4th. Overseas Pioneer Battalion, C. E. F.

TRIPLICATE

ATTESTATION PAPER.

No. 1078129

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Taylor
1a. What are your Christian names?	Albert
1b. What is your present address?	131 Pottenger St Halifax N.S
2. In what Town, Township or Parish, and in what Country were you born?	Halifax N. S.
3. What is the name of your next-of kin?	Robert Taylor
4. What is the address of your next-of-kin?	213 Brunswick St Halifax N.S
4a. What is the relationship of your next-of-kin?	Brother
5. What is the date of your birth?	May 29th 1873
6. What is your Trade or Calling?	Teamster
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, Albert Taylor, 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.

Albert Taylor (Signature of Recruit)

Date May 20 1916 Cpl. G Hodgson (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Albert Taylor, 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.

Albert Taylor (Signature of Recruit)

Date May 20 1916. Cpl. G Hodgson (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 Halifax N.S. this 20 day of May 1916.

W C Knight (Signature of Justice)

M. F. W. 23.
600M.—2-16.
H. Q. 1772-39 841.

A J Pi[illegible] and [illegible]
City and County of Halifax N.S.

Description of Albert Taylor on Enlistment.

Apparent Age 43 years — months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 5 ins.

Chest measurement:
- Girth when fully expanded 35½ ins.
- Range of expansion 3 ins.

Complexion Medium

Eyes Grey

Hair Grey Black

Religious denominations:
- Church of England Yes
- Presbyterian
- 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).

Weight 128.

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 May 20 1916.

Place Halifax N.S.

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.

Albert Taylor 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.

Paul Weatherbee (Signature of Officer)
4th. Overseas Pioneer Battalion, C. E. F.

Date JUL 27 1916 191 .

8/5/19 KM

Inc.

REGIMENTAL DOCUMENTS

NAME TAYLOR, Albert REGT. NO. 1075729 UNIT H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
2	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2	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)					
	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)					DESERTION
	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)					
2	M.F.W. 67					
1	M.F.W. 82					
1	Misc.					

01900

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

CARD NO. K

SURNAME. Taylor.

CHRISTIAN NAMES Albert.

REGL. No. 1075129 RANK Pioneer

UNIT 4th. Pioneer Bn.

FORMER CORPS Nil.

N.O.R. B. 08. Des. 18/8/16. FOLL. 6

NEXT OF KIN.

NAMES IN FULL Taylor Robert

RELATIONSHIP TO SOLDIER Brother.

ADDRESS 213 Brunswick St. Halifax N.S.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada Halifax N.S. DATE May 29th. 1873.

PLACE OF ATTESTATION Halifax. N.S. DATE May 20th. 1916.

L. L. 94504. M. & D. 6512.

M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

MARRIED SINGLE yes. WIDOWER

TRADE OR CALLING Teamster. RELIGION Church of England.

DESCRIPTION.

APPARENT AGE 43. YEARS MONTHS

HEIGHT 5 FEET 5 INCHES

CHEST MEASUREMENT 35 1/2 INCHES EXPANSION 3 INCHES

COMPLEXION Medium EYES Grey HAIR Grey & Black.

DISTINGUISHING MARKS Not stated.

MEDICAL EXAMINATION. PLACE Halifax, N.S. DATE May 20th. 1916.

Present Address - 131 Gottingen St.
Halifax. N.S.

No. 1076129 RANK Pte. NAME Taylor Albert

T. O. S. 21-5-16 UNIT 4th Pioneer Battalion C. E. F.
D. O. 4826-5-16.

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
May 20	May 31	✓	A.W.L. forfeits 6 days.	D.O. 89 31-5-16
June		✓		
July		✓		
Aug.		✓		

4th. Overseas Pioneer Battalion, C. E. F.

FORM OF WILL.

I, Albert Taylor (Name in full) C.E.F.

Regimental Number 1075129 serving in 4th O.S. Pioneer Battn

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

none

Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

my mother Mrs Charlotte Taylor. Cornwallis St Halifax

Name and Address of person or persons to receive personal estate* *(See note).*

IMPORTANT NOTE
This must be Signed and Dated by THE SOLDIER HIMSELF.

this 8th day of August A. D. 1916

Albert Taylor Signature of Soldier.
his mark ×

*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness F. N. Wadlin

Address of Witness St Andrews N.B.

Occupation of Witness C.E.

Signature of Second Witness M. J. Christie

Address of Witness St Andrews N.B.

Occupation of Witness Civil Engineer

M. F. W. 82
300M-5-16.
1772-39-983.

4th. Overseas Pioneer Battalion, C. E. F.

ORIGINAL

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.

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(1) Name of Overseas Unit which Soldier joins ~~to~~ 4th. O.S. Pioneer Battn. C.E.F.

(2) Regimental Number 1075129

(3) Full Name of Soldier Albert Taylor

(4) Place of Birth Halifax, N.S.

(5) Are you married, or not? No

(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.

300M.—5-16.
1772 39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? No

If so, state name and address

(10) Is your Mother alive? Yes

If so, state name and address Mrs Charlotte Taylor No. ? Cornwallis St Halifax N.S.

(11) If your Mother is a widow Yes

Are you her sole support, or not? No

(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.

(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.

(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.

(15) Are you insured? No

If so, in what Company?

Have you made arrangements for payment of your Insurance premium

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

Paul Weatherbe

Officer Commanding.

Com'd'g. 4th. Overseas Pioneer Bn. C. E. F.

Date AUG 14 1916

4th. Overseas Pioneer Battalion, C. E. F.

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Taylor *Christian Name* Albert

Examined { on 20 day of May 1916 at Halifax N S

Birthplace { City or Town Halifax N S County Nova Scotia

Apparent age 43

Trade or occupation Yeamster

Height 5 Feet 5 Inches.

Weight 128 Lbs.

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

Physical development good

Small-Pox Marks Nil

Vaccination Marks { Arm Right. Left. Number 0

When Vaccinated last

(a) Marks indicating congenital peculiarities or previous disease 0

(b) Slight defects but not sufficient to cause rejection 0

Approved by E D Macleod

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.
4/7/16	+	H Dunlop M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
22/6/16	good	M.O.
4/7/16		H Dunlop M.O.
15/7/16		M.O.

Enlisted on 20 *day of* May 1916 *at* Halifax N S

4th. Overseas Pioneer Battalion, C. E. F.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment		1075129		20. 5. 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 Taylor Christian Name Albert

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				

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 4th. Overseas Pioneer Battalion, C. E. F.

Regimental No. 1075129 Rank Pioneer C. E. F. Name Albert Taylor

Enlisted (a) 20.5.16 Terms of Service (a) duration of War + 6 mths Service reckons from (a) May 20. 1916

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				
22.8.23	4 Pnr Bn	Ill Absent 18-8-16 SOS as a Deserter	Halifax	18.8.16	A.O. 18.

Clyde Scott

for DofR

(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				