



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 1007 Name Robert C. Cottrell Corps

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Robert C. Cottrell
2. What is your full Address? 2. St. John's, Nfld.
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 26 Years 3 Months
5. What is your Trade or Calling? 5. Miner
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? } II. Yes

I, Robert C. Cottrell 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.

Robert C. Cottrell SIGNATURE OF RECRUIT.

R. P. Hollaway Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Robert C. Cottrell 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 14th day of Sept. 1915

Signature of Attesting Officer R. P. Hollaway

†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 1915 } Approving Officer.
Place

† 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 John Robert Anthony
 Apparent age 26 years 3 months. Height 5 feet 9 inches
 Chest Measurement { Girth when fully expanded 39³/₄ inches
 Range of expansion 37 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs John Robert Anthony (does not know)
Kalch Anthony, Spaniards Bay. Relationship wife and Father.

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.
<u>Laisy Pike</u>	<u>does not know</u> <u>16 July 1915</u> <u>Bell Island</u>	<u>does not know</u>	<u>R.P.H.</u>

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 <u>28-2-16</u>									
Joined at <u>John's</u> on <u>February 28th 16</u>									
<u>Discharged as undesirable John's</u>									
<u>27-6-16</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>27-6-16</u> (date of discharge) — years <u>120</u> days									
Pension " " " " " " " " " " " "									

Attested for general
service Feb 28th/16



C.R. 2207

1st. Newfoundland Regiment,

HEADQUARTERS

St. John's, Newfoundland,

June 22nd. 1916 ~~1917~~

Sir:-

I beg to recommend that No. 2207 Pte. J. R. Anthony
be discharged under K.R. para. 392 (111).

I have the honour to be,

Sir,

Your obedient Servant,

A. P. Holloway

2nd. Lieut.

as unlikely
to become an efficient
soldier.

approved June 21/16

Always MAJOR
Commanding Depot,
First Newfoundland Regiment,
ST. John's, Nfld.
Capt. J. J. O'Grady,
Capt. & Adjutant,

1st. Nfld. Regiment,
Headquarters Depot,
St. John's, Nfld.,

Captayne.

Arrange discharge from end

of present pay period

Very

N.B. *Refer for further consideration*

Always Major
June 27/16

C.R. 2207

John R. Anthony was attested for General
Service with the NEWFOUNDLAND REGIMENT ON February 28th 1916
Regimental No. 2207 was allotted to Pte. J.R. Anthony

AUTHORITY:

Record Ledger,

Dept. of Militia.

March 25th 1919

Anthony, J. R.

2207

Haysep

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

MEDICAL HISTORY

Surname Anthony OF Christian Name John Robert

Table I.—GENERAL TABLE.

Birthplace:—Parish _____ County _____

	SPECIAL RESERVE.		REGULAR ARMY	
	Right	Left	Right	Left
Examined	on <u>29</u> day of <u>February</u> 191 <u>6</u> at <u>St. John's, Nfld.</u>		on _____ day of _____ 191 <u>6</u> at _____	
Declared Age	<u>26</u> years _____ days		_____ years _____ days	
Trade or Occupation	_____		_____	
Height	<u>5</u> feet <u>9</u> inches		_____ feet _____ inches	
Weight	<u>167</u> lbs.		_____ lbs.	
Chest Measurement	Girth when fully expanded... <u>39 3/4</u> inches		_____ inches	
	Range of expansion... <u>2 1/4</u> inches		_____ inches	
Physical Development	_____		_____	
Vaccination Marks	Arm	_____	Right	Left
	Number	_____	_____	_____
When Vaccinated	_____		_____	
Vision	R.E.—V= <u>6/9</u>		R.E.—V=_____	
	L.E.—V= <u>6/9</u>		L.E.—V=_____	
(a) Marks indicating congenital peculiarities or previous disease	(a) _____		(a) _____	
(b) Slight defects but not sufficient to Cause Rejection	(b) _____		(b) _____	
Approved by (Signature)	<u>Lamont Paterson</u>		_____	
(Rank)	<u>Capt</u> Medical Officer.		_____ Medical Officer.	
Enlisted	at <u>St. John's</u>		at _____	
	on <u>29</u> day of <u>Feb</u> 191 <u>6</u>		on _____ day of _____ 191 <u>6</u>	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>1st Nfld Reg.</u>		_____	_____
Transferred to	_____		_____	
Became non-effective by	_____		_____	
(Signature)	on _____ day of _____ 191 <u>6</u>		on _____ day of _____ 191 <u>6</u>	
(Rank)	_____		_____	



