



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4892 Name Charles Bryant Corps Infantry

### Questions to be put to the Recruit before Enlistment.

- |  |                                |
|--|--------------------------------|
| 1. What is your name? .....  | 1. <u>Charles Bryant</u> ..... |
| 2. What is your full Address? .....  | 2. <u>Brownville</u> .....     |
|  | <u>Trinity Bay</u> .....       |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u> .....            |
| 4. What is your age? .....   | 4. <u>20</u> Years - .....     |
|  | Months .....                   |
| 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> .....           |

Charles Bryant 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.

A  
3-5-18

Charles Bryant SIGNATURE OF RECRUIT.

James Arkle Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

Charles Bryant 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 .....

on this 3rd day of May, 1918

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 compiled with. I accordingly approve, and appoint him to the .....

If enlisted by special authority, such will be attached to the original attestation.

Date .....

Place .....

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: vis:—(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 Bryant  
 Apparent age 20 years -      months. Height 5 feet 7 inches  
 Chest Measurement { Girth when fully expanded 35 inches  
 Range of expansion 4 inches  
 Distinctive marks \_\_\_\_\_

**INFORMATION SUPPLIED BY RECRUIT**

Name and Address of next of kin Heeman Bryant Brownsdale  
Trinity Bay | Relationship Father  
 Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether sister 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 Issues/engagement reckons from <u>25-5-18</u>										
Joined at <u>M. G. H. Co's</u> on <u>May 3-1918</u>										
<u>Discharged July 11 1919</u>										
<u>Embarked M. G. H. train to Halifax</u>					<u>11</u>	<u>18</u>				
<u>Embarked for M. G. H.</u>					<u>26-10-18</u>					
<u>Disembarked train</u>					<u>26-10-18</u>					
<u>joined Bath</u>					<u>3-11-1918</u>					
<u>Transferred from Reserve</u>					<u>23</u>	<u>19</u>				
<u>to 10th Coy Cavalry</u>					<u>23</u>	<u>19</u>				
<u>Discharged</u>					<u>2-7-1919</u>					
Total Service forfeited as above.....										
Total Service towards Engagement to <u>2-7-1919</u> (date of discharge)					<u>1</u>	<u>61</u>	years	days		
Pensions										

No. 4895 Name Bryant R. Sqn., Batty., or Company } Corps ROYAL NEWFOUNDLAND REG Date of enlistment } 1878 Badges } 1 Service or Proficiency Pay } 10. 11. 12  
 Date of last entry in } No. and date } Period not reckoning towards } Sheet No. } Signature O.C. } Character }  
 Company Conduct Sheet } of last drunk } freedom from extra fine } 10 } 10. 11. 12 } 10. 11. 12

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>Field</u>	<u>20/1/18</u>	<u>Pte.</u>		<u>Hesitating to obey an order.</u>	<u>Sgt. Brown</u> <u>Pte. Forster</u>	<u>7 days 10 B.</u>	<u>20/1/18</u>	<u>H. M. Mathias</u>	<u>10/4</u>
<u>✓</u>	<u>22/2/18</u>			<u>Noting a falsehood to an order.</u>	<u>Sgt. Bishop</u>	<u>7 days 10 B.</u>	<u>22/2/19</u>	<u>H. M. Mathias</u>	<u>10/4</u>
<u>✓</u>	<u>26/2/18</u>			<u>Absent from 19:30 in parade.</u>	<u>Sgt. Bishop</u>	<u>5 days 10 B.</u>	<u>26/2/19</u>	<u>H. M. Mathias</u>	<u>10/4</u>
<u>Rowers</u>	<u>28/2/18</u>			<u>Use of black knife, spears, bayonet, leaving gun, etc. in position.</u>	<u>32nd Lincoln</u>	<u>Admonished.</u>	<u>29/3/18</u>	<u>H. M. Mathias</u>	<u>10/4</u> <u>5/8 3/10 1/11</u>
<u>Rowers</u>	<u>10/4/19</u>			<u>Hesitating to obey an order.</u>	<u>Cpl. Hayter</u>	<u>7 days FP No 2</u>	<u>11/4/19</u>	<u>Ernest Brown</u>	<u>10/4</u>

Army Form B. 122

C.R. 4892

Extract from Daily Orders Part II Unit The Royal WFLd. Regt.  
St. John's, July 4th, 1919.

