



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 6321 Name Samuel Anderson Corps Infantry

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. Samuel Anderson
- 2. What is your full Address? 2. Terrence Place
City
- 3. Are you a British Subject? 3. yes
- 4. What is your age? 4. 21 Years Months
- 5. What is your Trade or Calling? 5. Fisherman
- 6. Are you Married? 6. no
- 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. no
- 8. Are you willing to be vaccinated or re-vaccinated? 8. yes
- 9. Are you willing to be enlisted for General Service? .. 9. yes
- 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 10. Name
Corps
- 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 11. yes

Conditional

I, Samuel Anderson 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 made.

Samuel Anderson SIGNATURE OF RECRUIT.
M. D. Snowden Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Samuel Anderson 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, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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 St. John's on this 15 day of October, 1918
Signature of Attesting Officer A. B. Dickson

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the
If enlisted by special authority, such will be attached to the original attestation.
Date OCT 16 1918
Place ST. JOHN'S
Signature of Approving Officer A. B. Dickson
Title for General

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.
‡ Here insert the "Corps" for which the Recruit has been enlisted.

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows: viz:—(Name) re-enlisted in the (Regiment) on the (Date)

DESCRIPTIVE REPORT ON ENLISTMENT

Applicable to all ranks. To correspond with entries on the Medical History Sheet.

Name Samuel Anderson
 Apparent age 21 years 0 months Height 6 feet 4 inches
 Chest Measurement { Girth when fully expanded 34 inches
 Range of expansion 3 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mary Ann Anderson
15 Jessie Place City Relationship Mother
 Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Re-serve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
Total Service forfeited as above.....									
Total Service towards Engagement to _____ (date of discharge) _____ years _____ days									
" " Pensions " _____ " " " " " " " " " " " "									



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 6321 Name Samuel Anderson Corps Infantry

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---------------------------------|
| 1. What is your name? | 1. <u>Samuel Anderson</u> |
| 2. What is your full Address? | 2. <u>Terriers Place</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>21</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</u> |
| 6. Are you Married? | 6. <u>no</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>no</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. Name |
| | Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>yes</u> |

Additional

Samuel Anderson 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 made.

Samuel Anderson SIGNATURE OF RECRUIT.

W. D. D. Sweden Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

Samuel Anderson 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, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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 St. John's on this 15 day of October 1918

Signature of Attesting Officer W. D. D. Sweden

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the 1st Bn.

OCT 16 1918 Date

ST. JOHN'S Place

Robertson Commanding Officer. } Approving Officer.

The Royal Newfoundland Regiment.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.

‡ Here insert the "Corps" for which the Recruit has been enlisted. Infantry

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name).....re-enlisted in the (Regiment).....on the (Date).....

DESCRIPTIVE REPORT ON ENLISTMENT

Applicable to all ranks. To correspond with entries on the Medical History Sheet.

Name Samuel Anderson

Apparent age 21 years - months. Height 6 feet 4 inches

Chest Measurement { Girth when fully expanded 34 inches
 Range of expansion 3 inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mary Ann Anderson
15 Tassier Place City Relationship Mother

Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from									
Joined at _____ on _____									
<u>Dischd. 20th Nov. Jan. 9/1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to _____ [date of discharge] _____ years _____ days

" " Pensions " " " " " " " " " " " "

C.R. 6321

Extract of Daily Orders Part II, Depot St. John's
dated Jan. 10th 1919.

Demobilization

The discharge of the undernoted on demobilization has
been confirmed by the Officer i/c records on noted date.

6321 Pte. Samuel Anderson

Discharged 9-1-19

C.R. 6321

Extract from Daily Orders Part II Unit The Royal Newfoundland Regt.,
St. John's, Dec. 12th, 1918.

The undernoted man discharged on Demobilisation has been approved by C.O. Discharge Depot from noted date. He is removed from Depot Strength to Discharge Depot pending confirmation by Officer i/c Records.

6321 Pte. Sam'l Anderson.

12-12-18.

