



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5767 Name Albert Harvey Corps C of E

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. Albert Harvey
- 2. What is your full Address? } 2. Upper Gullies
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 22 Year 0 Months
- 5. What is your Trade or Calling? 5. no
- 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. Yes
- 8. Are you willing to be vaccinated or re-vaccinated? } 8. Yes
- 9. Are you willing to be enlisted for General Service? .. 9.
- 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? } 10.) Name) Corps Yes
- 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. }

I, Albert Harvey 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.

Albert Harvey SIGNATURE OF RECRUIT.
Pte R Power Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at..... on this 13 day of July 1918

Signature of Attesting Officer Asst. Adjutant

†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..... July 15/18 } Approving Officer.
Place..... St. John's

† 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 Albert Harvey
 Apparent age 22 years 0 months. Height 5 feet 4 1/2 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin William Harvey
Upper Gullies | Relationship Father

Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
Joined at _____ on _____									
Total Service forfeited as above.....									

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



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No. 5767 Name Albert Harvey Corps C of E

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- 1. What is your name? 1. Albert Harvey
- 2. What is your full Address? } 2. Upper Gullies
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 22 Years Months
- 5. What is your Trade or Calling? 5. Miner
- 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 Yes
- 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, Albert Harvey 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.

Albert Harvey SIGNATURE OF RECRUIT.

P. A. Power Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at
on this 13 day of July 1915

Signature of Attesting Officer P. A. Power

† 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 July 15/15 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

5767

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

Name Albert Harvey
 Apparent age 27 years months. Height 5 feet 4 1/2 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 4 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin William Harvey
Upper Gullies | Relationship Father

Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow.		(b) Place and date of marriage.	
(c) Present address.		(d) Initials of Officer verifying entry.	
(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>13-7-18</u>									
Joined at <u>St. Helier</u> on <u>July 13-1918</u>									
Dischgd. <u>Admiral</u> . <u>Jan. 14-1919</u>									
Special duty <u>Dep. Dock</u> <u>2 10/18</u>									
Returned to Headquarters. <u>15-10-18</u>									
Demobilization <u>St. Helier</u> <u>13-1-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>13-1-1919</u> (date of discharge) <u>2</u> years <u>186</u> days									
" " Pensions " " " " " " " " " " " "									

C.R. 5767

Extract from Daily Orders, Part 11, UNIT: The Royal
Newfoundland Regiment, dated October 18th., 1918.

The undermentioned returned from Special Duty at
DRY DOCK, 15/10/18.

5767 Pte. A. Harvey.

C.R. 5767

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

THE FOLLOWING PROCEEDED ON SPECIAL DUTY AT DOCK YARD Guard 2/10/18:

5767 Pte. A. Harvey.

C.R. 5767

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated July 15, 1918

#5767 Pte. Albert Harvey

Attested for General Service with the Royal Nfld. Regt.
80th 15-7-18

C.R. 5767

Extract of Daily Orders Part II, Depot St. John's dated
Jan. 14th 1919.

Discharge confirmed on demobilization.

The discharge of the undernoted on demobilization has
been confirmed by the Officer i/c Records on noted date.

5767 Pte. Albert Harvey

Discharged 13-1-19

C.R. 5767

Extract from Daily Orders part 11, Depot
St. John's dated December 18th., 1918.

#5767 Pte, Albert Harvey.

The above mentioned discharge on demobilization
have been approved by O. C. Depot from noted date

He is removed from Depot Strength and transferred to
discharge depot pending confirmation by Officer i/c
records.

17-12-18.

Harvey, A

5767

May 2 Sept.

January 13th., 1919.

#5767 Pte. Albert Harvey,

Upper Gallies,

Hr. Main Dist.

Dear Sir:-

Please find enclosed "Discharge
Certificate No. 457."

Yours faithfully,

Captain,
Paymaster & O. i/c Records.

Enc '1 1.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5767 Rank Pte Name Albert Hawley
 Intended place of residence Upper Gullies St John's

2. Occupation None
 Classification of soldier C Medical Category ATI

3. The above named man is discharged in consequence of DEMOBILIZATION.

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 DEC 16 1918
[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 and date St John's 17. 12. 18.
[Signature]
 Signature of soldier
[Signature]
 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 and Date St John's 16-12-18
[Signature]
 Signature of soldier
[Signature]
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 13-7-18 No of days on Military
 Discharged from service 17-12-18 plus 28 days Service 186

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
[Signature]
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.
 Date DEC 17 1918

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place St John's, Nfld. [Signature]
 Date January 14 1919
[Signature]
 Officer in Charge
 The Royal Newfoundland Regiment
2079/457

19
21
20
31
30
31
14
186

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5767 Rank Plt Name Harvey - Albert
 Date of Enlistment 13.7.18 Address Upper Buller District St. John's
 Occupation Miner Classification for Discharge C Medical Category AI
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 13.12.18.....

