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12
50m.—7-16
H. Q. 1772-39-819

To Whom: Virginia Holloway
Address: 45 Anson St., Charlestown, S.C. U.S.A.
Rate: $15.00

APR 1917

Mother

By Whom Assigned: Holloway, Ulysses
Regtl. No.: 931708.
Rank: Pte.
Corps: 2 Construction Btn.

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				

CONSOLIDATED 7 ACCOUNT

Mother

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—7-16
1772—39—819.

Sheet No. 2. Virginia Holloway. (Assignee)

Name of Soldier Holloway, Ulysses.

931708 - Pte - 2 Constrn Btn.

L. L. Job 5470—Req. 6888.

$15.00

APR 1917

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April	Z	4872	15	
May	X	8789	15	15 W.
June	Z	16484	15	15. S
July	X	21752	15	W.
Aug.	H	29227	15	
Sept.	S	36879	15	Ln S 36879 Remailed 25-9-17 C.L.
Oct.	F	42386	15	135
Nov.	K	49843	15	
Dec.	V	55929	15	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

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.				

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE.
EFFECTIVE DATE:–	1st April 1917	EFFECTIVE DATE:–
AMOUNT:–	15.00	AMOUNT:–

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS TH WORD "SAME" ONLY TO E

Mrs Virginia Holloway (Mother)
45 Anson St. Charleston
S.C. U.S.A.

Stopped Effect 1/1/19

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCH BY INSERTION OF DATE CHA

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UN
9/12	6584		~~466~~			
18/12	3569	13 R.H.A.	~~973~~			
			1439			

PARTICULARS OF RENDERING NON-EFFECTIVE:– Wire to C

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	
Mar	Balance Fwd			
Apl	P.P.	33 -		C.
				A.R
				"
		33 -		
May	P.P.	34 10		C
				A.R
				S
				A.R
				20.R
		34 10		
June	P.P.	33 -		C
				Dr
		33		
July 2.	P.P.	34 10		C
				AR
				Dr
				AR
		34 10		
Aug	PP	34 10		C
				AR
				Q4
				Q4
				AF
				Q40
				AR

CANADIAN
ASSIGNED PAY AUDITED
31/12/18
D Thomas
AUDIT CLERK
DATE 6/8/19

455

OR	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.
	EFFECTIVE DATE:–	
	AMOUNT:–	

NAME:– HOLLOWAY Ulysses

NUMBER:– 931708

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

ORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

(Mother)

UNIT AND TRANSFERS

ORIGINAL UNIT:– 2nd Const Bn

DATE ACCOUNT FIRST OPENED:– 1-4-17

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			NSRD
73	25-3-18	1-4-18	CFC Eng
36	1-7-18	22-7-18	2 Cons. Bn.
			Canada

BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

OUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
~~466~~				
~~973~~				
439				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 00	10		

ECTIVE:– Dis to Can 1/1/19 Ledger Bal Cr 8868 L.P.C. 7429

	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
								13 92	Nil	
	33 –		C.A.P.				15 –			
			A.R. B.59 B.D. 10/4/18	4 87						
			" B307 " 24/4/18	9 73						
	33 –			14 60			15 –	17 32		
	34 10		C.A.P.				15			
			A.R. B.598. 14/5/18. B.D.	4 87						
			S2/6169 W.R.R.W. 19/2/18. A. Voucher Trust	2 71						
			A.R. B770. 25/5/18. B.D.	4 87						
			D.O.R. 448. 28/3/18 C.F.C.	2 92						
	34 10			15 37			15 –	21 05		
	33 –		C.A.P.				15 –			
			DnAR 716 7-6-18 2 Con. Bn.	3 57				35 48		
	33			3 57			15			
	34 10		Can A.P.				15			
			AR 949 10/7 CFC 5	3 57						
			DnAR 871 27/6/18 CFC 5 2 Cons	3 57						
			AR 1093 25/7 "	3 57				43 87		
	34 10			10 71			15			
	34 10		Can A.P.				15			
			AR 1256 10/8 CFC 5	3 57						
			Q4005/452. 25/5/18 CFC	1 14						
			Q4005/198 23/4/18. CFC	7 65						
			AFW 3069./29 30/6/18 2 Con Can Gen Bn	93						
			Q4005/195 9/5/18 CFC	24						
			AR 1472 25/8. CFC 5	3 57				45 87		
	34 10			17 10			15			

