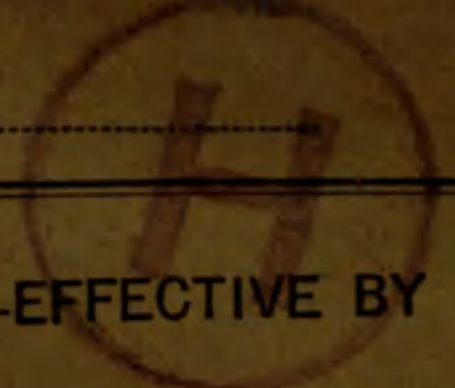


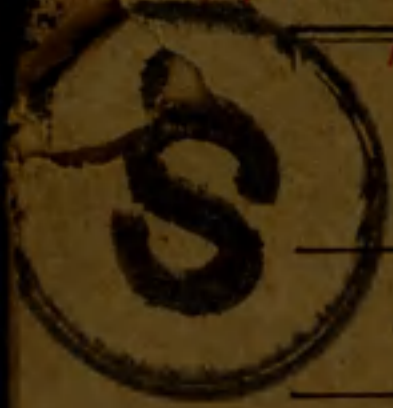
REGIMENTAL DOCUMENTS

822

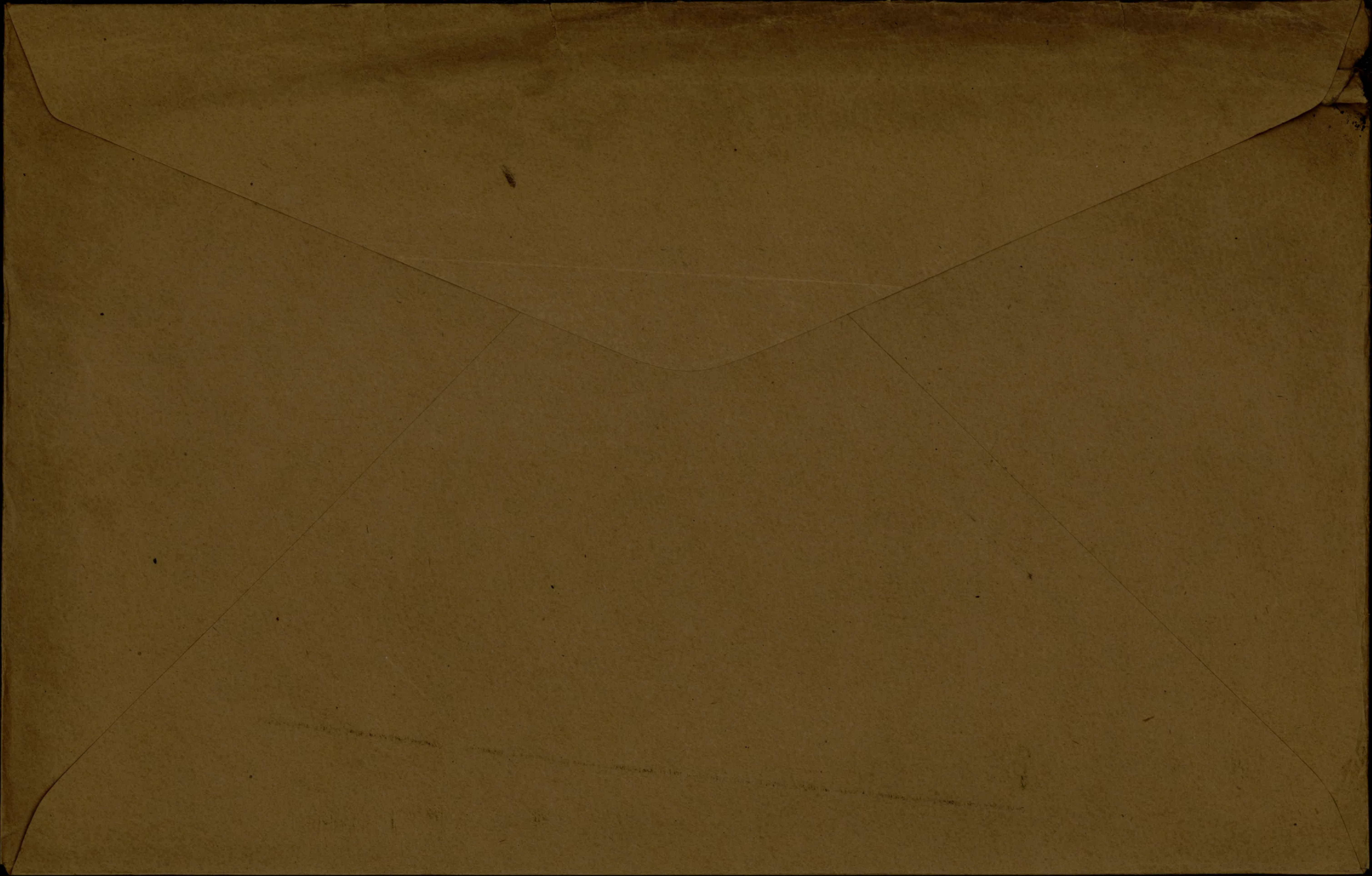


Proved

NAME **ACKWORTH GEORGE ALBERT** REGT. NO. **2699630** UNIT **6th Bu to G. R.** 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)	<i>Res 3/1</i>				DEATH
1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)			Category		
1 TRAINING HISTORY SHEET (M.F.W. 113)					
1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
1 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)				DISCHARGE	
1 DENTAL HISTORY SHEET (M.F.B. 465)				Category	
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)				<i>Memob.</i>	
1 MEDICAL EXAMINATION (M.F.W. 129)					
1 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
1 LAST PAY CERTIFICATE (M.F.W. 44)					
1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1 <i>m JW 71</i>					
1 <i>m JB 313A</i>					
<i>gays sheets</i>					



6th Batt - C. C. F. 10.
ATTESTATION PAPER.

No. 2699630

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... Aworth
- 1a. What are your Christian names?..... George Albert
- 1b. What is your present address?..... 12 John St, Halifax, N.S.
2. In what Town, Township or Parish, and in what Country were you born?..... London, Middlesex England.
3. What is the name of your next-of-kin?..... Nessie Bertha Aworth
4. What is the address of your next-of-kin?..... 12 John St, Halifax, N.S.
- 4a. What is the relationship of your next-of-kin?..... Wife.
5. What is the date of your birth?..... December 27th - 1890.
6. What is your Trade or Calling?..... Labourer.
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?..... Yes.
10. Have you ever served in any ^{naval or} Military Force?..... Yes. Composite Batta 3 years 6 mths.
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? .. Yes. 25th Batta
14. If so, what was the nature of the disability? Eye sight.
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?..... Yes
16. If so, what was the reason?..... As above.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, George Albert Aworth, 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.

