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REGIMENTAL DOCUMENTS

NAME *ABBS. William Charles*

REGT. NO. *4489205*

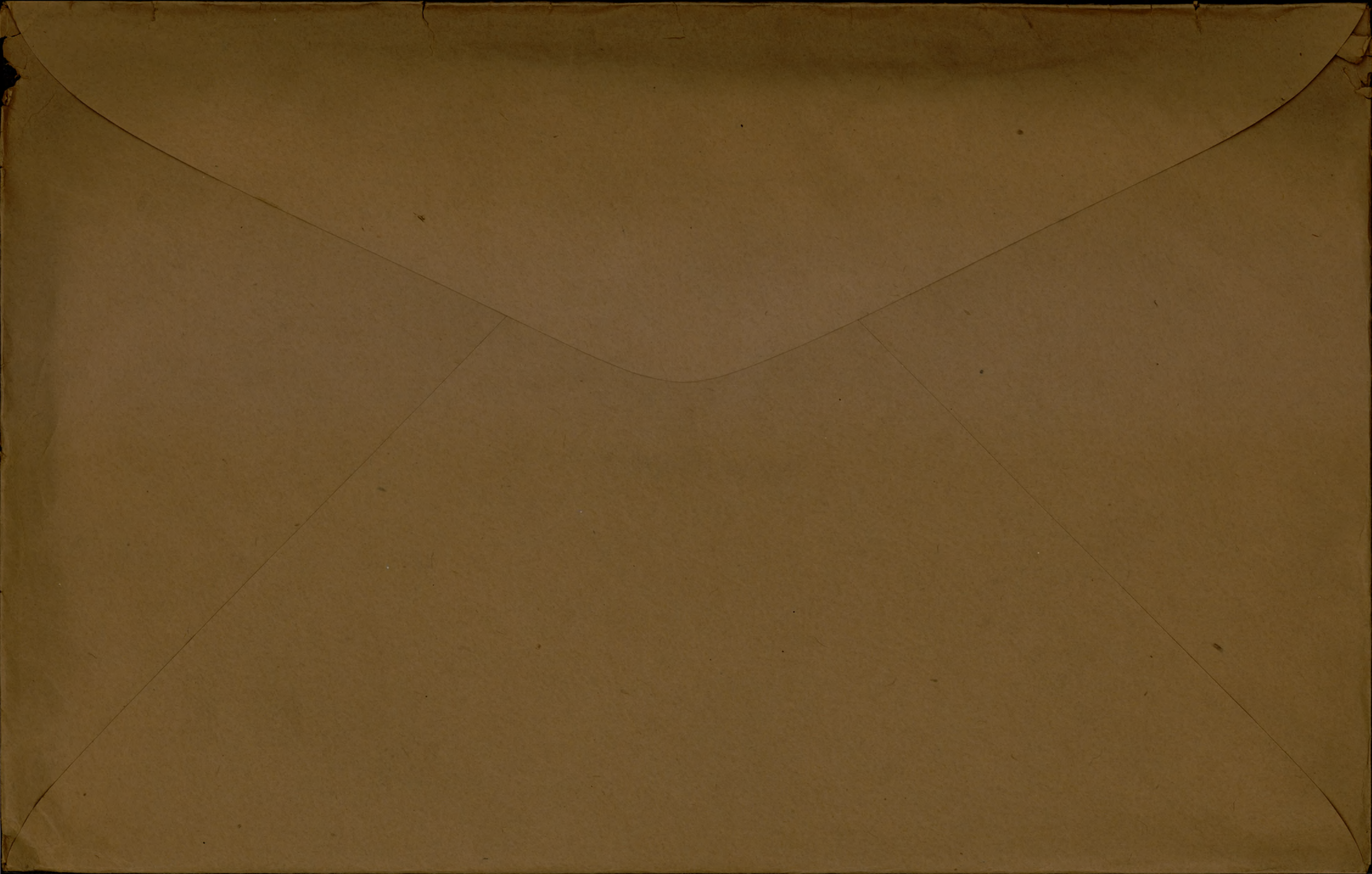
UNIT *2020<sup>th</sup> Batta*

H. Q. FILE NO.

*298*

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CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY	
<i>3</i> ATTESTATION PAPER (M.F.W. 23, 133, or 51)					<b>DEATH</b>	
<i>/</i> 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)						
<i>/</i> REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)						
<i>/</i> COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)						
<i>2</i> MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)						<b>DISCHARGE</b>
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)						<i>Med Unfit</i>
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)						<b>DESERTION</b>
<i>/</i> LAST PAY CERTIFICATE (M.F.W. 44)						
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PARTICULARS OF CHARACTER (A.F.W. 3226)						
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)						
<i>4 Cards</i>						
<i>Pay sheets</i>						