Carried fo'rd

ALLITED

DIT CLERK

NUMBER 93408 RANK Pte NAME HOLLOWAY

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1
1918				Brot forward	
Sep	PP	33		Can A P	
				AR 1673 5/9 CFC 5	3 57
				AR 1877 24/9 ✓	3 57
		33			7 14
Oct	✓	34 10		C. A. P	
				AR 2251 12/10 C.F.C 5	3 73
				9321 30/10 ✓	3 73
		34 10			7 46
Nov	P.O N+D	67 10		AR 2686 11/11 C.F.C 5	3 73
				✓ 2904 27/11 ✓	13 06
				C.A.P. N+D	
				AR 6584 10/12 C.G.B.D	4 66
				✓ 3569 18/12 B.K.D.G.	9 73
		67 10			31 18
				S.O.S. to Can. 12/1/19	

OWAY U.

ARS	Dr. 1	Dr. 2	Dr. 3.	Dr. 4.	Balance	Deferred	Separation
ard					4587		
				15			
9 CFC 5	357						
4/4 ✓	357				5673		as agreed
	714			15			
				15			
0 C.F.C 5	373						
✓	373				6837		
	746			15			
1 C.F.C 5	373						
1 ✓	1306						
P. N&D				30	8868		
12 C.G.B.D	466						
12 B.K.D.G.	973				7429		
	3118			30			

Can 12/1/19 D.O. 18. 25/1/19 N&RD.

P. 559

MARRIED OR SINGLE S

PLACE OF BIRTH Charleston S. C.

NAME AND ADDRESS OF NEXT OF KIN W. C. Halloway.
Charleston S. C.

RELATIONSHIP OF NEXT OF KIN Brother

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

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

DATE	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 DATE	2 No.	2 DATE	3 No.	3 DATE	4 No.	4 DATE
														12 77	12 77								
Apr 1/30	30	1.10	33	00											33.00								
MAY 1.31	31	~	34	10											34 10	46	1/15						
June 1.30	30	~	33	00											33 00	19	19/4						
July 1.31	31	~	34	10											34 10	74	14/5						
Aug ~	~	~	34	10											34 10								
Sep 1.30	30	~	33	-											33 .								
			201	30										12 77	214 07								

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENS.
Sep	Bal	~~78 06~~ 06							78 06		
Oct	P.P.	34 10		DN, AR 436 3017 Retain Branchett	9 73		- 15				
				" " 246 15 6/17 " "	2 43				85 00		
		34 10			12 16		15				

MOTIONS, &c.

EFFECTIVE DATE	AUTHORITY

HOSPITAL, &c.

NAME OF HOSPITAL

REG'L NO. 931408 RANK NAME Holloway Ulysses.

IF IN PERMT. CORPS WHAT UNIT } UNIT 2 Cow Bn TRANSFERRED TO USRD DATE 1 3/18 AUTHORITY

PERMANENT FORCE ALLOWANCES TRANSFERRED TO C.F.C. Eng DATE 1-4-18 AUTHORITY

PLACE OF ATTESTATION Windsor W.S. TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 5 Jany/17 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 15.00 DATE EFFECTIVE 1-4-17

PAYABLE TO Mrs. Virginia Holloway, 45 Anson St. Charleston, S.C., USA. 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)

ACQUITTANCE ROLLS 2 No.	DATE	3 No.	DATE	4 No.	DATE	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY a	s	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
														12 77				Bal from Canada
										15	1	16 50	31 50	14 27				5 days Pay for Malingering. D.O. 101. 28.4.17 10 " F.P. 20.4.17 - D.O. 94. 20.4.17.
						4 87 4 87				15	.		24 74	23 63			23 63	
						4 87				15	-		19 87	36 76			36 76	
										15	-	13 80	28 80	42 06			42 06	V.D. 24/5 to 15 6/17, N.S. Reg'l Depot D.O. 101 18.6/17.
										15	-	1 10	16 10	60 06			60 06	O.S. leave/revellic 2/7 to 2.30/em 2/7/17. D.O. 116.37 N.S. Reg'l Dep
										15	-		15 .	78 06				
						14 61				90	-	31 40	136 01	78 06				

