



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4936 Name Charles George Corps SA

Questions to be put to the Recruit before Enlistment

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Charles George</u> |
| 2. What is your full Address? | 2. <u>Soldier's Barracks</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>24</u> Years <u>7</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Bookbinder</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> |

I, Charles George do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

Charles George SIGNATURE OF RECRUIT.

6c 5. 11 Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION:

I, Charles George 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 6 day of May 1915.

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

Date May 6 1915
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 Char George
 Apparent age 24 years 7 months. Height 5 feet 4 1/2 inches
 Chest Measurement { Girth when fully expanded 37 inches
 Range of expansion 6 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Hannah George
1000 Hauler | Relationship Father Mother
T. Bay 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>6-5-18</u>									
Joined at <u>St. John's</u> on <u>May 6th 1918</u>									
Discharged <u>June 29, 1919</u>									
<u>Embarked St. John's train to Halifax N.S. 11-6-18</u>									
<u>Reembarked for B.C. 26-10-1918</u>									
<u>Reembarked home 26-10-18</u>									
<u>Joined Bath. 3-11-18</u>									
<u>Transfer from Bath to <u>Queen's Own Rifles</u> 23rd 1919</u>									
<u>to have employed land for demobilization 22-5-1919</u>									
<u>Arrived the embarkment 1-6-1919</u>									
<u>Demobilization at Bath 30-6-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>30-6-1919</u> (date of discharge)					1 years 56 days				
Pensions " " " " " "									

D. Edw. Ho. R. 4936
Huntly Bay
Nov 16 x/19

To The Military Department
Water Street
St. Johns

Dear Sirs:

As I noticed
on the paper a while
ago concerning the
General War Service
Ribbon;
also noticed a few
days ago ~~the~~ most
of the Boys have
Red it. But - I haven't
Lett to know if I am
intitled to it; But -
haven't Red it

2
hoping to hear from
you soon

I remain
yours truly

#4936 Box. P. O. Lakes

George

D. L. D. H. C.

Trinity Day
A. F. L. D.

2

sent 13/11/19

C.R. 4936

Extract from Daily Orders Part II Unit The Royal WFLD.
Regt. St. John's, June 19th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by G.C. Discharge Depot with effect from 16-6-19.

4936 Pte. C. George.

C.R. 4936

Extract from Daily Orders Part XI Depot, SJs. Johns,

Date June 18th 1919.

4936, Pte. C. George.

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

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender

Address

Line

Number

Red

By

Sent

by

Check

Dated

May 29th 1919.

To

Mrs Hannah George,

Dildo. T.B.

4936, Pte. C. George on Corsican.

due to arrive to-day.

A. E. Hickman

MINISTER of MILITIA.Charge to Dept. of Militia.

FOR TYPEWRITER



NEWFOUNDLAND POSTAL TELEGRAPHS. ⁴⁹³⁶

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. _____ Sent by _____ Rec'd by _____ Check _____ No. _____

Place from 95 B am 10

To Dildo

via New H. 28

Military Militia Dept.

Please let me know
 4936 pte C George due
 American.

Mrs Hannah George

yes
HP

G.R. 4936

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
Hazelby Down Camp 23/4/19.

#4936 Pte. G George.

C.R. 4936

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt
By Lt. Col. T.G. Mathias, D.S.O. Commanding 1st Bn. 3-11-18.

The following joined the Bn. 3-11-18.

4936 Pte. C. George

BT Coy.

C.R. 4936

Extract from Serial 1011 Re-enforcement Draft No. 25, embarked Folkestone
25/10/18, from 2nd Batta, Royal Newfoundland Regiment, Haslemere Camp,
Winchester, to 1st Batta, Royal Newfoundland Regiment, S.M.F.

4936nPte. George, C.

MP.

C.R. 4986

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

4936 Pte C. George

Embarked for Overseas with draft 11-6-18.

Extract from Daily Orders part 11, from Unit The Royal
Newfoundland Regiment, St. John's, dated May 7, 1918

#4936 Pte. G. George.

Attested for General Service with the Royal Nfld. Regt.
from 6.5.18

C.R. 4936

Extract from Daily Orders part 11 Unit The Royal Nfld. 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 30-6-19

4936 Pte. Chas. George.

C. George

C.R.

4936

~~1880~~

Note.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi. 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. Regt. No. *4936* 3. Rank *Pte*
4. Name *George* *Charles*
(Surname) (Christian Names)
5. Age last birthday *25*
6. Posted for duty on *May 3/18* at *St. John's*
in category (or grade)
7. Former Trade or Occupation *Lumberman*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regt. 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 (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. 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 } *na*
- (ii.) Previous active service.. .. } *na*
- (iii.) Climate in pre-war service } *na*
- (iv.) Ordinary military service before the war } *na*
- (v.) Serious negligence or misconduct on the } *na*
man's part. }
- 14 (a). If not due to any of these causes, to what } *na*
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 complain of no disabl.*

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 invaded at Foreign Stations.

