



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4422 Name Chief Reg. Corps Inf

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name?
2. What is your full Address?
3. Are you a British Subject?
4. What is your age?
5. What is your Trade or Calling?
6. Are you Married?
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? }
8. Are you willing to be vaccinated or re-vaccinated? }
9. Are you willing to be enlisted for General Service?.. 9.
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? }
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? } | 1. <u>Reynald Chafe</u>
2. <u>Fortress St Johns</u>
3. <u>yes</u>
4. <u>16</u> Years <u>0</u> Months
5. <u>Quarrier</u>
6. <u>no</u>
7. <u>no</u>
8. <u>yes</u>
9. <u>yes</u>
10. Name
Corps
11. <u>yes</u> |
|--|--|

I, Reynald Chafe 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.

Signature of Recruit. Reynald Chafe

Signature of Witness. [Signature]

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Reynald Chafe do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 15 day of April 1918.

Signature of Attesting Officer [Signature]

†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.

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

Date 15 April 1918
 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.

Name Reginald Clafe
 Apparent age 18 years — months. Height 5 feet 6 1/2 inches
 Chest Measurement { Girth when fully expanded 37 inches
 Range of expansion 5 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin William Clafe
General St Johns | 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 Re-serve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from									_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
Joined at _____ on _____									
Total Service forfeited as above.....									

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



4 FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. H422 Name Chafe Reg. Corps Coffe

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Reginald Chafe
2. What is your full Address? 2. St Johns
3. Are you a British Subject? 3. yes
4. What is your age? 4. 15 Years Months
5. What is your Trade or Calling? 5. Farmer
6. Are you Married? 6. no
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. no
8. Are you willing to be vaccinated or re-vaccinated? 8. yes
9. Are you willing to be enlisted for General Service? 9. yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?..... } 10. { Name
Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? } 11. yes

I, Reginald Chafe 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.

Reggie Chafe SIGNATURE OF RECRUIT.
Frank Gunner Signature of Witness.

A
15.4.18

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Reginald Chafe do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St Johns

on this 15 day of April 1918
Signature of Attesting Officer Georg. Learty Magr

†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 April 15 1918
Place St Johns } 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).....

Report May 10 1918

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Reginald Chase
 Apparent age 18 years — months. Height 5 feet 6 1/2 inches
 Chest Measurement { Girth when fully expanded 37 inches
 Range of expansion 5 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Allan Chase
Goulds, Sr John | 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 <u>15-4-18</u>									
Joined at <u>St. Louis</u> on <u>April 15-1918</u>									
<u>Discharged St. Louis Nov. 7/1918.</u>									
<u>To report for duty 1-5-1918.</u>									
<u>Special duty Home defense Kelly Det. 14-9-18.</u>									
<u>Returned to Headquarters 2-10-18</u>									
<u>To overseas service -</u>									
<u>Discharged medically Sept 7th 18</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 7-11-1918 (date of discharge) — years 207 days
 " " Pensions " " " " " " " " " " " "

C.R. 4422

Extract from Daily Orders part 11, Depot. St. John's dated Nov. 31st.
1918.

4422 Pte. Reg. Chafe.

Having been found medically unfit is discharged from

BC. 7-11-18.

C.R. 4422

Extract from Medical Board held on Thursday October 25th., 1918.
From the Director of Medical Service to O. C. Depot.

THE FOLLOWING WERE THE FINDINGS.

4422 Pte. R. B. CHAFE

RECOMMENDED DISCHARGE - PERMANENTLY UNFIT.

C.R. 4422

Extract of Daily Orders, Part 11, Unit: The Royal Newfoundland Regiment,
dated Oct. 2nd 1918.

THE FOLLOWING RETURNED FROM SPECIAL DUTY AT PETTY HARBOUR:

4422 Pte. R. Chafe.

CR 4422

Extract from Daily Orders part 11 Depot St. John's dated Sep. 16/.1918.

4422 Pte. R. Chafe

The above mentioned soldier proceeded on Special Duty to Petty
Harbour 14-9-18

C.R. 4422

Extract from Daily Orders Part 11 Unit The Royal Nfld.

Regt. St. John's, dated August 15th, 1918.

4422 Pte. R. Chafe.

Granted leave from 15-8-18 to 5-9-18.

C.R. 4422

Extract from Daily Orders part 11, from Unit The Royal
Newfoundland Regiment, dated April 16, 1918.

#4422 Pte. R. Chafe.

Attended for General Service with The Royal Newfoundland
Regiment 15/4/18 to report 1/5/18.