BALANCE	DEFER-RED. PAY	SEP. ALLCE. ENG.
78 06		
85 00		

Pte 931708 Holloway U 15.00

DATE	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 DATE	2 No.	2 DATE	3 No.	3 DATE	4 No.	4 DATE	CASH PAYMENTS 1	2	3	4
MONTH	PARTICULARS				CR. 1		CR. 2		PARTICULARS					DR. 1	DR. 2	DR. 3	DR. 4	BALANCE		DEFER. RED. PAY	SEP. ALLCE. ENG.	MONTH	PARTICULARS		CR. 1	CR.
	Oct Bal																	85	—								
Nov	P.P.				33	-			DN. AR 16 N.S.R.D. 1					9	73		15	-									
									" " 44 - - - -				13 2/17	2	44												
									" " 58 - - - -				25 2/17	2	43												
									" " 67 - - - -				14 8/17	4	87												
									" " 24 - - - -				30 6/17	19	47												
									" " 105 " - -				no date	9	73												
DEC	-				34	10			" " 525 Dets B'shott					7	30		15										
									" " 668 15 11/17. 17 Res.					7	30			58	83								
					67	10								63	27		30										
JAN 1918	P.P.				34	10			Q4005 24 1 11/17 - -					1	84		15										
									" " 5 1 12/17 " "					1	01												
									DN. AR. 573. 29 10/17 " "					7	30												
									" " 84 9 9/17 NSRD.					9	73.												
									" " 803. 17 12/17 17 Res.					17	03.												
									" " 757. 29 11/17 " "					7	30			33	72								
					34	10								44	21		15										
FEB	—				30	80.			Assigned Pay								15.										
									Q4005. 9 1/18. 77 17 Res.					-	56												
									DN. AR. 935. 15 1/18. "					7	30												
									" 1130. 30/1/18 "					9	73			31	93.								
					30	80								17	59		15										
MAR 1918	P Pay				34	10			Can a P								15										
									Q4005 7 3/10/17 "					-	61												
									Dn AR 1255 16/2/18 " "					14	60												
									AR 1374 28/2/18 " "					2	43												
									" 1620 18/3/18 " "					19	47												
					34	10								37	11		15	13	92								

CASH PAYMENTS			ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
2	3	4				CREDIT	DEBIT			
CULARS	CR 1	CR 2	PARTICULARS			DR. 1	DR. 2	DR3 DR4	BALANCE	DEFER- SER RED. ALLCE. PAY ENG.

EXHIBITION

"EMPRESS OF BRITAIN" ~~13~~ 22-1-19

L.P.C.-H 1318

No. 2 DISTRICT DEPOT

AUDITOR | PAYMASTER

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

M. OR S. | REGT. No. 931708 | RANK Pte. | NAME (IN FULL) HOLLOWAY, Ulysses

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS Nil

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. N.S.R. | IF IN P.F. WHAT UNIT? | (BLOCK LETTERS, SURNAME FIRST) 45 Anson St, Charleston, S.C. USA

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 5-1-12 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY, $ 15.00 | DATE EFFECTIVE Closed 31-10-18 (Assignee Deceased)

PAYABLE TO Mrs Virginia Holloway (mother) | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 45 Anson St Charletown S.C. U.S.A

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE Toronto | DATE 7.2.19 | REASON Demob. | AUTHORITY DO 36 | IF ENTITLED TO POST DISCHARGE PAY yes

