



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4448 Name Michael Corps R.C.

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

1. What is your name? ..... 1. Michael Ebbes
2. What is your full Address? ..... 2. 53 Cabot St.
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 19 Years 7 Months
5. What is your Trade or Calling? ..... 5. Labourer
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, Michael Ebbes 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 Michael Ebbes ..... SIGNATURE OF RECRUIT.  
16.4.18 Grant Gurney ..... Signature of Witness.

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

I, Michael Ebbes 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 16 day of April 1918  
Signature of Attesting Officer Geo. Leary Magd.

### † 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 16 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 Michael John  
 Apparent age 19 years 7 months. Height 5 feet 4 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 William John  
53 Cabot St St John's 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>16-4-18</u>									
Joined at <u>St John's</u> on <u>April 16-1918</u>									
<u>Discharged</u>									<u>July 30-1919</u>
<u>Embarked St John's train to Halifax N.S. 22-9-1918.</u>									
<u>To Newfoundland for demobilization 24-6-1919</u>									
<u>Arrived Newfoundland 1-7-1919</u>									
<u>Demobilization St John's 30-7-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 30-7-1919 (date of discharge) 1 years 106 days  
 Pensions " " " " " " " " " " " "

C.R. 4448

Extract from daily orders part II Royal Newbunland Regiment  
Depot St. John's dated Aug. 1st 1919.

The discharge of the undernoted on demobilisation has been  
CONTINUED by Officer i/c Records from noted date 30-7-19.

4448, Pte. Ml. Ebbs.

C.R. 4448

Extract from Daily Orders Part II Unit The Royal Wfld.  
19th.  
Regt. St. John's, July 20th, 1919.

The discharge of the undernoted on demobilization has been  
APPROVED by O.C. Discharge depot with effect from 16-7-19

4448 Pte. Ebbs, M.

C.R. 4448

Extract from Daily Orders By Major H.S. Sullivan,  
Commanding Newfoundland Forestry Companies, 6-12-18.

6-12-18

The undermentioned having reported for duty from  
the 2nd Bn. Royal Field. Regt. is attached to the  
Strength for rations, from this date, and attached  
to "B" Company.

4448 Pte. M. Ebbs.

C.R. 4448

Extract from Nominal Roll Entained St. John's for Overseas.

Sept. 22, 1918. "B"

4448 Pte. Ebbs Michael.

C.R. 4448

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.,  
St. John's Sept. 24/18.

THE UNDERNOTED MAN RETURNED FROM SPECIAL DUTY AT MOUNT PEARL.  
19-9-18.

4448 Pte. M. Ebbs.

C.R. 4448

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.  
St. John's, dated Sept. 9-18.

The Undernoted man proceeded on special duty to Mount Pearl  
9-9-18.

4448 Pte. M. Ebbs.



C.R. 4448

Extract from Daily Orders Part 11 Unit The Royal Nfdl.

Regt. St. John's, dated August 28th. 1918.

4448 Pte. M. Ebbs.

Discharged from Barracks Veneréal Hop. 25/8/1918. their  
forfeiture of 50¢ p. day ceasing from that date.

C.R. 4448

Extract from Daily Orders part 11, from Unit The Royal Wflid.  
Regt. St. John's, dated July 30, 1918.

#4448 Pte. M. Ebbs.

Admitted to Barracks General Hospital with V.D.S. 27-7-18  
forfeits 50¢ per day from that date.

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C.R. 4448

Extract from Daily Orders part 11, from Unit The Royal  
Newfoundland Regiment, St. John's, dated April 18/18.

#4448 Pte. M. Ebbs.

Attested for General Service with the Royal Newfoundland  
Regiment, from 16/4/18.

M. Ebbes.

C.R.

