

Original
ATTESTATION PAPER.

No. 65747
Folio.

65449
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

- (ANSWERS)
1. What is your name?..... *William Olyphant*
 2. In what Town, Township or Parish, and in what Country were you born?..... *Dundee, Scotland*
 3. What is the name of your next-of-kin?..... *Mrs. Robber (Sister)*
 4. What is the address of your next-of-kin?..... *7 Beledy St. Dundee, Scotland.*
 5. What is the date of your birth?..... *June 22nd 1872*
 6. What is your Trade or Calling?..... *Soldier*
 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?..... *Yes. 13 yrs. Black Watch. 4 yrs 5th Royal Garrison*
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*

William Olyphant (Signature of Man).

B. B. Oulson (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *W^m Olyphant*, 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.

William Olyphant (Signature of Recruit)

Date..... *31/12/* 1914. *B. B. Oulson* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *W^m Olyphant*, 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.

William Olyphant (Signature of Recruit)

Date..... *31/12/* 1914. *B. B. Oulson* (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 *Neerkeel* this *31/12/* day of *December* 1914.

[Signature] (Signature of Justice)

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

..... (Approving Officer)

Description of W. O. Olyphant on Enlistment.

Apparent Age 47 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. 9/4 ins.

Chest measurement { Girth when fully expanded 40 ins.
 Range of expansion 2 1/2 ins.

Complexion Clear

Eyes Hazel

Hair Brown

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

2 tac: L arm
Tattoo 3rd finger L hand
ring heart
Tattoo blue dot L forearm
" " " base of thumb
Sc: round scar R hip.

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 31st December 1914.

Place Montreal

J. S. Gardner
Lieut - R. XI C.
 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.

..... 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]
 (Signature of Officer)

Date 1914.

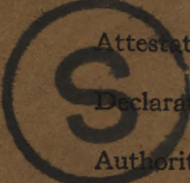
30-11-18
11-18

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

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....



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.....

A.F.B. 122 — 1 Paycard - 1

A.F.B. 178 — 1

Card

Card - 1

19122 M-X 11-21 R.R.

Name OLIPHANT WILLIAM.

Regt. No. 65747 Rank pte.

Corps 24th Br. V.R.C.E.F.

Killed in Action 1-10-16.



03368



37-3
24-3
10-4
1

H.A.P.

File No. 649-0-1383.

✓ ✓ ✓ ✓ ✓
OLIPHANT, Pte. WILLIAM, No. 65747, 24th Can. Bn.

M. & D., Sister, Mrs. Elizabeth Crichton,
13 South Ellen Street,
Dundee, Scotland.

P. & S. Sister, Mrs. Elizabeth Crichton,
(Ser #769520) (as above).

Memorial Cross- Nil.