Station *Harley D.C. Camp*.....

Date *30-4-19*.....

Repatriation

Major DAOMS

Sgt. J. S. Knight

Capt. R. M. C.

Medical Officer in charge of case.

* 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

FORM K

NEWFOUNDLAND GOVERNMENT
 40, VICTORIA ST.
 LONDON, S.W. 1
 10 JUL 1918
 PAY RECORD OFFICE

No 4243 A



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Charles George, Regt. No. 4936
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and Seventy 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 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4010	mother	Mrs Edward (Hannah) George	Dildo St, T. B.	
Total Allotment, \$				<u>70</u>

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.) J. James
 Officer Commanding
Stephen A. Company
May 23rd 1918

(Sig.) Charles George
 (Rank) Pte

To:- The Chief Paymaster.,
Royal Newfoundland Regiment,
58 Victoria Street,
London, S.W.

Sir:-
Please charge the amount set opposite my name to my account and
pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments
for the period of the year.
Commencing on the 1st July 1918.

Regtl. No.	Rank	Name	Amount	Signature
4936	Plt	George C	\$250	G George

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

G. George

Date

July 1/18

Chief Paymaster,
Royal Newfoundland Regiment,
58 Victoria Street,
London, S.W.

George, C

4936

Ray sept.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4936 Rank Pfc Name George G
 Intended place of residence Sleds Hk Trinity

2. Occupation Lumberman
 Classification of soldier E Medical Category A 2

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 JUN 16 1919

W. H. Lunt
 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 JUN 16 1919

George G
 Signature of soldier

J. A. Sawloff
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place, ST. JOHN'S

Date JUN 16 1919

G. G.
 Signature of soldier

James O'Keefe
 Signature of witness SB

STATEMENT OF SERVICE

7. Enlisted for service 6-3-18 No. of days on Military
 Discharged from service 36-6-19 Plus 14 days Service 435

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUN 16 1919

R. H. Lunt Major
 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

Date June 30/1919

M. Bowley Capt
 Officer in Charge Records
 The Royal Newfoundland Regiment

A 982079/2469

June 29, 1919

#4936 Pte. Charles George,

Dildo Harbor,

Trinity Bay.

Dear Sir:-

Please find enclosed Discharge
Certificate No. 2469.

Yours truly

Captain,
Paymaster & U.I/c Records.

The Royal Newfoundland Regiment

DEMOBILIZATION OFF

Reg. No. 1936 Rank Pvt Name George S
 Date of Enlistment 6-2-18 Address Delo St District St. John's
 Occupation Lumberman Classification for Discharge E Medical Category A1
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N. F. 136	B 268	B 121	N. F. Med	D. F. 1
B 178	W 3194	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 178b	D 400B	Form L	do 3rd	" 4
B 178c	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 16-6-19 O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$65.00
- (b) Clothing Supplier [Signature]

Date 16-6-19 O i/c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R. 1818 to his home at Dledo Rd and Release Certificate No. 2848 issued.

Date 16-6-19 J.A. Snowball
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 30-6-19

Date 16-6-19 J.A. Snowball
Depot Paymaster.

Discharged approved for 16 6 19
Forwarded with following documents to G. C. Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board Ist.	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400H	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

Handwritten notes: 2 Form B

Date 16-6-19 J.A. Snowball
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:-

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN. 16. 1919 R.H. Salt 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,

Signature of Man.

J. P. Snowcraft
Signature of the Vocational Officer or his Representative.

Reg. No. *4936*

R. George

Place

St. Johns

Date

16-6-19

191

The Royal Newfoundland Regiment

Class for Demobilization: *7*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *16. 6. 19*

Regimental No. *4926*

Name *George Chab*

Rank *Plt*

Address *D. L. Chab H. B. J. B.*

Present Medical Category *Ai*

Recommended for: (a) Immediate discharge
(b) ~~Standard Medical Board~~

Members of Board

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

W. Malcom
Senior Medical Officer

Geo. Borden
M. O. Depot

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

MEDICAL HISTORY

Surname GeorgeOF Charles
Christian Name

Table I. GENERAL TABLE.

