



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5029 Name John Baird Corps PC

Questions to be put to the Recruit before Enlistment.

- | | |
|--|-----------------------------|
| 1. What is your name? | 1. <u>John Baird</u> |
| 2. What is your full Address? | 2. <u>Buddiford St City</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>20</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Chaffer</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> |

I, John Baird 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.

John Baird SIGNATURE OF RECRUIT.

J. P. Raymond Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John Baird 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 answered 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 14 day of May 1915

E. B. Duke Signature of Attesting Officer

† 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 14 May 1915

Place St John's

} Approving Officer.

† 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.

5029

Name John Bang
 Apparent age 20 years months. Height 5 feet 4 inches
 Chest Measurement { Girth when fully expanded 33 inches
 Range of expansion 4 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Michael Bang
Cuddihy St City | Relationship 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.

(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 L'epot	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>14-5-18</u>									
Joined at <u>St John's</u> on <u>Kooy 14-1918</u>									
<u>Discharged June 29/19</u>									
<u>Embarked St John's train to Halifax N.S. 11-6-18.</u>									
<u>Embarked for 136 S. 26-10-18</u>									
<u>Disembarked France 26-10-18</u>									
<u>Joined 136 S. 3-11-18.</u>									
<u>Departure from Dover 22nd 79. Arrived Newcastle 20th 79</u>									
<u>To be employed for demobilization 22-5-1919</u>									
<u>Arrived Newfoundland 1-6-1919</u>									
<u>Re-mobilization St John's 29-6-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 29-6-1919 [date of discharge] 1 years 47 days
 " " Pensions " " " " " " " " " " " "

C.R. 5029

Extract from Daily Orders Part 11 Unit The Royal WFLD.
Regt. St. John's, June 30-6-19.

The discharge of the undernoted on demobilisation has been
CONFIRMED by officer i/c Records from 29-6-19.

5029 Pte. John Baird.

C.R. 5029

Extract from Daily Orders Part II Unit The Royal WFLA, Regt.
St. John's, June 19th, 1919.

The discharge of the undernoted numbers on demobilization has
been APPROVED by C.A. Discharge Depot with effect from 15-6-19.

5029 Pte. John Baird.

C.R. 5029

Extract from Daily Orders Part 11 Depot, St. Johns,

Date

June 18th 1919.

5029, Pte. J. Baird.

Reported at Headquarters 1/6/19.

which sailed Liverpool May 22/1919.

ex "Corsican"

C.R. 5029

Extract from Nominal Roll from 1st. Battalion
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left
Reuen Camps 22/4/19, embarked at Havre 22/4/19,
disembarked at Southampton 23/4/19 and reached
Hazeley Down Camp 23/4/19.

#5029 Pte. J. Baird.

C.N. 5029

Extract from Daily Orders Part 11 Unit The Royal Wfld.
Regt. By Lt. Col. T.G. Mathias, D.S.O. Commanding 1st
Bn. 3-11-18

The Following joined the Batta. 4-11-18.

5029 Pte. J. Baird.

D Coy.

C.R. 5029

Extract from Nominal Roll Re-inforcement Draft No.55 Embarked Folkestone
26/10/18, from 2nd Batta, Royal Newfoundland Regiment, Hasleley Down Camp,
Winchester, to 1st Batta, Royal Newfoundland Regiment, B.E.F.

5029 Pte. Baird, J.

MP.

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated May 15, 1918.

#5029 Pte. J. Baird.

Attested for General Service with the Royal Nfld. Regt.
from 14.5.18

C.R. 5029

Extract from Daily Orders Part 11. from Unit The Royal Field.
Regiment, St. John's, dated June 14th 1918.

5029 Pte J. Baird

Embarked for Overseas with draft 11-6-18.

J David

C.R. 5029

~~PERD~~

Medical Report on an Invalid.

Station Hazley Down.
 Date 7-5-19

1. Unit Royal Newfoundland Land.
 2. Regimental No. 5029
 3. Rank Pte
 4. Name Baird J.
 5. Age last birthday 21
 6. Enlisted { on 14.5.18
 at St John's
7. Former Trade } Labourer
 or Occupation }
 7A. If with previous service in Army, state—
 (a) Former Unit;
 (b) Regimental No.;
 (c) Date of Discharge;
 (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

nil

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. *nil*
 10. Place of origin of disability. *nil*
 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. *nil*
 12. Give your opinion as to the causation of the disability, stating whether in your opinion it is— *nil*
 (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
 (b) constitutional or hereditary, and not aggravated by service during the present war.
 (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

He employs few disabilities

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

u

15. Was a Court of Inquiry held on the injury?

- If so—
- (a) When?
 - (b) Where?
 - (c) Opinion?

u

16. Was an operation performed? If so, what?

u

17. If not, was an operation advised and declined?

u

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

u

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

u

20. Do you recommend—
(a) Discharge as permanently unfit, or
(b) Change to England?

Repatriation

W. J. D. S.

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station *Hazley Down*

Officer in charge of Hospital.