The discharge of the undernoted on demobilization has been  
APPROVED by O.C. Discharge Depot with effect from 2-7-19.

4892 Pte, Chas. Bryant.

C.R. 4892

Extract from Daily Orders Part 11 Unit the Royal Rifles.  
Regt. St. John's June 9th, 1919.

The discharge and demobilisation of the undernoted has  
been APPROVED by G.O. Discharge Depot with effect from  
18  
18-6-19.

4892 Pte. C. Bryant.

C.R. 4892

Extract from Daily Orders Part 11 Depot, St. John's,

Date June 7th, 1919

4892 Pte. C. Bryant.

Reported at Headquarters 1-6-19 — ex "Corsican"  
which sailed Liverpool May 22/1919.

C.R. 4892

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

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

#4892 Pte. C. Bryant.

C.R. 4892

Extract from Nominal Roll re-inforcement Draft No.55 Embarked Folkeston  
26/10/18 from 2nd Batta. Royal Newfoundland Regiment Hazelley Down Camp,  
Winchester, to 1st Batta. Royal Newfoundland Regiment B.N.F.

4892 Pte.Bryant, G.

MP.



C.R. 4892

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

4892 Pte. E. Bryant.

Embarked for Overseas with draft 11-6-18.

C.R. 4892

Extract from Daily Orders part 11, from Unit the Royal  
Newfoundland Regiment, St. John's, dated May 4, 1918.

#4892 Pte. Charles Bryant.

Attested for General service with the Royal Nfld. Regt.  
from 3/5/18.

C. Bryant

C.R. 4892

~~1890~~

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.  
In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

## Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps. *Royal Newfoundland* } Former Trade or Occupation } *Fisherman.*  
2. Regt. No. *4892* 3. Rank. *Pte* 7a. If the soldier claims previous service in Army, he should state—  
4. Name *Brogan* } (a) Former Regts. or Corps; with Regt. Nos.  
(Surname) } (Christian Names)  
5. Age last birthday. *21*  
6. Posted for duty on. *3/5/18* at *S. C. John's*  
in category (or grade).....  
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty? (b) Date of Discharge;  
(c) Cause of Discharge.  
9. If a Court of Inquiry was held on an injury state:—  
(a) When (d) Particulars of Pension or Gratuity (if any)  
(b) Where  
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179a (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

### Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability. *nil*  
12. Place of origin of disability. *nil*  
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are
- |  | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war                      | .....               | .....             |
| (ii.) Previous active service                            | .....               | .....             |
| (iii.) Climate in pre-war service                        | .....               | .....             |
| (iv.) Ordinary military service before the war           | .....               | .....             |
| (v.) Serious negligence or misconduct on the man's part. | .....               | .....             |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } *na.*

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?  
*(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)*

*no complaint of no disability.*

16. Was an operation performed? If so, when and what was its nature? *na.*
17. If not, was an operation advised and declined? *na.*
18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable? *na.*
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions? *na.*

20. Do you recommend—
- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?
- Note—(b) is only applicable to soldiers invalided at Foreign Stations.

*Repatriation*

*B. E. Premier Capt. P. M. C.*

Medical Officer in charge of case.

