



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5311 Name Charles Heyard Private

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Charles Heyard</u> |
| 2. What is your full Address? | 2. <u>Spence Lodge, St. John's</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>23</u> Years <u>0</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Shewan</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 Heyard do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to affirm the engagements made by me to His Majesty King George the Fifth, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

Signature of Recruit: Charles Heyard

Signature of Witness: Wm. B. ...

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Charles Heyard 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 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 11th day of May, 1915.

Signature of Attesting Officer: W. Dicks Lieut

†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 Private.

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

Date: 1915

Place: } 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)

July 5, 1919

#5617 Pte. Charles Hillyard,

Spr ad Bagão, T.B.

TRINITY
BAY

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

Captain,
Paymaster & O.i/c Records.

C.R. 5317

Extract from Desimal Roll of Draft No. 56, from the 2nd., Battalion
of the Newfoundland Regiment, Winchester to the 1st., Battalion of the
Regiment, B. E. F., Embarked Southampton 23/11/18.

#5317 Pte. C. Hilliard.

C.R. 5317

Extract from Daily Orders part 11, from Unit The Royal
Hfld. Bgt. St. John's, dated July 25, 1918.

The following man embarked for overseas on U.M.S.
"Columbells" July 28, 1918.

#5317 Pte. Charles Hillyard.

C.R.

5817

Extract from Nominal Roll from 1st. Battalion
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left
Raven Camps #2/4/19, embarked at Havre 22/4/19,
disembarked at Southampton 23/4/19 and reached
Hazeley Down Camp 23/4/19.

#5317 Pte. C. Hilyard.

C.R.

5317

Extract from Daily Orders Part 11 Depot, St. John's,

Date 10-6-19.

5317 Pte. Chas. Hillard

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

C.R. 5317

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. Depot St. John's, June 11th, 1919

The discharge of the undernoted on demobilization has been
APPROVED by C.C. Discharge Depot with effect from June 21/19

5317 Pte. Jas. Hilliard.

C.R. 5317

Extract from Daily Orders part II, Unit the Royal Newfoundland Regiment dated July 9th. 1919.

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

#5317 Pte. Chas. Hayward.

5-7-19.

Extract from Daily Orders part 11, from Unit The Royal Nfld.
Regt. St. John's, dated May 23, 1918.

#5317 Pte. Charles Hillyard.

Attested for General Service with the Royal Nfld. Regt.
from 22.5.18

C. Hillier

C.R. 5317

11/10

Medical Report on an Invalid.Station Hazley Down CampDate 30. 4. 19

1. Unit Royal Newfld
 2. Regimental No. 5817
 3. Rank Pte
 4. Name Hellier G.
 5. Age last birthday 25
 6. Enlisted { on 20. 5. 18
 { at St John

7. Former Trade } Fisherman
or Occupation }

7A. If with previous service in Army, state—

- (a) Former Unit;
 (b) Regimental No.;
 (c) Date of Discharge;
 (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.*(Other disabilities should be reported upon in answer to question No. 19).**nil*Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. *nil*
 10. Place of origin of disability. *nil*
 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. *nil*

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is— *nil*

- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
 (b) constitutional or hereditary, and not aggravated by service during the present war.
 (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

He complains of disability

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

m

15. Was a Court of Inquiry held on the injury?

- If so—(a) When?
- (b) Where?
- (c) Opinion?

m

16. Was an operation performed? If so, what?

m

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

m

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

m

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

m

Reparation

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

m

Major J. H. Jones

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station *A. D. Camp*

Officer in charge of Hospital.

Date *30.4.19*

*Loss of teeth on or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

No. 5317

Name

Leilyard, G.

Sqn., Batty.,
or Company

D.

Corps

R. Newfoundland

Date of
enlistment

12/5/18

G.C.
BadgesService or
Proficiency PayDate of last entry in
Company Conduct SheetNo. and date
of last drunkPeriod not reckoning towards
freedom from extra fine

Sheet No.

Signature G.C.
Company, etc.

