

ATTESTATION PAPER

No. 443095

Folio. ✓

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS)

1. What is your name? C. Has. Swanson
2. In what Town, Township, or Parish, and in what Country were you born? Sjefte Sweden
3. What is the name of your next-of-kin? C. Swanson
4. What is the address of your next-of-kin? Sjefte Sweden
5. What is the date of your birth? May 19. 1879
6. What is your trade or calling? Rancher
7. Are you married? No
8. Are you willing to be vaccinated or re-vaccinated? 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

W

Charles Swanson (Signature of Man.)
A. P. Leighton (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, C. Has. Swanson, do solemnly declare that the above answers made by me to the above questions 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.

Charles Swanson (Signature of Recruit.)

Date June 15th 1915 A. P. Leighton (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, C. Has. Swanson, 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.

Charles Swanson (Signature of Recruit.)

Date June 15th 1915 A. P. Leighton (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 Vernon Camp this seventeenth day of August 1915.

W. F. Walerman J.P. (Signature of Justice.)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

P. J. Aug (Approving Officer.)

DESCRIPTION OF Charles Swanson ON ENLISTMENT

Apparent Age 36 years 1 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating genital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the man 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. 6 1/2 ins.

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

Scar on left shoulder
"Anchor, heart & arrows" tattoo right forearm
Two mole small of right side. Two on buttock

Complexion Sandy

Eyes Blue

Hair Brown

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

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 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 June 19th 1915

Place Kenn B.C.

A. H. Mackenzie
Alan Beech
 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 examined and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT

Charles Swanson having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular have been recorded, I certify that I am satisfied with the correctness of this Attestation.

A. H. Mackenzie (Signature of Officer)

Date Aug 17 1915

31-10-18 *De*

DISCHARGE DOCUMENTS

R. O. No.
H. Q. No.

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... *124*

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet..... *1*

Compulsory Stoppages.....

Casualty Forms..... *1*

Proceedings on discharge.....