4448

~~PRO~~



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Michael Ebbs, Regl. No. 1118

hereby agree, until further notification by me, and in similar official form to make an Allotment of 70 Dollars and Seventy 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 October 1 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
7209	Handwritten	Mrs Elizabeth Eves	7 Woodward St St Johns	70
Total Allotment, \$				70

*This new allotment consists of allotments on form K.*

ENTERED  
PAY CERT  
ROLL  
ALLOT INDEX  
REGISTER  
EXAMINED  
27/10/18

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.) Michael Ebbs  
Officer Commanding Company  
St Johns Rd  
Sept 21

(Sig.) Michael X Ebbs  
Rank Private



Edward *ESR*

No: 8362/1567

*PD 100149*  
*JW*

N.F.P. 79.

From: NEWFOUNDLAND CONTINGENT

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

LONDON, S.W. 1  
To: Officer Commanding,  
2nd Batt. Ryl. Nfld. Regiment  
Winchester, Hants.

5th June 1919

4448 Pte. M. Ebbs

With reference to the following telegram from the Minister of Militia / / 19 ( 219 ):

"Pay to- 4448 Pte. M. Ebbs  
£1. 0. 0.

Cheque £. 0. 0. is enclosed for payment to this Soldier.

Kindly obtain his receipt hereon.

*A. B. Minard*  
Chief Paymaster & O. i/c Records.

June 6th 1919.

Receipt hereunder.

*J. J. [Signature]*  
LIEUT. COLONEL,  
COMMANDING 2ND BATT. ROYAL NEWFOUNDLAND REGT.

Received the sum of £1.0.0

One Pound in respect of telegraphic remittance from the Minister of Militia.

M. Ebbs

No 4448 Rank Pte

Witness: H. White

Ebbes, L

4448

Hay Sept.

July 30th 1919.

#4448, Pte. Michael Abbs.

7, Goodview Street.

Dear Sir:

Enclosed please find Discharge Certificate.  
# 3300.

Yours truly,

Capt. Paymaster.

RS/.



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4448 Rank PLC Name Ebbes Michael  
 Intended place of residence 7 Goodwin St

2. Occupation Labourer  
 Classification of soldier E Medical Category A 1

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 JUL 16 1919

*[Signature]*  
 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, ST. JOHN'S

Date JUL 16 1919

*Michael Ebbes*  
 Signature of soldier

*[Signature]*  
 Signature of witness

15  
31  
30  
30  
106

### 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, ST. JOHN'S

Date JUL 16 1919

*Michael Ebbes*  
 Signature of soldier

*James O'Sullivan*  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 16-4-18 No. of days on Military  
 Discharged from service JUL 16 1919 Plus 14 days Service 471

### APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, twenty-eight days from date.

Place, ST. JOHN'S

Date JUL 16 1919

*[Signature]*  
 Officer in Charge Depot  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S

Date July 30/1919

*[Signature]*  
 Officer in Charge  
 The Royal Newfoundland Regiment

*Ans B 2079/3300*

# The Royal Newfoundland Regiment

Class for Demobilization:—

*B.*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

*July 15/19*

Regimental No.

*4448*

Name

*Ebb. M.*

Address

*7. Goodwood St.*

Present Medical Category

*A-1*

Recommended for:—

(a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board

*N.R. Cooke Capt*  
O. C. Discharge Depot.

*H. Peterson*  
Senior Medical Officer

*Dee Berden*  
M. O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 1488 Rank Ser Name Alfred Malachuk  
 Date of Enlistment 16.11.48 Address St. John's District St. John's  
 Occupation Labourer Classification for Discharge By Medical Category A.1  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. Pj36	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	3
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 490G	Form K		do 4th	" 5	
B 179b	B 103	ME 2		" 6	" 6	
B 179c	B 120	M 93				

Date 15.7.49

O. C. Discharge Depot.

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

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

Michael X Ebbs  
Int. [Signature]

Particulars passed to Vocational Officer for information and action.

Date .....

### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$6.00

(b) Clothing Supplied [Signature]

Date 16-7-49

O. i.c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. \_\_\_\_\_ to his home at Goodview St and Release Certificate No. 3656 issued.

Date 16-7-19 ..... Amble Cusick  
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 30-7-19.

Date 16-7-19 ..... Depot Paymaster.

Discharge approved for 16-7-19 .....