Date MAY 19 1918 (Signature of Recruit) George Albert Aworth
 (Signature of Witness) W. J. P. [unclear]

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, George Albert Aworth, 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.

Date May 19th 1918 (Signature of Recruit) George Albert Aworth
 (Signature of Witness) W. J. P. [unclear]

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 19th day of May 1918.
 (Signature of Justice) [Signature]

Description of George Albert Aeworth on Enlistment.

Apparent Age 27 years 5 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. 10 1/2 ins.

Chest measurement { Girth when fully expanded 37 ins.
 Range of expansion 3 ins.

Complexion Dark

Eyes Brown

Hair Dark Brown

Religious denominations.
 Church of England None
 Presbyterian
 Methodist
 Baptist or Congregationalist
 Roman Catholic
 Jewish
 Other denominations (Denomination to be stated.)

nil

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 19th 1918

Place Toddington

E. Maclellan Capt
 Medical Officer
E. Maclellan

*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.

George Albert Aeworth 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.

W. B. Dimmond LT. COL.
 O. C. 6th. Batt. Canadian Garrison Regt. C. E. F. (Signature of Officer)

Date May 19 1918

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 2699630 (Rank) Provost Sergeant
 Name (in full) George Albert Acworth enlisted in
 the 6th Battalion Canadian Garrison Regt
 CANADIAN EXPEDITIONARY FORCE at Halifax N.S. on the Nineteenth
 day of May 19 18.
 HE served in Canada
 and is now discharged from the service by reason of Demobilisation
H.Q. 868-8-1

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

Age 28 $\frac{2}{12}$ years
 Height 5' 10 $\frac{1}{2}$ "
 Complexion Dark
 Eyes Brown
 Hair dk Brown

Marks or Scars

Acworth
 Signature of Soldier

J. Grant
 Issuing Officer

Date of Discharge 27 Feb 19

Major Gen Rank LT. COL.
O. C. 6th Batt Canadian Garrison Regt. C. E. F.