Character

Remarks

Army Form B. 122

Place	Date of offence	Rank	Cases of Drunken- ness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
Field Barracks	8/1/19	Plt		Use of tools 1/2	Sgt Spencer	Pay for same	8/1/19	May Bernard	1/2
	2/13/19			Use of kit	Cpl W. Watson	Pay for same	1/4/19	May Bernard	1/2

P.T.O.

Hillier, C.

5317

Ray sept.

July 5, 1919

#5317 Pte. Charles Hilyard,

Spread Eagle, T.B.

Trinity Bay

Dear Sir:-

Please find enclosed Discharge Certificate

No. 2662.

Yours truly

Captain
Raymaster & O.i/c Records.

The Royal Nfld. Regiment

DEMOBILIZATION

No. 5317 Rank _____

Name Walter B

Warned for demobilization on

JUN 7 1919

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5317..... Rank Private Name Hillierd Chas
 Intended place of residence Spring Eagle

2. Occupation Fisherman
 Classification of soldier E Medical Category A1

3. The above named man is discharged in consequence of

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

Date ST. JOHN'S JUN 7 1919 J. M. St. John
 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 JUN 7 1919 Chas H. Hillierd
 Signature of soldier
J. A. Knowlton
 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 JUN 7 1919 Chas H. Hillierd
 Signature of soldier
W. J. Eaton
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 22-5-18..... No of days on Military
 Discharged from service JUN 21 1919 Plus 14 days Service 410

APPROVAL OF DISCHARGE

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

Place

ST. JOHN'S JUN 21 1919 R. H. Lat
 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, Nfld J. A. Knowlton
 Officer i/c Records

Date July 5/1919 The Royal Newfoundland Regiment

a#B2079/2662

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

Hillard *bx*

Signature of Man.

Reg. No. J317

J. A. Snow Capt.
Signature of the Vocational Officer or his Representative.

Place

St Johns

Date

JUN 7 1919

191

5317 - Lohai
Hilliard allotment
cheque mailed to
Spreadeagle 2. B. on
May 6/19

RP

Spreadeagle May 24th
1919

5184

Mr H M Maddick

Dear Sir

I am sorry to have
to write you concerning
my sons money
Ote Charles Hillies
No 5317

I recieved Ote Calab
money May the 9th
But no sign of the
other I thought it
Best to write you
concerning it
Remain yours
Sincerely Richard Hillies
Spreadeagle Trinity
Bay

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 517 Rank Pte Name Belward Charles
 Date of Enlistment 22-5-18 Address Spaced Bay District Trinity
 Occupation Fisherman Classification for Discharge EJ Medical Category H.I.
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P/36	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 6-6-19

J.W. Mans H
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am / in a position to resume civilian occupation.

Chas^{the} Belward
man^{man} west of Labrador

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable 10.00
 (b) Clothing Supplied 10.00

Date 7-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R/1601.9640 to his home at Spud Eagle and Release Certificate No. 2413 issued.

Date 7-6-19

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 5-7-19

Date 7-6-19

J.A. Snowball
Depot Paymaster.

Discharge approved for 21-6-19

Forwarded with following documents to O.C Discharge Depot.

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

Handwritten notes: '2 Forms' next to D.F. 3 and 4.

Date 7-6-19

J.A. Snowball
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Date JUN 27 1919

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

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

Date

The Royal Newfoundland Regiment

Class for Demobilization:

E.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *6.6.19*

Regimental No. *5317*

Name *Hillyard Charles* *Pte*

Address *Spread eagle*

.....

Present Medical Category..... *A1*

Recommended for:— { (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board {

RH East Capt
.....
O.C. Discharge Depot.

Platoro
.....
Senior Medical Officer

T. Burden
.....
M. O. Depot

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

MEDICAL HISTORY

Surname Hilyard OF Charles Christian Name

Table I.—GENERAL TABLE.