# ATTESTATION PAPER.

127th YORK RANGERS, OVERSEAS BN. C.E.F.  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

## QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS.)

- 1. What is your surname?..... ABBS
- 1a. What are your Christian names?..... WILLIAM CHARLES
- 1b. What is your present address?..... Ravenshoe, Ontario.
- 2. In what Town, Township or Parish, and in what Country were you born?..... Ravenshoe, Ontario.
- 3. What is the name of your next-of-kin?..... Ellen Abbs.
- 4. What is the address of your next-of-kin?..... Ravenshoe, Ontario
- 4a. What is the relationship of your next-of-kin?..... Wife
- 5. What is the date of your birth?..... April 21st 1884
- 6. What is your Trade or Calling?..... Thresher
- 7. Are you married?..... Married
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes
- 9. Do you now belong to the Active Militia?..... Yes - to 12th Regt. York Rangers.
- 10. Have you ever served in any Military Force?..... No  
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... Yes
- 12. Are you willing to be attested to serve in the }  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } Yes

## DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, WILLIAM CHARLES ABBS, 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.

*Wm C Abbs* (Signature of Recruit)

Date February 22nd 1916 *A. S. Smith* (Signature of Witness)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, WILLIAM CHARLES ABBS, 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.

*Wm C Abbs* (Signature of Recruit)

Date February 22nd 1916 *A. S. Smith* (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 SUTTON WEST this 22nd day of February 1916.

*H. G. Macnamara* (Signature of Justice)

Description of WILLIAM CHARLES ABBS on Enlistment.

Apparent Age... 32 years 10 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. 5½ ins.

Chest measurement { Girth when fully expanded..... 37½ ins.  
Range of expansion..... ins.

Complexion..... Fair

Eyes..... Blue

Hair..... Dark

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date..... February 22nd 191 6

Place..... Sutton West, Ont

C. J. Noble

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.

WILLIAM CHARLES ABBS.....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] (Signature of Officer)

Date..... February 23rd 191 6

LT. COL.  
G. C. 127th YORK RANGERS  
OVERSEAS BATTALION C.E.F.

MEDICAL HISTORY SHEET.

Surname ABBS Christian Name WILLIAM CHARLES

Examined { on 22nd day of February 1916  
 at Sutton West, Ont.

Approved by *[Signature]*

Birthplace { City or Town Ravenshoe  
 County Ontarip

Rank Lt. Col. M.O.

Apparent age 32 Years

Trade or occupation Thresher

Height 5 Feet 5 1/2 Inches.

Weight 165 Lbs.

Chest measurement { Minimum 34 inches.

Maximum expansion 37 1/2 inches.

Physical development Good

Small-Pox Marks Nil

Vaccination Marks { A r m. Right. Left.  
 Number Nil

When Vaccinated last nil

(a) Marks indicating congenital peculiarities or previous disease nil

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

Date.	Result.	VACCINATIONS.
<u>8/16</u>	<u>9</u>	<i>[Signature]</i> M.O.
		M.O.
		M.O.

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

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>3</u>	<u>15</u>	<i>[Signature]</i> M.O.
<u>16</u>	<u>17</u>	M.O.
	<u>27</u>	M.O.

Enlisted on 22nd day of February 1916 at Sutton, Ont.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>127th Bn</u>	<u>778925</u>		
Transferred to	<u>C.E.F.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Exhibition Camp.</u>	<u>Boarded Dec 5/16</u>	<u>Rheumatism</u>	<u>Discharged Dec 20/16</u>

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.



# CANADIAN CONTINGENT EXPEDITIONARY FORCE

## LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 778925 Rank Private Name ABBS, W.C.

Corps 220th., C.S.M., C.E.F. who was\* "DISCHARGED"

On December 20th., 1916 1916, to \_\_\_\_\_

\*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from December 1st., 1916 1916, to Dec., 20th., 1916 1916, the inclusive date of transfer or discharge.

Dr.	\$	c	Cr.	\$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month	16	40
Advances by Cheques } No. _____			Reg'tl Pay <u>20</u> days at \$ <u>1.00</u> c	20	00
Assigned Pay No. _____			Field Allow. <u>20</u> days at \$ <u>.10</u> c	2	00
Other Charges* <u>Regimental charges #11437</u>		50	Other Allowances* <u>Civilian clothing allowance</u>	13	00
Payment on transfer or discharge No. _____	37	90	Other Credits* _____		
<u>Civ. Clothing allow. #11436</u>	13	00	Bal. Dr. (to be deducted by new unit)		
Balance Cr. (to be paid by the new unit)					
Total	51	40	Total	51	40

\*Give Particulars.

