



Newfoundland Forestry Companies

ATTESTATION OF

No. 4032

Name Charles Brown Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Charles Brown</u> |
| 2. What is your full Address? | 2. <u>Cambo B.B.</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>23</u> Years <u>9</u> Months |
| 5. What is your Trade or Calling? | 5. <u>sumberrman</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>yes Military</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>yes</u> |
| 9. What is your Religion? | 9. <u>S.A.</u> |
| 10. Are you willing to serve upon the conditions as embodied in this roll of service as applied to Forestry Companies? | 10. <u>yes</u> { Name |
| | { Corps |

I, Charles Brown 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.

Charles Brown SIGNATURE OF RECRUIT.
Walter Cranford Signature of Witness.

21/4/17

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Charles Brown 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 serve His Majesty, His Heirs and Successors, in the United Kingdom, 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. Johns on this 23rd day of April 1917
 Signature of Attesting Officer H. J. Fitzgibbon

† 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 Co.
 If enlisted by special authority, such will be attached to the original attestation.
 Date 23. 4. 17 1917
 Place St. Johns
J. J. Grady Capt 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.

Name Charles Brown
 Apparent age 23 years 9 months. Height 5 feet 7 3/4 inches
 Chest Measurement { Girth when fully expanded _____ inches
 Range of expansion _____ inches
 Distinctive marks Eyes-brown. Hair-black.

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Robert Brown
Gumbo BB. | 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 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>Discharged</u>					<u>April 1899</u>				
Total Service forfeited as above.....									

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

N^o 9



Newfoundland Forestry Companies.

ALLOTMENTS

I, Charles Brown, Regl. No. 8032 32

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 May 1/17

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>25</u>	<u>Niece</u>	<u>Alice Miller</u>	<u>Fosters Point Random Island Trinity Bay</u>	<u>50</u>
<u>Cancelled 3/12/17</u>				
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.) W. H. Baird
Officer Commanding
St Johns
Company
May 4 1917

(Sig.) Charles Brown
(Rank) Private

DUPLICATE ORIGINAL

ENTERED
PAY LEDGERS
NUM. ROLL
ALLOT. INDEX
EXAMINED
H. HESTER
VICTORIA ST.
LONDON, S.W.

N.F. / 12.

Allotments.

8 DEC 1917

NEWFOUNDLAND CONTINGENT

CANCELLATION OF ALLOTMENT

I, (No.) 8032 (Rank) Pte. (Name) Brown C.

hereby apply for cancellation of Allotment made by me on

N.F. 9 dated May 1917 in favour

of Miss Alice Mear, Foster's Point, Random Island for \$ — cts 50

per diem. Such cancellation to take place on the

Thirty First day of December 1917

I agree to accept all risks and consequences of this application failing to reach headquarters, St. John's, by mail in time to become operative at above nominated cancelling date; and that in the event of such non-delivery by mail, and thereby the Allotment continuing to be paid to the Allottee, I also agree to such further stoppage as may be thereby necessary being made against me in the Pay Books, or otherwise to refund such overdrawn amount or amounts.

Dated at St. John's
2nd Dec. 1917

8032 - C. Brown
Allotter.

Approved and Witnessed,

J. S. Crowe
Capt.
O.C. "B" Company.

NOTED
McLator
CO. S. S.
Date: 2.12.17
NOTED
W. Martin
Date: 15.12.17

To be made out in TRIPLICATE and sent to the Paymaster & Officer in Charge of Records, who will forward Original to Headquarters by first mail, Duplicate by the following, and retain Triplicate.



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 *Brown. C. Cas.*
 Regiment from which discharged *Royal Newfoundland*
 Regimental number *8937.*
 Intended address *Grand Falls.*
 Height on discharge *5* Feet *8"*
 Color of hair on discharge *Dark.*
 Complexion *Dark.*
 Color of eyes *Brown.*
 Descriptive Marks
 Figure on discharge *Medium*
 Christian name of Father *Robert*
 Christian name of Mother
 Wife's maiden name in full *Barbra.*
 Date and place of marriage *Scotland, Salt, 20. 12. 1900.*
 Christian names of children
 Place and date of soldier's birth *Lusleyville 13. 7. 1893.*
 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) *Brown. C. Cas. mil. Sergt. Cass. St.*
 Station **ST. JOHN'S.** Date *21. 3. 19.* (Rank)

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 _____



C.R. 8032

Extract from Daily Orders Part 11 Unit The Royal Wfld.
Regt. St. John's, Mar. 29th, 1919.

The discharge of the undernoted on demobilization
have been APPROVED BY O.C. Discharge Depct from noted
dates.

8032 Pte. Chas. Brown.

29-3-19.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 8032 Rank Plt Name Brown Charles
 Intended place of residence Grand Falls
 2. Occupation Lumberman
 Classification of soldier B Medical Category E

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 MAR 27 1919 *Abbley 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. JOHN'S
27-3-19 *C Brown*
 Signature of soldier
J. A. [unclear]
 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
27-3-19 *C Brown*
 Signature of soldier
E. [unclear]
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 22-4-17 No of days on Military
 Discharged from service 29-3-19 plus 14 days Service 428

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge Records, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place ST. JOHN'S *R. H. Sait Capt*
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.
 Date MAR 29 1919

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed
 Place St. Johns, Nfld. *M. Bowley Capt*
 Date April 2/1919 Officer in Charge Records
 The Royal Newfoundland Regiment

22B 2029/1726

*36
257*

The Royal Newfoundland Regiment

DEMobilIZATION OF

8032
 Reg. No. 8032 Rank Private Name Bourne, Charles

Date of Enlistment 27-11-17 Address Stamps District B. 10

Occupation humberman Classification for Discharge B Medical Category F1

Recommendation S.M.B. permanent unfit Disability Rating 10%

Passed to Demobilization Officer with following documents:—

N.F. P 36 <u>12</u>	1	B 268		B 121	1	N.F. Med.		D.F. 1	1		
B 178		W 3494		B 122		Board 1st		" 2			
B 178a	1	D 400A	1	B 1915		do 2nd		" 3			
B 179	3	D 400B		Form L		do 3rd		" 4			
B 179a		D 400C		Form K		do 4th		" 5			
B 179b		B 103		ME 2		<u>206-2</u>		" 6			
B 179c		B 120		M 93							

Date 27-3-19 for H. Mans. St.
 O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. 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 \$65.00

(b) Clothing Supplied 2 new suits

Date 27-3-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R10217122* to his home at *Cross Falls* and Release Certificate No. *1812* issued.

Date *27-3-19* *J.A. Sampson*
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 *12-1-19*

Date *27-3-19* *W.W. May Capt.*
Depot Paymaster.

Discharge approved for *29-3-19*

Forwarded with following documents to O.C Discharge Depot.

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

Date *27-3-19* *J.A. Sampson*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-
Officer in Records.
Board of Pension Commissioners.

with following additional documents. **Eligible for War Service Gratuity**

MAR 29 1919

Date *29-3-19* *R.H. Sait Capt.*
O. C. Discharge Depot.

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

Date *April 11 1919* *R.H. Sait*
Depot Paymaster.