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $ C.	OTHER CREDITS $ C.	$ C.	TOTAL CREDITS $ C.	ACQUITTANCE ROLLS COL. NO. 1 NO. DATE	COL. NO. 2 NO. DATE	COL. NO. 3 NO. DATE	CASH PAYMENTS COL. NO. 1 $ C.	COL. NO. 2 $ C.	COL. NO. 3 $ C.	ASSIGNED PAY $ C.	REGIMENTAL CHARGES $ C.	OTHER CHARGES $ C.	$ C.	TOTAL DEBITS $ C.	BALANCE DEBIT $ C.	CREDIT $ C.	PARTICULARS OR REMARKS
Balance from previous account 31-12-18		1.10			74 29															Letter re A.P. for Nov & Dec 1918. 1-2-19 H.F.
						74 29	15-1-19	Boat		4 87										
							20-1-19			30 00										
							31-1-19			5 00										
																	39 87	~~34 42~~	34 42	
1-1-19 to 31.1.19	31	1.10	34 10	12	34 42															T.O.S. 13.1.19 D.O. 28 mR
						80 52													80 52	SUBS. 27.1 to 10.2 D.O. 28
Feb 1-7	7	1.10	7 70	70	80 52		51001		51257	80 52		112 70			5 60		~~193 22~~	5 60		Subs ceases 3.2.19 Do 35
				35		193 22											198 82			over pd 7 dys. sub. Jan.
5 hrs			350 -			350 -				Mar 5	210276	94 40			5 60		100 00		280	1st Payment, War Service Gratuity
				30 -		380 -				Apr 2	252206	70					170		210	$30 A.P. Nov & Dec chgd but not paid. auth PM 25.1.05.
										May 5	349523	70					240		140	PM 25 No-380
										2d 7	wtg	70					310		70	MO 12532 mailed 10.3.19.
										June 5	678372	70					380	w		70 wtg paid by DD2
			350 -	30 -		380						374 40			5 60		380 -			

final

W.S.G. PAID IN FULL

[signature] CAPTAIN

FOR PAYMASTER WAR SERVICE GRATUITY

60m.-11-18. L. L. 51777. M. & D. 9585.

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								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3										DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

H 8370 Apr 1/17

OVERSEAS CONTINGENTS

American a/c

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15			

PARTICULARS OF SEPARATION ALLOWANCE

No. 931708

Rank Pte Promoted Reverted Discharge

Soldier's Name Ulysses Holloway

Battalion 2 Construction Battn

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT (mother)

Name Mrs Virginia Holloway

Address 45 Anson St. Charlestown S.C. U.S.A.

Change of Address

1

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
						8819-U-1 M.R.O. Reinstatement H 2775 rendered 31-7-18
Dec. 31			135	135		July Z 29497 requested 24-7-18 Mailed 29-7-18
Jan	P 69327		15	15	G	
Feb	S 73305		15	15		
Mar	J 93370		15	15		
Apr	J 15636		15	15		
May	D 11222		15	15		
June	C 13663		15	15		
July	Z 29497		15	15	✓	
Aug	Z 34804		15	15	✓	
Sept	Z 48370		15	15	✓	
Oct	Z 63069		15	15	✓	

WB

A.P. Suspended assignee deceased 6-10-18

M.R.O. 42224. 19-10-18.

M. R. O. Destroy H 58111 — 28-1-19. [illegible]

CANADIAN ASSIGNED PAY AUDITED to 31/12/18 W. A. Moreland AUDIT CLERK DATE 6/6/19

A/c Closed 31-1-19

Ret'd per Empress of Britain

Date 22-1-19 M.F.W.187 28-1-19

Closed M. Brennan

M D 2

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7193.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

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
400M.—6-17—177-39-1141
L. L. 22320—M. & D. 7493.

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.)

No. 931708

Rank PTE.

Surname HOLLOWAY

Christian name ULYSSES

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

Corps (Squadron, Battery or Company) 2nd Construction Bn

Date of discharge Feby 7. 1919

Place of discharge TORONTO, ONT.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 25 years ..... months.

Height 5 feet 9 inches.

Complexion Colored

Eyes Dark

Hair Dark

Trade Laborer

Intended place of residence (To be given as fully as practicable.) 45 Anson St. Charlston S.C U.S.A

Descriptive marks

Vacc. Scar Left Arm.

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

ON GENERAL DEMOBILIZATION

Authority for discharge D.O.D.D.# 2 Pt 11 No 36

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.

Good

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.)

E.S

M. F. B. 218.

200M.—5-18.

H. Q. 1772-39-113.

(OVER)

23-9-5-2

1-5-52

AS

6-3-2-56

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) Toronto. Ont. Ulysses Holloway *(Signature of Soldier.)*

(Date) Feby 7. 1919 H Sargeant Cpl *(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) Toronto. Ont.

(Signature) Bruce Lampson

For

(Date) Feby 7. 1919 O.C. No. 2 [illegible]

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.)

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 or Particulars of Recruit	Militia Form	W. 23 / 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.