Date *1-5-19*

*Loss of teeth on or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, John Baird, Regl. No. 5729
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and Five 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 16-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
124	Friend	Miss Lucy Bennett	Pine St - Freshwater Rd St Johns	50
			Total Allotment, \$	50

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.) A. L. Summers ^{Lieut.}
 Officer Commanding
 B^c Company
St. Johns
 10-6-191

(S) John Baird
 (Rank) Private

FORM K



No 4450



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, John Baird, Regl. No. 5729
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 _____ Dollars and 75 Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person 1 Person, 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 16-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>4243</u>	<u>Friend</u>	<u>Miss Lucy Bennett</u>	<u>Prine St - Freshwater Rd St. Johns</u>	<u>50</u>
			Total Allotment, £	<u>50</u>

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.) A. S. Summers
 Officer Commanding hinf.
B. Company
St. Johns
10-6-191

(S) John Baird
 (Rank) Private

No. 4290/166

From: NEWFOUNDLAND

Chief Paymaster & O.i/c Records,
Newfoundland Contingent,
58, Victoria Street,
London, S.W. 1.

CHIEF CONTINGENT N.F.C. / CO.
NEWFOUNDLAND
To: 83 Officer Commanding,
1/Bn. Royal Newfoundland Regt.
B.B.F.

17th March 1919

5029 Pte Baird J.

With reference to the following telegram from the Minister of Militia, / / (81)

"Pay to-5029 Baird,
£4. 0. 0.

- Kindly advise whether this remittance should be
- (1) forwarded to you for payment to this Soldier;
 - (2) retained to credit of his account; or
 - (3) otherwise dealt with.

A. O. Minnow May

Chief Paymaster & O. i/c Records

22-3-1919

5029 Pte J Baird

25 MAR 1919

This man wishes this amount forwarded for payment here please.

A. O. Minnow Major
 Capt. *[Signature]* **REPT. CO.**
 COMMANDING 1st Bn. ROYAL NEWFOUNDLAND REGIMENT.

5112

CHIEF PAYMASTER & OFFICER I/C. RECORDS.
NEWFOUNDLAND CONTINGENT,
58, VICTORIA STREET,
LONDON, S.W. 1.
ENGLAND.

CHIEF PAYMASTER & OFFICER I/C. RECORDS.
NEWFOUNDLAND CONTINGENT,
58, VICTORIA STREET,
LONDON, S.W. 1.
ENGLAND.

Officer Commanding,
1st Battn. R.Nfld Regiment.
B.E.F.

29th March 1919.

Pay & Record Office.

5029 Pte J. Baird.

Reference reverse.

Cheque for £4.0.0. has been
forwarded to the Credit Lyonnais
for transmission to you for
payment to the above named soldier.

Kindly obtain his receipt
hereon please.

J. H. [Signature] Captain.
Asst. Chief Paymaster,
for Chief Paymaster & O i/c Rds.

WF/MC.

Received from Lt R. L. Calder
R Newfoundland Regt.
108 francs. (£4-0-0).
One hundred and eight francs.

Seymour

John Baird
8-4-19
check 31/3/19
GW

TC,- The Chief Quartermaster,
Royal Newfoundland Regiment,
58 Victoria Street,
London, S.W.

Sir:-

Please charge the amounts set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.

Commencing on the 1st July 1918.

Regtl.
No.

Rank

Name

Amount

Signature

5029

Pte.

Baird J.

\$250

J Baird

I have the honour to be, Sir,
~~for the Committee,~~
Your obedient servant.

Date

July 1/18

J Baird

No. 5029 Name Bard J. Sqn., Batty., or Company II Corp. ROYAL NEWFOUNDLAND REG. Date of enlistment 14/5/18 G.C. Badges 3 Service or Proficiency Pay 1st Lt.