Station *Weymouth Down*

Date *30/4/19*

\* 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

1ST. NEWFOUNDLAND REGIMENT

## ALLOTMENTS

I, Charles Bryant, Regl. No. 4892

hereby agree, until further notification by me, and in similar official form to make an Allotment of — Dollars and Sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons concerned, viz.:

Allotment begins 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4004	Father	Heaman Bryant	Brewnsdale T. B.	
			Total Allotment, \$	60

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.) G. J. [Signature]  
Officer Commanding  
A Company  
St. John's  
May 23rd 1918

(S) Charles Bryant  
Pte  
(Rank)

**FORM K**

NEWFOUNDLAND REGIMENT  
 68 VICTORIA ST.  
 LONDON, S.W. 1  
 10 JUL 1918  
 PAY & RECORD OFFICE

Nº 4237A



**1ST. NEWFOUNDLAND REGIMENT**

**ALLOTMENTS**

I, Charles Bryant, Regl. No. 4892

hereby agree, until further notification by me, and in similar official form to make an Allotment of  
       Dollars and sixty Cents, per diem, from my Pay,  
 to, and for the benefit of the undermentioned Person <sup>and</sup> <sub>or</sub> Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> <sub>or</sub> Persons  
 concerned, viz.:

Allotment begins 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4004	Father	Herbert Bryant	Brownsdale T.B.	
Total Allotment, \$				60

**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.) James Kent  
 Officer Commanding  
A. Company  
St John's  
May 23rd 1918

(Sig.) Charles Bryant  
 (Rank) Pte

No. 14208/1441.

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,  
2nd. Bn. Royal Newfoundland Rgt.  
Hazeley Down Camp,  
Winchester.

September 4th. 1918

Subject: 4892, Pte. C. Bryant.

With reference to the following telegram ( 7822 ) from the Hon. Minister of Militia, received

"Pay to 4892, Pte. C. Bryant, £2:1:0.

Draft £ 2:1:0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

*A. A. [Signature]*  
Chief Paymaster & O. i/c Records.

Sept. 7<sup>th</sup> 1918

Receipt hereunder.

*B. J. Barton* LIEUT. COLONEL,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
Officer Commanding 2nd Battalion  
Royal Newfoundland Regiment

Received the sum of Two pounds  
One shilling on account of  
cable remittance from Newfoundland.

C. Bryant  
No. 4892 Rank Pte.



No. 16252/1749

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From: 1

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

Officer Commanding,  
2nd. Bn. Royal Nfld Regt.,  
Winchester.

October 10th, 1918

Oct. 16<sup>th</sup> 1918

Subject: 4892, Pte. C. Bryant, C

With reference to the following telegram (8664) from the Hon. Minister of Militia, received

"Pay to 4892, Pte. C. Bryant, £4.0.0.

Draft £4.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

*A. A. Maxwell Maj.*  
Chief Paymaster & O. i/c Records.

*Witness*

Receipt hereunder.  
*A. J. Barton* **LIEUT. COLONEL,**  
**COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.**  
Officer Commdg.          Batt'n  
Royal Newfoundland Regiment

Received the sum of £4-0-0  
four pounds on account of  
cable remittance from Newfoundland.

*C. Bryant*  
No. 4892 Rank Pte.

*C. Manning*

16252/1749

1

2nd. Bn. Royal Nfld Regt,  
Witchester.

October 10th, . . . . . 8.

4892, Pte. C. Bryant,

✓  
8664

"Pay to 4892, Pte. C. Bryant, £4.0.0.

4.0.0.

*psd*

TO,- 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.F.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:
1892.	Pte.	Bryant	\$2.50	B. Bryant

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

Date

July 1/18

B. Bryant

No. 5652/275

N.F.P./80.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,  
1st Batt. Ryl. Nfld. Regt.

B.E.F.

9th April 1919

*April 8 1919*  
1 APR 1919  
ANSWER

Subject: 4892 Pte Bryant C.

With reference to the following telegram ( 126) from the Hon. Minister of Militia, received

4892 Bryant C.  
£8. 4. 0.

Kindly advise whether this amount should be remitted to you for payment to this Soldier, retained to credit of his account, or otherwise dealt with.

*Reference attached  
This man wishes  
the said amount  
placed to credit  
of his account  
please.*

*M.A. Munnell Esq.*  
Chief Paymaster & O. 1/c Records

*de/pt  
9/4/19*

*AS Macdonald  
Capt. & Lt.*

Bryant, L

4892

May - Sept.

