REGIMENTAL DOCUMENTS

NAME Abram James REGT. NO. 2775864 UNIT #1 Det Co C C.E.F. H. Q. FILE NO. 567

H

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

ORIGINAL

ATTESTATION PAPER.

No. 2775864
Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Abram
1a. What are your Christian names?	James
1b. What is your present address?	92 Elliott Row St John N.B.
2. In what Town, Township or Parish, and in what Country were you born?	Amersham, Bucks. Eng.
3. What is the name of your next-of kin?	Helen Abram
4. What is the address of your next-of-kin?	92 Elliott Row. St. John N.B.
4a. What is the relationship of your next-of-kin?	Wife
5. What is the date of your birth?	June 29 1883
6. What is your Trade or Calling?	Mattress Maker
7. Are you married?	Yes
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.	Yes 3rd. Regt. C.G.A. from 5-8-16 to 16-10-18
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
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?	No
14. If so, what was the nature of the disability?	—
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?	No
16. If so, what was the reason?	—

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, James Abram, 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.

James Abram (Signature of Recruit)

Date 21st Dec 1918. Edward Smith (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, James Abram, 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.

James Abram (Signature of Recruit)

Date 21st Dec 1918. Edward 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 St John this 21st day of December 1918.

A.H. Anderson Lt. Col. (Signature of Justice)

M. F. W. 23.
750 M.—1-17.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

R.O. Pt. II #183
d 21-12-18

Description of Abram James on Enlistment.

Apparent Age 35 years 6 months.

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

Height 5 ft. 8 ins.

Chest measurement.
- Girth when fully expanded 38 ins.
- Range of expansion 3 ins.

Complexion Ruddy

Eyes Blue

Hair Brown

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).

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 31 - 12 - 1918.

Place St. John N.B.

Thomas Major
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.

James Abram 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.

A.H. Anderson Lt. Col (Signature of Officer)
O.C. 7 C.O.C. C.E.F.

Date 21st Dec 1918.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 2775864 (Rank) CORPORAL.

Name (in full) JAMES ABRAM. enlisted in

the CANADIAN ORDNANCE CORPS.

CANADIAN EXPEDITIONARY FORCE at ST JOHN. N.B. on the 2Ist.

day of DECEMBER. 19 I8.

HE served in CANADA.

and is now discharged from the service by reason of DEMOBILIZATION.

ROUTINE ORDER No I420 (C) d/I2-I2-I8.

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

Age	35 YEARS 2 MONTHS.	Marks or Scars	
Height	5 Ft 8 in.		
Complexion	RUDDY		NIL.
Eyes	BLUE		
Hair	BROWN.		

James Abram
Signature of Soldier

P. Pugh
Issuing Officer

Major
O. C. No. 7 Dist. C. O. Corps
Rank

Appointment

Date of Discharge AUGUST 2Ist, I9I9.

Signed at ST JOHN. N.B. this 2Ist day of AUGUST 19 I9

in Military District No. SEVEN.

File Reference No.

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
200m.—2-18.
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 .....

.....

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

Signed at ..... this ..... day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

MEDICAL HISTORY SHEET.

Surname Abram *Christian Name* James

Examined { on 21 day of Dec 1918 / at St John N.B.

Approved by Thomas Major

Birthplace { City or Town Buckingham Eng / County Bucks

Rank ..... M.O.

Apparent age 35

Trade or occupation Mattress Maker

Height 5 Feet 7 Inches.

Weight 145 Lbs.

Chest measurement { Minimum 38 inches. / Maximum expansion 3 inches.

Physical development Good

Small-Pox Marks nil

Vaccination Marks { Arm Right. One Left. / Number one

When Vaccinated last Childhood

(*a*) Marks indicating congenital peculiarities or previous disease

(*b*) Slight defects but not sufficient to cause rejection Slight varicosity and enlarged external ring on left side

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

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

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

Enlisted on ..... *day of* ..... *191* ..... *at* .....

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	No 7 Coy C.E.F.	2775864		
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
St John N.B	3/2/19	Slight Varicose left leg. enlarge external ring on left side	Cat B I B/Dual Capt Capt J R A Wilcot

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 Abram Christian Name James

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				

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

M.F.B. 465.
150M.—6-18.
1772-39-950.

