1st Enl 6th Enl 3rd Enl

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

Attestation Papers..... 2

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

/ Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms..... /

/ 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..... /

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

/ Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

1 Pay Card LL OC 5710-1
MT W 178-1
MT B 465-1
MT W 113-1

9m4 14.2.21

M. F. W. 62.
50M.—9-16.
H. Q. 1172—39—935.

Deceased

# DISCHARGE DOCUMENTS

R. O. No.

H. Q. No. 17 6788

Name Costin Sylvio
(1) 889049
(2)
Regt. No. 338095 Rank Pte

Corps 1st Dep Bn L.O. Regt
(2) Deceased 12.10.18
(1) Medically Unfit

38015

# PIÈCE D'ATTESTATION.

No.

Folio

## CORPS EXPÉDITIONNAIRE CANADIEN D'OUTRE-MER

### QUESTIONNAIRE REQUIS AVANT ATTESTATION

(RÉPONSES)

| | |
|---|---|
| 1. Quel est votre nom de famille ? | Costin . |
| 1a. Quels sont vos noms de baptême ? | Sylvio . |
| 1b. Quelle est votre présente adresse ? | St-Honoré Co Témiscouata . |
| 2. En quelle ville, village ou paroisse, et en quel pays êtes-vous né ? | Cabano Co Témiscouata . |
| 3. Quel est le nom de votre plus proche parent ? | |
| 4. Quelle est l'adresse de votre plus proche parent ? | St-Honoré Co Témiscouata . |
| 4a. Quel est votre dégré de parenté avec icelui ? | Mere . |
| 5. Quelle est la date de votre naissance ? | 25 Novembre 1896 . |
| 6. Quel est votre métier ou profession ? | Barbier . |
| 7. Êtes-vous marié ? | Non . |
| 8. Consentez-vous à être vacciné ou revacciné et inoculé ? | Oui . |
| 9. Faites-vous déjà partie de la Milice active ? | Non . |
| 10. Avez-vous déjà fait du service militaire ? (En ce cas, mentionner les états de service) | Non . |
| 11. Comprenez-vous bien la nature et les termes de votre engagement ? | Oui . |
| 12. Consentez-vous à être attesté pour service dans le **Corps Expéditionnaire Canadien d'outre-mer** ? | Oui . |

### DÉCLARATION REQUISE DU SUJET

Je, Sylvio Costin . déclare solennellement que ce qui précède contient les réponses que j'ai faites au questionnaire ci-dessus, et que ces réponses sont véridiques, et que je consens à remplir les engagements que je prends maintenant, et je m'engage et consens à servir dans le **Corps Expéditionnaire Canadien d'outre-mer** et à être affecté à une arme quelconque dans le service de ce Corps pour le terme d'une année, ou pour la durée de la guerre actuellement engagée entre la Grande Bretagne et l'Allemagne si elle dure plus d'une année, et pour six mois après la conclusion de cette guerre dans le cas où Sa Majesté requerrait mes services d'autant, ou jusqu'à ce que je sois légalement libéré.

Sylvio Costin (Signature de la Recrue)

Date . 4 Février . 1916. C. E. Jarneau (Signature du Témoin)

### SERMENT REQUIS DU SUJET

Je, Sylvio Costin . prête le serment d'être fidèle et de donner mon entière allégeance à **Sa Majesté le Roi George V,** ses Héritiers et Successeurs, de me faire un devoir de défendre honnêtement et fidèlement la Personne, la Couronne et la Dignité de Sa Majesté, et de ses Héritiers et Successeurs contre tous ennemis, et d'obéir ponctuellement à tous les commandements de Sa Majesté, de ses Héritiers et Successeurs, ainsi que de tous Généraux et Officiers placés au-dessus de moi. Ainsi Dieu me soit en aide.

Sylvio Costin (Signature de la Recrue)

Date 4 Février 1916. C. E. Jarneau (Signature du Témoin)

### CERTIFICAT DU MAGISTRAT

La Recrue ci-dessus nommée a été prévenue par moi que, s'il répondait faussement à aucune des questions ci-dessus, il serait passible des pénalités pourvues par la loi de l'Armée.

Les questions ci-dessus ont alors été lues à la Recrue en ma présence.