JUN 2 1921

Scroll Desp. _____ Reqn. No. 2.47871

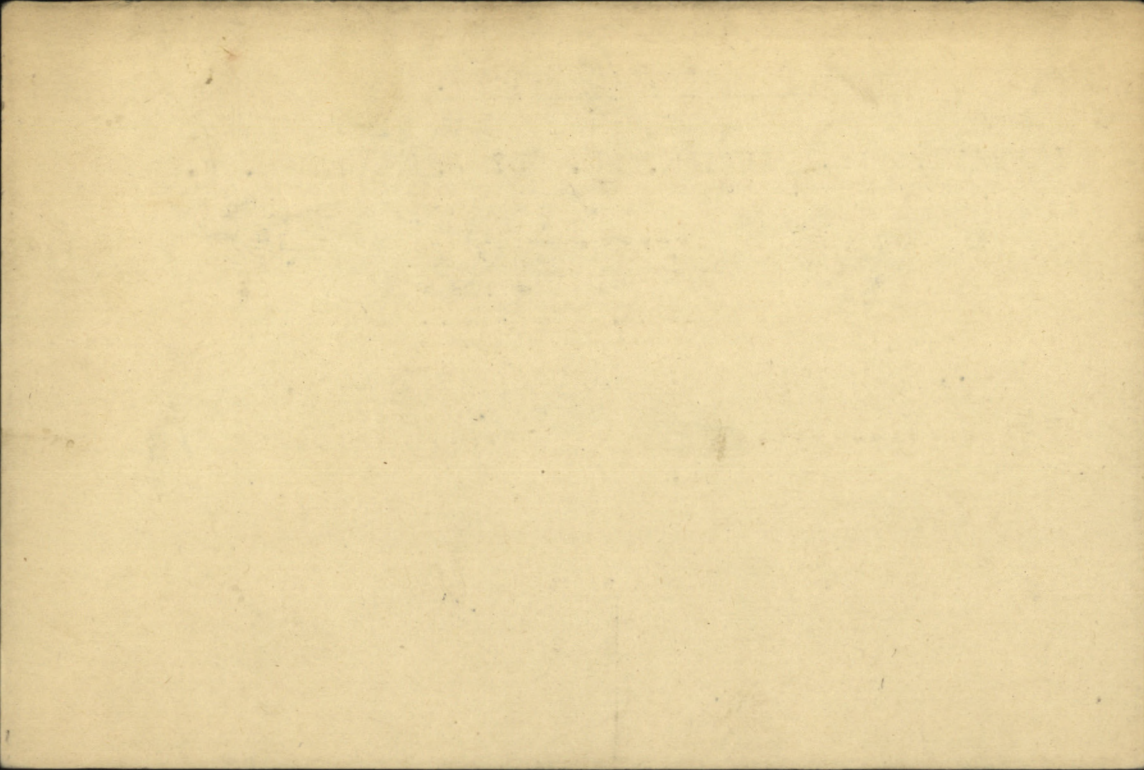
Eligible for 14-15 Star Pte 24th Bn.

Plague Despec. DEC 21 1921 Reqn. No. PA 549

E. . . . V.M.

E. . . . B.W.M

4420
12
R.R.



649-0-1383.

CARD NO.

SURNAME.

Oliphant

CHRISTIAN NAMES

William

FOLL.

REGL. No.

65747

RANK

Pte.

UNIT

24th

Bw.

FORMER CORPS

Black Watch, Royal Garrison

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Scobbie, Mrs. J.

RELATIONSHIP TO SOLDIER

Sister

ADDRESS

*7 Malcolm St., Dundee,
Scot.*

COUNTRY OF BIRTH

Scotland Dundee

DATE

PLACE OF ATTESTATION

Montreal, P. Q.

DATE

Dec. 3th, 1914

*Ofs. 11-5-15-73
15-*

From Montreal per S.S. "Cameronia" 11-5-15

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

Present Address

Name OLIPHANT, William Rank PTE.

Reg. No. 65747.

25-0-327

Unit 24th. Battalion.

Mrs J. Scobbie 7 Malcolm St. Dundee Scotland.

Next of Kin 5.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1-10-16.	Rept from base	wded.	A357.	25-10.03634.	26-10-16.	
	Prev rept	wded	Now Wounded & Missing.	A460.	3-3-17.	
					09727.	5-3-17.
	Now for official purposes presumed to have died.					
	on or since 1-10-16. A523.					

1916
 1-10 NOW
 KILLED IN ACTION.
 Adj's letter on personal file.
 RE II 50 111 dy 14-12-17. (1162)

a/c 6529.

REGT'L No 65747

H. Q. FILE No. 649-

NAME Olyphant WilliamRANK AND CORPS Plt 24th / 3 Batt.

FOLLOWS

No.

CABLE

NATURE OF CASUALTY

FOLLOWS

No.

DATE

(sect.)