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet..... *2*

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet..... *1*

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

A. F. B. - 122 - 1

Misc 1

1 case

Name *SWANSON CHARLES*

Regt. No. *443095* Rank *Pte*

Corps *54th Bu*

*Killed in action
18-4-16.*



50923

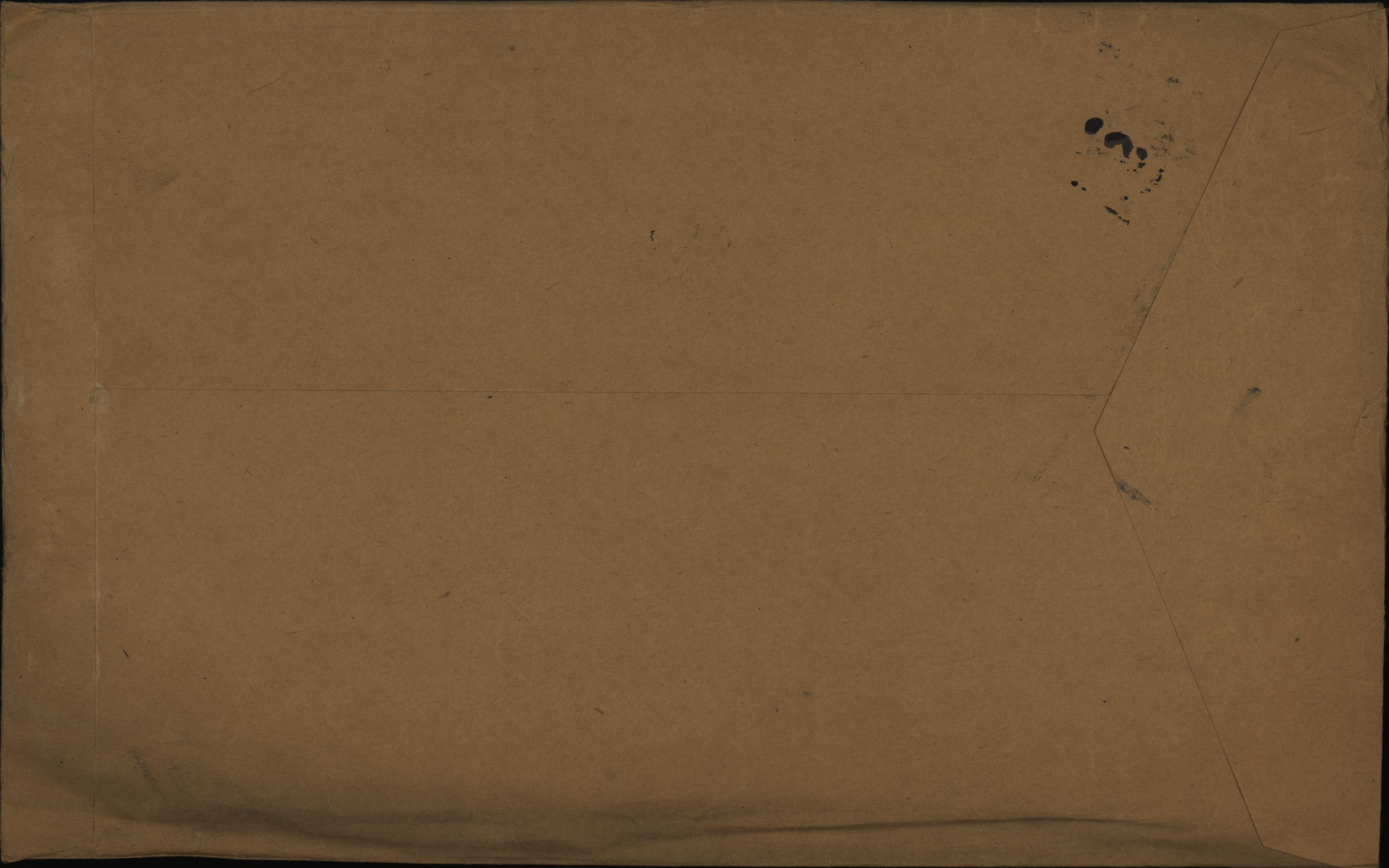


R122

*7 12
7 12
9 13*

Paycard

Mx. 20 5/20.



Surname

Christian Name or Names

Reg. No.

Rank

Unit

Co.

Troop

Batty.

Hospital

Date of Admission

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

(1) Later Diagnosis (if changed)

(2)

(3)

Additional Diagnoses: If more than one state present

DISPOSITION

Date

REMARKS

Ch 1-5-16 A208

Ob reports

A.M.D. 2 Dept.
Beh. of D.G.M.S. O.M.F.C. London

R

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

has.
SWANSON, Pte. C., #443095, 29th Bn.

649-S-3109 D.

not eligible for 14/15 Star.

MEDALS & DECORATIONS. (Mother) Mrs. Brita Swanson,
Torget,
Skatskar, Sweden

PLAQUES & SCROLLS. (Mother) Mrs. Brita Swanson,
Address as above.

Serial No 777123

MEMORIAL CROSS. (Mother) Mrs. Brita Swanson,
Address as above.

Resp JUN 5 1920 610308

Scroll Desp. *4.3.21* Reqn. No. *2-19094*

OCT 7 - 1922

(R) Plaque Desp. Reqn. No. *P47244/15*

III.

361

1845

W.M.H.

Number *443095* Rank *Plt -*

Surname *SWANSON*

Christian Name *Chas.*

Units *29th Bn. C. I.* Theatre of War *France*

Date of Service *20-1-16* *"D"*

Remarks

Latest Address *Mother,*
Mrs Brita Swanson,

Forget, Skatshar,
Sweden.

Roll No. *B*

200m.-2-21.M. *Page 11134*

B
V

DESP APR 1 1922

REGN. NO. // 235'39

Name Swanson C. Rank Private

Reg. No. 443095

Unit 29th Battalion

RR. 25. 8. 840.

Next of Kin O. Swanson Jaffe Sweden

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
18-4-16.	O.C. 29th Batt Reports KILLED IN ACTION			A208.	M5848.	29-4- C5137.1-516
	<u>BURIAL REPORT MADE OUT</u>					<u>28-6-16.</u>

NAME

Swanson Charles

REG'TL. No. 443095

RANK AND CORPS

Pvt. 29th Battalion

CABLE

NO.

DATE

NATURE OF CASUALTY
(Form 54013a)

NO.	DATE	NATURE OF CASUALTY
M 5848	29-3-16	Killed in action April 18th ✓
a 4 B.	2090a.	Killed in action 18-4-16.
Reven	28-4-16	

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

W 208.

D.C. 24th Bn. Reports

11-4-16

Killed in action

SURNAME.

Swanson

(649-5-3109)

CARD NO.

D

CHRISTIAN NAMES

Charles

FOLL.

REGL. NO. 443095

RANK Pte

UNIT 54th (2nd R.D.)

Bn.

FORMER CORPS nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Swanson O.

RELATIONSHIP TO SOLDIER

ADDRESS

Jeffe, Sweden

COUNTRY OF BIRTH

Sweden. Jeffe.