J'ai vu avec soin, à ce qu'il comprît chaque question, et à ce que les réponses à chacune fussent dûment inscrites telles que reçues, et la dite Recrue a fait et signé la déclaration et prêté le serment en ma présence, à Fraserville P.Q. 4eme jour de Février 1916.

(Signature du Juge)

M. F. W. 23a
40M.—12-15
1772-39-841.

Carded 9-3-16

## Signalement de . Sylvio Costin . à l'Enrolement

Age apparent 19 Ans ans ..... mois.
(Déterminable d'après les instructions contenues dans les règlements du Service Médical de l'Armée.

Taille ..... pieds ..... pouces

Mesure de la poitrine { Tour de poitrine, à pleine expansion ..... pouces
Marge d'expansion ..... pouces

Teint . Brun .

Yeux Bleu.

Chevelure Brune .

Confession religieuse:
- Anglican.
- Presbytérien
- Méthodiste
- Baptiste ou Congregationaliste
- Catholique Romain . Catholique R .
- Juif
- Autres dénominations (Indiquer laquelle)

Signes distinctifs, et indices d'affections congénitales ou de maladies antérieures.

Si le Médecin-Officier est d'avis que la Recrue a fait du service antérieurement, il devra, à moins que l'engagé reconnaisse le fait, ajouter une note à cet effet pour l'information de l'officier approbateur.

nils

### CERTIFICAT D'EXAMEN MÉDICAL

Ayant examiné le sujet ci-haut nommé, je constate qu'il ne présente aucune des causes de rejet spécifiées dans les règlements du Service Médical de l'Armée.

Il peut voir de chaque œil à la distance requise ; le cœur et les poumons sont sains ; il a le libre usage de ses articulations et de ses membres, et il déclare n'être sujet à aucune syncope quelconque.

Je le considère* Valide pour le **Corps Expéditionnaire Canadien d'outre-mer.**

Date 4 Janvier 1916.

Lieu Prairie du Loup Sta P.Q. J. Thomas M.D.
Médecin-Officier.

* Insérer ici "valide" ou "non-valide".

NOTE.—Si le médecin-officier trouve le sujet impropre au service, il remplira le certificat ci-dessus dans les seuls cas où il y a eu attention et notera brièvement ci-dessous les causes d'invalidité :

### CERTIFICAT DE L'OFFICIER COMMANDANT

..... ayant été finalement approuvé et examiné par moi ce jour, et le nom, l'âge, la date d'attestation et tous les autres détails réglementaires ayant été notés, je certifie être satisfait de l'exactitude de cette attestation.

..... (Signature de l'officier.)

Date ..... 191 .

MOBILIZATION CENTRE M. D. 5

17-6-968

5th M. D. Third Depot Battalion Second Quebec Regiment

Regtl. No. 3380895

# PARTICULARS OF RECRUIT

## DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class ONE)

ORIGINAL

MILITARY DISTRICT No. 5 CENTRAL REGISTRY OCT 23 1918

1. Surname: COSTIN
2. Christian name: Sylvio
3. Present address: Cabano, Temiscouata Co. P.Q. Canada
4. Military Service Act letter and number: 218662 E.C.
5. Date of birth: November 25th 1896
6. Place of birth (town, township or county and country): Cabano, Temiscouata Co. P.Q. Canada
7. Married, widower or single: Single
8. Religion: Roman Catholic
9. Trade or calling: Barber
10. Name of next-of-kin: Mrs Zophie Michaud Costin
11. Relationship of next-of-kin: Mother
12. Address of next-of-kin: Cabano, Temiscouata Co. P.Q. Canada
13. Whether at present a member of the Active Militia: yes
14. Particulars of previous military or naval service, if any: 1½ month 189th Regiment
15. Medical Examination under Military Service Act:—

(a) Place Drill Hall Quebec (b) Date 27-7-18 (c) Category A 2

## DECLARATION OF RECRUIT

I, Sylvio Costin, do solemnly declare that the above particulars refer to me, and are true.