NAME OF SOLDIER Abram, J

REGIMENT No 7 Dtl. C.O.C. RANK

DISTRICT 7

No. 2775864

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			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
													U	L	P			Gold	Porcelain				
Condition on first Examination																							

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

STANDING MEDICAL BOARDS M. D. No. 7.
NOV 10 1919
ST. JOHN. N. B.

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. 277584 Rank Cpl Surname ABRAM
(Given name in full) JAMES

Unit or Corps COC Birthplace England

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

1. **GENERAL DESCRIPTION:**

Physique good Weight 135 lbs. Height 5 ft. 6½ in. Colour of Eyes Blue

Nutrition good

Pulse 72

Condition of arteries good

Vision Rt. 30 Left 30

Hearing (conversational voice) Rt. 18 ft.

Left 18 ft.

Identification marks, scars, or deformities. (Give cause and date of origin).

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 Sytem 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 yes

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.

Slight varicose veins in left leg.

No Disability

STANDING MEDICAL BOARDS M. D. No. 7.
NOV 10 1919
ST. JOHN. N. B.

MEDICAL BOARD
Certified Correct
NOV 10 1919
ST. JOHN, N. B.

(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 St John N.B. (Canada)

Date 10th Nov 1919 Signed J. Baskerville 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 James Abram

(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.)

ST. JOHN, N. B.
NOV 10 1919
Certified Correct
MEDICAL BOARD
ST. JOHN, N. B.
NOV 10 1919
STANDING MEDICAL
BOARDS M. D. No. 7.

[OVER]

M.F.W. 129.
1038 (D.P.) 500M-11-18.
1772-39-1142.

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-9?0.

Casualty Form—Active Service.

Unit, Regiment or Corps Canadian Ordnance Corps C.E.F. No 7 Det

Regimental No. 2775864 Rank Pte C. E. F. Name James Abram

Enlisted (a) 21-12-18 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				
5-3-19		Promoted Prov. Corpl.	St John, N.B.	1-3-19	R.O. 1009 & Corps Order No 1254 Certified A.H. Anderson Lt. Col. O.C. 7 C.O.C. C.E.F.
21-8-19		S.O.S. D.O. Part. II No 234 d/22-8-19	St John N.B.	21-8-19	Demobilization R.O. 1420 (c) d/12-12-18.

J. Hugh Major
O. C. No. 7 Det. C. O. Corps

(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				

H. Q.

M. D. No. 7

Surname Abram

T. O. S. 19

Christian names James

D. O. Pt. II of

Regtl. No. 2775864 Rank Pte

S. O. S. Dis 21-8 1919

Unit No. 7 Det. C. O. C.

Reason Having been attested in the C.P.O.C.

Auth. DO 231-234 of 22-8-19 of 7 Det. C.O.C. C.E.F.

Next of kin Abram Mrs Helen

Relationship Wife

Address 92 Elliott Row St. John N.B.

Also notify:

BORN—Place England Amershan Date June 29th 1883

ATTESTED—Place St. John N.B. Date Dec. 21st 1918

O/S

R/C

W. 22—100M-7-18. 1772-39-839.

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.		
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.		

*Only if discharged "Medically unfit."

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 (in the event of such having been prepared.)

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

C

Proceedings on Discharge.

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

No. 2775864.

Rank CORPORAL.

Surname ABRAM.

Christian Name JAMES.

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

Corps (Squadron, Battery or Company) No 7 DET, C.O.C., C.E.F.

Date of Discharge AUGUST 21st 1919.

Place of Discharge ST JOHN.N.B.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

		Descriptive Marks
Age	35 years 2 months.	
Height	5 feet 8 inches.	
Complexion	RUDDY.	NIL.
Eyes	BLUE	
Hair	BROWN.	
Trade	MATTRESS MAKER.	
Intended place of residence (To be given as fully as practicable.)	209 DUKE ST. ST JOHN.N.B.	