No.	DATE	(sect.)	NATURE OF CASUALTY
03634	25-10-16		Reported wounded October 1st. 1916. ✓
09727	3-3-17		Prev. rep. wounded now reported wounded & missing Oct. 1st 1916. ✓
A. 7 B.	2090 C. 16-5-17.		Prev. rept. wounded and missing now for official purposes presumed. To have died on or since Oct 1st 1917. 1916 (L. Reid 28-6-17)
²¹ M 6529	18-12-17		Prev. rep. missing presumed dead, now killed in action. October 1st 1917. ✓ 1916
A 2 B	2090 A		Previously reported missing now
Rouen	14-12-17		Killed in action 1-10-16 noted 9-3-18 In the Field, France.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A 357	Rep. from Base; wounded	1-10-16	wounded
A 460	Prev. rep. wounded	1-10-16	now wounded and missing
A 523	Prev. Rept wounded		and missing. Now for official purposes presumed to have died on
ob since		1-10-16,	as per List A 91.
A 91 ¹	Prev. reported wounded and missing now killed in action	1-10-16.	now

No. 1134 RANK Pte.
65747 Apr. Paylist.

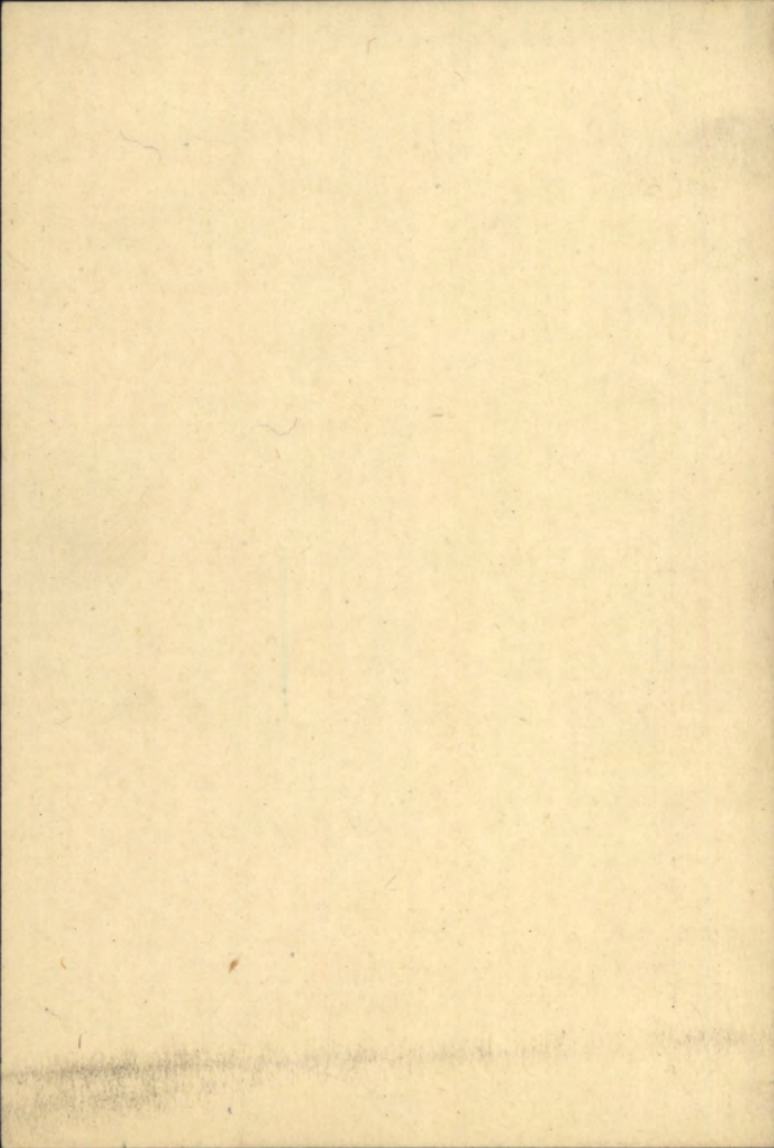
NAME Elephant W.