Sylvio Costin (Signature of Recruit)

## DESCRIPTION ON CALLING UP

| | | | |
|---|---|---|---|
| Apparent age | 21 yrs | 8 mths. | |
| Height | 5 ft | 3 ins. | |
| Chest measurement | fully expanded | 34½ ins. | |
| | range of expansion | 2½ ins. | |
| Complexion | | Medium | |
| Eyes | | Blue | |
| Hair | | Brown | |

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

M. S. A.

O. C. Depot Btln.

O. C. MOBILIZATION CENTRE M. D. 5 MAJOR

Regt.

Place Quebec Date July 11th 1918

M. F. W. 133.
500 M.—8-17.
1772—39—1158.

# PARTICULARS OF RECRUIT

DRAFTED UNDER MILITIA SERVICE ACT 1917

| | |
|---|---|
| Name in full | |
| Rank | |
| Regimental number | |
| Unit | |
| Date of birth | |
| Place of birth | |
| Trade | |
| Next of kin | |
| Address | |
| Religion | |
| Date of enlistment | |
| Place of enlistment | |
| Date of attestation | |
| Place of attestation | |
| Date of discharge | |
| Place of discharge | |
| Reason for discharge | |
| Signature of officer | |

MOBILIZATION CENTRE M. D. 5

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

M. F. W. 54. (A. F. B. 195.
500M.—9-16
H. Q. 1772-39-9-20.

# Casualty Form—Active Service.

Unit, Regiment or Corps 3rd. DEPOT BATTALION, 2nd. QUEBEC REGIMENT

Regimental No. 3380895 Rank Private Name COSTIN Sylvio

Enlisted (a) 11-7-18 Terms of Service (a) C. E. F. Can. Expd. Force Service reckons from (a) 27-7-18

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) Barber

| 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 | | | | |
| | | Proceeded overseas | | AUG 20 1918 | |

(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 | | | | |
| | | | | | |

No. Crime List 82

3380895

O. IN C. No. 1

M.S.A. 15.

# MILITARY SERVICE ACT, 1917.

# MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname Costin Christian name Sylvia

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 218662 E.C.

3. Consecutive number on schedule of men reporting for service (if he appears on it)

4. Address (including street and number, if any) Cabano Kamouraska

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 27th day of July 1917, by the undersigned medical board sitting at Levis

5. Age as stated 21 Years 8 Months. 6. Apparent age 21 Years 8 Months

7. Height 5 Feet 3 Inches. 8. Weight 110 Pounds.

9. Chest measurement { Minimum 32 Ins. Maximum 34½ Ins. 10. Complexion medium { Eyes blue Hair brown

11. Physical development fair { Good Fair Poor 12. Smallpox marks —

13. Number of vaccination marks { Right arm — Left arm — 14. When vaccinated last —

15. Distinctive marks and marks indicating congenital peculiarities or previous disease Special report on eyes attached. —

16. Slight defects but not sufficient to cause rejection

The man denies having had { Rheumatism Tuberculosis Syphilis (Strike out disease admitted or suspected.) We find no evidence of past { Rheumatism Tuberculosis Syphilis

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A[illegible] Vision R 5/20 L 5/20 Hearing O. K.

A. M. Sassie Capt. President.

Witthall P. Gale capt. Member. Member.

| Date | Result | Vaccinations | | Date | Result | Anti-Typhoid Inoculations, Etc. | |
|---|---|---|---|---|---|---|---|
| 1/8/18 | | L. C. Carrie capt | M.O. | 1/8/18 | | L. C. Carrie capt | M.O. |
| | | | M.O. | 7/8/18 | | L. Roulet | M.O. |
| | | | M.O. | 13/8/18 | | R. Vallee Lt | M.O. |

Joined 27 day of July 1918 at Quebec

| | Corps | Reg'tl Number | Habits | Date |
|---|---|---|---|---|
| Joined on enlistment | | | | 27-7-18 |
| Transferred to | 3rd DEPOT BATTN. 3rd QUEBEC CORPS | 3380895 | | |

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

| Station | Date | Disease | Result |
|---|---|---|---|
| Valcartier | Aug. 16-18 | Tic | A. E. Edwards |

N. B.—This sheet is 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.

Surname Carter Christian Name Sydney

| 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 | | | | |

Reg. No. 3.3808.96

Rank... Pte.....

Name. Costin, S.....

Unit. 1. Dep. Bn. L.O.R.