Appointment

Signed at HALIFAX, N. S. this 27th day of Feb 19 19

in Military District No. 6

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.

Served in Composite Battalion and Composite unit attached from Sept. 9. 1914 to May 19. 1918.

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.

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 *6th Batt - C.G.R.*

Regimental No. *2699630* Rank *Sgt.* Name *George A Actworth*
C. E. F.

Re. Enlisted (a) *19. 5. 18* Terms of Service (a) *Duration of war* Service reckons from (a) *19 May 1918*

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) *(labourer)*

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				
		<i>Struck off strength 6th. Batt. C.G.R. C.E.F</i> <i>Demobilization H. 2 568-8-1</i> <i>S.O.S. Depart II 205-8</i>	<i>HALIFAX, N. S.</i>	<i>27-2-19</i>	<i>W. J. Brooker</i> Lieut. Colonel i/c Records 6th Batt. C.G.R. C.E.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) 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				

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

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. 2699630 Rank Sergt. Surname Deeworth
(Give name in full)
George Alfred
 Unit or Corps 6th C G R Birthplace London, Eng.

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

1. GENERAL DESCRIPTION:

Physique good Weight 145 lbs. Height 5-10 1/2 ft. Colour of Eyes Brown
 Nutrition well nourished
 Pulse 74
 Condition of arteries normal
 Vision Rt. 20 Left 20
 Hearing (conversational voice) Rt. 25 ft. Left 25 ft.

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

Vaccination mark
(H) 4. arm.

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 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.

myopia both eyes
category C.I

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date SignedM.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.....(Canada)

Date *Feb 28/19* Signed *J.W. Woodcock*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 *J.W. Woodcock*

(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.)

[OVER]

CASE HISTORY SHEET.

Pine Hill Military Hospital.

Halifax, N. S. Station

No. 2699630 Rank Sgt. Name Acworth, George. Age 28

Unit 6 C.G.R. Completed years of service ^{Where and how long} 4 years.

Date of admission 17-2-19 Date of discharge 25-2-19.

Diagnosis Debility. Place of origin.....

CONDITION ON ADMISSION AND PROGRESS OF CASE

17-2-19. Debility. Rather anaemic individual. Wt. 141.
Chest rather flat. Expansion good. No adventitious
sounds. Pulse 84. Complains of slight weakness.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.) Nil.

TREATMENT

(Especially any specific or special form.) General.
Syr. Eastoni.

CONDITION ON DISCHARGE,

(and disposal made of case.) Unchanged. States that his discharge is awaiting him.
Discharged to duty.

Date 25-2-19.

D. Drury, Lieut.
Medical Officer i/c case.

CASE HISTORY SHEET.

No. 2699630 Rank Sgt Name Aeworth George Age 28
Unit 6th B.R. Completed years of service 4 years Where and how long
Date of admission 17/12/19 Date of discharge FEB 25 1919
Diagnosis Debility Place of origin _____

CONDITION ON ADMISSION AND PROGRESS OF CASE

17-2-19:

Debility: Rather anaemic individual
wt 141. Chest rather flat. Expansion
good. no adventitious sounds.
Pulse 84.
Complains of slight weakness.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

nil

TREATMENT

(Especially any specific or special form.)

General.
Syr. Euclypt.