Date of last entry in Company Conduct Sheet No. and date of last drunk Period not reckoning towards freedom from extra fine Sheet No. One Signature O.C. Company, etc. J. M. Curran Character

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
<u>Seld</u>	<u>15.1.19</u>	<u>Pvt</u>	<u>—</u>	<u>Being in an Intoxicant after hours</u>	<u>Pvt. Rowley</u>	<u>7 days C.B.</u>	<u>15.1.19</u>	<u>Major Bernard</u>	
	<u>6.2.19</u>	<u>-</u>		<u>Duty Rifle on Guard</u>	<u>C.S.M. Anstey</u>	<u>2 days C.B.</u>		<u>Capt. Williamson</u>	
<u>do</u>	<u>8/4/19</u>			<u>Deficiencies 1/4</u>	<u>Edwards</u>	<u>Tag for 10 days</u>	<u>8/4/19</u>	<u>Major Bernard</u>	

Baird, J

5029

May & Sept.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration There must be no blanks and no dashes, if any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name *John* 2. Surname *Baird*
3. Rank *Pte.* 4. Regtl. No. *5029.*
5. Address in full to which future payments of gratuity are to be forwarded *26, Stephen St., St. John's*
6. Date of enlistment in the Regiment *May 14/18*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
8. Relationship of such dependents.....
9. Address in full of such dependents.....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....
11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... *Overseas*
12. Give total length of time which *you* served on active service, whether in Nfld. or Overseas..... *from May 14/18 to June 14/19* 1. $\frac{3}{4}$

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.

..... *No,*

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.....

..... *No*

15. Have you been issued with a War Service Badge?.....

16. Have you, during the present war, served in the Imperial Forces....

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.....

..... *No*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?.....

(b) If so, was such reversion in consequence of misconduct or inefficiency?.....

19. Are you now serving in the R.A.F.?..... If not give:- (a) date of discharge..... (b) Reason for discharge.....

..... *No* *Demobilization*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.....

France, Belgium + Germany - Arrive Sept 26/18 to April 1919

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.....

..... *No*

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.

Signature of Applicant:

John Baird

Place of Residence:

26 Stephen St. St. John's

Declared before me at:

St. John's, Nfld.

This

14th day of *June* 19 *1919*

John W. McCarthy
Notary

Signature of Barrister of the
Supreme Court, Stipendiary Magistrate,
Notary Public, Justice of the Peace,
or Commissioner of affidavits.

POST DISCHARGE PAY.

Date paid Paid
Soldier. Dependent.

War Service
Classify.

Net amount
due

280.00

U.S. Army

.....
.....
.....

Certified correct.

Paymaster

June 29, 1919

#5029 Lt. John Baird,
Stephen's St.,
City

Dear Sir:-

Please find enclosed Discharge
Certificate No. 2484.

Yours truly

Captain,
Paymaster & O.i/c records.

The Royal Wld. Regiment

DEMOBILIZATION

No. 5079 Rank _____

Name Baird

Warned for demobilization on

JUN 14 19

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5029 Rank Pte Name Baird John
 Intended place of residence Stephens St.
 2. Occupation Chauffeur
 Classification of soldier R.O. Medical Category AI

3. The above named man is discharged in consequence of DEMOBILIZATION
Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
 Place ST. JOHN'S
 Date JUN 14 1919 for Mrs. Leat
 Comanding 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. JOHN'S
JUN 14 1919
J. Baird Signature of soldier
J. A. Shaw 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. JOHN'S
JUN 14 1919
John Baird Signature of soldier
W. Bealoy Quis Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 14-5-18 No of days on Military
 Discharged from service 15-6-19, PLUS 14 DAYS Service 412

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
 Date JUN 15 1919
R.H. Lait Major
 Officer-Commanding Discharge Depot
 The Royal Newfoundland Regiment.

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place St. John's, Nfld
 Date June 29/1919
M. Howley Capt
 Officer i/c Records
 The Royal Newfoundland Regiment

A.H.B. 2029/24 26

The Royal Newfoundland Regiment

Class for Demobilization: 86

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 13.6.19

Regimental No 5029

Name Baird Jr Rank Plt

Address Caddisway St

Present Medical Category A7

Recommended for: — (a) Immediate discharge

(b) ~~Standard Medical Board~~

Members of Board

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

H. Paterson
Senior Medical Officer

S.W. Borden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5029 Rank Plt Name David John
 Date of Enlistment 14-5-18 Address Stephens St District St John's
 Occupation Chauffeur Classification for Discharge E Medical Category #1
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 136	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 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		

Date 14-6-19 O. C. Discharge Depot. St John's

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

John Baird

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable A60
- (b) Clothing Supplied CMC busby

Date 14-6-19 O. C. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. _____ to his home at Stephen Hill and Release Certificate No. 2730 issued.