DATE

PLACE OF ATTESTATION

Vernon Camp. B.C.

DATE

Aug 17th 1915

Wk 23-10-15 ²⁴⁷/_H

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

Rank _____ Name **SWANSON, Chas.** Reg'l No. **443095.**
 Unit **54th to 30th Bn.** If in perm. Corps, }
 What Unit? } Married or Single **Single.**

Place and Date of Enlistment **Vernon Camp, June 15th, 1915.** Place of Birth **Jeffe, Sweden.**

Name and Address, Next-of-Kin **O. Swanson,**
Jeffe, Sweden. Relationship _____

Assigned Pay Monthly \$ _____ Payable to _____ Relationship _____

Separation Allowance \$ _____ Payable to _____ Relationship _____



Discharge, Date and Place _____ Reason _____ Character _____

Report		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 ✓
Date	From whom received				
		<i>Arrived in England.</i>			
<i>20-1-16</i>	<i>O.C. 30th</i>	<i>Embarked for France. 29th</i>	<i>Hythe</i>	<i>20-1-16</i>	<i>R II 19</i>
<i>29-1-16</i>	<i>O.C. 29th</i>	<i>Having arrived from 30th Res Bn England as reinforcements, is taken on strength of Bn</i>			
<i>1-5-16</i>	<i>29th Bⁿ</i>	<i>Killed in action.</i>	<i>France.</i>	<i>18-4-16</i>	<i>Cas. List A 205. O. N. M. 5848.</i>
<i>30-4-16</i>	<i>O.C. 29th Bⁿ</i>	<i>Killed in action -</i>	<i>In the field.</i>	<i>18-4-16</i>	<i>Part II 018.</i>



Casualty Form—Active Service.

CERTIFIED CORRECT.

Canadian Record Office,
Westminster House,
7, Millbank, S.W.Regiment or Corps 54th Bn, C.E.F.Regimental No. 443095 Rank Cpl. Name Swanson, E.Enlisted (a) 15.6.15 Terms of Service (a) Des. of War Service reckons from (a) 15.6.15Date of promotion } Date of appointment } Numerical position on }
to present rank } to lance rank } 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				
		PT'FD TO 30TH BN.	S'cliffe	31.10.15	<u>None</u> Capt. & Adjutant. 30th Reserve Battalion C.E.F.
		Trans. 29 th Bn.	Dover	20.1.16	<u>None</u> Capt. & Adjutant. 30th Reserve Battalion C.E.F.
21.1.16	Base Depot	Arr. Can Base Depot	France	21.1.16	Part 2 orders 29.1.16
	"	Left for Unit.	In the Field	2-2-16	101/BD/3/209 CR 81
4.2.16	O.C. 29 Bn	Joined Unit	do	4-2-16	B.213 C.R.84
21.4.16	"	Killed in action	Lied	18.4.16	B.213 CR 120 Part 2 orders 30/4/16
					<u>A. A. G.</u> Lieutenant for Lt. Col. A. A. G.

(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				

ORIGINAL
MEDICAL HISTORY SHEET.

Surname Swanson Christian Name Charles

Examined { on <u>19</u> day of <u>June</u> 191 <u>5</u> { at <u>Pernon 126</u> Birthplace { City or Town <u>Jeffs</u> { County <u>Sweden</u> Apparent age <u>36 yr</u> Trade or occupation <u>Rancher</u> Height <u>5</u> Feet <u>6 1/4</u> Inches. Weight _____ Lbs. Chest measurement { Minimum <u>34</u> inches. { Maximum expansion <u>3</u> inches. Physical development _____ Small-Pox Marks _____ Vaccination Marks { Arm Right <u>—</u> Left <u>—</u> { Number <u>—</u> When Vaccinated last _____ (a) Marks indicating congenital peculiarities or previous disease _____ (b) Slight defects but not sufficient to cause rejection _____	Approved by <u>[Signature]</u> Rank <u>Captain</u> M.O. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>Fit or Unit</th> <th>EXAMINED FOR RE-ENGAGEMENT,</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>Result</th> <th>VACCINATIONS.</th> </tr> </thead> <tbody> <tr> <td>7/7/15</td> <td>Pos</td> <td><u>[Signature]</u></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>Result</th> <th>ANTI-TYPHOID INOCULATIONS, ETC.</th> </tr> </thead> <tbody> <tr> <td>7/7/15</td> <td>Pos</td> <td><u>[Signature]</u></td> </tr> <tr> <td>17/7/15</td> <td>Pos</td> <td><u>[Signature]</u></td> </tr> <tr> <td>26/8/15</td> <td>Pos</td> <td><u>[Signature]</u></td> </tr> </tbody> </table>	Date	Fit or Unit	EXAMINED FOR RE-ENGAGEMENT,																															Date	Result	VACCINATIONS.	7/7/15	Pos	<u>[Signature]</u>							Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.	7/7/15	Pos	<u>[Signature]</u>	17/7/15	Pos	<u>[Signature]</u>	26/8/15	Pos	<u>[Signature]</u>
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Enlisted on 15 day of June 1915 at Pernon 126