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1.
F 178	W 3494	B 122	Board 1st	" 2.
F 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 17-7-19 ..... Amble Cusick  
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 JUL 16 1919 ..... A.R. Lodge 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.

*Elles. M.*

Signature of Man.

*M. Blonski*

Reg. No. 4448

Signature of the Vocational Officer or his Representative.

Place

ST. JOHN'S.

Date

16 7 - 19

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# Confidential Information

For the use of the Civil Re-establishment Committee.

Report No.	Class	No. of C.R.C. File	No. of H. Q. File
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Name Ebbes Michael No. 4448 Rank P6- R. N. R. or Regiment.

Home Address 7 Goodview St City Address .....

Age 21 Height 5 ft. 5 ins. Complexion Fair Eyes Blue Hair Dark Character .....

Date of enlistment 16-4-18 Where enlisted ST JOHN'S N.F. Where seen service .....

Ship returned by Cassandra Date of return JUL 1 1919 How Long 14 1/2 mo

Birthplace St John Date of discharge JUL 16 1919 Religion P. C.

Name and address next of kin Father - William - 7 Goodview St -

Cause of disability .....

Condition which prevents the soldier from earning a full livelihood .....

Degree of incapacity (Please state in fractions) Eng. Board .....

Probable duration of incapacity .....

Is final disability likely to prevent return to previous occupation? .....

Recommendation of Newfoundland Board .....

Members of Board .....

### INFORMATION TO BE FURNISHED BY SAILOR OR SOLDIER.

DEPENDENTS	NAME	AGE	WHERE-IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2					
3					
4					
5					

Occupation prior to enlistment Labourer

Regular trade or profession .....

Average earnings previous to enlistment \$ 7.20 Any other income .....

Name and address of last employer General

If in receipt of sick benefits or other insurance—name of society .....

At what age left school? .....

Has he had any further education since leaving school, if so what? .....

Whether given Vocational Training while in Hospital in England. If so, what subjects? .....

If unable to follow previous occupation, name preference .....

References .....

Witness Janna O. Queman I declare that the above statement is correct.

Date JUL 16 1919 Signature Michael X Ebbes

Recommendation by Interviewer as to classes likely to be of use, and general remarks:

PENSION—Class .....

Amount per month, \$ .....

Period granted for .....

Dating from .....

First Payment date .....

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

# MEDICAL HISTORY

Surname Ebbs OF Christian Name Michael

Table I.—GENERAL TABLE.

Birthplace:—Parish St Johns County Newfoundland

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>16<sup>th</sup></u> day of <u>April</u> 191 <u>8</u>	on	day of	191
	at <u>St Johns</u>	at		
Declared Age	<u>19</u> years — days		years	days
Trade or Occupation	<u>Laborer</u>			
Height	<u>5</u> feet <u>4</u> inches		feet	inches
Weight	<u>114</u> lbs.			lbs.
Chest Measurement	Girth when fully expanded...	<u>35</u> inches		inches
	Range of Expansion..	<u>4</u> inches		inches
Physical Development				
Vaccination Marks	Arms	<u>7 1/2</u>		
	Number	<u>150</u>		
When Vaccinated				
Vision	R. E.—V= <u>6/6</u>		R. E.—V=	
	L. E.—V= <u>6/10</u>		L. E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>L. J. Dabson</u>			
(Rank)				
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St Johns</u>	at		
	on <u>16<sup>th</sup></u> day of <u>April</u> 191 <u>8</u>	on	day of	191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>The Royal Newfoundland</u>			
Transferred to				
Became non-effective by				
	on	day of	191	on
			day of	191
(Signature)				
(Rank)				





al or to the sick list in case of Warrant Officers treated in quarters.

Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

3 I.V. Inj. Neo-diarsinol.

Discharged

*Archibald*





# 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 *Elbs. Michael.*

Regiment from which discharged **Royal Newfoundland**

Regimental number *240248*

Intended address *Goodwin St.*

Height on discharge *5* feet *5*

Color of hair on discharge *Dark*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *Scar on Rt. Leg.*

Figure on discharge *Short*

Christian name of Father *William*

Christian name of Mother \_\_\_\_\_

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, 20 Aug 1895*

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) *Michael Elbs* (Rank) *Private*

Station **ST. JOHN'S.** Date *14-7-19*

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 \_\_\_\_\_

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39-

Regiment of

*Royal Newfoundland*

Number of Sheet *2nd*

Signature of O. C. Company

*L. James Hunt*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>115 B Michael Eder.</i>	Age on	<i>19</i> years <i>7</i> months	<i>Suherer</i>	
Joined	Date	Place and Date of Enlistment	<i>St Johns 16.4.18</i>	Religion <i>P.C.</i>	
Joined	Date	Period of	with Colours years.	Place of Birth <i>St Johns</i>	
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
<i>St. John's</i>	<i>6.6.18</i>	<i>Pte.</i>		<i>Absent from 6 A.M. Parade till 9 A.M. Parade.</i>	<i>Lt. Mahony</i>	<i>2 days C.P.</i>	<i>6.6.18</i>	<i>Capt. Manning</i>	<i>Jr</i>
<i>St. John's</i>	<i>16.7.18</i>	<i>"</i>		<i>Absent without leave from 16.7.18 to 24.7.18</i>	<i>Lt. Rendell</i>	<i>28 Days Detention</i>	<i>24.7.18</i>	<i>R. H. Tail, Capt.</i>	<i>Chd</i>
<i>"</i>	<i>21.9.18</i>	<i>"</i>		<i>Absent without leave from 8.30 am to 12 o'clock 21.9.18</i>	<i>Lt. Meirick</i>	<i>24 hours detention</i>	<i>21.9.18</i>	<i>R. H. Tail Capt</i>	<i>PPH</i>

To be carried over

Army Form B. 121.





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 Artillery* } Former Trade or Occupation } *Labourer*  
 2. Regtl. No. *41448* 3. Rank *Pte* }  
 4. Name *Ellis* } *Michael* }  
 (Surname) (Christian Names)  
 5. Age last birthday *22*  
 6. Posted for duty on ..... at .....  
 in category (or grade) .....  
 7a. If the soldier claims previous service in Army, he should state—  
 (a) Former Regts. or Corps ;  
 with Regtl. Nos.  
 (b) Date of Discharge ;  
 (c) Cause of Discharge.  
 8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty ?  
 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 B (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."  
*nil*  
 11. Date of origin of disability.  
 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. } | ..... <i>N.O.S. Cured</i> ..... |                   |

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

*Re Complaint of the disability*

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.)*

16. Was an operation performed ? If so, when and what was its nature ?
17. If not, was an operation advised and declined ?
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 ?
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 ?

20. Do you recommend—

- (a) Discharge as permanently unfit ?
- (b) Change to United Kingdom ?

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

*Repatriation*

*W.E. Proemia* *Capt*  
*RAME*

Station *Hoyeky. S.S.M.*

Medical Officer in charge of case.

Date *9.1.19*

\* 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



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 Mecher ..... 2. Surname Edwards .....

3. Rank Pte ..... 4. Regtl. No. 14448 .....

5. Address in full to which future payments of gratuity are to be forwarded. 7 Goodview St. City .....

6. Date of enlistment in the Regiment. Apr 2/18 .....

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. no .....

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 Mfld. If so, give dates and particulars of such service. Overseas .....

12. Give total length of time which you served on active service, whether in Mfld. or Overseas. Sixteen months .....

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.

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.

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 *July 31/19* (b) Reason for discharge *Went on*

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.

*England*

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.

Signature of Applicant:

*his Michael X Ebb*  
*9 Goodview St. Any*

Place of Residence:

Declared before me at:

*St John's*  
*July*

This

17 day of 1919.....