Date

14-6-19

J. A. Snow Capt
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

Date

14-6-19

29-11-19
J. H. M. S. J.
Depot Paymaster.

Discharge approved for

15-6-19

Forwarded with following documents to O.C. Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 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
B179c	B 120	M 93		

2 Form B

Date

14-6-19

J. A. Snow Capt
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date

JUN 15 1919

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

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

Date

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 resume former Occupation.

J. Buirk
Signature of Man.

Reg. No. 5029

J. P. Snowly
Signature of the Vocational Officer or his Representative.

Place *St Johns*

Date *14-6-19* 191

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

MEDICAL HISTORY

OF

Surname

Baird

Christian Name

John

Table I.—GENERAL TABLE.

Birthplace:—Parish

Cuddy St John's

County

Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	14	May 1918		191
	at	St John's	at	
Declared Age...	20	years		days
Trade or Occupation	<i>Chauffeur</i>			
Height	5	feet 4		inches
Weight	115			lbs
Chest Measurement	Girth when fully expanded	33		inches
	Range of Expansion	4		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	<i>10 scars</i>			
When Vaccinated	<i>1 month ago</i>			
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) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<i>Liam Patterson</i>			
(Rank)	<i>Major</i>			
	Medical Officer.			Medical Officer.
Enlisted	at	<i>St John's</i>	at	
	on	14 day of May 1918	on	day of 191
	Corps.		Corps	Regtl. No.
Joined on Enlistment	<i>The Royal 1029</i>			
	<i>Rfld Regt</i>			
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

Medical Report on an Invalid.

Station Hazley D Camp
Date 1 3 19

1. Unit Royal Newfld
2. Regimental No. 5029
3. Rank Pte.
4. Name Baird J.
5. Age last birthday 21.
6. Enlisted $\left\{ \begin{array}{l} \text{on } \text{May } 14 \text{ } 1918 \\ \text{at } \text{St John} \end{array} \right.$
7. Former Trade or Occupation Labourer
- 7A. If with previous service in Army, state—
(a) Former Unit;
(b) Regimental No.;
(c) Date of Discharge;
(d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

nilStatement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. nil
10. Place of origin of disability. nil
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3). nil
- (b) constitutional or hereditary, and not aggravated by service during the present war. nil
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

No complaint of no disability

14. If the disability is an injury, was it caused—

na

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

na

- If so—(a) When?
- (b) Where?
- (c) Opinion?

16. Was an operation performed? If so, what?

na

17. If not, was an operation advised and declined?

na

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

na

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

na

20. Do you recommend—
(a) Discharge as permanently unfit, or
(b) Change to England?

Repatriation

M.R. 11
Major J. M. ...

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station *H. D. Camps*

Date *1. 02. 19*

Officer in charge of Hospital.

*Loss of teeth on or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.



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

David John

Regiment from which discharged

Royal Newfoundland

Regimental number

2279

Intended address

Stephen A. Johnson

Height on discharge

5 Feet 5

Color of hair on discharge

Black.

Complexion

Fair.

Color of eyes

Blue.

Descriptive Marks

Figure on discharge

Med.

Christian name of Father

Michael

Christian name of Mother

Elizabeth

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth

St. John's 13 Aug. 1897

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)

John Baird

(Rank)

[Signature]

Station

ST. JOHN'S.

Date

13 6 19

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



Casualty Form—Active Service.

Regiment or Corps 271st ROYAL NEWFOUNDLAND REGT.

Rank Plt Surname Baird Christian Name John

Religion R.C. Age on Enlistment 20 years — months

Enlisted (a) 14/5/18 Terms of Service (a) DURATION Service reckons from (a) 14/5/18

Date of promotion to present rank Date of appointment to lance rank

Extended { } Re-engaged { } Qualification (b)
 S. { } of Corps Trade and rate

Occupation Chauffeur J. M. Curran Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B 213, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked ...		26 OCT 1918	
		Disembarked ...		NOV 1918	
		Joined Battalion			
		Arrived in UK		23/4/19	

(1) 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.

Sigaller, Shoosier, Smith, & Co.

W 4625—M2735 2000m 9/17 (35011) C. P. & S. Ltd., Form B/103 E/1807. P.T.O.