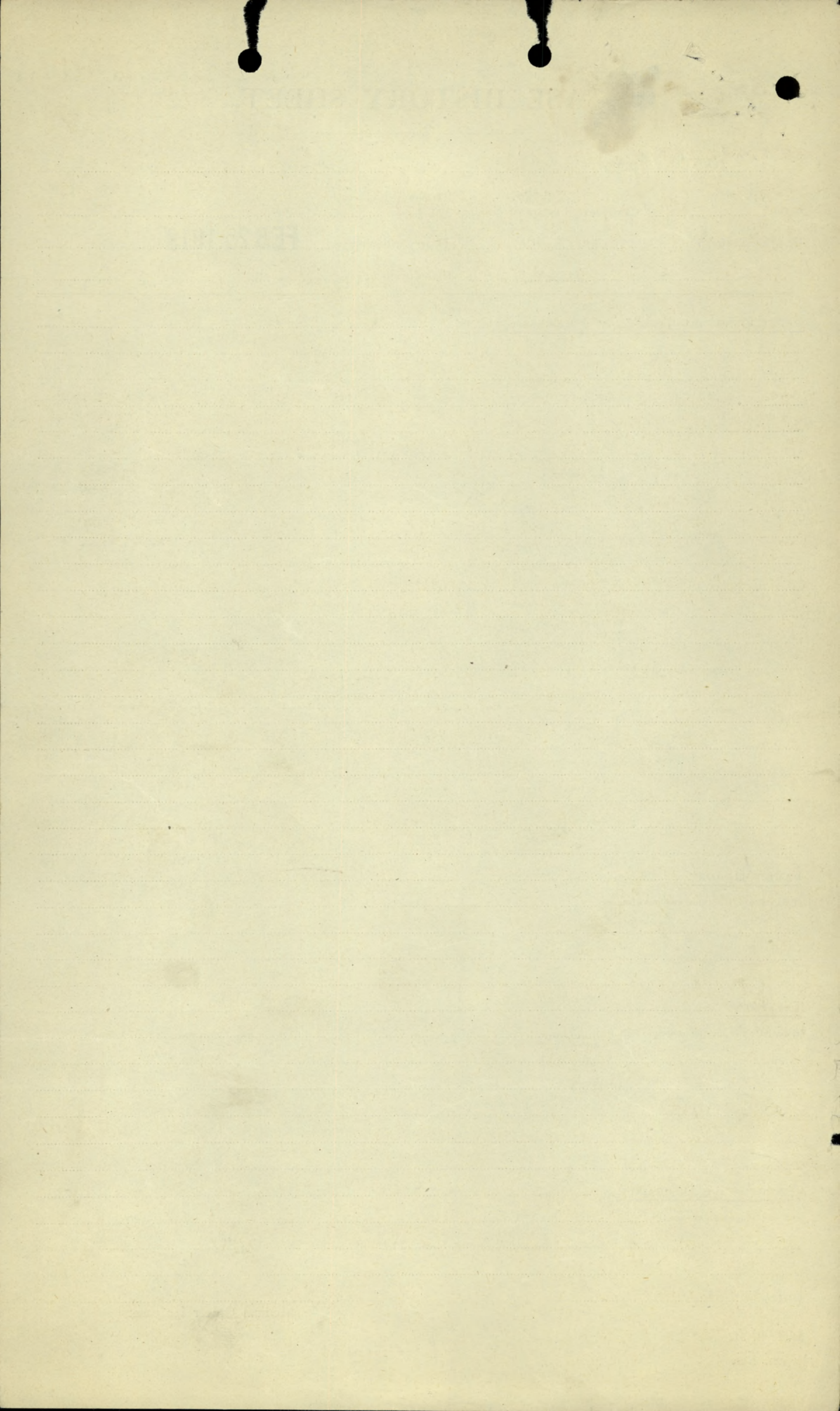
CONDITION ON DISCHARGE

(and disposal made of case.)

Unchanged. States that his discharge
is awaiting him.
Discharged to duty

Date 25-2-19

J. Drury Lewis
Medical Officer i/c case.



MEDICAL HISTORY SHEET.

Surname Rennett Christian Name George Alfred

Examined { on 29th day of May 1918
 at Halifax N. S.
 Birthplace { City or Town London England
 County _____

Approved by E. Macmillan
 Rank Capt. M.O.

Apparent age 27 years 5 months
 Trade or occupation Laborer
 Height 5 Feet 10 1/2 Inches.
 Weight 160 Lbs.
 Chest measurement { Minimum 34 inches.
 Maximum expansion 3 inches.
 Physical development good
 Small-Pox Marks nil

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

Vaccination Marks { A r m. Right. Left.
 Number 4

Date.	Result.	VACCINATIONS.
<u>1918 April</u>	<u>good.</u>	

When Vaccinated last 1918
 (a) Marks indicating congenital peculiarities or previous disease nil

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.