A monthly stoppage of \$ 20.00 (†) has NOT (‡) been paid on account of Assigned Pay for the month of December 1916 1916 to (Assignee) Mrs. Ella May Abbs  
(Address) Ravenshoe, Ont.

(†) 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 February 23rd., 1916

(2) if married and if a Separation Allowance Card has been submitted Yes.

(3) cause of discharge and authority 2nd., M.D. 34-A.B.-11

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date \_\_\_\_\_

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date December 20th., 1916

Place Exhibition Camp, Toronto, Ont.

Paymaster

N.B.—For purposes of transfer this form is to be made out in quadruplicate. One copy to Paymaster of new unit; one to District Paymaster; one to accompany the pay-list at the end of the month, and; one for retention as a record.

For purposes of discharge it is to be made out in triplicate. One copy to accompany discharge papers; one copy to accompany pay-list at the end of the month, and; one for retention as a record.





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

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

# Casualty Form—Active Service.

250M.—1-16.

H. Q. 1772-39-920.

127th YORK RANGERS

Unit, Regiment or Corps OVERSEAS BATTALION C.E.F.

Regimental No. 778925 Rank Pte. Name ABBS William Charles  
C. E. F.

Enlisted (a) \_\_\_\_\_ Terms of Service (a) \_\_\_\_\_ Service reckons from (a) \_\_\_\_\_

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				

(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, Shoering Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]



SURNAME.

*Ables.*

649-a-2886.

CARD NO.

*S. 68 Div.*

*C.B.  
x*

CHRISTIAN NAMES

*William, Charles*

*20-12-16* FOLL. *2*

REGL. No. *748925.*

RANK

*Pte.*

UNIT *127th*

*Bn*

FORMER CORPS *12th Regt York Rangers.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Ables Mrs. Ellen.*

RELATIONSHIP TO SOLDIER

*Wife*

ADDRESS

*Ravenshoe. Ont.*

COUNTRY OF BIRTH

*Canada*

*Ravenshoe, Ont.*

DATE

*Apr 21st 1884*

PLACE OF ATTESTATION

*Sutton West. Ont.*

DATE

*Feb 22nd 1916*

*64*

MARRIED

*yes*

SINGLE

WIDOWER

TRADE OR CALLING

*Thresher.*

RELIGION

*Methodist*

DESCRIPTION.

APPARENT AGE

*32*

YEARS

*10*

MONTHS

HEIGHT

*5*

FEET

*5 1/2*

INCHES

CHEST MEASUREMENT

*37 1/2*

INCHES

EXPANSION

*not stated.* INCHES

COMPLEXION

*Tan*

EYES

*Blue*

HAIR

*Dark*

DISTINGUISHING MARKS

*Not stated*

MEDICAL EXAMINATION.

PLACE

*Sutton West. Ont*

DATE

*Feb 22nd 1916*

*Present Address, Ravenshoe, Ont.*

No. 778925 RANK Pte.

NAME Abbs, Wm E.

T. O. S. 28-2-16 1904 7-3-16 UNIT 127<sup>th</sup> Battalion C.E.F.

M. D. 2.

PAID FROM	PAID TO	SIG. OR REC'D	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Feb. 28	1916 Mar. 31	✓		
	Apr. May June.	✓	Furlough 8-5-16 - 8-6-16	DO 86
Aug. 1	July Aug. 12	✓	Transf. to 220th Bn.	DO 149.



Reg. No. 448925 Name Abbs. W. C.