Birthplace:—Parish St. John's County Nflda

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	22 day of May 1918	St. John's	day of	191
Declared Age	23 1/2 years		years	days
Trade or Occupation	Sherman			
Height	5 feet 8 3/4		feet	inches
Weight	170		lbs.	lbs.
Chest Measurement	Girth when fully expanded	38	inches	inches
	Range of Expansion	3	inches	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V=	6/6 6/6	R.E.—V=	
	L.E.—V=		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>[Signature]</u>			
(Rank)	Medical Officer.			Medical Officer.
Enlisted	at St. John's	at		
	on 22 day of May 1918	on	day of	191
	Corps.	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment	Medical			
	Nflda Regt 5317			
Transferred to				
Became non-effective by	on	day of	191	on
(Signature)			day of	191
(Rank)				

Medical Report on an Invalid.

Station Hazley Down.Date 30-4-19

1. Unit Royal Newbold.
2. Regimental No. 5314
3. Rank Pte
4. Name Phillips C.
5. Age last birthday 25
6. Enlisted $\left\{ \begin{array}{l} \text{on} \\ \text{at} \end{array} \right.$ 20-5-18
St John's
7. Former Trade } Fisherman.
or Occupation }
- 7A. If with previous service in Army, state—
(a) Former Unit;
(b) Regimental No.;
(c) Date of Discharge;
(d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.*(Other disabilities should be reported upon in answer to question No. 19).*Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. nil
10. Place of origin of disability. nil
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil
nil

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.
- na

13. What is his present condition?

So complaint of no disability

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

14. If the disability is an injury, was it caused—

- (a) In action?
 - (b) On field service?
 - (c) On duty?
 - (d) Off duty?
- na*

15. Was a Court of Inquiry held on the injury?

- If so—(a) When?
- (b) Where?
 - (c) Opinion?
- na*

16. Was an operation performed? If so, what?

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

na

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

na

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

na

20. Do you recommend—

- (a) Discharge as permanently unfit, or
 - (b) Change to England?
- Preparation*
- na*

Major

Officer in medical charge of cases

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station Hazley Down

Date 30-2-19

Officer in charge of Hospital.

*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.

† Delete this word if no exceptions are to be made.

Casualty Form - Active Service.

Regiment or Corps 1st Newfoundland
 Rank Pte Surname Shilyard Christian Name John
 Religion 6 of 6 Age on Enlistment 23 years --- months
 Enlisted (a) 22/5/18 Terms of Service (a) Duration Service reckons from (a) 22/5/18
 Date of promotion to present rank Date of appointment to lance rank
 Extended (.....) Re-engaged (.....) Qualification (b)
 or Corps Trade and Rate
 Occupation Fisherman Signature of Officer. [Signature]

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...		28 NOV 1918	
		Joined Batt.		5 JAN 1919	
		<u>Arrived in UK</u>		<u>7/4/19</u>	
	<u>[Signature]</u>				

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shoging-Smith, & Co

(17501.) Wt. W 1887-P 1124. 1,000,000. G.B. D & S. Form B.103. (B. 1254.)

I.P.T.O.

Next of Kin: Father: Richard Shilyard: Spence: J. Bay: N. F. D.

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* *Hillyard*

3. Rank..... *Pte* 4. Regtl. No. *5317*

5. Address in full to which future payments of gratuity are to be forwarded..... *Split Eagle, N. B.*

6. Date of enlistment in the Regiment..... *May 22/18*

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

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

From May 22/18

to June 7/19

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 Regt.? *No* If not give - (a) date of discharge *June 7/19*

(b) Reason for discharge *Demobilization*

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 Nov. 23/18 to April 1919*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee. *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.

Signature of Applicant:

his
Charles X. Hillyard

Place of Residence:

Splitrock, N.J.

Declared before me at:

St. John, N.J.

This

7th

day of

June

19*19*

John W. McCarthy

Signature of Berrister of the
Supreme Court, Stipendiary Magis-
trate, Notary Public, Justice of the
Peace, or Commissioner of affidavits.

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependent.	War Service activity.	Net amount due
.....
.....
.....

Certified correct.