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

*John McCarthy*  
*J.P.*

POST DISCHARGE PAY.				Net amount due.
Date paid	PAID	PAID	War Service Gratuity.	
	Soldier.	Dependent.		
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified correct.			Registrar	

77

No 4435



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Michael Ebbo, Regl. No. 4448

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 1-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME. (in full)	ADDRESS	AMOUNT (each person)
4203	Sister	Miss Phemie Ebbo,	7 Goodview St., St. John's.	30
4227	Grandmother	Mrs. Elizabeth Ewing	7. Goodview St, St. John's.	30
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.) [Signature]  
 Officer Commanding  
 'A' Company  
St. John's  
6-8 1918

(Sig.) Michel Ebbo  
 (Rank) pte.

SEPARATION ALLOWANCE.

Claimant..... *Woy. Elizabeth (grandmother)*.....

On account of *Michael Ebb*..... No. *4448*..... Rank. *Pvt.*.....

Decision..... *Approved*.....

*A. E. Nickeman* *Major of Militia*  
*W. J. Rydbeck* *Sergt. Co.*  
*M. Dowley* *Capt*

Date..... *August 11/1919*.....

Instructions.....

Allotment of *70¢* per day payable to *Elizabeth Eusey*  
his *G. Mother* from *1/10/18* to *still current*  
Discontinued on account of

*L. H. Sp.*

NOTICE.

ROYAL NEWFOUNDLAND REGIMENT.

MOTHER.

(Separation Allowance Branch)

THIS STATUTORY DECLARATION is to be filled in correctly in every detail and a complete reply must be given to each question.

Each statement is considered as being made on Oath, and the Form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace, and returned to:-

THE PAYMASTER,  
Separation Allowance Branch,  
St. John's, Newfoundland.

4455

1.	Name in full of soldier.	Rank.	Reg't or Unit.	Regt. No.
	Michael Ebbs	Private	Royal Newfoundland Regiment	4448

2.	Age of soldier.	Married or Single.
	20 years	Single

3.	Name in full of mother.	Age.	Occupation.	Permanent Address.
	Mother dead: I am his grand mother Elizabeth Ewoy	84	Widow	No 7 Goodview St.

4.	Give name of your husband.	Age.	Occupation.	Where Employed.
	John Ewoy - deceased			

5.	If your husband is not supporting you, state the reason.
	deceased

6.	If your husband is a chronic invalid and totally incapacitated, state nature of Malady. (A medical Certificate must be enclosed with this document stating from what date husband has been totally incapacitated and for how long incapacity is likely to continue)

7.	If you are a widow, state date and place of death of your husband.
	John's, 1894

8.	Have you married again since death of above mentioned husband.
	No

9.	Names of your other children.	Address in full.	Age.	Occupation.	Married or Single.
	One granddaug Abel - Fannie Ebbs - (brother is the above private)	Goodview St	19	None	Single

deceased correct  
 1918  
 paid for day  
 to memorial  
 paid in St

none

10. State amount earned by (a) Yourself  
(b) Your husband. none
- 
11. State amount and source of any other income. none
- 
12. State value of real property belonging to you and your husband. none
- 
13. State value of personal property belonging to you and your husband. none
- 
14. If husband is dead, state value of real and personal property. none
- 
15. Actual amount contributed by soldier during the year prior to enlistment. \$ 6<sup>00</sup> per week
- 
16. Was this amount contributed weekly or monthly. weekly
- 
17. Did this amount include payment of son's Board etc. Yes
- 
18. State your son's trade or occupation prior to enlistment. laborer
- 
19. State amount of his wages per week average \$ 7<sup>00</sup>
- 
20. State name and address of his last employer. Bowring Brothers Ltd.
- 
21. State amount of monthly support from son since enlistment. \$ 9<sup>00</sup> monthly
- 
22. State amount of allotment received by you from son monthly. None \$ 9<sup>00</sup>
- 
23. State from what date did you receive allotment. During the last four months.
- 
24. Actual amount contributed by other children: Weekly. Monthly.  
none
- 
25. Are any of these children in the employ of you or husband. none

26. If not receiving support from other children state cause. Explain fully. *No children*

27. With whom are you residing at present. *Residing alone*

28. Have you made a previous claim for Separation Allowance? If not, why? Give particulars. *no*

29. Are you already in receipt of payment from any patriotic fund? If so, how much? *no*

30. Are you already in receipt of Separation Allowance from any source? If so, how much? *no*

31. Was the soldier at the time of his enlistment an employee of the Nfld. Government. *no*

32. In what capacity and in what place? *\_\_\_\_\_*

33. Is he in receipt of a salary as such while serving in the Royal Nfld. Regiment. If so, how much? *no*

I herewith make this solemn declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath and in Virtue of the Evidence Act.

