

M.A.S.
24-8-17

C. A. D. C. A. D. C.
ATTESTATION PAPER. C,

Duplicate

No. 688

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS.)

- 1. What is your surname?..... **McHarg**
- 1a. What are your Christian names?..... **Lorne Hunter**
- 1b. What is your present address?..... **Coaticook, Que.**
- 2. In what Town, Township or Parish, and in what Country were you born?..... **Coaticook, Co. of Stanstead**
- 3. What is the name of your next-of-kin?..... **R. J. Mcharg**
- 4. What is the address of your next-of-kin?..... **Coaticook, Que.**
- 4a. What is the relationship of your next-of-kin?..... **Father**
- 5. What is the date of your birth?..... **Oct. 12th. 1898**
- 6. What is your Trade or Calling?..... **Bank Clerk**
- 7. Are you married?..... **No**
- 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 Military Force?..... **In signalling Corps**
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... **Yes**
- 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } **Yes**

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, **Lorne Hunter Mcharg**, 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.

Lorne Hunter Mcharg (Signature of Recruit)

Date **May 18th.** 1917. *N. S. Chandler* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, **Lorne Hunter Mcharg**, 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.

Lorne Hunter Mcharg (Signature of Recruit)

Date **May 18th.** 1917. *N. S. Chandler* (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 **Montréal** this **18th** day of **May** 1917.

Jud. W. Bradley (Signature of Justice)
M.A. 100, 4
A. D. D. S. M. D. No. 4

Description of Lorne Hunter McHarg on Enlistment.

Apparent Age.....19.....years.....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. 5 1/2 ins.

Chest measurement { Girth when fully expanded.....35 1/2 ins.
 Range of expansion.....4 1/2 ins.

Complexion.....Fair

Eyes.....Blue

Hair.....Light Brown

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

Eye-sight R. D. = 2.0
 " L. D. = 2.0
 Hearing R. Ear O.K.
 " L. " O.K.

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*.....for the **Canadian Over-Seas Expeditionary Force.**

Date.....1917.....

Place.....Montreal, P. Q......

*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:—

Declared **FIT** by **MEDICAL BOARD**
MOBILIZATION CENTRE, M. D. #4

[Signature]
 President, S. M. B.

CERTIFICATE OF OFFICER COMMANDING UNIT.

Lorne Hunter - M. Harg......having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

[Signature] MAJOR (Signature of Officer)

A. D. D. S. M. D. No. 4

Date.....May 18.....1917.