T. O. S. 31-12-14 UNIT 24th. Battalion
D.O. 52 of 2-1-16

M. D. 4

PAID FROM	PAID TO	SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Dec. 31	1915 Jan. 31	✓		
Feb.		✓		
Mar.		✓		
Apr.		✓		
May		✓		

UNIT SAILED
MAY 11 1915



bm
10

Number *65747* Rank *Pte*

Surname *OLIPHANT*

Christian Names *William*

Unit *24th Btn. Can. Inf.* Theatre of War *France*

Date of Service *15-9-1915*

Remarks *Sister*

Latest Address *Mrs Elizabeth Crichton*

13 South Ellen Street

Roll No. *B* *Dundee Scotth 24th Bn*

Page 2327

R
X

D

Q. '13105' May

APR 19 1929

Ly a 39352

SEP 16

Surname *Oliphant, W.* Christian Name or Names
 Rank *Pte.* Unit *24 Bat., 1st Div.* Co.
 Hospital
 Reg. No. *65747.* Troop Batty.
 Date of Admission

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

W? 1. 10. 16.

(1)

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

*Wounded & Missing 1-10-16
now for off. Purpose pres'd to have**Died on or since 1-10-16*

DISPOSITION

Now. Killed in action 1-10-16 Date

REMARKS

*GL. 26. 10. 16. A357.**a.l. 5-3-17 A 460
" 19-5-17 a 523 cancelled.
18-12-17 - a 91-1**18-12-17 a 91-3 Cancel entry on a 523.*

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

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Rank _____ Name **OLIPHANT. Wm.** Reg'l No. **65747.**
 Unit _____ If in perm. Corps, }
 What Unit? } Married or Single **Single.**
 Place and Date of Enlistment **24th. Bn.** **Montreal. 31st Dec. 1914.** Place of Birth **Dundee. Scot.**
 Name and Address, Next-of-Kin **Mrs J Scobbie. 7 Malcolm St. Dundee. Scot.**
 Relationship **Sister.**

Assigned Pay Monthly \$ _____ Payable to _____ Relationship _____
 Separation Allowance \$ _____ Payable to _____ Relationship _____

Discharge, Date and Place _____ Reason _____ Character **101**

*M-X.
17-1-18
R.R.*

Rh 25-0-327

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				
		Arrived in England per S.S. Cameronia		20-5-15	
13. 8. 15	D.C. 24 ¹⁵	Forfeit 2 days pay for 'absence' last sandling		13. 8. 15	Pt II. D# 278.
27-8-15	" "	" 5 " " " " " " " " " " " "		27-8-15	" " " " 286.
19. 9. 15		Embarked for France. Folkestone.		15. 9. 15	Embrk. Memo # 288.
26. 10. 16		Rep from base. Wounded. Field		1. 10. 16	CL A 357. Wounded.
5-3-17	"	Previously reported Wounded now Wounded & Missing Field		1-10-16	CL # 1460 ON NK and Pt II D.O. 26-(24-3-17)
19-5-17	"	Now presumed to have		1-10-16	Cancelled by CL 991-12 PR.
		Died on or since		1-10-16	CL 523.

Date	From whom received	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
14-12-17	24 th Bz	Reported as Pt. D O 26. Sub Para 7. d/ 27-3-17. as Wounded & Missing after Action 1-10-16. Now Rep. Killed in Action	France	1-10-16	D O 111
17-12-17	1 st Q.R.	Prev. Rep. Wounded and Missing Now Killed in Action		1-10-16	@ L ^a 91
17-12-17	1 st Q.R.	D O L ^a 523 hereby Cancelled		1-10-16	@ L ^a 91 *

MISSING MAN.

(Acceptance of Death for Official Purposes.)

~~WAR OFFICE~~ Reference No. 25-0-418.

THE DEPUTY ADJUTANT-GENERAL,

G.H.Q., 3RD ECHELON. ~~Canadian Section.~~No. 65747. Rank Private. Name Oliphant W.