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>54 Batt</u>	<u>443095</u>		<u>15/5/15</u>
Transferred to.. ..	<u>C. Coy</u>			

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.

Rank *file* Name **SWANSON, Chas.**

Reg'l No. **443095.**

P-56

Unit *29th* **54th to 30th Bn.**

If in perm. Corps,
What Unit?

Married or Single **Single.**

Place and Date of Enlistment **Vernon Camp, June 15th, 1915.** Place of Birth **Jeffe, Sweden.**

Name and Address, Next-of-Kin **O. Swanson,
Jeffe, Sweden.**

Relationship

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Killed in action 18-4-16 B/R A208

Reason

Character



Date		No. of Days	PAY		Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc
From	To		Rate	Amount	No. of Days	Rate	Amount			No.	Date						
<i>1915</i>																	
1.11.15	30.11.15	30	1 30	30	10 3	10		43			31 63			31 63	11 37	10.00	Balford
Dec 9	31	31	1 31	31	10 3	10		34 10			14 04			14 04	28 43		
Jan 1	31	31	1 31	31	10 3	10		34 10			43 81			43 81	18 72		<i>1/2 of 29th rate 1/2/16</i>
Feb 1	29	29	1 29	29	10 29	290		3190	1585	31/1/16	1 75			872	4190		<i>From 30th Dec 1/2/16</i>
Mar 1	31	31	1 31	31	10 310	310		3410	893	29	2 61			522	7078		
									845	17	2 62						
									816	17	1 74						
									992	25	2 61						
									944	44	3 61						
											106 42			106 42			

BALANCE TRANSFERRED TO NEW LEDGER.

Statement of
1915
Account rendered

Cash found in effects *[Signature]*

Sutton

MARRIED OR SINGLE *S*
PLACE OF BIRTH *Jeffe, Sweden.*
NAME AND ADDRESS OF NEXT OF KIN *O. Swanson,
Jeffe, Sweden.*
RELATIONSHIP OF NEXT OF KIN
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
<i>Killed in Action</i>	<i>18. 4. 16.</i>	<i>W/ A208, DOTS</i>

ADMISSIONS TO HOSPITAL, &c.

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

REG'L No. *443095* RANK *Pr.* NAME *Swanson, Chas* 6
IF IN PERM. CORPS | UNIT *29th Bn* TRANSFERRED TO DATE AUTHORITY
WHAT UNIT | TRANSFERRED TO DATE AUTHORITY
PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY
PLACE OF ATTESTATION *Vernon Camp.* TRANSFERRED TO DATE AUTHORITY
DATE OF ATTESTATION *June 15th 1915* TRANSFERRED TO DATE AUTHORITY
ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
PAYABLE TO RELATIONSHIP
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) *20. 4. 16.*
ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE) 3

PAY OFFICE, N.E. BRANCH

JUL 8 1916

CANADIAN CONTINGENTS

Statement of
218 53 1116
Account rendered

Cash found in
effects *AK*

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4				CREDIT	DEBIT			
			\$	c.			\$	c.			\$	c.																			
<i>Checked off with</i>	<i>Apr. 18 18</i>	<i>100</i>	<i>18 00</i>	<i>18 10</i>	<i>180</i>			<i>177 20</i>				<i>19 80</i>	<i>1050/12/4</i>				<i>261</i>							<i>106 42</i>	<i>70 78</i>						
								<i>19 80</i>					<i>1050/12/4</i>				<i>261</i>								<i>87 97</i>					<i>44 00 pd by 1410 d/3.5.17</i>	
	<i>NE May 17</i>															<i>44</i>								<i>44</i>	<i>43 97</i>					<i>29 52 to Ottawa for settlement 4/10/17</i>	
	<i>June, 17.</i>																<i>29 52</i>							<i>14 65</i>					<i>10 Ottawa for all of 10/5/17 7 180</i>		
	<i>July 17</i>															<i>14 65</i>								<i>14 65</i>	<i>0</i>						

Int. 25/20.

②

