



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 6310 Name William B Kennedy Corps Inf

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---------------------------------------|
| 1. What is your name? | 1. <u>William B Kennedy</u> |
| 2. What is your full Address? | 2. <u>Foot Cove</u>
<u>Fortune</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>21</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</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, W B Kennedy 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.

W B Kennedy SIGNATURE OF RECRUIT.
W B Kennedy Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, W B Kennedy 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 15th day of Oct 1915.
W B Kennedy Signature of Attesting Officer

†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 compiled with. I accordingly approve, and appoint him to the 1st Bn.
 If enlisted by special authority, such will be attached to the original attestation.
 Date OCT 16 1915 1915
 Place ST. JOHN'S
W B Kennedy } 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).....

6310

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name William G. Herridge

Apparent age 21 years months. Height 5 feet 5 inches

Chest Measurement { Girth when fully expanded 36 inches
Range of expansion 3 1/2 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin General Herridge
Hook Lane St. | 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 <u> </u> on <u> </u>									
<u>Discharged Jan 21st 1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u> </u> [date of discharge] <u> </u> years <u> </u> days									
" " Pensions " " " " " " " " " " " "									

NEWFOUNDLAND POSTAL TELEGRAPHS.
Cable Connection with all the World CR 6310
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.

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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 St. John's Dept. of Militia

Line Number	Rcd	By	Sent	by	Check

Dated

Nov. 1st, 1918.

To

Mr. Manuel Herridge,

Hoop Cove, F.B.

I beg to inform you that #6310 Pte. W. Herridge, is still seriously ill suffering from Influenza.

J.R. Bennett,

Minister of Militia.

FOR TYPEWRITER

NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. _____ Sent by Hoop Love Paid by _____ Check _____ No. _____

Place from via Longh beach

To J. R. Bennett Esq



Please advise immediately condition
of my son pte
W. Herridge -

Manuel Herridge

C.R.

6310

Extract from Daily Orders part 11, Depot St. John's
dated december 18th., 1928.

Discharged from Escasoni Convalescent Hospital
16-12-18.

#6310 Pte. W. Herridge.

C.R. 6310

Extract from Daily Orders part 11, Depot St. John's
dated January ~~21st~~, 1919.
22nd

The discharged of the undernoted on demobilization have
been Confirmed by Officer i/c Records on 21-1-19.

6310 Pte. Wm. Herridge.

C.R. 6310

Extract of Daily Orders Part II, dated Dec.27th 1918.

DEMOBILIZATION.

The undernoted man' a discharge on Demobilization has been approved by O.C.Discharge Depot from noted dates. He is removed from Depot Strength and transferred to Discharge Depot pending confirmation by Officer i/c Records

6310 Pte.Wm.Herridge

Discharged 24-12-18

C.N. 6310
Counter No. _____

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Cable Connection with all the World



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(NOT TRANSMITTED)

Signature of Sender _____ Address Dept. of Militia.

Line Number	Rcd	By	Sent	by	Check

Dated Nov. 18, 1918.
To Mr. Mansel Herriage,
Hoop Cove, F.R.

Beg to inform you that your son #6310, Ptc. Herriage, is now convalescent.

J.R. DENNETT,

MINISTER OF MILITIA

FOR TYPEWRITER

C.R. 6310
Counter No.

NEWFOUNDLAND POSTAL TELEGRAPHS.

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(NOT TRANSMITTED)

ST. JOHN'S DEPT. OF MILITIA.

Signature of Sender _____ Address _____

Line Number	Rcd	By	Sent	by	Cheek

Dated NOV. 13, 1918.

To Mr. Manual Herridge,
Hoyp Cove, F.B.

Bag to inform you that your son #6310 Pte. Herridge, is now convalescent.

J.R. Bennett,
Minister of Militia.

FOR TYPEWRITER

C.R. 6310
Counter No.

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(NOT TRANSMITTED)

Signature of Sender _____ Address St. John's Dept. of

Line Number _____	Rcd _____	By _____	Sent _____ by _____	Check <u>Militia.</u>
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Dated Oct. 31, 1918.

To
Mr. Manuel Herriags,
Hoop Cove, F. Bay.