Regiment 24th Canadian Battalion. has been missing since 1st Oct 1916. Reference has been made to the Unit, the Record Office and the Base, on the printed missing list, but no evidence of material value has been received which would indicate that he is not dead.

In accordance with the decision of the Army Council, this soldier is to be regarded for official purposes as having died on or since the above date.

You are requested to state whether the soldier leaves a will or not—

Reply.

(a) In Pay Book ;

(b) In Small Book ;

(c) As a separate document ;

and to forward it, if found, to this Office.

The Pay Book and the duplicate copy of this form should be forwarded to the ~~Regimental~~ Paymaster.

O.S.B.

*Not received**SKA*

 Capt. for Lt.-Col. A. A. G.
 Canadian Section, G. H. Q., 3rd Echelon, B. Records,
 3rd Echelon.

~~WAR OFFICE,~~Date May 16th 1917.

1ST QUEBEC REGT:

Casualty Form—Active Service.

CERTIFIED CORRECT.
Canadian Record Office,
Westminster House,
7, Millbank, S.W.

Regiment or Corps 24th Bn V.R. C & F

Regimental No. 65444 Rank A/c Name Oliphant W

Enlisted (a) 31/12/14 Terms of Service (a) duration of war Service reckons from (a) Enlistment

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				

16.9.16	24 th Bn	Disembarked Boulogne Wounded Previously rep. Wounded. now rep. MIA & Missing	Feld	16.9.15.	NR.
5.10.16	...			1.10.16	KI.134/1645 241df-21/10/16
20.2.17	...			1.10.16	KC25/2881 291df-24/3/17 9.20.26df-24/3/17.
			Whoguen Canadian		Capt. for Lt.-Col., A. A. G. Section. G. H. O. 3rd Echelon. D. E. F

14-12-17	24 th Bn	Reported as DO 26 Sub Para 7 d 27-3-17 as wounded and missing 1-10-16 now Reported as killed in action	France	1-10-16 DO 41	
					Lt. for Colonel i/c Records, CMFC

(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.

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				

Rank

Name

OLIPHANT, Wm.

Reg'l No.

65747.

Unit

24th, Bn.

If in perm. Corps,
What Unit?

Married or Single

Single.

Place and Date of Enlistment

Montreal. 31st Dec. 1914.

Place of Birth Dundee. Scot.

Name and Address, Next-of-Kin

Mrs J Scobbie. 7 Malcolm St. Dundee. Scot.

Relationship

Sister.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Missing

off Pres Dead

Reason

Relationship

C.O. 523
1-10-16
19-5-17

Entered on N.E. Card Index

Character

H. J. Lillotson



Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.		
From	To	No. of Days	Rate	Amount	No. of Days			Rate	Amount							No.	Date
June	30 June	30	1 ⁰⁰	30	30	10	3			33		27 50		27 50	5 50		
July	31 July	31	1 ⁰⁰	31	31	10	3 10			34 10		32 50		32 50	7 10		
		adjustment of exchange						1 60		1 60					8 70		
Aug	31 Aug	31	1 ⁰⁰	31	31	10	3 10			34 10		31 63	7 70	39 33	47	E 2 by 2.0. 278 51- D.O. 286 corrected October	
Sept	30 Sep	30	"	30	30		3			33		5 35		5 35	12		
Oct	31 Oct	31	"	31	31	10	3 10			34 10		2 61		2 61	62 61		
NOV	30 NOV.	30	"	30	30		3			33		5 29		5 29	90 32		
1 Dec	31 Dec 1916.	31		31	31		3 10			34 10		16 83		16 83	107 59		
1 Jan	31 Jan	31		31	31		3 10			34 10		5 24		5 24	136 45		
1 Feb.	29 Feb.	29		29	29		2 90			31 90	7 91	2 61		2 61	165 74		
1 Mar	31 Mar	31		31	31		3 10			34 10	10 370 9 27	2 61		5 23	194 61		
																305	
																30 50 1 60 331 10	
																134 79	
																770 142 49	

Statement of
JUL 19 1917.
Amount rendered

Settled.