W. H. C. Discharge Depot.
 C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Albert Harvey

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable.....
 (b) ~~Clothing Supplied~~.....

Date 16-12-18.....

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R 300.....to his home at Upper Gullies.. and Release Certificate No. 386..... issued.

Date 16.12.18..... C. B. Dicks Kemp
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 14-1-19.....

Date 6-12-18..... W. H. Kelly
Depot Paymaster.

Discharge approved for 17.12.18.....

Forwarded with following documents to O.C Discharge Depot.

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

Date 17.12.18..... C. B. Dicks Kemp
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

- Officer i/c Records.
- Board of Pension Commissioners.

with following additional documents.

Date DEC 17 1918..... R. H. Latt
O. C. Discharge Depot.

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

Date Dec 18/1918.....

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

MEDICAL HISTORY

Surname Harvey Christian Name Albert

Table I.—GENERAL TABLE

Birthplace:—Parish	<u>Upper Falls, St. John's County</u>		<u>Newfoundland.</u>	
	SPECIAL RESERVE		REGULAR ARMY	
Examined	on <u>13th</u> day of <u>July</u> 19 <u>16</u> .	on	day of	19 <u>1</u>
	at <u>Sydney.</u>	at		
Declared Age	<u>22</u> years	days	years	days
Trade or Occupation	<u>Miner.</u>			
Height	<u>5</u> feet <u>4¹/₂</u> inches	inches	feet	inches
Weight	<u>175</u>	lbs.		lbs.
Chest Measurement {	Girth when fully expanded	<u>36</u> inches		inches
	Range of Expansion	<u>4</u> inches		inches
Physical Development				
Vaccination Marks {	Right	Left	Right	Left
	<u>—</u>		<u>—</u>	
When Vaccinated				
Vision	R.E.—V=	<u>6/9</u>	R.E.—V=	
	L.E.—V=	<u>6/9</u>	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
	(b)		(b)	
(b) Slight defects but not sufficient to cause rejection				
Approved by (Signature)	<u>Lambert Paterson</u>			
(Rank)	<u>Major</u>		Medical Officer	Medical Officer
Enlisted	at <u>Sydney</u>	at		
	on <u>13th</u> day of <u>July</u> 19 <u>16</u> .	on	day of	19 <u>1</u>
Joined on Enlistment	Corps	Regtl. No.	Corps	Regtl. No.
	<u>Royal Nfld.</u>	<u>576</u>		
Transferred to	<u>Regiment</u>			
Became non-effective by	on	day of	19 <u>1</u>	on
(Signature)				
(Rank)				



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 *Harney Albert*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *5767*
 Intended address *Upper Gullies, Conception Bay.*
 Height on discharge Feet
 Color of hair on discharge *Light*
 Complexion *Fair*
 Color of eyes *Blue*
 Descriptive Marks *vaccination, two scars left arm.*
 Figure on discharge *Normal.*
 Christian name of Father *William*
 Christian name of Mother *Patience.*
 Wife's maiden name in full
 Date and place of marriage
 Christian names of children
 Place and date of soldier's birth. *Aug. 16th 1896, Upper Gullies.*
 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) - *Albert Harney*

(Rank) *Plt*

Station

Date

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.

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

Station

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 work as miner

Albert Hanley

Signature of Man.

W. B. Dickes

Reg. No.

Signature of the Vocational Officer or his Representative.