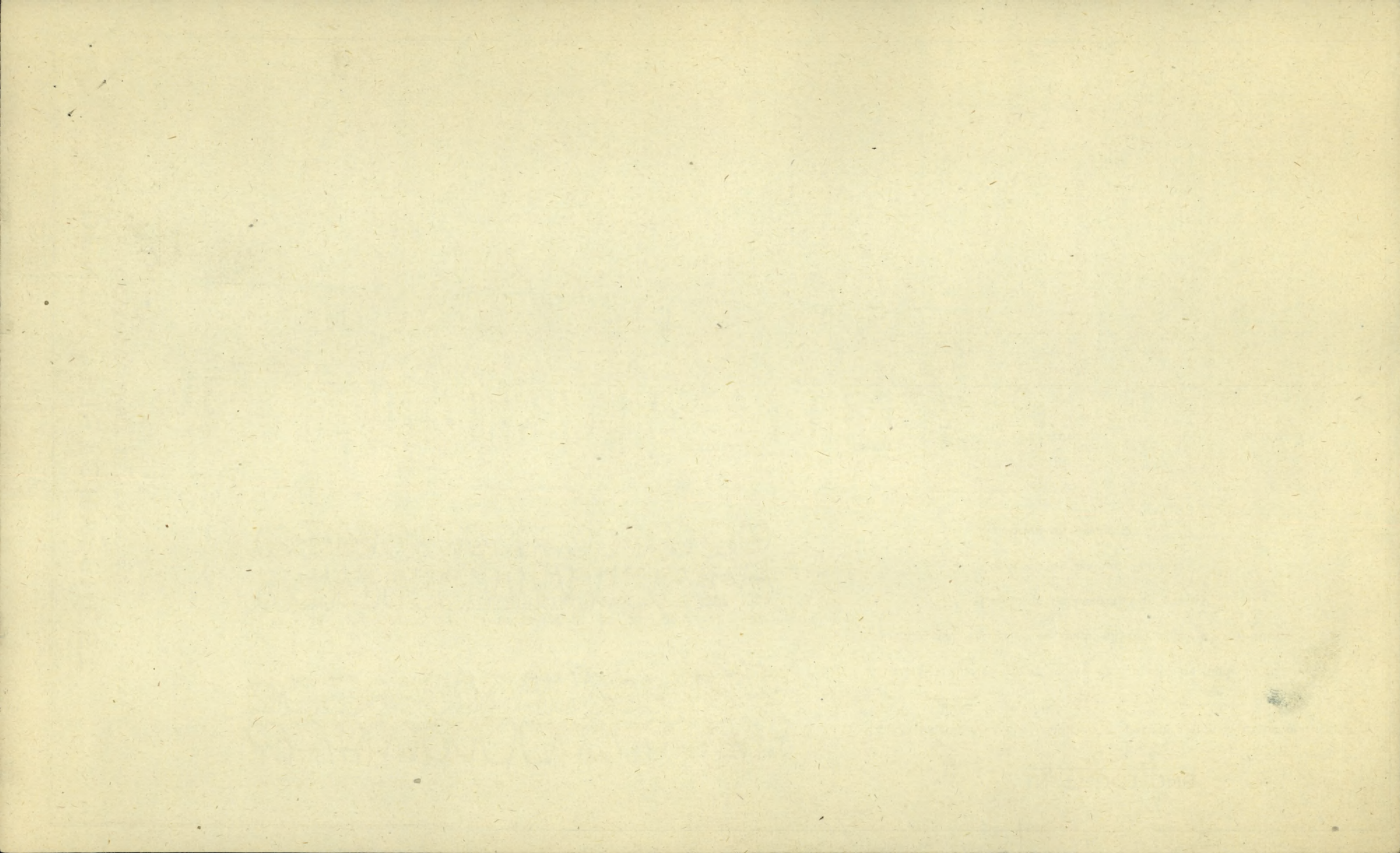
Enlisted on 29th day of May 1918 at Halifax N. S.

	CORPS.	REGT'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>6th BRREGT.</u>	<u>2699630</u>		<u>19-5-18</u>
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Halifax N.S.</u>	<u>Feb. 27/19.</u>	<u>Myopia</u> <u>Both eyes 20/200</u>	<u>Cap C1</u> <u>E. Macmillan Capt</u> <u>cause</u> <u>cause</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.
 M. F. B. 313.
 400M.—1-16.
 H. Q. 1772-39-439.



CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.
1188 (D.P.) 250M.-12-18.
1772-89-908.

LAST PAY CERTIFICATE

Regimental No. 2699630 Rank Sergeant Name Ackworth G. A.
(Surname first)

Unit 6th Bn. C.G.R. C.E.F. who was* Discharged.