1916/17

MARRIED OR SINGLE *S*
 PLACE OF BIRTH *Dundee, Scotland*
 NAME AND ADDRESS OF NEXT OF KIN *Mrs J. Scobbie*
7 Malcolm St, Dundee, Scotland
 RELATIONSHIP OF NEXT OF KIN *sister*
 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>Wounded & missing</i>	<i>1/10/16</i>	<i>CHA 460 3/17</i>
<i>Presumed to have died</i>	<i>1/10/16</i>	<i>C.A. 523</i>
<i>Classified cancelled by A91</i>	<i>17-12-17</i>	
<i>P.R.M. now H.A.</i>	<i>1-10-16</i>	<i>A91 7-27</i>
		<i>24th Bn</i>

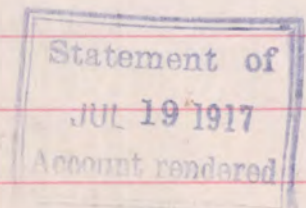
ADMISSIONS TO HOSPITAL, &c.			
DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L. No. *65747* RANK *Pte* NAME *Oliphant William*
 IF IN PERM. CORPS | UNIT *24 Batt* TRANSFERRED TO *W.B.B.* DATE *10.3.17* AUTHORITY *CHA 460 3/17*
 WHAT UNIT |
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO *Deceased K* DATE *2.10.16* AUTHORITY *C.A. 523 19.5.17*
 PLACE OF ATTESTATION *Montreal Que.* TRANSFERRED TO *W.B.B.* DATE *1.11.16* AUTHORITY *do*
 DATE OF ATTESTATION *31 December 1914* TRANSFERRED TO DATE AUTHORITY
 ASSIGNED PAY MONTHLY \$ *Nil.* DATE EFFECTIVE
 PAYABLE TO RELATIONSHIP
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
 PAYABLE TO RELATIONSHIP
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON *Presumed to have died 1/10/16. C.A. 523. d/19/5/17.*
 DISCHARGE DATE AND PLACE REASON AND AUTHORITY
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) *10-3-17 off 2/1/16 7-7-17* *Entered on N.E. Card Index effect 1-11-16*
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE) *Checked by J. Lillatou W*