Chafe, Reg.

4422

Hay Sept.

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:

Return to former work - farm with father.

Reginald. Chape

Signature of Man.

W. W. Beckall

Signature of the Vocational Officer or his Representative.

Reg. No.

4422

Place

A. Wash.

Date

Oct. 20

191

8

Certificate to be signed by the soldier on discharge.

I hereby acknowledge that I have received all my pay
and allowance (including clothing allowance), and all just demands
up to the present date.

Date Nov. 22th 1918

Sig. of Soldier

Reginald Chase

Place

Goulds

Sig. of Witness

Emmanuel Williams

This space to be left blank for the Chelsea Number.



Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. <u>4422</u>		Army Rank <u>Private</u>	
Name <u>Reginald Chafe.</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>			
Corps <u>The Royal Newfoundland Regiment.</u>			
Battalion, Battery, Company, Depot, &c. _____ <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>			
Date of discharge <u>November 7th 1918</u>			
Place of discharge <u>St. John's, Nfld.</u>			
1. Description at the time of discharge.			
Age	<u>18</u> years	<u>7</u> months	Descriptive marks.
Height	<u>5</u> feet	<u>7</u> inches	
Chest measurement	girth when fully expanded _____ ins.		
	range of expansion _____ ins.		
Complexion	<u>fair</u>		
Eyes	<u>brown</u>		
Hair	<u>dark brown</u>		
Trade	_____		
Intended place of residence	<u>Coalds. Bay Bulls Rd.</u>		
(To be given as fully as practicable)	<u>St. John's level</u>		
<small>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)</small>			
2. The above-named man is discharged in consequence of <u>being no longer physically fit for war service</u>			
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>			
3. Military character:— <u>A. G.</u>			
4. Character awarded in accordance with King's Regulations:—			

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.			
Initials of Commanding Officer. _____			

16
27
30
31
31
31
2
207

To be filled in on the soldier quitting the Colours.

Army Form B. 2088 has been issued to*

Initials of Commanding Officer.

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

MEDICAL HISTORY

Surname Rafe OF Christian Name Reginald

Table I.—GENERAL TABLE.

Birthplace:—Parish Foules County Newfoundland

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on 15 th day of April 1918	on	day of	191
	at S. Johns	at		
Declared Age	18 years	days	years	days
Trade or Occupation	Farmer			
Height	5 feet 6 1/2 inches		feet	inches
Weight	135 lbs.			lbs.
Chest Measurement	Girth when fully expanded	37 inches		inches
	Range of Expansion	5 inches		inches
Physical Development				
Vaccination Marks	Arm	1 Scar		
	Number	9702290		
When Vaccinated				
Vision	R. E.—V=	6/20	R. E.—V=	
	L. E.—V=	6/20	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)				
(Rank)				
Enlisted	at S. Johns	Medical Officer.		Medical Officer.
	on 15 th day of April 1918		on	day of 191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	The Royal W. A. Regt.	4422		
Transferred to				
Became non-effective by				
	on	day of 191	on	day of 191
[Signature]				
[Rank]				



Department of Militia, Newfoundland.
Medical Department.

Medical Report on an Invalid.

NOTES:—

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

Statement of Case

Station **St. John's, Nfld.,**.....
Date **Oct. 14th., 1918**.....

- | | |
|------------------------------------|---|
| 1. Unit 1st. Newfoundland | 5. Age last birthday, 18 |
| 2. Regimental No. 4422 | 6. Enlisted on April 15th., 1918 |
| 3. Rank. Private | at St. John's |
| 4. Name. CHAFE, REGINALD B. | 7. Former trade or occupation Farmer |

8. Disability

INCONTINENCE OF URINE

9. History **Since early childhood has been unable to retain urine. Continually wetting his own clothes and bed clothes. (This statement has been verified by medical orderly)**

10. What is his present condition?

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

General health good. Feels well but for trouble with urine. During day feels pain on accumulation of urine and has to immediately micturate or wet clothes. Continuously every night suffers from incontinence of urine. (Has received treatment for past three months and no improvement)

11. Was sanatorium operation advised and refused?

12. Do you recommend discharge as permanently unfit? **Yes**

Signature (Sgd) J. B. O'REILLY,
Rank or Qualification **Capt. R. A. M. C.**

Remarks if any by Officer i/c Hospital.

Place Signature
Date Rank

Opinion of the Medical Board.

In para. 13, the President should write "may" or "cannot" at x
Erase inapplicable words.