Regret to inform you that your son #6310 Pte. W. Herriags,
is now at Military Hospital St. John's seriously ill.

J.R. Bennett,
Minister of Militia,

FOR TYPEWRITER

C.R. 6310
Counter No.

NEWFOUNDLAND POSTAL TELEGRAPHS.



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(NOT TRANSMITTED)

St. John's Dept. of Militia.

Signature of Sender _____

Address _____

Line Number	Rcd	By	Sent	by	Check

Dated Nov. 11, 1918.

To Mr. Manuel Herridge,
Hoop Cove via Long Harbour.

Beq to inform you that your son # 6310 Pte. G. Herridge, is now improved.

J.R. Bennett,
Minister of Militia.

FOR TYPEWRITER

C.R. 6310

Extract from Daily Orders, Part 11, Unit: The Royal Newfoundland
Regiment, dated October 17th 1918.

Strength Increase.

6310 Pte. Wm. Herridge.

Attested for General Service with The Royal Newfoundland
Regiment from 15/10/18.



C.R. 6310

NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 4 Sent by K Recd by mo Check 100d No.

Place from Hoop Cove

To Longs beach
J. R. Bennett
Min militia



what sickness 6310 pte w
 Herridge wire his conditions
 daily.

Manuel Herridge
 serving ill influenza

C.R. 6310
Quantity No

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

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

(NOT TRANSMITTED) **St. John's Dept. of Militia**
Signature of Sender _____ Address _____

Line Number	Rcd	By	Sent	by	Check

Dated **Nov. 4, 1918.**
To **Mr. Manuel Herridge,**
Hoop Cove, Long Hr. Beach.

Regret to inform you that your son # 6310 Pte. Herridge, is still seriously ill.

J.R. Bennett,
Minister of Militia.

NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

C.R. 0 310

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

Place from _____

To _____

Looplove Long

J R Bennett
messrs

please wire at once
 Condition pte w Herridge
 very anxious
 Manuel Herridge

C.R. 6310

Extract from Daily Orders, Part 11; UNIT: The Royal Newfoundland
Regiment, dated Nov. 23rd. 1918.

Hospital.

6310 Pte. W. Herridge.

Transferred from H.I.D. to Season 21/11/18.

Herridge, D^r

6310

Ray Sept

January 21st., 1919

#6310 Pte. William Herridge,
Anderson's Cove,
Fortune Dist.

Dear Sir:-

Please find enclosed "Discharge
Certificate No.604."

Yours faithfully,

Captain,
Paymaster & O. i/c Records

Enc'l 1.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 6310 Rank LC Name William Heridge

Intended place of residence Andersons Cove, Gortora

2. Occupation Fisherman

Classification of soldier C Medical Category A II

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 DEC 20 1918 W. H. Baker Capt

Date DEC 20 1918 Comanding 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. Johns William Heridge

21. 12. 18

Signature of soldier

C. B. Dickes Capt
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 Dec 21 1918 W. H. Baker Capt

St. Johns

Signature of soldier

J. Raymond Sgt
Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 15. 10. 18 No of days on Military

Discharged from service 24. 12. 18 plus 28 days Service 99 days

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 R. H. Sait Capt

Officer Commanding Discharge Depot
The Royal Newfoundland Regiment

Date DEC 24 1918

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed W. H. Baker Capt

Place St. Johns, Nfld

Date January 21 1919 W. H. Baker Capt
Officer in Charge
The Royal Newfoundland Regiment

20 B 2079/604

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 6210 Rank Private Name William H. Herdige
 Date of Enlistment 15-10-15 Address Andersons Lane District St. John's
 Occupation Fisherman Classification for Discharge B Medical Category H.II
 Recommendation S.M.B. Disability Rating
 Passed to Demobilization Officer with following documents:—

N.F. P36	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	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 19-12-18

William H. Herdige
 O. C. Discharge Depot.

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 \$600

(b) Clothing Supplied Joseph H. Herdige

Date 20-12-18

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R 376 to his home at Anderson Ave Release Certificate No. 528 issued.