Rank Pvt Corps 220 Age 33 Service 10/12

Ledger No. \_\_\_\_\_ Serial No. \_\_\_\_\_

**HOSPITALS**

**DATE**

**DIAGNOSIS**

Base. Toronto

14.11.16

Rheumatism

Lo. Outy

30.11.16

**HOSPITALS****DATE****DIAGNOSIS**

M. F. W. 2553.  
75M.—9-19.  
1772-39-1332.



No. 778925

RANK *Rte*

NAME *Abbs. William Charles.*

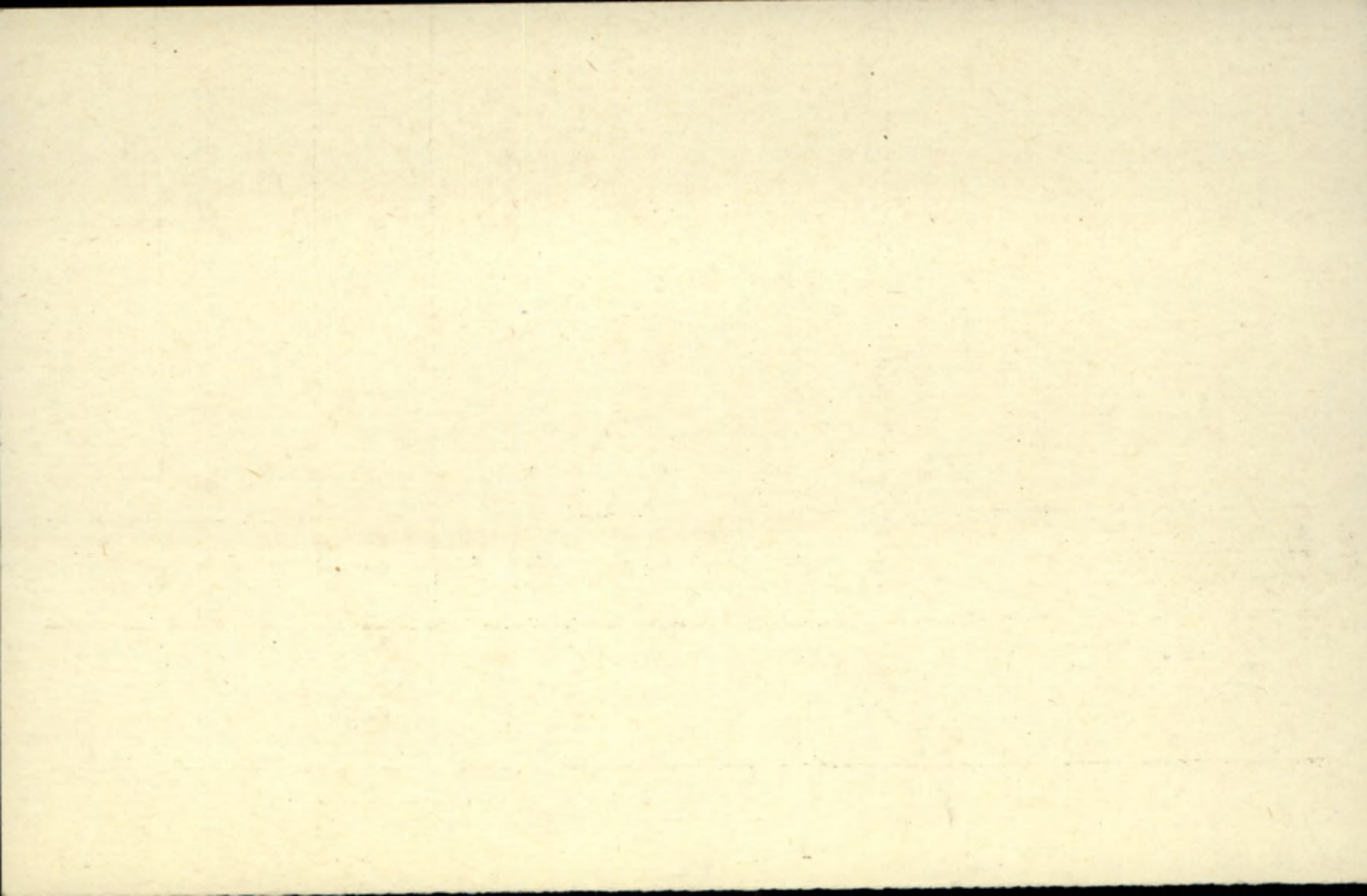
T. O. S.

UNIT *220 1st Battalion C. E. F.*

*transfd from 127 ~~at~~ down 9-9-16  
to 121 of 11-9-16.*

M. D. *2*

PAID FROM	PAID TO	SIG. CR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916 Aug 18</i>	<i>1916 Sept 30</i>	<i>✓</i>	<i>2dyp mult pay</i>	<i>no 135-d.</i>
<i>Oct Nov.</i>		<i>✓</i>		
<i>Dec. 1</i>	<i>Dec. 20</i>	<i>✓</i>	<i>Discharged M U. 20-12-16</i>	<i>no 191 of 18-12-16</i>
<i>a/c closed by payment S.</i>				



OPINION OF THE MEDICAL BOARD

Name Abbs W.G.

Dr. Noble Sutton Ont.

Address Ravenshoe Ont.

MEDICAL HISTORY OF AN INVALID.

Next of kin Mrs Ella Abbs  
Address Ravenshoe Ont.