Birthplace:—Parish St. John'sCounty Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	6	St. John's	day of	191
Declared Age	34	years	years	days
Trade or Occupation	Lumberman			
Height	5	feet 4 1/2	feet	inches
Weight		137	lbs.	lbs.
Chest Measure	Girth when fully expanded		37	inches
	Range of Expansion		6	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Number			
When Vaccinated				
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	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>Samuel Paterson</u>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	St. John's	at	
	on	6	on	day of
		day of		191
	Corps		Corps	
	Regtl. No.		Regtl. No.	
Joined on Enlistment	The Royal Nfld Regt			
	4936			
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 (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 for 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 } *Shoemaker*
2. Regtl. No. *4926* 3. Rank. *Pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *George Charles* (a) Former Regts. or Corps ; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday. *25*
6. Posted for duty on *May 3/18* at *Pt. 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 (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. 179 a (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?

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.)

de employe pro 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 invalided at Foreign Stations.

Repatriation
Wm. J. D. O. S. M. O.
Cap. Adams

Station *Hazley Down*

Date *1/19*

Medical Officer in charge of case.

* 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 29, 1919

#4930 Pte. Charles George,

Dildo Harbor, 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

Paymaster & O.i/c Captain
Records.

25290

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 26th. 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 *Charles* 2. Surname *George*

3. Rank *Pvt* 4. Regt. No. *14936*

5. Address in full to which future payments of gratuity are to be forwarded. *Soldo Str. S. B.*

6. Date of enlistment in the Regiment. *May 3/18*

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.

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. *From May 3/18 to June 16/19*

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?

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?

19. Are you now serving in the Res? If not give - (a) date of discharge (b) Reason for discharge.

Temporary

Disbelief

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, Belgium, Germany - From Oct. 25/18 to April 1919

21. (c) 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.

No

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 George

Signature of Applicant:

Place of Residence:

Dickinson, N.B.

Declared before me at:

W. John, N.Y.C.

This

16th day of

June 1919

at 9:30 P.M. in the City of New York

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

POST DISCHARGE PAY.

Date paid

paid

Soldier, Dependant

War Service Gratuity

Net amount due

280.00

4 mos.

Certified correct.

Paymaster

[Signature]

ROYAL NEWFOUNDLAND REGIMENT
(Separation Allowance Branch)

Notice:

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, Nfld.

1.	Name in full of soldier. Rank.	Regt. or Unit.	Regt. No.
	Charles Manasseh George	Private Royal Nfld	4936
2.	Age of soldier.	single	single.
	24. 8 mth		
3.	Name in full of mother. Age. occupation.	Permanent address.	
	Hannah George 59	Dildo ^{Canada}	
4.	Give name of your husband. Age. Occupation.	Where employed.	
	Edward George 71	fisherman	
5.	If your husband is not supporting you, state the reason.	Dead	
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.)		
	<i>Medical Certificate for a chronic commencing June 1/1910</i> <i>AGB</i>		
7.	If you are a widow state date and place of death of your husband.	Died July 22. 1910	
8.	Have you married again since death of above mentioned husband?	no	
9.	names of other children. Address in full. Age. Occupation.	Married or single	
	Gilbert George Dildo	38. fisherman	married in delaware health
	Sethro	35 fisherman	married
	Walter H.	32 fisherman	married
	Quenith	36	"
	Amice	24. 8 mth	permanently (single) Invalid
	Milda Maud	20 domestic	single

200 Main St. St. John's.

10. The amount earned by (a) Yourself _____
(b) Your husband. _____
-
11. State amount and source of any other income. _____
-
12. State value of real property belonging to you and your husband _____
-
13. State value of personal property belonging to you and your husband _____
-
14. If husband is dead, state value of real and personal property left by him *\$250.00*
land now divided
-
15. Actual amount contributed by soldier during the year prior to enlistment *\$400.00.*
-
16. Was this amount contributed weekly or monthly. *monthly*
-
17. Did this amount include payment of son's Board etc. _____
-
18. State your son's trade or occupation prior to enlistment. *Lumberman*
-
19. State amount of his wages per week. *\$12.50*
-
20. State amount of his wages per week. _____
-
21. State amount of monthly support from son since enlistment. _____
-
22. State amount of allotment received by you from son monthly. _____
-
23. State from what date did you receive allotment? _____
-
24. Actual amount contributed by other. Weekly. monthly. children. *nothing*
-
25. Are any of these children in the employ of you or husband. *no*
-
26. If not receiving support from other children state cause. Explain fully. *They have all they can do to support themselves by working*
-
27. With whom are you residing at present. *In my son Charles' house*
-
28. Have you made a previous claim for separation allowance? If not, why? Give particulars _____

29. Are you already in receipt of Separation Allowance from any source? If so, state how much? *no*
-
30. Are you in receipt of any payment from any Patriotic Fund? 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. Regt. If so, how much? *—*
-

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,

Hannah George

Signature of Applicant.....

Place of residence... *Windsor, Trinity Bay, Nfld*

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

this... *Eleventh* day of *June* 1918.....

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

R. H. Quinn
Notary Public:

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 ~~xxx~~ investigation, the above statements are correct and true, and the above soldier first mentioned, is the sole support of the applicant.