13. For pension purposes, the disability x **cannot** be considered as aggravated by:—
due to

(a) Service during this war. (b) Climate. (c) Ordinary Military Service
Remarks if any:—

14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

Yes

15. At present his capacity for earning a full livelihood in the general labor market is lessened by:—
(Here the president should write in Total, 4-5, 3-5, 2-5, 1-5).

Remarks if any:—

NIL

16. Is the disability permanent?

17. Has the disability been aggravated by (a) Intemperance **No** (b) Misconduct **No**

18. The refusal of operation is:— (a) Reasonable.
sanatorium (b) Unreasonable.

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to

{ General Hospital,
Naval and Military Con-
valescent Hospital,
Jensen Tuberculosis Camp.

20. We recommend discharge from the Army **Permanently Unfit**
~~discharge from~~

Remarks if any:—

(Sgd) N. S. FRASER

J. SINCLAIR TAIT

President

Signatures.

L. PATERSON, Major

Place St. John's, Nfld.,

Date Oct. 24th., 1918

APPROVED

Station

Date



(Sgd) CLUNY MACPHERSON, Major

Administrative Medical Officer.



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. & 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 *Chafe, Reginald, Bulley*

Regiment from which discharged *1st. Newfoundland*

Regimental number *4422*

Intended address *Soulds, St. John's West.*

Height on discharge *5* Feet *8"*

Color of hair on discharge *Dark Brown*

Complexion *Fair*

Color of eye *Brown*

Descriptive Marks

Figure on discharge *Medium*

Christian name of Father *Allan*

Christian name of Mother *Agnes*

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth. *Soulds, March 31, 1900*

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)

Station *St. John's.* *Reginald. B. Chafe* (Rank) *pte*
Date *Oct 12th 1918*

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.

Brookley Capt
Medical Officer in Hospital,
Unit, or Command Depot.

Station *St. John's, Nfld.*

Date *Oct. 12/18*



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

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

Examination of Reginald C. Kaye
aged 19 yrs. conducted at Head Quarters
Date: April 1, 1918 Recruiting Officer:

NO OF TEST FINDING

- 1 no
- 2 no
- 3 no
- 4 no
- 5 no
- 6 no
- 7 yes
- 8 yes
- 9 no
- 10 n
- 11 n
- 12 n
- 13 n
- 14 n
- 15 n
- 16 n
- 17 n
- 18 n
- 19 n $\frac{6}{20}$ left. $\frac{6}{20}$ R.
- 20 n
- 21 n
- 22 n
- 23 n
- 24 n
- 25 n
- 26 n
- 27 n
- 28 n
- 29 n
- 30 n
- 31 n
- 32 n
- 33 yes eyes ago clear left ear
- 34 159 lbs.
- 35 135 lbs.
- 36 32-37
- 37
- 38 Father Allan Goulds St. Johns
- 39 nobody

4422

31

Signature of Medical Examiner:

Sturdevant

Nº 6427



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Reginald Chase, Regl. No. 11422, 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 ^{and} — Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and} — Persons concerned, viz.:

Allotment begins July 1st 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
6427	Wife	Mrs Agnes Chase	Goulds St Johns West	60
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.) L. Murphy Capt
 Officer Commanding
C Company
St Johns Nfld
July 1st 1918

(Sig.) Reginald Chase
 (Rank) Private



The Royal Newfoundland Regiment

REPORT OF HEADQUARTERS TRAVELLING BOARD HELD ON SOLDIER ON REGIMENTAL STRENGTH

Depot: Headquarters, Royal Newfoundland Regiment

Date 14th Oct 1916

Regimental No. 4422

Name C. M. R. R. R. R. R.

Address Soules, St. John's West

Disease or Disability

Finding of last Standing Medical Board,

held on 19.....

Present Condition

Recommendation S. M. 73

Category

Members
of
Board

R. H. Lait Capt.
O. C. Depot

G. L. M. S.
D. D. M. S.

J. B. Kelly Capt.
M. O. Depot
Randy

No 6427



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Reginald Chase, Regl. No. 4422,
 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 ^{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 July 1st 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
6427	Mother	Mrs Agnes Chase	Soulds St John's West	60
			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.) L. Murphy Capt.
 Officer Commanding
6 Company

St John's Wld
July 6th 1918

(Sig.) Reginald Chase
 (Rank) Private



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Reginald Chafe, Regl. No. 4422,
 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 ^{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 July 1st 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
6427	Mother	Mrs Agnes Chafe	Goulds St Johns West	60
			Total Allotment, \$	60

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.) L. Campbell Capt
 Officer Commanding
6 Company
St Johns West
July 1st 1918

(Sig.) Reginald Chafe
 (Rank) Private

S.