On February 27th 1919, to -----
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Feb. 1st to Feb. 27th 1919
the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month		7 10
Regimental Pay..... <u>27</u> days at \$ <u>1</u> c. <u>35</u>		36 45
Field Allowance..... <u>27</u> days at \$.....c. <u>15</u>		4 05
Separation Allowance		27 00
Clothing Allowance		35 00
Post Discharge Pay		
*Other Credits		
Advances	Cash \$ 15.00 & \$ 3.00	18 00
Separation Allowance and Assigned Pay Cheque No.		50 00
*Other Charges	Regt'l Charges C. D. V.	1 15
		55
		39 90
Balance on transfer or on discharge, cheque No.		109 60
Total		109 60

*Give particulars.

A monthly stoppage of \$ 23.00 (†) has Been. (‡) been paid on account of

Assigned Pay for the month of February 1919 }
and Separation Allee. for month of February 1919 } (to) Assignee Mrs Bessie Ackworth

(Address) 12 John Street, Halifax, N. S.

(†) 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 9-9-14 married or single Married.

(2) Separation Allowance, entitled or not Yes (3) Reason for discharge Demobilization.

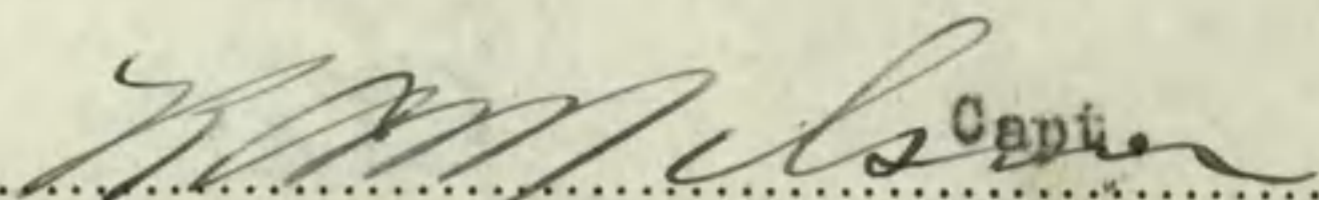
(4) Authority for discharge or transfer H. Q. 868-8-1.

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 February 28th 1919.

Place Halifax, N. S.


Paymaster, 6th Bn. C.G.R. C.E.F. Paymaster.

- N.B.—(A) This form is to be used for all ranks (vide Article 122-180 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. 1807, 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.

6th, Batt, Can. Garrison Regt, C.E.F.

M. F. W. 71-500M.-5-18.
1772-39-96L.

STAFF

NAME *Aekworth G.A. George Albert.*
REGIMENTAL NO. *2699630 /* RANK *Provost Srgt.*

ENLISTED AT *Halifax NS.* PROMOTIONS, &c.
DATE *19-5-18* AND DATE

IF SERVED PREVIOUSLY, STATE UNIT, &c. *Sydney's Comp. Bn.*

MARRIED, WIDOWER, OR SINGLE

NEXT OF KIN *Bessie Bertha Aekworth.* RELATIONSHIP *Wife*

ADDRESS OF *12 John St. Halifax NS.*

ASSIGNMENT OF PAY \$ *Trade* C. *TO* *laborer.*

ADDRESS *Belgium* *C. of E.*

SEPARATION ALLOWANCE, ENTITLED OR NOT *category* *A II*

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER *Age* *27 5/12*

IN WHOSE FAVOUR *Height* *5-10 1/2*

CASUALTIES, &C.

NATURE E.G. ABSENCE, PROMOTION, &C.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &C.
	No.	DATE	
<p><i>Complexion:- Dark, eyes. Brown, Hair D. Brown,</i></p> <p><i>at A Co for Rations</i></p> <p><i>" C " "</i></p> <p><i>ROS 27-2-19</i></p>	<p><i>10</i></p> <p><i>631</i></p> <p><i>58</i></p>	<p><i>10-1-19</i></p> <p><i>26-2-19</i></p> <p><i>27-2-19</i></p>	<p><i>Ad. Apts. 17-2-19</i></p> <p style="text-align: right;"><i>B.O 49.</i></p> <p><i>#Q 868-8-1</i></p>

LEDGER No. 780

SERIAL No. 043545

REG. No. 2699630 NAME Acworth G.

RANK Sgt. CORPS 6th M.R. AGE 28 SERVICE 4812

HOSPITALS

DATE OF ADMISSION

1 Pine Hill Halifax

17.2.19

2

3

DIAGNOSIS Debility.