July 2, 1919

#4892 Pte. Charles Bryant,

Brownsdale, T.B.

Dear Sir:-

Referring to your application I  
enclose cheque for seventy dollars (\$70.00),  
being amount of first payment due you on  
account of the "War Service Gratuity."

Yours truly

Captain,  
Paymaster & O.i/c Records.

426

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. 1918.

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..... *Charles* ..... 2. Surname..... *Bryant* .....

3. Rank..... *Pte* ..... 4. Regtl. No..... *4897* .....

5. Address in full to which future payments of gratuity are to be forwarded..... *Brownsdale St.* .....

6. Date of enlistment in the Regiment..... *May 2/1918* .....

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....

..... *Not applicable* .....

8. Relationship of such dependents..... *No* .....

9. Address in full of such dependents..... *No* .....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *No* .....

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..... *Thirteen months and* .....

..... *Fifteen days* ..... 1. <sup>a</sup> .....

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

*Not applicable*

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.

*£80.19. Clothing, boots and pay allowances*

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

*No*

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

*No*

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?

*No*

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

*No*

19. Are you now serving in the Regt.? If not give - (a) Date of discharge.

*June 18/19*

(b) Reason for discharge  
*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 1918. Belgium 1918 and Germany 1918 - 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.

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.



-3- *Charles Bryant*

Signature of Applicant:

Place of Residence: *Amaurusdes. County, Ben*

Declared before me at: *St Johns nfld*

This *5<sup>th</sup>* day of *June* 19*. 1.9...*

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



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POST DISCHARGE PAY.

Date paid.	Paid Soldier.	Paid Dependent.	War Service Gratuity.	Net amount due
.....	.....	.....	<i>4 mos</i>	<i>280 00</i>
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

Certified correct. Paymaster *H*

July 2, 1919

#4892 Pte. Charles Bryant,  
Brownsdale, T.B.

Dear Sir:-

Please find enclosed "Discharge Certificate  
No. 2302."

Yours truly

Captain,  
Paymaster & Officer i/c Records.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4892 Rank 1<sup>st</sup> Lt Name Bryant C  
 Intended place of residence Barrheadle Trinity Bay  
 2. Occupation Fisherman  
 Classification of soldier E Medical Category A 1

3. The above named man is discharged in consequence of DEMILITARIZATION  
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 4 1919  
 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 June 4 1919  
 Signature of soldier Bryant C  
 Signature of witness W. Couston

## 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 May 4<sup>th</sup> 1919  
 Signature of soldier Bryant C  
 Signature of witness R. Tilley Sgt

## STATEMENT OF SERVICE

7. Enlisted for service May 3<sup>rd</sup> 1918 No of days on Military Service 375 days  
 Discharged from service June 6-19 plus 14 days 436 days

## 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 13 1919  
 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 July 2/1919  
 Officer i/c Records  
 The Royal Newfoundland Regiment

2212 207 9/2302

# The Royal Newfoundland Regiment

Class for Demobilization:—

*E1*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date ..... *11-5-19* .....

Regimental No. *4892* .....

Name ..... *Bryant C.* ..... *Plt.* .....

Address ..... *Brown's Dale* .....

Present Medical Category ..... *A-1* .....

Recommended for:— { (a) Immediate discharge .....  
(b) ~~Standing Medical Board~~ .....

Members of Board {

*Ret Lt Col*  
O.C. Discharge Depot.

*Pharson*  
Senior Medical Officer

*See Burden*  
M. O. Depot.

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 4892 Rank Pt. Name Bryant C  
 Date of Enlistment 5-5-18 Address Brown's Place District St. John's  
 Occupation Insulaner Classification for Discharge Ey Medical Category H. 1  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	N.F. Med	D.F. 1	1
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	5
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 4-5-19 H. M. W. S. H.  
 O. C. Discharge Depot

### PARTICULARS FOR DEMobilIZATION

#### 1. Civil Re-Establishment.

I am \_\_\_\_\_ in a position to resume civilian occupation.

x 73 Bryant C

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

Date 4-6-19 O i/c. Re-clothing \_\_\_\_\_

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 211384 to his home at Bromsdale T.B. and Release Certificate No. 2245 issued.