1. Station. Exhibition Camp 8. General remarks on his:—

2. Regiment or Corps. 220th O.S. Bn. (a) Conduct. Good

3. Regimental No. and Rank. 778925 Pte (b) Habits. "

4. Name. Pte W.C. Abbs (c) Temperance. Good

5. Age last Birthday. 33 (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

6. Enlisted on February 23rd /16  
at Sutton

7. Former Trade or Occupation. Thresher Date. Dec. 8/16.

9. Service. Years. Days.

127 O.S.Bn.

Feb. 23/16.

Aug. 21st/16.

220th O.S.Bn.

Aug. 21st/16.

Date

10. (a) Disease or disability. Chronic Rheumatism

(b) Date of origin. Four Years Ago

(c) Place of origin. Ravenshoe Ont.

(d) Cause. Tonsillitis

11. Present Condition. (Most Important).

(To include full description of present disabling condition or conditions.)

Is suffering from pain in shoulder and hip of left side. For the last five weeks has been trouble more than usually. Is unable to do any marching or physical Drill.

12. (a) Is the disability the result of service or climate? No.

(b) Has it been aggravated by intemperance, vice or misconduct? No.

M. F. B. 227.

150 M-5-16.  
1772-39-117.

NO. 2  
MILITARY DISTRICT  
DEC 11 1916  
34-AB-11

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Date

If admitted. Index No.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
	From	From			
Date					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depot.

Date of final Medical Board or decision. }

Administrative Medical Officer.

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.

150 m-5-16.  
H. Q. 1772-39-117.

Date	Disability	Name	Regimental No.	Rank	Station	Corps	Hospital or Station transferred to for final disposal.	Date of final disposal	How finally disposed of

The original Report is invariably to accompany the discharge documents of invalids.

Plated  
1-1-17  
9/1916

OPINION OF THE MEDICAL BOARD.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

Not Applicable

Does the Board concur with the preceding report? If not, give differing opinion.

10. Yes

11. Yes

12. Yes

15. No. Not aggravated

16. Yes

17. Yes

18 Is he unfit for Military Service.

Yes

Recommendations :

That he be discharged as Medically Unfit, CLASS--I.

Signatures :—

*E. G. Holwe* President.  
Capt. AMC.

*W. E. Brown* Capt. AMC.  
Members.

*W. Jackson* Capt. AMC.

*A. H. ...* Ass. Director of Medical Services.

*D. J. ...* Director-General of Medical Services.

Station. Exhibition Camp.

Date. Dec. 8/15.

Date. 14.12.16

Approved.

Date. 2/17

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held?

Not Applicable

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

Not Applicable

14. Treatment Two wks & a half Base Hospital. without any Benificial Results.

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent? Very slight aggravation

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes? permanent regards to active service

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions. No prevention

18. State if for discharge on account of unfitness for Service. Yes

*D. J. ...* Cap  
Medical Officer by whom the case is brought forward.

## List of Discharge Documents.

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

\*Only if discharged "Medically unfit."

*N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.*

This space to be for numbers.

## Proceedings on Discharge.

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

No.	778925
Rank	Private
Name	William Charles Abbs
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	220th O.S. Bn. C.E.F.
Date of Discharge	December 20th, 1916.
Place of Discharge	Toronto, ONT.
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age..... <u>23</u> .....years..... <u>9</u> .....months.	Descriptive Marks
Height..... <u>5</u> .....feet..... <u>5½</u> .....inches.	
Complexion Fair	
Eyes Blue	
Hair Dark	
Trade Thresher	
Intended place of residence } Ravenshoe, Ont.	None
<small>(To be given as fully as practicable.)</small>	
2. The above-named man is discharged in consequence of being medically unfit	
<small>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.</small>	
3. Conduct and character while in the service have been, according to the records, etc.	
Good	
<small>N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:</small>	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	
Thresher	

M. F. B. 218.

1902a.—6-16.  
H. Q. 1772-39-113

(OVER)

*W. C. Abbs*  
*17/12/16*  
*C. E. F.*

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

None

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

Three horizontal lines for listing 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) Toronto, Ont.

*B A Brown*

Lieut. Col.  
O/C 220th Overseas Bn. C.E.F.

(Date) December 20th, 1916.

Commanding

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) Toronto, Ont.

*W C Adams*

(Signature of Soldier.)

(Date) Dec. 20th, 1916.

*A H Brunne*

(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.

*B A Brown*

(Signature)

(Date) Dec. 20th, 1916.

Lieut. Col.  
O/C 220th Overseas Bn. C.E.F.

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.)

None

*W C Adams*