Owe Mrs Cyril Chafe
79 Pleasant St.

1 Weeks Board \$6.00
for Reginald Chafe. No 4422. before
going to (Barracks)

Owe since 1st week of May. \$10.00
(May 1st to 7th)

Mrs Chafe

79 Pleasant St

Sep 16th 18

13 pm.

4137

ew

To Paymaster

Going to summer camp this man being taken for another
man of same name this bill was not certified earlier. I have
Pvt Chafe report here & he explains the matter better. He has
been absent from the City on an outpost guard.

Correct for \$10.00



ROYAL NEWFOUNDLAND REGIMENT,
St. John's, Nfld.

9-10-18.

W. D. Duckworth
Assistant Director of Recruiting

Mrs Cyril & Chafe.

Nov. 20th, 18.

Pte. R. Chafe,
Goulds,
Bay Bulls Road.

Dear Sir,-

I enclose herewith cheque for \$60.60, being the balance of pay due you at date of discharge, also certificate of pay.

I also enclose Certificate of Discharge, dated November 7th, 1908, together with special form which kindly sign and return to this office.

Yours truly,

Capt.
Paymaster & C. i/o Records.

Enclosures 4.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 60⁶⁰

Nov 14th 19¹⁸

Received from the First Newfoundland Regiment
the sum of Sixty⁶⁰ Dollars.
on account of Pay.
balance

Ch. No. 5604	Initials. EW
Pay Ledger 405	Initials. WR
Gen. Ledger	Initials

Regtl. No.

Rank

EW

No. 4422.

Rank

PG

Name

Clay. R.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

The Royal Rifles

Number of Sheet

one

Signature of O. C. Company

G. James Street

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>122</i>	Age on	<i>18</i> years <i>7</i> months	<i>Farmer</i>	
Joined	Date	Place and Date of Enlistment	<i>St. John's</i> <i>185-4-18</i>	Religion	
Joined	Date	Period of	with Colours <i>207</i> years. with Reserve <i>365</i> years.	Place of Birth	
Joined	Date			<i>Goole</i>	

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
									<i>Discharged Medically Unfit</i> <i>St. John's 7th</i>

To be carried over

Army Form B. 121.

Depot 44 v v

St John's, Nfld.

Nov. 19th, 1916

O. C. Headquarters
R. Nfld. Regt.

Sir.

The undermentioned men have been discharged on the dates given kindly note and post in Daily Orders Part II.

I have etc.

(signed) J. H. HOWLEY
Capt etc.

4556	P/O.	Bowerton, B.	2-11-16	Med. Unfit
5580	Pfc.	Shawcross Jones, Leslie	2-22-16	Do.
554	"	Hunt, Jas.	Do.	Do.
4446	"	Brown Elijah	Do.	Do.
5294	"	Green, Albert	Do.	Do.
5457	"	Locke, Jos.	Do.	Do.
C - 4428	"	Osie, Regt.	7-22-16	Do.

Reg. No. 1422 - Rank Pfc Name Chafe, Reg. 10-
Attested 15.4.18 Address Goulis
Allotment 60 Allottee Mrs Agnes Chafe (mother)
Date of Allotment 1-8-18 Returned from Overseas
Embarked for Overseas Cause

Report 11.5.18

of Invoice 7-5-18 2 Ince 10-5-18

G.L. 18/8 - 20/8

Reltd from leave 26-5-18

G.L. 15-8-18. To 5-9-18,

& extension of leave to 13-9-18. Reltd 12-9-18.

20-10-18 Headquarters travelling Board Read. Standing M. 13.

24-10-18. Rel discharge - permanently - unfit

14-9-18. Special duty Petty Harbour, 6 etc 1-10-18.

DISCHARGED - MEDICALLY UNFIT 7-11-18 Str 208.

4472 Reginald Chafe

Leave extended from Sept 5th -
to Sept 12th - (last time for extension)

RJH Fair Capt.

Aug. 30th - 1918

30/18

October 25th, 1918.

From Assistant Adjutant,
Depot.

To Paymaster & Officer I/C Records,
Militia Department.

4556, L/Crpl. Somerton.
4422, Pte. Chafe, R.

The marginally noted men were recommended for discharge as permanently unfit by Medical Board, held on Thursday, October 24th. I am sending them herewith for your attention and necessary action, please. Their accounts on Company Pay Sheets have been squared up to and including October 25th. They both have an allotment current of 60/ per day.

WFC