This form to be completed and filed with the M/N ...Pte.....documents.

H.Q. File Reference.....

Date struck off strength...12-10-18

Reason.....Deceased (Pneumonia)

Military District. M.D. 5.....

Auth. Pt. II 285 - 12/10/18.

Clerk's Initials...AH.....

Date.....5/11/18.....

Doc.S.F.10.

# DENTAL HISTORY SHEET

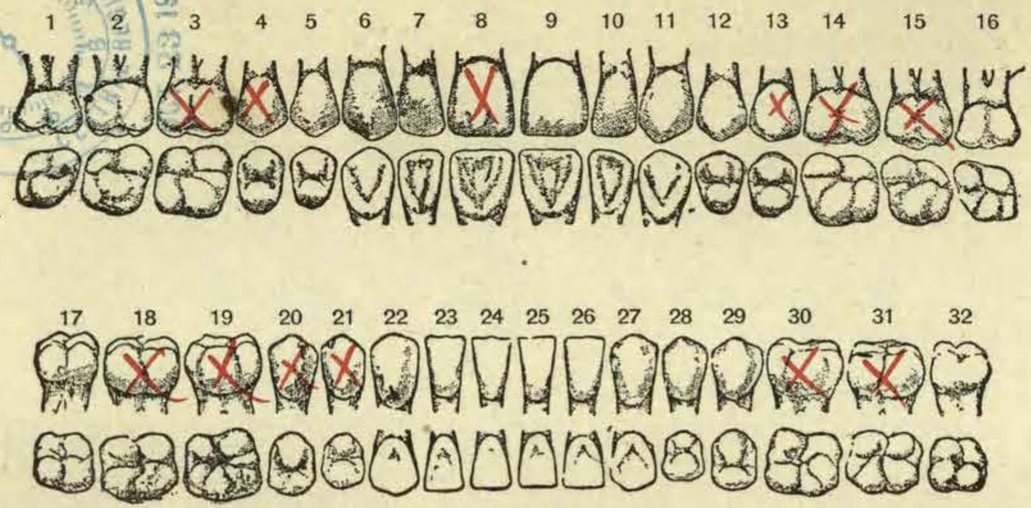
## CANADIAN ARMY DENTAL CORPS

NAME OF SOLDIER Cortin, Sylvia

REGIMENT 3rd DEPOT BATTALION, QUEBEC RANK Pte

DISTRICT 5

No. 338085




## 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.

| Condition on first Examination | Date | Amalgam | Temporary Filling (a) G. P. (b) Cement | Cement | Treatment Putrescent Pulp | Root Filling | Pulp Cap | Devitalization | Pyrrhœa | Synthetic Porcelain | Extracting | DENTURES U | DENTURES L | DENTURES P | Gold Clasp | Gold Filling | CROWNS Gold | CROWNS Porcelain | Bridge Work | OPERATOR | Military District | REMARKS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Aug. 3 1918 | | | | | | | | | | | | | | | | | | | | Blanchard Capt | | Ca. 2, 5, 11, 12, 16 |
| | | | | | | | | | | | | | | | | | | | | Campbell | | Ex 1 32. |

12/12/18 R

H. Q.

M. D. No. 5

Surname Costin

T. O. S. July 10th 1918.

Christian names Sylvio

D. O. Pt. II 69 of 19-8-18

Regtl. No. 3320895 Rank pte

S. O. S. 12-10-1918

Unit 2nd Que. Regt 3rd Inf. Bde

Reason Dec

Auth. Do 285: 12-10-18 1/2 QR

Next of kin Costin Mrs Sophie M.

Relationship Mother

Address Cabano P.Q.

Also notify:

BORN—Place Canada Cabano P.Q. Date Nov. 25th 1896

ATTESTED—Place Quebec P.Q. Date July 11th 1918

O/S

R/C

W. 22—100M 7-18. 1772-39-839.

E.B. 6

| NAME. Costin S. | RANK. Pte. | REC. FILE. X |
|---|---|---|
| | No. 589049 | |
| | CORPS. 189th Bn. | H. Q. FILE. |

ENLISTMENT, PLACE. Fraserville P.Q. DATE. 4-2-16.