Date 4-6-19 J.A. Shaw 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 1-1-19

Date 4-6-19 H.H. Sait Capt  
Depot Paymaster.

Discharge approved for 18-6-19  
General  
Forwarded with following documents to O.C. Discharge Depot.

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

Date 4-6-19 J.A. Shaw Capt  
Demobilization Officer.

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 18 1919 R.H. Sait Capt  
O. C. Discharge Depot.

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

Date .....

## Civil Re-establishment Committee



*R*

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*

Signature of Man.

Reg. No. *Bryant C*

*J. A. Snow Capt.*  
Signature of the Vocational Officer or his Representative.

Place

*St Johns*

Date

*4-6-19*

191 *1919*

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

# MEDICAL HISTORY

Surname

*Bryant*

OF

Christian Name

*Charles*

Table I.—GENERAL TABLE.

Birthplace:—Parish

*Brownsdale*

County

*Trinity Bay*

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	on <i>3<sup>rd</sup></i>	day of <i>May</i>	on	day of
	at <i>St John's nfld.</i>		at	
Declared Age	<i>20</i> years	— days	years	days
Trade or Occupation	<i>Fisherman</i>			
Height	<i>5</i> feet	<i>7</i> inches	feet	inches
Weight		<i>148</i> lbs.		lbs
Chest Measure-ment	Girth when fully expanded	<i>35</i> inches		inches
	Range of Expansion	<i>4</i> inches		inches
Physical Development				
Vaccination-Marks	Right	Left	Right	Left
	<i>/</i>	<i>/</i>		
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) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<i>James P. ...</i>			
(Rank)	<i>Major</i>			
	Medical Officer.		Medical Officer.	
Enlisted	at <i>St John's nfld.</i>		at	
	on <i>3<sup>rd</sup></i> day of <i>May</i>	191 <i>8</i>	on	day of
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	<i>The Royal nfld Regt.</i>	<i>4892</i>		
Transferred to				
Became non-effective by	on	day of	on	day of
(Signature)		191		191
(Rank)				





NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

## Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps. *Royal Newfoundland* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *4892* 3. Rank. *Plt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Bryant G.* (Surname) *St. John* (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday... *21*...
6. Posted for duty on *2. 5. 18* at *St. John* in category (or grade).....
8. If the disability is an injury was it caused
- (a) in action (b) on field service
- (c) on duty (d) off duty ?
- (b) Date of Discharge ;
- (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
- (a) When
- (b) Where
- (c) Opinion of Court
- (d) Particulars of Pension or Gratuity (if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 n (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

### Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *nil.*
12. Place of origin of disability. *nil.*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil.*

14. State whether the disabilities are

(a) attributable to

(b) aggravated by

- (i.) Service during the present war
- (ii.) Previous active service..
- (iii.) Climate in pre-war service
- (iv.) Ordinary military service before the war
- (v.) Serious negligence or misconduct on the man's part.

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

14 (a). If not due to any of these causes, to what specific condition do you attribute it?

O. A.

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?

(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

O. A.  
 The complais of one disability

16. Was an operation performed? If so, when and what was its nature?

O. A.

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

O. A.

18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

O. A.

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

O. A.

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Repatriation  
 Leg. J. E. D. ...  
 Capt. Parrot  
 Medical Officer in charge of case.

Station Hayley D. Camp

Date 230 4 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



June 13/19

The Department of Militia,

The sum of Four dollars \$4.00 Dollars and.....

cents is due..... Mr. Herman Bryant Brownsdale, Trinity for driving No. 489.3

Rank. Pte Name. H Bryant from Old Verheer

To Brownsdale certified correct

Act h W. Lundland Voucher attached, Trans  
DISTRICT OFFICER  
NEW FUNDLAND  
JUN 14 1919  
COMMANDING

ACCOUNT	<u>Trans</u>
NO. <u>24754</u>	INITIALS <u>h</u>
1st LEDGER	INITIALS
2nd LEDGER	INITIALS
3rd LEDGER	INITIALS

J. J. Shaw  
Discharge Dept - New Fundland

No. *kg* 544

TRAVELLING WARRANT

\$400.