2. The above-named man is discharged in consequence of DEMOBILIZATION ROUTINE ORDER No 1420 (C) 12-12-18.

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 hand writing of the Commanding Officer, who will himself make all entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

Very good A.J.

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.)

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

16

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

NIL.

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

6. Medals and Decorations ..... NIL.

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) ST JOHN. N. B. ..... L. Pugh Major

O. C. No. 7 Det. C. O. Corps

(Date) AUGUST 21st, 1919. ..... *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) ST JOHN. N. B. ..... James Abram ..... (*Signature of Soldier.*)

(Date) AUGUST 21st, 1919. ..... W. O. Sulis Sub-Condr ..... (*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) AUGUST 21st, 1919. ..... - years 244 days.

Total ..... - years 244 days.

11. **Confirmation of Discharge.**

The discharge of the above-named man is hereby confirmed.

(Place) ST JOHN. N. B. ..... (*Signature*) L. Pugh Major

O. C. No. 7 Det. C. O. Corps

(Date) AUGUST 21st, 1919.

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.

James Abram

(OVER)

M.D. No. 7 — No. 7 Det. C. O. C.

2775864

209 Duke St St John

AUDITOR	PAYMASTER

M. ~~OR G.~~ M

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

REGT. No. 64 RANK CPL NAME (IN FULL) ABRAM JAMES (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN: Mrs H Abram — RELATIONSHIP: wife

ADDRESS: ~~97 Elliott Row~~ ~~Lewis St~~ St John NB; 209 Duke St.

IS SEPARATION ALLOWANCE PAID? YES — DATE EFFECTIVE

TO WHOM PAID: Mrs H Abram — RELATIONSHIP: wife

ADDRESS: ~~97 Elliott Row~~ St John NB; ~~24 Brown St~~ 209 Duke St.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
		(Canada Gazette)
T.O.S.	5-8-16	
Re-T.O.S.	16-10-18	
T.O.S.	~~19-12-18~~ 25-8-19	
2 yrs	2 mo 11 days	
	8 "	10 "
2 "	10 "	21 "

ORIGINAL UNIT C.E.F. — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 21-12-18 — TRANSFERRED TO 5-8-16 — DATE — AUTHORITY 2595

ASSIGNED PAY $ 15.00 — DATE EFFECTIVE

PAYABLE TO: Mrs H Abram — RELATIONSHIP: wife — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE: St John NB — DATE: 21-8-19 — REASON: Reattested P7 — AUTHORITY: D.O. 234 — IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	$	C.	TOTAL CREDITS $	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.	BALANCE CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT		1.20			10	00			10	00																									10	00	
Apr	30		36	00	24	00	30	00	90	00	16/5	17/4	29/5	29/4			20	00	25	00			45	00							90	00			10	00	Sub 2 2 3/4 23/4 $6.30 02
May	31	1.20	37	20	24	80	30	00	92	00	42/6	14/1	53/5	30/5			20	00	27	00			45	00							92	00			10	00	S.A. 47/25 20.52 Sub 20.50
June	30	1.20	36	00	24	00	30	00	90	00	1/1	11/6	4/1	29/6			20	00	25	00			45								90	00			10	00	2/1 12/6 Sub 20.00
July	31	1.20	37	20	24	80	30	00	92	00	7/1	11/7	11/1	29/7			15		21	98			45				11	02			93	00			9	00	9.D.S. 11.02 S.A. 10/1.13/7
Aug	21	1.20	25	20	16	80	30	00	72	00	13/1	12/8	15/1	23/8			10		12	42			45				13	58			81	00					38 1 Sub 1.20 Sub 20.00 13 Cor 07 - Pro 1 141.30/8
																																					D.O. 234
					Subs. St																		WSG. S.A.										Sol	Defc.			
61 days @ Spec.					140	00	60	00	200	00																							140	00	60	00	
																							70		30						100		70	00	30	00	Cb 155 381 Pr 183-30 79
																							45	00	30	00					75	00	25	00	Sol		D.S. see D.D. Sol 1/2 0-299
																							25								25						Cb 156 383 Pr 231-26 12/9
					140		60		200														140		60						200		NON-EFFECTIVE				

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