Bellefontaine
Date 20-12-18 P. D. Dieke 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 21-12-19

Date 20-12-18 W. H. H. Capt.
Depot Paymaster.

Discharge approved for 24 12 18

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med	D.F. 1	1
F 178	W 3494	B 122	Board 1st	" 2	2
B 178a	D 400A	B 1915	do 2nd	" 3	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 23 12 18 P. D. Dieke Capt
Demobilization Officer.

APPROVED.

Documents as above forwarded to —
Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Date DEC 24 1918 R. H. Holt
O. C. Discharge Depot.

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

Date Dec. 27/1918

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

MEDICAL HISTORY

Surname

Herridge

OF

Christian Name

William

Table I.—GENERAL TABLE

Birthplace:—Parish

St. John's

County

Newfoundland

SPECIAL RESERVE

REGULAR ARMY

		SPECIAL RESERVE		REGULAR ARMY	
Examined	on <i>10</i> day of <i>Oct</i> 191 <i>8</i>	on	day of	191	
	at <i>St. John's</i>	at			
Declared Age	<i>21</i> years		years		days
Trade or Occupation	<i>Yachtsman</i>				
Height	<i>5</i> feet	<i>5</i> inches	feet		inches
Weight		<i>133</i> lbs.			ll s.
Chest Measurement	Girth when fully expanded	<i>36</i> inches			inches
	Range of Expansion	<i>4 1/2</i> inches			inches
Physical Development					
Vaccination Marks	Arm	Right	Left	Right	Left
	Number				
When Vaccinated					
Vision	R. E.—V=	<i>4/40</i>		R. E.—V=	
	L. E.—V=	<i>4/40</i>		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)	<i>Lammot Babron</i>				
(Rank)		Medical Officer			Medical Officer
Enlisted	at <i>St. John's</i>	at			
	on <i>10th</i> day of <i>Oct</i> 191 <i>8</i>	on	day of	191	
Joined on Enlistment	Corps	<i>Royal Artillery</i>	Regtl. No.	<i>6310</i>	
		<i>Regiment</i>			
Transferred to					
Became non-effective by	on	day of	191	on	day of
(Signature)					
(Rank)					

MEDICAL HISTORY

Table II.—Only for admission to hospital or to the sick

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on Syphilis, admissions of treatment
	Day	Month	Year	Day	Month	Year			
<i>M. G. W. Hospital</i>	<i>30</i>	<i>10</i>	<i>18</i>	<i>21</i>	<i>11</i>	<i>18</i>	<i>Influenza.</i>	<i>22</i>	
<i>Cremona</i>	<i>21</i>	<i>"</i>	<i>16</i>	<i>16</i>	<i>12</i>	<i>18</i>	<i>Conalescent</i>	<i>25</i>	

[P.T.]

Table III--Records of Cases of Venereal Diseases, including those of the Field of
 list in case of Warrant Officers treated in quarters
 Foreign Service, Extension, Retirement, or Reorganization of Service; Cases of

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

Signature of Medical Officer

W. A. Parsons *Leapor*

H. Peterson *mgr*



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 *Herridge, William George.*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *6310*
 Intended address *Anderson's Cove, Fortune Bay.*

Height on discharge Feet
 Color of hair on discharge *Light brown.*
 Complexion *Fair.*
 Color of eyes *Blue.*
 Descriptive Marks *Two Scars on left forearm.*
 Figure on discharge *Normal.*
 Christian name of Father *Manuel.*
 Christian name of Mother *Jane.*
 Wife's maiden name in full
 Date and place of marriage } *not married.*
 Christian names of children }

Place and date of soldier's birth. *Lobster Cove P.B., Sept. 21st 1896.*
 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)

William George Herridge
Private R *Hatters* (Rank) *1st.*
 Station *Prince's Fort.* Date *17/12/18.*

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.

J. R. Steele *Sieut*
 Medical Officer i/c Hospital.
 Unit, or Command Depot.

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 at fishing

W. G. Henning ^{*his*} *unt J. Sinclair*
mark _{signature of Man.} *ptr*

Reg. No. *6310*

W. Dicks Cuff

Signature of the Vocational Officer or his Representative.