Signature of Applicant..... *Elizabeth Levey*

Declared and subscribed before me at..... *St. John's, Nfld*

this ~~day~~ *26th* day of *September* 19 *18*

Place of residence..... *T. Goodwood Street St. John's*

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace. *John McGothy*

This application must be signed by two responsible parties, one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation the above statements are correct and the soldier first above mentioned is the sole support of the applicant.

Signature of Clergyman..... *Rev. John W. Carter*

Signature of member of Patriotic Fund Committee. ) .....



This man made an allotment of 30¢  
per day to his Sister Phemie Ebb.  
& 30¢ to his G-Mother on form # 4435  
Commencing June 1/18.

He then made a new allotment on  
Form # 7209 of 70¢ per day payable  
to his G-Mother commencing 1/10/18  
which cancelled the previous allotment  
of 30¢ LP

Sept. 20, 1919

Mrs. Elizabeth Wyoy,  
27 Goodview St.,  
City

Dear Madam:-

Referring to your application  
for Separation Allowance, I beg to state  
that same has been granted to you, and I  
enclose cheque for Two hundred dollars  
(\$200.00), in payment of same.

Yours truly,

Major  
Paymaster.

No. 4435



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Michael Ebbs, Regl. No. 4448  
 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 1-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4203	Sister	Miss Phannie Ebbs,	7 Goodview St, St. John's	30
4227	Grandmother	Mrs. Elizabeth Ervey	7 Goodview St, St. John's	30
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.) [Signature]  
 Officer Commanding  
 A Company  
St. John's  
6-8 1918

(S) Michael Ebbs  
 (Rank) Pte.

Sept. 25th., 1918.

Mrs. Elisabeth Evey,  
7 Goodview Street,  
City.

Dear Madam:-

Application has been made by  
your Grandson Pte. Michael Ebbs, #4448 to have  
Separation Allowance granted to you.

I enclose Statutory Declaration in  
connection with same, which kindly have completed in  
the presence of a Magistrate or Justice of the Peace  
and return to me at your earliest convenience.

Yours faithfully,

Capt. & Paymaster.

4448  
November 4th., 1918

Charles H. Hutchings, Esq.,  
Inspector General of Constabulary,  
City.

Dear Sir:-

Kindly furnish me with a report upon the circumstances of Mrs. Elizabeth Evoy, of No. 7 Goodview Street, who is making application for Separation Allowance on account of her Grandson, Michael Ebbs. Will you kindly at the same time, ascertain all available particulars with regard to the father of this soldier.

Yours faithfully,

Captain & Paymaster.

ST. JOHN'S, July 6/19

# Royal Newfoundland Regiment.

Billeting Account,

To Mr & Mrs  
Goodview St

Billeting Soldiers as undermentioned

from July 11/19 to July 16/19

4980 P/M M 2 lbs 5 50

ACCOUNT	<u>B. &amp; M.</u>
CH. NO.	<u>3139</u>
INITIALS	<u>E. J.</u>
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

Certified correct for \$ 2.50

M. Blouin

Billeting Officer.

M. & E. Leby  
market street

2 lbs.

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*.....
2. Regtl. No. *4448* 3. Rank..... *Plt*.....
4. Name *Elles*..... *Michael*.....  
(Surname) (Christian Names)
5. Age last birthday.. *19*.....
6. Posted for duty on..... at.....  
in category (or grade).....
7. Former Trade or Occupation } *Labourer*
- 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps ; with Regtl. Nos.
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty ?
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 b (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. } *W.D.S. Cured* .. .. .