Paymaster

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 _____ **Paymaster** Address **St. John's,** _____

Line Number	Rcd	By	Sent	By	Check

Dated **Oct. 15, 1919**

To **Mrs. Wm. Hilliard**
Jersey-side Placentia.

Please return cheque

Major
PAYMASTER

COLLECT

CLASS OF SERVICE	SYMBOL
Day Message	
Day Letter	Blue
Night Message	Nite
Night Letter	N L

If none of these three symbols appears after the check (number of words) this is a day message. Otherwise its character is indicated by the symbol appearing after the check.

ANGLO-AMERICAN TELEGRAPH COMPANY, LIMITED

CONNECTING WITH
THE WESTERN UNION TELEGRAPH COMPANY

CLASS OF SERVICE	SYMBOL
Day Message	
Day Letter	Blue
Night Message	Nite
Night Letter	N L

If none of these three symbols appears after the check (number of words) this is a day message. Otherwise its character is indicated by the symbol appearing after the check.

B 24 JS PLACENTIA 10 COLL

J M HOWLEY

PAYMASTER MINISTER OF MILITIA

STJOHNS.

RECEIVED CHEQUE NO 15030 FAVOR CHAS HILLYARD NO 5317 SHOULD BE INFAVOR

MICHL HILLYARD PLEASE ADVISE

MRS WM HILLYARD

ST. JOHNS N.F.
OCT 15 1916

109

FORM K

No 6132



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Charles HillierRegl. No. 5317

hereby agree, until further notification by me, and in similar official form to make an Allotment of _____ Dollars and Five Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and} or _{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and} or _{or} Persons concerned, viz.:

Allotment begins August 1st 1915

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4399	Father	Richard Hillier	Spread Eagle 7. Bay	50
Total Allotment, \$				50

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.) Watson Lieut.
Officer Commanding
Company

(Sig.) ^{Nice} Charles X Hillier
Mount 7 Garrison
(Rank) Private

St John
June 29th 1915

22/7/18

EXACT COPY TAKEN FROM LEDGER

Draft No: 21

NAME: HILYARD, Charles

REGI. NO: 5317

Date of Enlistment:

22 May 18

Age on Enlistment:

23

Next of Kin: HILYARD, Richard

Relationship: Father

Married (Yes or No)

Address: Spredaeagle, T.B., Nfld.

NO

CASUALTIES.					PROMOTIONS, REDUCTIONS, etc.				
Date Rec'd.	Auth- ority.	Dated	Nature of	Whereabouts	Ref No.	Authority.	Date.	Rank, etc.	
30/4/19	Hqrs. B103	20/6/18	Reported for duty	United Kingdom France "	B103 "				
	"	23/11/18	Embarked						
	"	25/11/18	Disembarked						
1/6/19	"	5/1/19	Joined Batt.	. Arrived 2nd Bn. Winchester 23/4/19	421	SERVICES IN THE FIELD.			
	O i/c Rcds.	22/4/19	Trans. from Rouen 22/4/19			Bn. Draft No.	Date of Embarkation.	Expeditionary Force.	Rmks.
18/6/19	DO's Hq.	1/6/19	Attached to Strength	from L'Pool 22/5/19	456	56	23/11/18	B.E.F.	
					HONOURS, AWARDS, etc.				
						Authority.	Date.	Action.	Distinction.
						DISCHARGE.			
						Authority.	Date.	Where.	Cause.
						DO Hq. 117 9/7/19	5/7/19	St. John's Nfld.	Demobiliz- ation.

7272

Spread Eagle
Nov Oct 28/81

Dept of Militia

Dear Sirs

I havent recieved
any money in oct sent Bay

yours truly

Charles Miller

address Spread Eagle

vis old shop

J. Bay

5317

7025

Jersey Side
Placentra

Oct 16th /19

Mr. W. Howley
St. Johns

Dear Sir

Inclosed please
find Checque payable
to Chas. Hilliard. Please
forward Checque to
Michael Hilliard as
soon as possible as
I am in need of it
and Oblige

Yours Truly
Mrs William Hilliard

5317

June 4, 1919

Richard Hilliard
Spreadeagle,
T. B.

