



Newfoundland Forestry Companies

ATTESTATION OF

No. 8313 Name Wm B Garland Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| 1. What is your name? | 1. <u>Wm B Garland</u> |
| 2. What is your full Address? | 2. <u>54 Batters Hill</u>
<u>St Johns N.F.</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>19</u> Years <u>8</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Labourer</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. What is your Religion? | 9. <u>Meth</u> |
| 10. Are you willing to serve upon the conditions as embodied in this roll of service as applied to Forestry Companies? | 10. <u>yes.</u> { Name
Corps |

I, Wm B Garland 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.

William B. Garland NATURE OF RECRUIT.
Geo. Hutchings Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, W. B. Garland do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully serve His Majesty, His Heirs and Successors, in the United Kingdom, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
The above questions were then read to the Recruit in my presence.
I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at.....
on this... 24... day of... aug 191 7
Signature of Attesting Officer J. P. Gardner capt

† 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..... 191 } Approving Officer.
Place..... }

† 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).....



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 January 17th., 1918

- | | |
|----------------------------------|------------------------------------------------------------------------------------|
| 1. Unit <i>1st. Newfoundland</i> | 5. Age last birthday. <u>19</u> |
| 2. Regimental No. <u>8313</u> | 6. Enlisted on <u>23 Aug. 1917</u> }
at <u>St. John's</u> } <u>Forestry Co.</u> |
| 3. Rank. <u>Private</u> | |
| 4. Name. <u>Garland, William</u> | 7. Former trade or occupation <u>Clerk</u> |

8. Disability

EYE TROUBLE

9. History States he had Ulcers on eyes

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.)

Scar of ulcerative keratitis both eyes

Test Rt. Eye Met $\frac{6}{50}$

Lt. Eye $\frac{6}{50}$

Complains of pain in eyes at night

11. Was sanatorium advised and refused?
operation

2

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

Signature (Sgd) F. W. BURDEN.....

Rank or Qualification M. O......

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 **may** 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. Had trouble with his eyes previously. Looks like a constitutional weakness. Peg-shaped teeth

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:—

- 16 Is the disability permanent? **No**

17. Has the disability been aggravated by (a) Intemperance. (b) Misconduct.

18. The refusal of operation sanatorium is:— (a) Reasonable. (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 retention in the Army **PERMANENTLY UNFIT**

Remarks if any:—

Signatures. (SGD) **N. S. FRASER** President
..... **J. S. TAIT**
..... **L. PATERSON, Major**

Place ... **St. John's,**

Date ... **January 19th., 1918.**

APPROVED

Station ... **Director of Medical Service,**

Date ... **JAN. 22 1918.**



(Sgd) **CLUNY MACPHERSON, Major**
.....
Administrative Medical Officer.

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 **may** 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. Had trouble with his eyes previously. Looks like a constitutional weakness. Peg-shaped teeth

15. **Through Disability Aggravated by or Due to Military Service.** Less than 20%

Through Disability neither Aggravated by nor Due to Military Service.

Remarks if any:—

16. Is the disability permanent? **No**

17. Has the disability been aggravated by (a) Intemperance. (b) Misconduct.

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

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to } General Hospital,
Naval and Military Convalescent Hospital,
Jensen Tuberculosis Camp.

20. We recommend discharge from retention in the Army **PERMANENTLY UNFIT**

Remarks if any:—

(SGD) **N. S. FRASER**
President
J. S. TAIT
Signatures. **L. PATERSON, Major**

Place .. **St. John's**

Date ... **January 19th., 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. 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 **GARLAND WILLIAM**

Regiment from which discharged *1st. Newfoundland* **FORESTRY COMPANY**

Regimental number **8313**

Intended address **54 CARTERS HILL**

Height on discharge **5** Feet **6**

Color of hair on discharge **LIGHT GREY**

Complexion **FAIR**

Color of eye **GREY**

Descriptive Marks

Figure on discharge **MEDIUM**

Christian name of Father **JAMES**

Christian name of Mother **ALFREDA**

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 AUGUST 1st., 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) **(Sgd) W. GARLAND**

(Rank) **PTE**

Station **ST. JOHN'S**

Date **JANUARY 15th., 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.

(SGD) **F. W. BURDEN**

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

Station **ST. JOHN'S**

Date **JANUARY 15th., 1918**



Proceedings on Discharge.

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

No. <u>8313</u>	Army Rank <u>Private</u>
Name <u>William D. Garland</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>Nfld. Forestry Companies</u>	
Battalion, Battery, Company, Depôt, &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>February 2nd 1918</u>	
Place of discharge <u>St John's Nfld.</u>	
1. <small>Description at the time of discharge.</small>	
Age <u>19</u> years <u>6</u> months Height <u>5</u> feet <u>6</u> inches Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins. Complexion <u>fair</u> Eyes <u>grey</u> Hair <u>light brown</u> Trade <u>Labourer</u>	Descriptive marks.
Intended place of residence (To be given as fully as practicable) <u>54 Carter's Hill St John's Nfld.</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 active 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 :— _____ _____	
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. 2007* and that Army Form D. 489 was awarded in this case.	
Initials of Commanding Officer.	
Army Form B. 2088 has been issued to* _____	

To be filled in on the soldier quitting the Colours.

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... .. Class _____

6. Campaigns, Medals and Decorations

Certificate of education

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) _____

(Date) _____ Commanding _____ Bttn. _____ Regiment.

8. Certificate to be signed by the soldier on discharge.

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) John's of A.L.D. W. Garland (Signature of Soldier.)
(Date) Feb 2 1898 Chas. C. Oke (Signature of Witness.)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. Additional certificate in the case of a soldier who takes his discharge at his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

(Signature of Soldier.)

10. Statement of service.

Service towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.

Further service " " _____ (the date of confirmation of discharge) " " "

Total " " "

11. Confirmation of discharge.

The discharge of the above-named man is hereby confirmed for _____ (date)

(Place) _____ Signature _____

(Date) _____

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated and signed by the soldier.)

No Reservations! -

W Garland

Chas. C. Oke. SM