Signature of Clergyman..... *R. Kelly, Adjutant, St. John's*

Signature of Member of Patriotic Fund Committee.) *W. Campbell*

Barracks inform allotment of 70⁰ p. day

Approved
[Signature]

FORM K

No. 4243



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Charles George, Regl. No. 4936

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

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4011	mother	Mrs Edward (Hannah) George	Dildo Her, T. B.	
Total Allotment, \$				<u>70⁹</u>

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
[Signature]
May 23rd 1918

(Sig.) Charles George
 (Rank) Pte

Wicks Co
T Bay
March 12/19

J. R. Bennett Esq
Minister of Militia
Dear Sir

I am writing
to see if you can give me any
information when the other Boys would
be returning home or if you can
assist me in getting Rayson & Charlie
Lam his mother a cripple & he
have one sister a cripple & the
two of us are alone, in house
together & only my youngest daughter
to see to everything as the war
are over & if it would not be very
urgent for him to be on the other
side I daunt. I would beg you
a word to see if you can do me
a favor by trying to get him
home I would not mind if
I was diving with any one
or in other words could get.

around or if Both of us
wasent cripple so I would
Be very grateful if you could
do your best his name is
as follows Mr Charlie George #4938
hoping to hear from you
on the matter I am

Yours Truly
Mrs Hannah George
to Mr
J. Bayborn

June 21st 1901

Receipt for Army Book 64

No. *4936* Name *George*

To Certify that I have received the AB 64 of the above
named Soldier.

Name *Charles George*

Date *Aug 14/20*

Place *Wilds Fr. I.B. Coy.*



N.B. For completion and return to the Department of Militia
insert in corner of envelope "AB 64"

C.R. 4936

RECEIPT.

FOR ISSUE OF RIBAND OF VICTORY METAL 1914-1919.

I certify that I have received an issue of 2 inches
of Riband of Victory Medal 1914-1919.

NO. 4936 NAME *Chas. George*

DATE *Jan 30*
PLACE *Dahlgren, Va. Bay*

RECEIPT,

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

I certify that I have received an issue of 2 inches
of Riband of British War Medal-1914-1919.

Name... *Chas George*

Date... *Jan 20.*

Place... *Dieldo H. 7. Bay*

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
39.Number of Sheet 011

Regiment of

Royal Newfoundland

Signature of O. C. Company

C. J. Macdonald

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.		Age on	years	months	
<u>4936</u>	<u>George Chen</u>		<u>24</u>		<u>Seaman</u>
Joined	Date	Place and Date of Enlistment		Religion	
		<u>St John's</u>		<u>S. A.</u>	
Joined	Date	Period of	with Colours	Place of Birth	
Joined	Date		with Reserve		
			<u>3 1/2</u> years.		

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</u>	<u>St John's</u>	<u>30</u>	<u>6</u> <u>19</u>		

To be carried over

Army Form B. 121.

X A496
Demobilization Form 9

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 1936 Rank Pvt Name George C
 Date of Enlistment 6-5-18 Address Delo H District St. John's
 Occupation Lumberman Classification for Discharge F Medical Category A1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 136	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 16-6-19 O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

[Signature]

Particulars passed to Vocational Officer for information and action.

Date [Signature] [Signature]

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied [Signature]

Date 16-6-19 O i.c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 71818 to his home at Quito, Pa. and Release Certificate No. 4848 issued.

Date 16-6-19 J.A. Snow
Demobilization Officer

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

Date 11-1-19 J.A. Snow
Depot Paymaster.

Discharge approved for 16-6-19
Forwarded with following documents to O.C. Discharge Depot.

N.F. P136	B 268	B 121	N.F. Med	D.F. 1	
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1916	do 2nd	" 3	2 Form B
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	
B179c	B 120	M 93			

Date 16-6-19 J.A. Snow
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer in Records,
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 16 1919 R.H. [Signature]
O. C. Discharge Depot.

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

Date June 24/19 [Signature]

Reg. No. *4936* Rank *1st* Name *George L.*

Attested Address *Waldo Dr.*

Allotment Allottee

Date of Allotment Returned from Overseas *29.1.19.*

Returned on S.S. *Corsican* Cause *Discharge*

16.6.19.
16.6.19.

PASSED TO DEMOBILIZATION OFFICE
~~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 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

Charles George

Regiment from which discharged *Royal Newfoundland*

Regimental number *4936*

Intended address *Bildo St. Trinity Bay*

Height on discharge *6* Feet *7*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *Medium*

Christian name of Father *—*

Christian name of Mother *Hannah*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Bildo St. 4th Oct. 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)

Charles George

Pte

(Rank)

Station *Sphinx*

Date *16-6-19*

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.

Station

Date

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