Place

St Johns n. 7. 20

Date

15/12/18

191

Mr. Main

400 A

The Royal Newfoundland Regiment

Class for Demobilization:—
C

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment NOV 29 1918

Date

Regimental No. 5761

Name *Harvey Albert. Ph.*

Address *Upper Gallies
Conception Bay*

Present Medical Category *A II*

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

Members of Board { *R.H. East Capt.*
O.C. Discharge Depot.
Petersen
Senior Medical Officer
J.W. Burden
M. O. Depot



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Albert Harvey, Regl. No. 5767
 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 August 1st

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)	
4864	Father	William Harvey, Esq.	St. John's		60
Total Allotment, \$				5	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.) W. C. James
 Officer Commanding
7 Company

(Sig.) Albert Harvey
 (Rank) Private

July 11, 1918
 1918



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Albert Harney, Regl. No. 5767
 hereby agree, until further notification by me and in similar official form to make an Allotment of
Dollars and Sixty Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons
 concerned, viz.: August 15th
 Allotment begins August 15th

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4864	Father	William Harney	Upper Gullies	60
			Total Allotment, \$	60

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter-signed by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.) W. C. James 2/Lieut
 Officer Commanding
F Company

(Sig.) Albert Harney
 (Rank) P/ser

July 15th 1918

5767 Albert Harvey - Upper Gullies
granted leave of absence without pay
until Sept. 30 th. 1918.

✓

9/9/18

R.H. Sant Capt.
O.C. Dept.

Harvey to be informed to call at No. 19
Atlantic Avenue, Mrs. Dawe.

Acted E.R.H.

ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at Headquarters JUL 13 1918

1. Name Albert Dorney Age (a) Declared 22
(b) Apparent

2. Do you know of anything wrong with you? Stumble with leg

What severe illnesses have you had? none
Eye Blue
Comp Fair
Marks

5467

3. Height 5-4 1/2 Weight 125

4. Eyesight (a) Left 6/9 (b) Right 6/9

5. Physical Defects (Examine after strenuous exercise) ~

6. Examination of Lungs ~
Measurement (a) Expiration 32 (b) Inspiration 36

7. Examination of Heart ~

8. Examination of Urine ~

9. Examination of Mouth—(Defective Speech)
Teeth }
Throat } ~
Nose }
Ears—(Otorrhea) }
(Deafness) }

10. Have you been successfully vaccinated, and when? no

11. Name and address of next of kin Father William Upper Sullies

REMARKS--

A11

St. Beedee
Archibald
Medical Examiners.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheet One

Regiment of The Royal Newfoundland

Signature of O. C. Company C. B. Dickson

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>5764 Albert Hannu</u>	Age on	<u>20</u> years <u>00</u> months	<u>Miner</u>	
Joined	Date	Place and Date of Enlistment	<u>St John's 13/7-18</u>	Religion	
Joined	Date	Period of	} with Colours <u>18</u> years. } with Reserve <u>3</u> years.	Place of Birth	
Joined	Date				

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name 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>13/7</u>			

To be carried over.

The Royal Newfoundland Regiment

5767

DEMOBILIZATION OF

Reg. No. 5767 Rank Pte Name Harvey - Albert
 Date of Enlistment 13.7.18 Address Upper Gullies District St. John's
 Occupation Messenger Classification for Discharge R Medical Category A.II
 Recommendation S.M.B. 13-1-18 Disability Rating 81-01-d
 Passed to Demobilization Officer with following documents:—

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

Date 13-11-18

W. H. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Albert Harvey

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 Joseph H. Snowling

Date 16-12-18

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R 300 to his home at Upper Gullies and Release Certificate No. 386 issued.

Date 16. 12. 18.

C. B. Dicks Capt.
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 11-1-19

Date 6-12-18

W. B. Call
Depot Paymaster.

Discharge approved for 17. 12. 18

Forwarded with following documents to O.C Discharge Depot.

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

Date 17. 12. 18.

C. B. Dicks Capt.
Demobilization Officer.

APPROVED.

Documents as above forwarded to General Board
Officer i/c Records.
Board of Pension Commissioners.
with following additional documents.

Date 17. 12. 18.

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

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

Date Dec 18/19. 18.

W. B. Call Capt.
D. Y. R.

Reg. No. 5767 Rank Pte Name Albert Harvey
Attested 13-7-18 Address Upper Gullies
Allotment 60 Allottee William Harvey (Father)
Date of Allotment 1-8-18 Returned from Overseas.....
Embarked for Overseas..... Cause.....

18-7-18 see 1st 2-9-18 2nd 14-10-18
R.L. 29-7-18 to 4-8-18 R.L. 5-8-18
S. leave without pay 9-9-18 to 30-9-18 held 30-9-18.
2-10-18 special duty pay back. Returns 15-10-18

PASSED TO DEMOBILIZATION OFFICE

DISCHARGE APPROVED ON DEMOBILISATION

14-12-18.