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.																				No.
			<i>305</i>				<i>3050</i>							<i>160</i>	<i>337 10</i>					<i>134 79</i>				<i>770</i>	<i>142 49</i>	<i>194 61</i>						
<i>Apr 1/30</i>	<i>30</i>	<i>100</i>	<i>30</i>	<i>30</i>	<i>10</i>	<i>3</i>									<i>33</i>	<i>778-574/16 1048-244/16</i>				<i>2 62</i>	<i>2 61</i>				<i>5 23</i>	<i>222 38</i>						
<i>May 1-31</i>	<i>31</i>	<i>-</i>	<i>31</i>	<i>-</i>	<i>31</i>	<i>-</i>	<i>3 10</i>								<i>34 10</i>	<i>1138 3/5/16 1100 14/5/16 1176 27/5/16</i>				<i>2 55</i>	<i>2 55</i>				<i>7 65</i>	<i>248 83</i>						
<i>June 1-30</i>	<i>30</i>	<i>-</i>	<i>30</i>	<i>-</i>	<i>30</i>	<i>-</i>	<i>3 00</i>								<i>33 00</i>	<i>1217 16</i>					<i>2 55</i>			<i>2 55</i>	<i>279 28</i>							
<i>July 1-31</i>	<i>31</i>	<i>-</i>	<i>31</i>	<i>-</i>	<i>31</i>	<i>-</i>	<i>3 10</i>								<i>34 10</i>	<i>1264 6 1401 7</i>				<i>2 55</i>	<i>2 65</i>				<i>5 20</i>	<i>308 18</i>						
<i>Aug 1-31</i>	<i>31</i>	<i>-</i>	<i>31</i>	<i>-</i>	<i>31</i>	<i>-</i>	<i>3 10</i>								<i>34 10</i>	<i>1349 7 1393 8</i>				<i>2 61</i>	<i>2 62</i>				<i>5 23</i>	<i>337 05</i>						
<i>Sept 1-30</i>	<i>30</i>	<i>-</i>	<i>30</i>	<i>-</i>	<i>30</i>	<i>-</i>	<i>3</i>								<i>33 00</i>	<i>1489 31/8/16 1485 15/9/16</i>				<i>2 61</i>	<i>2 61</i>				<i>5 22</i>	<i>364 83</i>						
<i>Oct 1-31</i>	<i>31</i>	<i>-</i>	<i>31</i>	<i>-</i>	<i>31</i>	<i>-</i>	<i>3 10</i>								<i>34 10</i>											<i>398 95</i>						
<i>Nov 1-30</i>	<i>30</i>	<i>-</i>	<i>30</i>	<i>-</i>	<i>30</i>	<i>-</i>	<i>3 00</i>								<i>33 00</i>											<i>431 93</i>						
<i>Dec 1-31</i>	<i>31</i>	<i>-</i>	<i>31</i>	<i>-</i>	<i>31</i>	<i>-</i>	<i>3 10</i>								<i>34 10</i>											<i>466 03</i>		<i>180 00</i>				
<i>Dec</i>			<i>58</i>				<i>58 00</i>																									
<i>Jan 31</i>	<i>10</i>		<i>34 10</i>												<i>34 10</i>											<i>500 13</i>						
<i>Feb 28</i>			<i>30 80</i>												<i>30 80</i>											<i>530 93</i>						
			<i>102 90</i>											<i>160</i>	<i>704 50</i>						<i>150 28</i>	<i>155 9</i>			<i>770</i>	<i>173 57</i>						

No App. in Agreement with Ottawa Slip No. 593-1-12-5/26-3-17. Carried forward



DUPLICATE

To be used for recruits enlisting direct into the Regular Army only.
 Army Form B. 178^A to be used for Special Reserve recruits
 and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname O L I P H A N T Christian Name _____ WM: H

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Dundee County Scotland

Examined ... { on 31st day of Decr. 1914.
 at Peel St. Barracks, Montreal.

Declared Age ... 42 years ... days.

Trade or Occupation ... Soldier.

Height ... 5 feet, 9 1/4 inches.

Weight ... 140 lbs.

Chest Measurement { Girth when fully Expanded. 37 1/2 inches.
 Range of Expansion 2 1/2 inches.

Physical Development ... Good

Vaccination Marks { Arm ... Right Left
 Number 2

When Vaccinated ... Feb: 1915

Vision ... { R.E.—V=
 L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease ...
Tattoo 3rd finger l hand "ring & heart"
blue dot l f'arm base of left thumb.
round scar right hip.

(b) Slight defects but not sufficient to cause rejection ...
None.

Approved by (Signature) J. S. Jenkins,
 (Rank) Captain. Medical Officer.

Enlisted ... { at Montreal
 on 31st day of Decr. 1914.

Corps.	Regtl. No.
<u>24th Battalion. C.E.F.</u>	<u>6 5 7 4 7</u>
<u>Decr. 31st 1914.</u>	

Became non-effective by _____

on _____ day of _____ 191____
 (Signature) _____
 (Rank) _____

I certify the foregoing to be a true copy of an original entry on a Medical History Sheet of this man.
 W. R. Ward
 C.A.M.C.
 for the Officer in Charge of Records
 Canadian Contingents.

This Medical History Sheet has been compared with the corresponding Attestation Paper, and entries made in red have been taken from the Attestation Paper.
 W. R. WARD,
 Colonel in Charge of Records,
 Canadian Contingents P.T.O.