Next of Kin Father Michael Baird
Cuddihy St. St. Johns Newfoundland.

Captin A L Summers

yes I wood be very
thankfull if you wood
fixted it mrs walsh 26
stephen st

I dident get a chance
to tell you be fore
I left st johns but
I told L C wall
about and I thought
it wood be all right
so told mrs walsh it
wass all right

so good by know
All Is well
5029 Pet John Baird



THE ROYAL NEWFOUNDLAND REGIMENT
HEADQUARTERS

ST. JOHN'S, NEWFOUNDLAND,

2-7-18

To Lieut. A. Maddick,

I am enclosing a letter in connection
 with an allotment.

This man made an allotment in favor
 of a Miss Lucy Bennett, St. John's, but now wishes it
 to be made in favor of his guardian Mrs J. Walsh
 *26 Stephen Street, St. John's.

If you will arrange this or have it
 arranged for me I shall be very much obliged.

Atk Summers Lt
 13 Coy



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, John Baird, Regl. No. 5029

hereby agree, until further notification by me, and in similar official form to make an Allotment of 3 Dollars and 75 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 16-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4243	Friend	Miss Lucy Bennett	Prine St- Freshwater Rd St. Johns	50
			Total Allotment, \$	50

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.) A. L. Summers
lieut.
 Officer Commanding
 "B." Company
St. Johns

(Sig.) John Baird
 (Rank) Private

10-6-191

July 3rd.1918.

Lieut. A.L. Summers,
Headquarters.

Dear Sir:

I received your memo. enclosing
letter from No. 5029, Pte. John Baird, and as per his
request I have arranged to have his allotment made
payable to Mrs. J. Walsh, 26 Stephen Street from June
15th.

Yours truly,

For Paymaster

ST. JOHN'S, JUN 14 1919

Royal Newfoundland Regiment.

Billeting Account,

To *W. J. Baird*

Billeting Soldters as undermentioned

from *June 1st /19* to *June 15th /19*

<i>John Baird</i>		
<i>5029 - W. J. Baird</i>	<i>15</i>	<i>50</i>

ACCOUNT	<i>B V m</i>
CH. NO.	<i>23715</i>
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

Certified correct for \$

W. J. Baird
Billeting Officer

Baird
R. J.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheet One

Regiment of Royal Newfoundland Signature of O. C. Company C. S. Drake

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>Baird Tro</u>	Age on	<u>10</u> years <u> </u> months	<u>Chauffeur</u>	
Joined	Date	Place and Date of Enlistment	<u>St Johns</u>	Religion	
Joined	Date		<u>14.5.18</u>	<u>R.C.</u>	
Joined	Date	Period of	} with Colours <u>147</u> years.	Place of Birth	
Joined	Date			} with Reserve <u>365</u> years.	<u>St Johns.</u>

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized John's 29 6-19</u>					

To be carried over

The Royal Newfoundland Regiment

DEMOBILIZATION CARD

Reg. No. 5029 Rank Private Name Baird John
 Date of Enlistment 14-5-18 Address Stephens St District St John's
 Occupation Chauffeur Classification for Discharge By Medical Category H1
 Recommendation S.M.B. Disability Rating 11-1-11

Passed to Demobilization Officer with following documents:—

N.F. 1/36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	H 403	ME 2		" 6
B 179c	B 120	M 93		

Date 14-6-19 for O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am / in a position to resume civilian occupation.

John Baird

Particulars passed to Vocational Officer for information and action.

Date 14-6-19

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable Also

(b) Clothing Supplied AMC

Date 14-6-19

O i.c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. _____ to his home at Stephen St. H. Jones and Release Certificate No. 2750 issued.

Date 14-6-19 J. A. Snowball
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 19-11-19

Date 14-6-19 J. A. Snowball
Depot Paymaster.

Discharge approved for 15-6-19
Forwarded with following documents to O.C. Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 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
B179c	B 120	M 93		

2 Form B

Date 14-6-19 J. A. Snowball
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

JUN 15 1919

Eligible for War Service Gratuity

Date _____ R. J. Snowball
O. C. Discharge Depot.

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

Date June 24/19 J. A. Snowball

Reg. No. *2029* Rank *Private* Name *David J.*

Attested Address *Cudding St.*

Allotment Allottee

Date of Allotment Returned from Overseas *29.5.19.*

Returned on S.S. *Cossican* Cause *Discharge*

14.6.19.
15.1.19.

PASS
DISCHARGE APPROVED ON DEPLOYMENT