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

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.)

*He complains of no Disability*

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

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

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?

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?

*Repatration*

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.

*W.D. Macmillan, Capt. R.A.M.C.*

Medical Officer in charge of case.

Station *Hazley Down* .. .. .

Date *4/4/19* .. .. .

\* 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



# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 11418 Rank Plt Name Elby, Michael  
 Date of Enlistment 16-4-18 Address 7 Goodwin St. St. John's District St. John's  
 Occupation Labourer Classification for Discharge 1 Medical Category A.1  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_  
 Passed to Demobilization Officer with following documents:—

N.F. P 36	B 255	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 15-7-19 O. C. Discharge Depot St. John's

### PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.  
 I am Michael X Elby in a position to resume civilian occupation with Inverman

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

2. Clothing.

Certified that Clothing Regulations have been complied with:

- (a) Clothing Allowance payable £6.00
- (b) Clothing Supplied None

Date 16-7-19 O. C. Re-clothing \_\_\_\_\_

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrant No. .... to his home at Goodview St and Release Certificate No. 3656 issued.

Date 16-7-19 ..... Alm G. Lush  
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 30.....

Date 11-7-19 ..... Alm G. Lush  
Depot Paymaster.

Discharge approved for 16-7-19.....

Forwarded with following documents to O.C Discharge Depot.

N.F. P136.....	B 268.....	B 121.....	N.F. Med.....	D.F. 1.....
E 178.....	W 3494.....	B 122.....	Board 1st.....	" 2.....
R 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 17-7-19 ..... Alm G. Lush  
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 JUL 16 1919 ..... H. R. Cooper Capt.  
O. C. Discharge Depot.

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

Date July 28 1919 ..... [Signature]

Reg. No. 4448 Rank 7th Name Ellis M.

Attested ..... Address. 53 Cabot Street

Allotment ..... Allottee ..

Date of Allotment ..... Returned from Overseas Jul 1919

Returned on S.S. Cassandra Cause Discharge

15 7 19

**PASSED TO DEMOBILIZATION OFFICER**

16 7 19

**DISCHARGE APPROVED ON DEMOBILISATION**

S. }  
A. }SEPARATION ALLOWANCE.  
1st NEWFOUNDLAND REGIMENT.

A.

1. Name of Soldier in Full (Surname first) *Robbs Marshall*
2. Rank and Regimental Number *Private 4448.*
3. Date of Enlistment *April 16<sup>th</sup> 1918.*
4. Full Name of Wife ..... OR  
*Grand.*  
~~Widowed~~ Mother *No<sup>rs</sup> Elizabeth Evey.* ..... OR
- Children's Guardian .....
5. Address *7 Hoodview St.*  
*St. Johns.*
6. State ages of Children: Girls under 17 ..... Boys under 16 .....
7. With whom do your Children reside? .....
8. Amount of Allotment *10<sup>+</sup>* 9. Name of Allottee *No<sup>rs</sup> Elizabeth Evey*
10. Address *7 Hoodview St.*  
*St. Johns N.F.*

11. From what date is Allotment effective? ..... *October 1<sup>st</sup> 1918*
12. Date of Marriage .....
13. Date Marriage Certificate examined by Paymaster .....
14. Date Birth Certificates (in case of guardian) examined by Paymaster.....
15. If soldier is sole support, does Statutory Declaration accompany this application?.....
16. Have you made a previous claim for Separation Allowance? Give particulars.....
17. Is Separation Allowance being paid on your account to any person?.....
18. Were you at the time of enlistment an employee of the Newfoundland Government? In what capacity, and in what place?.....
19. Will you be in receipt of a salary as such, while serving? If so paid, how much per month?.....
20. Name of Corps prior to enlistment in the Nfld. Regt. ....

I hereby certify that the above is a true statement.

*his*  
*Michael X. Ebbin*  
 Name of Soldier.

Signature of Officer forwarding this application.

Unit *Royal Nfld. Regt.*

Date *Sept 21 / 1918.*

*Witness R Edward Ebbin.*