C.R. 6321

Extract from Daily Orders, Part 11, UNIT: The Royal Newfoundland
Regiment, dated Nov. 28th. 1918.

HOSPITAL.

6321 Pte. S. Anderson.

Discharged from St. Georges Hospital 26/11/18.

C.R. 6321

Extract from Daily Orders, Part 11, UNIT: The Royal Newfoundland
Regiment, dated October 31st. 1918.

Hospital.

6321 Pte. S. Anderson

Admitted St. Georges Hospital 29/10/18.

C.R. 6321

Extract from Daily Orders, Part 11, Unit: The Royal Newfoundland
Regiment, dated October 17th 1918.

Strength Increases.

6321 Pte. Sam Anderson.

Attested for General Service with the Royal Field. Regt. from 15/10/18.

Auderson, Saul.

6321

Hay Sept.

January 8th., 1919.

#6321 Pte Samuel Anderson,
Burgee.

Dear Sir:-

Please find enclosed "Discharge
Certificate No.322."

Yours faithfully,

Captain,
Paymaster & O.I/c Records.

Enc '1 1.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 6321 Rank Ho Name Sgt Anderson
 Intended place of residence Burgeo
 2. Occupation Fisherman
 Classification of soldier C Medical Category A II
 3. The above named man is discharged in consequence of Disability
 4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
 Place DEC 9 1918
 Date DEC 9 1918 Albany Capt
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.
 Place and date St Johns
Dec 9th 1918
Samuel Anderson
 Signature of soldier
C. D. Hicks A. Capt
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
 Place and Date St Johns
9-12-18
Samuel Anderson
 Signature of soldier
E. H. Littlelie
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 15-10-18 No of days on Military
 Discharged from service 12-12-18 28 days Service 87

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place ST. JOHN'S
R. H. Lait Capt
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.
 Date DEC 12 1918

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place St Johns, Nfld
 Date January 9/1919
M. Bowley Capt
 Officer i/c Records
 The Royal Newfoundland Regiment

17
30
31
9
87

970-2079/322

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 6341 Rank Pte Name Anderson Band
 Date of Enlistment 15.10.18 Address Burges District Burges
 Occupation Physicist Classification for Discharge P Medical Category A II
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	1	N.F. Med	D.F. 1	1
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	D 400A	B 1915	3	do 2nd	" 3	3
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93	7			

Date 9.17.18

W. S. Case
O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

i. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) ~~Clothing~~ Supplied Joseph A. ...

Date 9-12-18

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R 167*to his home
 at *Lingco* and Release Certificate No. *241* issued.

Date *9-12-18*

OSDuke MCh
 Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection
 therewith settled. He has received pay and allowances to *9-1-19*

Date *9-12-18*

H. Stanley Capt.
 Depot Paymaster.

Discharge approved for. *12 12 18*

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1	
F 178	W 3494	B 122	Board 1st	" 2	<i>4</i>
F 178a	D 400A	B 1915	do 2nd	" 3	<i>2</i>
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date *9. 12. 18*

OSDuke H Capt.
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
 Board of Pension Commissioners.

with following additional documents.

Date *DEC 12 1918*

R.H. Hart Capt.
 O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.

Date *Dec 12/1918*

To be used only for Special Reserve Recruits, and for Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY

OF

Surname

Anderson

Christian Name

Samuel

Table I.—GENERAL TABLE

Birthplace :—Parish

St John's

County

Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	15	Oct		191
	at	<i>St John's</i>	at	
Declared Age	21	years		days
Trade or Occupation	<i>Yeoman</i>			
Height	5	feet 4		inches
Weight		125		lbs.
Chest Measurement	Girth when fully expanded		34	inches
	Range of Expansion		3	inches
Physical Development				
Vaccination Marks	Arm	Right	Left	Right
	Number			
When Vaccinated				
Vision	R.E.—V=	<i>6/6</i>	R.E.—V=	
	L.E.—V=	<i>6/6</i>	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
	(b)		(b)	
(b) Slight defects but not sufficient to cause rejection				
Approved by (Signature)	<i>Lamond Paterson</i>			
(Rank)	<i>Major</i>		Medical Officer	Medical Officer
Enlisted	at	<i>St John's</i>	at	
	on	15	day of	Oct
			191	
Joined on Enlistment	Corps		Corps	
	Regtl. No.	<i>6321</i>	Regtl. No.	
Transferred to	<i>Regt</i>			
Became non-effective by	on	day of	on	day of
(Signature)				
(Rank)				