Date *4-6-19*

The Royal Newfoundland Regiment

*G Bryant*  
*Corrict*

*General*

Please issue 1st Class Passage and Meals for

No. *4892* Rank *lie* Name *Bryant-G.*

From - ~~ST. JOHN'S~~ - To *Brownedale.*

*Old Jerlican*

PLEASE QUOTE THIS WARRANT NUMBER  
ON STATEMENT AND MEAL CHECKS

The Royal Newfoundland Regiment  
DEPOT ST. JOHN'S, N.F.

*Amelton*

SIGNATURE OF ISSUING OFFICER.

Five Herman Bryant  
Brounsdale  
Trinity B  
2

July 4, 1919

Dear Sir:

I enclose herewith cheque  
for \$4.00 amount due you for conveying  
No. Pte. C. Bryant from Old Perlican  
to Brownsdale.

Yours truly,



Capt.  
Paymaster.

Herman Bryant,  
Brownsdale,  
Nfld.

LH/

Enc. 1-



Army Form B. 103.

Regimental Number 4892

**Casualty Form - Active Service.**

Regiment or Corps. 4th Royal Newfoundland Regt

Rank Pte Surname Bryant Christian Name Charles

Religion Meth Age on Enlistment 20 years — months

Enlisted (a) 3-5-18 Terms of Service (a) Duration Service reckons from (a) 3-5-18

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

Extended {.....} Re-engaged {.....} Qualification (b).....  
 Occupation Fisherman NEWFOUNDLAND CONTINGENT

Signature of Officer. [Signature]

Report		CHIEF QUARTERS & OFFICER'S RECORDS		Remarks	
Date	From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 35, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Taken from Army Form B. 213, Army Form A. 35, or other official documents.
		Embarked	<u>26 Oct 1918</u>		
		Disembarked			
		Joined Battalion	<u>3 NOV 1918</u>		
	<u>BC Unit</u>	<u>Awarded 7dys FP to 2 for "Heardening to obey an order"</u>	<u>10/1/19</u>	<u>11/4/19</u>	<u>045069</u>
		<u>Arrived in UK</u>		<u>30/7/19</u>	

(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) Registrar, Shipping-Sales, etc. W. 227 - March 1909 7/17 C. G. & S. Ltd. Forms B. 103 B. 125B.

I.P.C.

of Lily's Father. Roman Bryant, Brownsdale, Trinity Bay, Newfoundland.

## Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.Number of Sheets 1Regiment of Royal NewfoundlandSignature of O. C. Company J. J. Jamieson

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>Bryant, Chas</u>	Age on <u>20</u> years <u>0</u> months	<u>Fisherman</u>		
Joined	Date	Place and Date of Enlistment	<u>St. Johns</u>	Religion	
Joined	Date	Period of } with Colours <u>16</u> years. with Reserve <u>3 1/2</u> years.	<u>3.5.18</u>	<u>Meth.</u>	
Joined	Date		Place of Birth	<u>Brownsville T. Bay</u>	
Joined	Date				

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 Sept 2 19</u>					
--	--	--	--	------------------------------	--	--	--	--	--

To be carried over

Army Form B. 121.

# The Royal Newfoundland Regiment

54892

### DEMOBILIZATION OF

Reg. No. 11892 Rank Pvt. Name Bryant G.  
 Date of Enlistment 3-5-18 Address Brownside District Trinity  
 Occupation Tradesman Classification for Discharge E7 Medical Category A1  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_  
 Passed to Demobilization Officer with following documents:—

N.F. P36	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 4-5-19 for H. M. [Signature]  
 O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

i. Civil Re-Establishment.  
 I am ..... in a position to resume civilian occupation.  
X3 Bryant @  
 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 Col. C. [Signature]

Date 4-6-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 211384 to his home at Bromsedale T.B. and Release Certificate No. 2245 issued.