TRANSFERRED TO

DISPOSITION dis 25.2.19

CATEGORY

M.F.W. 2558.
1126-D.P.-50M-12-18.
1772-39-1882.

No

RANK

pte

NAME

Ackworth George,

T. O. S. 9-11-14

UNIT

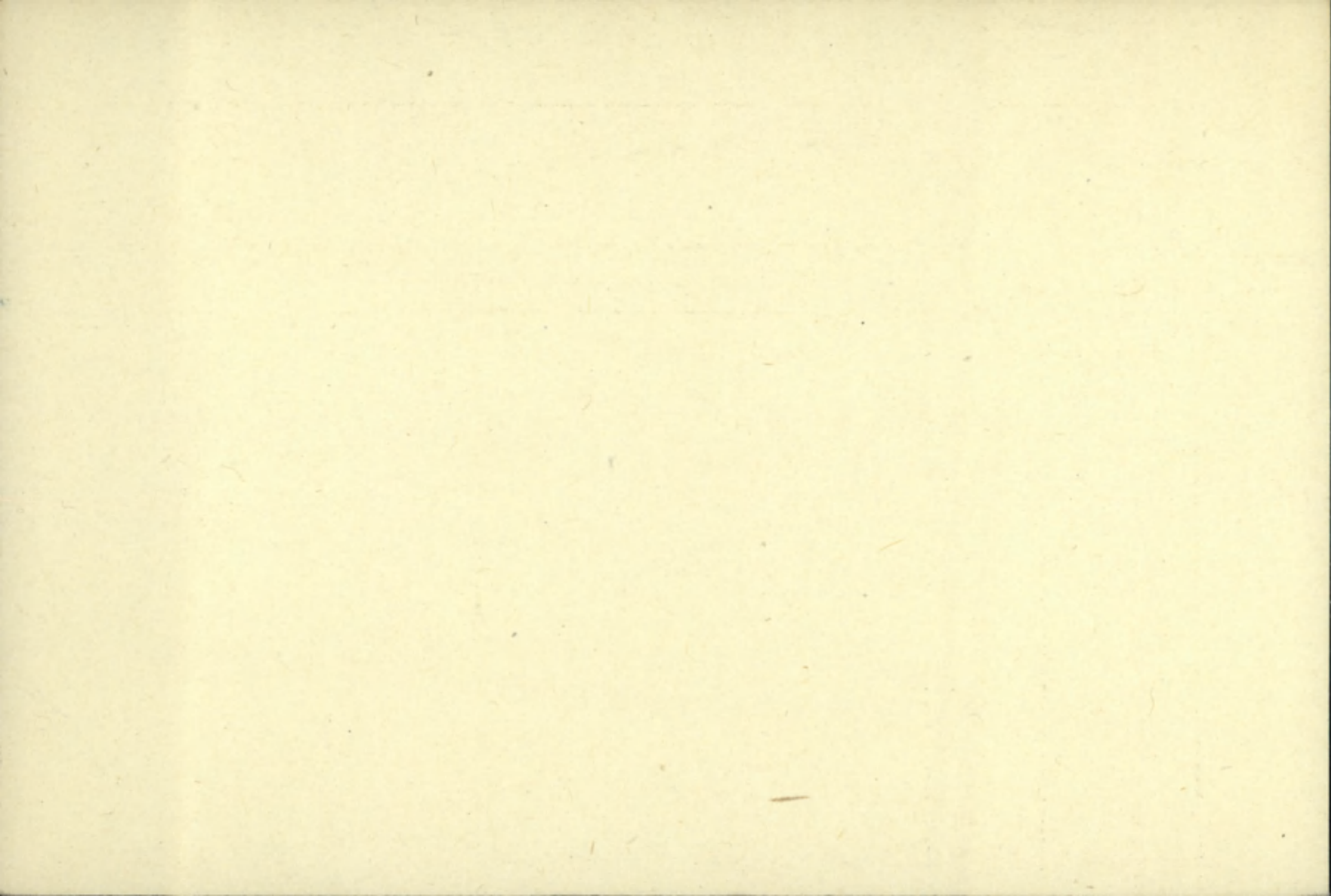
25th Bn.