Dear Sir:

With reference to your letter of
May 24th. I beg to advise you that the allotment
cheque of #5317, Charles Hilliard, was forwarded
to you on May 6th. and no doubt you will have
received it ere this letter reaches you.

Yours truly,

Lieut.
For Paymaster.

Royal Newfoundland Regiment

TO. 5317 Pte. C. Hillier

ACCOUNT	<i>Trans R</i>
CH. N.	<i>38</i>
IND.	<i>2/1</i>
PAID	<i>Trans</i>
C.	<i>EW</i>

June 20th.

Fare coming to enlist

\$2.10

Cheque mailed

(B.P.Attached)

*O/S
Chapman*



JUL 4 - 1918

J.B.A.B.

Howley

Ass't Adjutant
Depot The Royal Newfoundland Regiment

27-6-18

St. John's, Nfld.

REID NEWFOUNDLAND COMPANY.

PASSENGER DEPARTMENT.

5317 AGENTS', CONDUCTORS' & PURSERS' RECEIPT.

Received from Chas. Killeen the sum ofTwo Dollars Ten Cents, being the amount of Second Class FareFrom New St. to St. Johnsand have issued him Ticket No. _____ Form No. 7913Date June 20th 1918Agent, Conductor or Purser E. Murphy

This form to be used when requested to give receipt for amount paid for tickets.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of The Royal Wfla

Number of Sheet one

Signature of O. C. Company PAADICKS

537
17
Regimental Number and Name
No. 537 17 Kilgarrach
Joined _____ Date _____
Joined _____ Date _____
Joined _____ Date _____
Joined _____ Date _____

Enlistment
Age on 23 years 0 months
Place and Date of Enlistment St John's
22-5-18
Period of } with Colours 145 years
 } with Reserve 362 years
Trade Fishermen
Religion Ed. P.
Place of Birth Streat Eagle 7th

Good Conduct Badges, Service pay or proficiency pay

Place	Date of Offence	Rank	Grade of Discharge Here	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>5 1/19</u>			

To be carried over.

Army Form B. 121.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 50317 Rank Pvt Name Hillyard, Charles
 Date of Enlistment 22-5-18 Address Grand Bay District Trinity
 Occupation Submarine Classification for Discharge EJ Medical Category #1
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N.F. P36	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 6-6-19 O. C. Discharge Depot JW #11ms #

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am / in a position to resume civilian occupation.

*Chas Hillyard
now with W. J. Cabin*

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 none

Date 7-6-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. P.1601.9.640 to his home at Spud Cape and Release Certificate No. 2413 issued.

Date 7-6-19

J.A. Snow
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 5-7-19

Date 7-6-19

J.A. Snow
Depot Paymaster.

Discharge approved for 21-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1
E 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 7-6-19

J.A. Snow
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

EXHIBIT FOR WEL SERVED (Milit)

Date JUN 21 1919

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

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

Date June 16/19

Jamieson
for O.C. Records

Reg. No. *1317*, Rank *Ni* Name *William, Chas*

Attested Address *Spurdeagle.*

Allotment..... Allottee

Date of Allotment..... Returned from Overseas *29. 1. 19.*

Returned on S.S. *Rossian* Cause *Discharge*

6-6-19 PASSED TO DEPARTMENT OFFICERS

21-6-19 DISCHARGE APPROVED ON DEMILITARISATION.



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 *Hellier Charles*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5317*

Intended address *Spred Eagle T. B.*

Height on discharge *5 ft 9 in*

Color of hair on discharge *Light Brown*

Complexion *Ruddy*

Color of eyes *Blue*

Descriptive Marks *Tall*

Figure on discharge *Tall*

Christian name of Father *Richard*

Christian name of Mother *—*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Spred Eagle T. B. 23-12-1893*

Nature and locality of civil employment required *Trinity Bay*

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 X Hellier The
mark

Station **ST. JOHN'S.**

Date *4-6-19* (Rank) *Hellier & Medwood*

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