Table III--Boards: Courts of Inquiry, Vaccination, Incubation, Foreign Service, Extension, Re-engagement, or Prolongation of Service; Leave of Absence; and list in case of Warrant Officers treated in quarters

Particulars of Local Treatment, etc. the cause, nature or treatment of the case likely to be of interest or of future use. In case of and re-admissions to hospitals will be shown. The subsequent progress, including particulars of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

Date

W. A. ...

11/18

It is hereby certified that this soldier has been before an Examining Medical Board and has been classified as *fit for duty* for discharge on the *11/18/18* date.

TABLE IV--SERVICE TABLE

Civil Re-establishment Committee.



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To work at Seating

Samuel Anderson

Signature of Man.

Edwards Ray

Signature of the Vocational Officer or his Representative.

Reg. No. *6321*

Place *St. John's*

Date *9/12/18*

191

The Royal Newfoundland Regiment

Class for Demobilization:—

C

Report of Demobilization
Travelling Board, held on soldier for
discharge.

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 28-11-18

Regimental No. 6321

Name Anderson Samuel (Pte)

Address Burgo

Present Medical Category A II

Recommended for:—

- (a) Immediate discharge
- (b) ~~Standing Medical Board~~

Members of Board

R. H. Lat. C.M.V.
O.C. Discharge Depot.

L. P. Peterson
Senior Medical Officer

D. W. Burdett
M. O. Depot



Descriptive Return of a Soldier Discharged on Account of Disability

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station," and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i/c Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full **Samuel Anderson**
 Regiment from which discharged *1st. Newfoundland*
 Regimental number **6321**
 Intended address **Burgeo**
 Height on discharge **5** Feet **4**
 Color of hair on discharge **Brown**
 Complexion **Fair**
 Color of eyes **Grey**
 Descriptive Marks
 Figure on discharge
 Christian name of Father
 Christian name of Mother **Mary**
 Wife's maiden name in full
 Date and place of marriage
 Christian names of children
 Place and date of soldier's birth.
 Nature and locality of civil employment required

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full)

(Rank)

Station

Date

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge, correct.



Station

Date

ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at 184/5 on Oct 15 1918

1. Name Samuel Anderson Age (a) Declared 21
 (b) Apparent

2. Do you know of anything wrong with you? no

What severe illnesses have you had? none

*eye
Comp
fresh*
Guy
Saidy

6321

3. Height 5-4 Weight 125

4. Eyesight (a) Left 6/6 (b) Right 6/6

5. Physical Defects (Examine after strenuous exercise) ✓

6. Examination of Lungs ✓

Measurement (a) Expiration 51 (b) Inspiration 34

7. Examination of Heart ✓

8. Examination of Urine ✓

Conditional

9. Examination of Mouth—(Defective Speech)

- Teeth
- Throat
- Nose
- Ears—(Otorrhea)
- (Deafness)

10. Have you been successfully vaccinated, and when? yes 8 years ago 1872 am

11. Name and address of next of kin Mother Mary Ann Anderson
15 Jessing place
Lilly

12. Category

REMARKS—

A 11

Anderson
Severance

Medical Examiners.

Copy
 (93)
ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination held at Burgeo

Date..... 191.....