Date 4-6-19

*J.A. Knowlton*  
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 1-7-19

Date 4-6-19

*H. H. West*  
Depot Paymaster.

Discharge approved for 18-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P[36]	B 268	B 121	N.F. Med.	D.F. 1
F 178	W 3494	B 122	Board 1st	" 2
P 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 4-6-19

*J.A. Knowlton*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to—

Officer in Records.  
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 18 1919

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

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

Date June 10 1919

*J. McQuinn*  
Officer in Records

Reg. No. *4892* Rank *96* Name *Robert L.*  
Attested ..... Address *Trinity*  
Allotment: ..... Allottee ..  
Date of Allotment ..... Returned from Overseas *1-6-19*  
Returned on S S *Conican* Cause *Discharge*

*4-5-19*

*8-16-19*

**PASSED TO DEMOBILIZATION OFFICER**

**DISCHARGE APPROVED ON DEMOBILIZATION**



## 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 Office 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

*Bryant Charles*

Regiment from which discharged **Royal Newfoundland**

Regimental number

*4892*

Intended address

*Brownsdale St.*

Height on discharge

*5* Feet *8*

Color of hair on discharge

*Light*

Complexion

*Fair*

Color of eyes

*Blue*

Descriptive Marks

Figure on discharge

*Medium*

Christian name of Father

*Heman*

Christian name of Mother

*Sarah*

Wife's maiden name in full

—

Date and place of marriage

—

Christian names of children

—

Place and date of soldier's birth

*Brownsdale, 28th April, 1898*

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)

*Bryant Charles*

*St.*  
(Rank)

Station

*St. John's*

Date

*4-6-19*

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.

Medical Officer i/c Hospital.  
Unit, or Command Depot.

Station

Date

DEPARTMENT OF VETERANS AFFAIRS  
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION  
AVIS DE DÉCÈS

TO:  
À:

DATE MARCH 15, 1976...

NAME Service No. CPC No.  
NOM BRYANT, CHARLES..... Matricule No 4892 ARMP 4W1 CCP No -

WVA No.  
AAC No 213678

Information Received from:

Information reçue de: TELE MEMO - SIMO - VA DIST

Date of Death

Date du Décès NOV 27, 1975

Place

Endroit SHAUGHNESSY HOSP

Distribution WSR-DASG

VI - ASS

DO - BD

HO - BC

Pour le chef,  
*L.M. Gauthier*  
for Chief, Central Registry Division  
Dépôt central des dossiers.



CANADA

DEPARTMENT OF VETERANS AFFAIRS

Ottawa 4, September 6th, 1957.

IN YOUR REPLY REFER TO FILE NO.

DVA: 95-7-1 Vol. 1 (WSR 5a).

RECORD OF SERVICE

ROYAL NEWFOUNDLAND REGIMENT

Service Rank and/or Number 4892 Name Charles BRYANT

- 1. Age on Enlistment: 20 years
- 2. Date and Place of Appointment or Enlistment: 3rd May, 1918. St. John's, Newfoundland
- 3. Theatres of Service: NEWFOUNDLAND - CANADA - ENGLAND - FRANCE
- 4. Date and Place of Discharge: 2nd July, 1919. St. John's, Newfoundland.
- 5. Reason for Discharge: "Demobilization"
- 6. Rank on Discharge: Private

DEPARTMENT OF  
VETERANS' AFFAIRS

SEP 6 1957

WAR SERVICE RECORDS  
OTTAWA - CANADA

NOTE:

This record is not valid without the imprint of the official stamp of the Department.

Ottawa, Ontario, Canada.  
September 6th 57  
19\_\_

*[Handwritten Signature]*  
Director,  
War Service Records.

*Central City Mission,  
233 Albert St.,  
Vancouver 4, B.C.*