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1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, *John R. Anthony*, Regl. No. *2507*
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and *fifty* Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and} _{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and} _{or} Persons
 concerned, viz.:

Allotment begins *Aug 1st 1916*

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>2796</i>	<i>wife</i>	<i>Mrs Sadie Anthony</i>	<i>Riellys Square back street St Johns</i>	<i>50</i>
<i>2796</i>				
Total Allotment, \$				

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter-signed by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.) *Charles Aye* Capt.
 Officer Commanding
 Company
John
Aug 10 1916

(Sig.) *John R. Anthony*
 (Bank) *John Anthony*
Wt. A. Estabrook



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1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, J. R. Anthony, Regl. No. 2207
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and 50 Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and} _{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and} _{or} Persons
 concerned, viz.:

Allotment begins May 1st

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
1995	Father	Bank of Montreal Caleb Anthony	St. John's or Spaniards Bay	50
<i>Canceled</i>				
<i>See Form K. no. 2818</i>				
Total Allotment, \$				

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter-signed by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.) R. P. Holloway
 Lieut
 Officer Commanding
 A Company

(Sig.) J. R. Anthony
 (Rank) Plt

St. John's N.F.
May 5th 1916



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1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, John R. Anthony, Regl. No. 2207

hereby agree, until further notification by me, and in similar official form to make an Allotment of 50 Dollars and fifty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and} _{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and} _{or} Persons concerned, viz.:

Allotment begins Aug 1st 1916

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
2796	wife	Mrs. Sadie Anthony	Recly Sq Cooks Ln St Johns	50
<i>Discharged</i>				
Total Allotment, £				

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.) Chas. H. Ayre Capt.
Officer Commanding
Company
Johns
Ayre 196

(Sig.) John R. Anthony
Sgt
Wet
A. C. ...
of ...

N^o 2259



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1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

J. P. Anthony

Regl. No. *2207*

I, *J. P. Anthony*, hereby agree, until further notification by me, and in similar official form to make an Allotment of *50* Dollars and *50* Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons concerned, viz.:

Allotment begins *May 1st*

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>1995</i>	<i>Father</i>	<i>Bank of Montreal Caleb Anthony</i>	<i>S. Johns Spaniard Bay</i>	<i>50</i>
<i>Discharged</i>				
Total Allotment, \$				

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.) *R. P. Holloway*
for Officer Commanding
 # Company

(Sig.) *J. P. Anthony*
mark
 (Rank) *Pte*

S. Johns R. 7
May 5th 1916



This Form is to be used in connection with Pamph. M. E. (1)
N.F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of *John Robert Anthony*
aged *26* conducted at *C. L. D. Armoury*
Date: *Feb 29 / 16.* Recruiting officer:

NO. OF TEST

FINDING

1	<i>No.</i>
2	<i>No.</i>
3	<i>No.</i>
4	<i>No.</i>
5	<i>No.</i>
6	<i>No.</i>
7	<i>yes</i>
8	<i>yes</i>
9	<i>No.</i>
10	<i>n</i>
11	<i>n</i>
12	<i>n</i>
13	<i>n</i>
14	<i>n</i>
15	<i>n</i>
16	<i>n</i>
17	<i>n</i>
18	<i>n</i>
19	<i>big lock eyes.</i>
20	<i>n</i>
21	<i>n</i>
22	<i>n</i>
23	<i>n</i>
24	<i>n</i>
25	<i>n</i>
26	<i>n</i>
27	<i>n</i>
28	<i>n</i>
29	<i>n</i>
30	<i>n</i>
31	<i>n</i>
32	<i>n</i>
33	<i>No.</i>
34	<i>5-9 in.</i>
35	<i>167 lbs.</i>
36	<i>37-39 3/4</i>
37	<i>90 30 Pa. Week</i>
38	<i>90 9 Mrs Calet Anthony (Father & Mother)</i>
39	<i>No.</i>

2207

Signature of Medical Examiner:

J. W. Burden

7/16