1. Name Samuel Anderson . Age (a) Declared 20
 (b) Apparent 21
2. Do you know of anything wrong with you? No

What severe illnesses have you had? none

3. Height 5ft-4 3/4 in Weight 140 lbs
 4. Eyesight (a) Left Good (b) Right Good
 5. Physical Defects (Examine after strenuous exercise) none

6. Examination of Lungs sound
 Measurement (a) Expiration 33 (b) Inspiration 36

7. Examination of Heart No organic disease first exam. Pulse 86 sitting (Probably due to excitement) see Exam (70)

8. Examination of Urine Spgr. 1025. No albumen or sugar.

9. Examination of Mouth—(Defective Speech) Speech defective at times ^{to} naturally

Teeth Good

Throat OK

Nose OK:

Ears—(Deafness, Otorrhea) Hearing good no discharge

10. Have you been successfully vaccinated, and when? yes - 1909

11. Name and address of next of kin Mrs. Mrs. (Mary Ann) Anderson
St John's Nfld

REMARKS—

We consider this man

{	Fit
	Temporarily unfit for Military Service
	Permanently unfit for Military Service

(If unfit, Form M.S.B. 10 A, should be filled and attached).

*A.T.T.
com.*

F. McDonald

Medical Examiners.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheet one.
Signature of O. C. Company O. B. Duhaime

Regiment of Royal Newfoundland.

Signature of O. C. Company

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay			
No.		Age on	21 years	months				
<u>637 Samuel Anderson</u>		Date of Enlistment		Religion				
Joined	Date	<u>St. Johns</u>		<u>Methodist</u>				
Joined	Date	Period of		Place of Birth				
Joined	Date	with Colours		<u>St. Johns</u>				
Joined	Date	with Reserve						

Place	Date of Offence	Rank	Cause of Discontinuance	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized</u>	<u>St. Johns</u>	<u>9 '19</u>			

To be carried over.

Sept 63 21
Demobilization Form 2

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 6341 Rank Plt Name Anderson Saml.
 Date of Enlistment 15.10.18 Address Burges District Burges
 Occupation Pharmacist Classification for Discharge C Medical Category A II
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. F36	B 268	B 121	1	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	D 400A	B 1915	3	do 2nd	" 3	3
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2		" 6	" 6	
B 179c	B 120	M 93	7			

Date 9.12.18 Wesley Carr
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Samuel Anderson

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied Joseph H. [Signature]

Date 9-12-18 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R 167* to his home at *Auger* and Release Certificate No. *241* issued.

Date *9-12-18* *Erskine Maj*
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to *9-1-19*

Date *9-12-18* *Howley Capt*
Depot Paymaster.

Discharge approved for *12-12-18*

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	✓ 1	N.F. Med.	D.F. 1	✓ 1	
E 178	W 3494	B 122	✓ 1	Board 1st	" 2	✓ 1	<i>Form B</i>
B 178a	✓ 1 D 400A	B 1915	✓ 2	do 2nd	" 3	✓ 2	
B 179	D 400B	Form L		do 3rd	" 4		
B 179a	D 400C	Form K		do 4th	" 5		
B 179b	B 103	ME 2		" 6	" 6		
B 179c	B 120	M 93	✓ 2				

Date *9-12-18* *Erskine Maj*
Demobilization Officer.

APPROVED. *h*

Documents as above forwarded to:—

Officer in Charge Records.
Board of Pension Commissioners.

with following additional documents.

Date *DEC 12 1918* *R.H. East Capt*
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.

Date *Dec. 12/1918* *Howley Capt*
Erskine

Reg. No. *63201* Rank *Plt* Name *Anderson Samuel*

Attested *15-10-18* Address *Jessie Place Bihif*

Allotment..... Allottee.....

Date of Allotment..... Returned from Overseas.....

Embarked for Overseas..... Cause.....

Recd 16/10/18 1st Lt Ennos 25-10-18

29-10-18 Adm. to St Georges Hosp.

76 71 78 Discharged from " "

9-12-18 **PASSED TO DEMOBILIZATION OFFICER**

12-72-78 **DISCHARGE APPROVED ON DEMOBILISATION.**