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

DISCHARGE DOCUMENTS

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



Name Mc Harg Lorne Hunter
Regt. No. 688 Rank pta
Corps C. A. D. Co

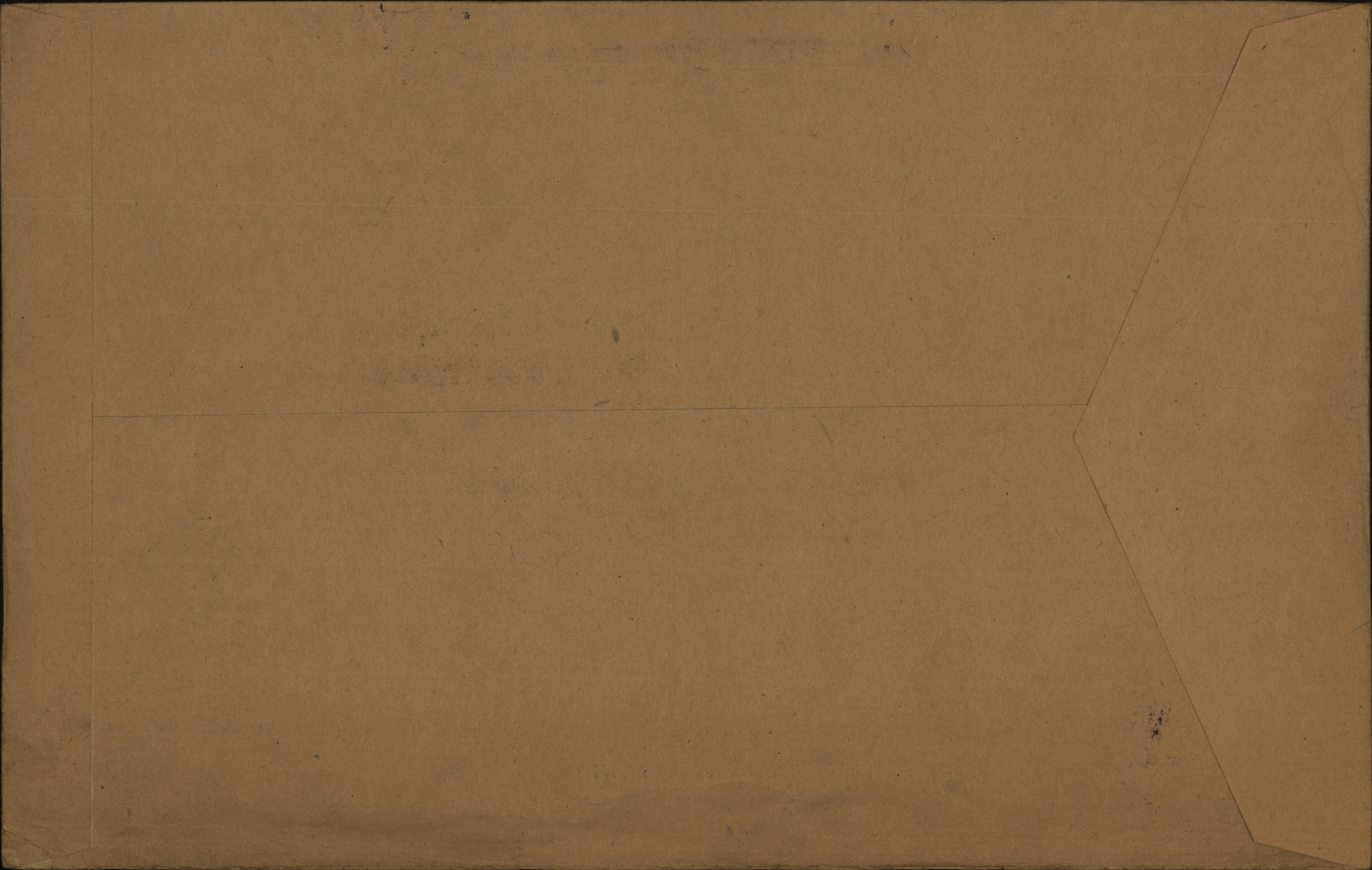
Re-enlisted in R. F. Co.

Am Thompson
15/1/20
Per 10/20

17059



[Handwritten signature]



REG. NO. 688 NAME McHarg L.H.
(SURNAME FIRST)

RANK Pte. CORPS C.A.D.C.

AGE 19 SERVICE

NAME OF HOSPITAL Royal Victoria PLACE Montreal

DATE OF ADMISSION 14-8-17

DISEASE Tonsillitis

DISCHARGE 22-8-17

OPERATION

DISCHARGED TO DUTY Yes

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

Duplicate
MEDICAL HISTORY SHEET

C. A. D. C.

Surname McHarg Christian Name Lorne Hunter



Examined { on _____ day of _____ 191____
at _____ Approved by _____

Birthplace { City or Town Coaticook, Rank _____ M.O. _____
County Stanstead, Que.

Apparent age 19

Trade or occupation Bank Clerk

Height 5 feet 5 1/2 Inches

Weight 129 lbs.