DISCHARGE, PLACE. Fraserville DATE. 20-2-16.

REASON. Med. unfit.

ADDRESS ON DISCHARGE. St Honoré P.Q.

DOCUMENTS.

Documents on file

4/8/18.

L. L. Job 87415—M. & D. 6110—100m.

| CHARGED OUT | | | RETURNED | | CHARGED OUT | | | RETURNED | |
|---|---|---|---|---|---|---|---|---|---|
| TO | DATE | BY | RECEIVED BY | DATE | TO | DATE | BY | RECEIVED BY | DATE |

649-C-25174

3380895 Pte. COSTIN, Sylvio C.E.F. 3rd Depôt 2nd G.P.

Med. & Dec. (Grandfather) David Michaud, Esq., St. Mathias de Cabano, Temiscouata Co., P.Q.

P. & S. (Mother) Dame Sophie M. Costin, Gironde, P.Q.

Per II 806834

Memorial Cross (Mother) Dame Sophie M. Costin, Gironde, P.Q.

Canada only

MAY 4 - 1921

Scroll Desp. ..... Reqn. No. 48642 44262

OCT 4 1921

Plague Desp. ..... Reqn No. B-10080

MOS

No 1288 RANK Pte NAME Costin Sylvio

T. O. S. UNIT 189th Battalion

M. D. 5

| PAID FROM | PAID TO | SIG. OR REC'T | PROMOTIONS, TRANSFERS, DISCHARGES, ETC. | |
|---|---|---|---|---|
| | | | PARTICULARS | AUTHORITY |
| 1916 Feb 4 | 1916 Feb. 20 | O.S. | Discharged 20-2-16 | Feb. Rayleigh |
| | | | a/c closed by Payment O.S. | |

UNIT SAILED
SEP 23 1916

LEDGER NO. H202,260. SERIAL NO.

REG. NUMBER 3350895 NAME Costin Sylvio

RANK Pte CORPS

AGE SERVICE

NAME OF HOSPITAL Drill Hall. PLACE Quebec.

DATE OF ADMISSION

DISEASE Influenza

TRANSFERRED TO OTHER HOSPITALS Died 12-10-18

OPERATION

DISCHARGED TO IN CATEGORY

M. F. W. 2553.
50m.—6-18.
1772-39-1334.

P. T. O.

**REMARKS:**

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* 189th Batt. C.E.F.

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) Fraserville, Que. ..... (*Signature of Soldier.*)

(Date) 21st February, 1916 ..... (*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) Fraserville, P.Q.

(Date) 21st February, 1916

(*Signature*) ..... Lt.Col.
O.C. 189th O'Batt.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.)

(OVER)

# 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.

# Proceedings on Discharge.

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

No. 889049 -----

Rank Private --

Name Sylvic Costin ----

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

Corps (~~Squadron, Battery or Company~~) 189th O'Batt. C.E.F.

Date of Discharge 20th February 1916

Place of Discharge Fraserville, P.Q.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

| | | Descriptive Marks |
|---|---|---|
| Age 19 years 3 months. | | |
| Height ..... feet ..... inches. | | |
| Complexion | Dark | |
| Eyes | Blue | |
| Hair | Dark | NIL |
| Trade | Barber | |
| Intended place of residence (To be given as fully as practicable.) | St-Honoré, Co. Témiscouate | |

2. The above-named man is discharged in consequence of being "Medically Unfit"

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 handwriting of the Commanding Officer, who will himself make document entries on the character certificate and initial them.

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 soldier 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.
25m.—11-15.
H. Q. 1772-39-113.

(OVER)

Loaded E/B 9-3-16

189e BATAILLON, F.E.C.

| | | |
|---|---|---|
| # 889049 SYLVIO COSTIN | DECHARGE<br>"Medically Unfit" | 20 février 1916 |

| | |
|---|---|
| 3 | Pièces d'attestation |
| 1 | Company Conduct Sheet |
| 1 | Regimental Conduct Sheet |
| 1 | Proceedings on Discharge |
| 1 | ~~Receipt for money refunded to O.C.~~ Medical Certificate |
| 1 | Last Pay Certificate |
| 1 | M.F.W.61 |
| 1 | Inventory of Kit |

Carded
EAB
9-3-16