Place *St John's N. F. & D*

Date *20/12/18* 191

eg

Essex

Fortune Bay

Demobilization Form 1

The Royal Newfoundland Regiment

Class for Demobilization: 6

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 12.17.18

Regimental No. 6310

Name Hessige William G.

Address Anderson's Cove Fortune Bay

Present Medical Category Aii

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

Members of Board {
R.H. [Signature] Capt
O.C. Discharge Depot.
[Signature]
Senior Medical Officer
[Signature]
M. O. Depot

Ind



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Wm G Herridge, Regl. No. 6310,
 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 Nov 1 1917

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
7574	Father	Monrad Herridge	Woods Cove Fortune Bay	70
			Total Allotment, \$	70

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.)

Wm G Herridge
 Officer Commanding

3

Company

(Sig.)

(Rank)

Wm G Herridge
 private
Wm G

17-10-1917

ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at St. John's on OCT 15 1918 191

1. Name William J. Herdige Age (a) Declared 21
(b) Apparent
2. Do you know of anything wrong with you? Trouble with Heart.

What severe illnesses have you had? None.

- Eyes
Chin
Mouth
3. Height 5-5 Weight 153.
4. Eyesight (a) Left $\frac{6}{6}$ (b) Right $\frac{6}{6}$
5. Physical Defects (Examine after strenuous exercise) ~

6. Examination of Lungs ~

Measurement

(a) Expiration

 $2 \frac{1}{2}$ (b) Inspiration 3 1/4

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 Manuel Hoopline. H.P.B.

12. Category

REMARKS—

A T

W. Burden
W. Burden
Medical Examiners.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheet one

Regiment of Royal Newfoundland

Signature of O. C. Company C. Dickson

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>William H. ...</u>	Age on	<u>21</u> years <u>...</u> months	<u>Furberman</u>	
Joined		Date	Place and Date of Enlistment	Religion	
Joined		Date		<u>C of E.</u>	
Joined		Date	Period of	with Colours <u>60</u> years.	Place of Birth
Joined	Date	with Reserve <u>35</u> years.			<u>Troop Co.</u>

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>21/19</u>			

To be carried over.

Army Form B. 121.

6310
Demobilisation Form

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 6310 Rank. Private Name William Hurdidge
 Date of Enlistment 15.10.18 Address Anderson Bay District St. John's
 Occupation Fisherman Classification for Discharge B Medical Category 4.1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P36	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	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 19.12.18
 O. C. Discharge Depot. W. Hurdidge

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

William Hurdidge
 His Witness
Mark Hurdidge

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied Joseph H. Hurdidge

Date 20-12-18

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R 376* to his home at *Andersons Ave* and Release Certificate No. *528* issued.

Bellefonte
Date *20-12-18*

P. B. Dieke 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 *21-12-19*

Date *20-12-18*

M. H. Bowley Capt.
Depot Paymaster.

Discharge approved for *24. 12. 18*

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36.	B 268.	B 121.	N.F. Med.	D.F. 1.	
B 178.	W 3494.	B 122.	Board 1st.	" 2.	<i>11</i>
B 178a.	D 400A.	B 1915.	do 2nd.	" 3.	<i>12</i>
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 *23. 12. 18*

P. B. Dieke Capt.
Demobilization Officer.

APPROVED. *N.*

Documents as above forwarded to:—

- Officer in Records.
- Board of Pension Commissioners.

with following additional documents.

DEC 24 1918

Date

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

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

Date *Dec. 27/1918*

M. H. Bowley Capt.
OCYR.

Reg. No. 6310 Rank PLi Name Herridge Wm
Attested 15-10-18 Address Hoop Lane Fortingly
Allotment 704 Allottee Manuel Herridge Father
Date of Allotment 1-11-18 Returned from Overseas.....
Embarked for Overseas Cause.....

Vacc 16¹⁰/18
24-10-18 Adm. to Barracks Hoop.
21-11-18 Transferred from M. J. D to Escasoni
16-12-18 Discharged from Escasoni

19-12-18 **PASSED TO DEMOBILIZATION OFFICER**
DEC 24 1918 **DISCHARGE APPROVED ON DEMOBILISATION**