Chest measurement { Minimum 31 inches M.O. _____
Maximum expansion 35 1/2 inches M.O. _____

Physical development Good M.O. _____

Small-pox Marks nil M.O. _____

Vaccination Marks { Arm _____ Right _____ Left _____ M.O. _____
Number 1

When Vaccinated last Child

(a) Marks indicating congenital peculiarities or previous disease M.O. _____

(b) Slight defects but not sufficient to cause rejection M.O. _____

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT	M.O.
		Declared FIT by MEDICAL BOARD MOBILIZATION CENTRE, M. D. #4	
		<i>E. J. Weaver, Captain</i>	
		<i>President, S. M. B.</i>	
Date	Result	VACCINATIONS	M.O.
<u>Nov 18/17</u>		<u>W. Hunter, Lieutenant</u>	
Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.	M.O.
<u>22/6/17</u>		<u>J. A. Fairie, Capt</u>	
<u>24/6/17</u>		<u>J. A. Fairie Capt</u>	
<u>4/4/18</u>		<u>J. A. Fairie Capt</u>	

Enlisted on _____ day of _____ 191____ at _____

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>Canadian Army Dental Corps.</u>	<u>688</u>		
Transferred to				

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.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

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

Regimental No. **668** Rank **Pte.** Name **L.H. McHarg**

Corps **Can. Army Dental** who was* **Discharged**

On **Nov. 15th 1917** 191., to **Re-enlist in R.F.C.**

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from **Nov. 1st** 191**7**, to **Nov. 15th** 191**7**, the inclusive date of transfer or discharge.

Dr.		\$	c	Cr.		\$	c
Bal. Dr. from prev. month				Bal. Cr. from prev. month			
Advances by Cheques } No.				Regt'l Pay 15 days at \$ 1c 00	15	00	
	No.			Field Allow. 15 days at \$ c 10	1	50	
Assigned Pay No.				Other Allowances* Subsistence	9	00	
Other Charges*				Other Credits*			
Payment on transfer or discharge No 16618		25	50	Bal. Dr. (to be deducted by new unit)			
Balance Cr. (to be paid by the new unit)		25	50				
Total		25	50	Total	25	50	

*Give Particulars.

A monthly stoppage of \$ **-----** (†) has **-----** (‡) been paid on account of Assigned Pay for the month of **-----** 191. to (Assignee) **-----**
 (Address) **-----**

(†) 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 **18-5-17**

(2) if married and if a Separation Allowance Card has been submitted **No.**

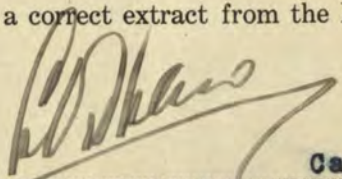
(3) cause of discharge and authority **D.O. 648 R.O. 286**

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

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

Date **Nov. 27th 1917**

Place **Montreal, Que.**


Capt.
Paymaster, Composite Regiment

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

This space to be for numbers.

MILITARY DISTRICT NO. 4
NOV 28 1917
M. F. B.

Proceedings on Discharge.

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

No. 688
Rank Private
Name Lorne Hunter McHarg <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>
Corps (Squadron, Battery or Company) Canadian Army Dental Corps
Date of Discharge Nov. 15th 1917
Place of Discharge Montreal, Que.



1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age.....19.....years.....1.....months.
 Height.....5.....feet.....5 $\frac{1}{2}$inches.
 Complexion Fair
 Eyes Blue
 Hair Light Brown
 Trade Bank Clerk
 Intended place of residence } Coaticook, Que.
 (To be given as fully as practicable.)

Descriptive Marks

2. The above-named man is discharged in consequence of

Re-enlistment in the Royal Flying Corps

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.

Good

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.)

Clerk

To be in the hand writing of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

Director
8-12-17
a/m

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)..... Montreal, Que......

Fred W Bradley Major

(Date)..... Nov. 10th 1917.....

Commanding Can. Army Dental Corps

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)..... Montreal, Que......

L. H. McHugh (Signature of Soldier.)

(Date)..... Nov. 10th 1917.....

W. J. Kelly (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.

Lorne Hunter McHugh (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)..... Montreal, Que......

Fred W Bradley Major
(Signature)

(Date)..... Nov. 10th 1917.....

A. D. D. S., M. D. No. 4

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.)

N I L

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263. Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Attestation Paper, Militia Form B: 235. 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 Cer- tificate, " D. 877. *Only if discharged "Medically unfit."	<p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of such having been prepared.)</p>

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.