D.O.# 1-30-11-14

M. D. *6*

PAID FROM	PAID TO	SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1914 Nov. 9</i>	<i>1914 Nov. 14</i>	<i>n.</i>	<i>Dischgd 14-11-14 (M.Y.)</i>	<i>D.O.# 1-30-11-14</i>
			<i>a/c Closed by payments n.</i>	

UNIT SAILED
MAY 20 1915



Surname *Acworth*
Christian names *George Albert*
Regtl. No. *269963* Rank *Pte*
Unit *Can. Inf. Regt. (6th Bn.)*
H. Q.
M. D. No. *6*
T. O. S. *May 11* 19*18*
D. O. Pt. II *21* of *21/5/18*
S. O. S. *27-2-1919*
Reason *Desmob.*
Auth. *PT II 58-27/2/19*
6th-6-4K

Next of kin *Acworth Mrs. Bessie B.* Relationship *Wife*
Address *12 John St., Halifax*
N.S.
Also notify:

BORN—Place *England, London* Date *Dec. 27th 1890*
ATTESTED—Place *Halifax N.S.* Date *May 19th 1918*
O/S R/C



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

M. OR S.

REGT. No. 2699630 RANK Sgt NAME (IN FULL) Ackworth George A

ORIGINAL UNIT C.E.F. 4th Bn 69th Regt
 PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY
 DATE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY
 ASSIGNED PAY \$ DATE EFFECTIVE
 PAYABLE TO RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS
 ADDRESS 12 John Street Halifax NS
 STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE
 DISCHARGED PLACE DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY
 Halifax 27 2 19

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGI-MENTAL 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	DEBIT	CREDIT		
	\$	C.	\$	C.	\$	C.	NO.	DATE	NO.	DATE	NO.	DATE	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.
	92		210		90																			
													70											
													30								140	60		
													70								70	30		
													30											155336-155337 24/4/19
													70											
													30											589024-25 21-2-19
																					300-			Net
																								300-

Certified correct
 H. Allum St. 25/19
 Complete

BALANCE FROM PREVIOUS ACCOUNT

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263	Attestation Paper	Militia Form W. 23
Squadron Battery } Company }	Conduct Sheet,	or	
		" B. 263a	Particulars of Recruit
Field Conduct Sheet	"	Proceedings on Discharge	" B. 218
	or		
Field Conduct Sheet	"		W. 178
Copies of Convictions, by C. P.			in MS.
Med. Hist. Sheet,	Militia form B. 313	In the case of recruits who are rejected on final approval, the discharge documents will consist of	
Casualty Form	"		W. 54
Medical Report for Invalid§	"	(a)	Proceedings on Discharge
Dental History Sheet	"	(b)	Attestation.
Last Pay Certificate	"		W. 44
Duplicate Discharge Certificate	"	(c)	Medical History Sheet.
‡Form of Will	"		W. 82
§Only if discharged "Medically unfit."			
‡Only if man has not been overseas.			

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.

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.)

3
10-3-19 Subsection 1

Staff

No.	2699630		
Rank	Provost Sergeant		
Surname	Ackworth		
Christian name	George Albert		
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.			
Corps (Squadron, Battery or Company)	6th, Batt, Can. Garrison Regt, C.E.F.		
Date of discharge	FEB 27 1919		
Place of discharge	Halifax		
1. DESCRIPTION AT THE TIME OF DISCHARGE.			
Age	28 years 2 months.	Descriptive marks	
Height	5 feet 10 1/2 inches.		
Complexion	Dark Brown		
Eyes	Sk Brown		
Hair	Sk Brown		
Trade	Labourer		
Intended place of residence	12 St John St, Halifax N.S.		
(To be given as fully as practicable.)			
2. The above-named man is discharged in consequence of Demobilisation			
Authority for discharge HQ. 868-8-1			
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.			
3. Conduct and character while in the service have been, according to the records, etc.			
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.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

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) HALIFAX, N. S. *[Signature]* (Signature of Soldier.)

(Date) FEB 27 1919 *[Signature]* (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) HALIFAX, N. S.

(Signature) *[Signature]*

(Date) FEB 27 1919 LT. COL. O. C. 6th. Batt. Canadian Garrison Regt. 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.)

List of Discharge Documents

[Signature]

Table with columns for document type and details. Includes entries for 'Medical Report for Discharge', 'Statement of Service', 'Certificate of Discharge', etc.

Documents not accompanying the form should be crossed out. I hereby certify that the following documents are unobtainable.