



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 14618 Name Robert Lawrence Corps Coff

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Robert Lawrence</u> |
| 2. What is your full Address? | 2. <u>20 Carvell St</u>
<u>St Johns</u> |
| 3. Are you a British Subject? | 3. |
| 4. What is your age? | 4. <u>22</u> Years <u>5</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Carpenter</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 <u>John</u>
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, Robert Lawrence 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.

Robert Lawrence SIGNATURE OF RECRUIT.

A
23.4.18
John C. Fuller Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Robert Lawrence 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 Johns on this 22 day of April 1918

Signature of Attesting Officer Wm. ...

†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 April 22 1918
Place St Johns } 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)

Report 1-6
1-1
1-1
1-1

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Robert Lawrence

Apparent age _____ years _____ months. Height 5 feet 5¹/₄ inches

Chest Measurement { Girth when fully expanded 35 inches
Range of expansion 4 inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin George Lawrence
20 Camell St | Relationship Father
St Johns 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 " _____ [" "] " _____

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Robert Lawrence
 Apparent age _____ years _____ months. Height 5 feet 5 1/4 inches
 Chest Measurement { Girth when fully expanded 35 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin George Lawrence
20 Canwell St | Relationship Father
St Johns 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
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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 " _____ [" "] _____ " _____



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4618 Name: Robert Lawrence Corps Coff

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. Robert Lawrence
- 2. What is your full Address? 2. 20 Carvell St
St Johns
- 3. Are you a British Subject? 3.
- 4. What is your age? 4. 22 Years 5 Months
- 5. What is your Trade or Calling? 5. Carpenter
- 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
- 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, Robert Lawrence 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.

A
23.4.18
Robert Lawrence SIGNATURE OF RECRUIT.
James C. Gunn Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Robert Lawrence 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 Johns on this 22 day of April 1918
Signature of Attesting Officer Wm. Churchill Clerk

†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 April 22 1918
Place St Johns } Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.
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* 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)

Report 1-6-18

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Robert Lawrence

Apparent age..... years..... months..... Height 5 feet 5 1/4 inches

Chest Measurement { Girth when fully expanded 35 inches
 Range of expansion 4 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin George Lawrence
20 Carnell St | Relationship Father
St John. 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>23-4-18</u>									Lawrence <u>7</u> <u>13/18</u>
Joined at <u>St John</u> on <u>April 23-1918</u>									
<u>Discharged July 29 1919</u>									 22-7-18 24-6-1919 29-7-1919
<u>Repaired for duty 7-6-1918</u>									
<u>Embarked St. John's S.S. Columbia to Halifax N.S. 22-7-18</u>									
<u>to Newfoundland for demobilization 24-6-1919</u>									
<u>Arrived Newfoundland 1-8-1919</u>									
<u>Demobilization St. John's 29-7-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 29-7-19 [date of discharge] 1 years 52 days

" " Pensions " " " " " " " " " " " "

C.R. 4618

Extract from Daily Orders Part II Royal Newfoundland
Regiment Depot St. John's dated August 1st 1919.

The discharge of the undernoted on demobilization has
been CONFIRMED by Officer i/c Records from not ed
29-7-19.

4618, L/C. R. Lawrence.

C.R. 4618

Extract from Daily Orders Part II Royal Newfoundland
Regiment Depot St. John's dated July 19th 1919.

The discharge of the undernoted on demobilization has
been APPROVED by O.C. Discharge Depot with effect from
following date
15-7-19.

4618, L/C. R. Lawrence.

C.R. 4618

Extract from Daily Orders Part II Unit The Royal Field Artillery
St. John's, July 24th 1919.

4618 L/Cpl. R. Lawrence.

Reported at Headquarters 1-7-19 on "Cassandra" which sailed
Glasgow 24th June, 1919.

C.R. 4618

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

The following man embarked for overseas on H.M.S.
"Columbella" July 22, 1918

#4618 B/6pl. Robert Lawrence.

C.F. 4618

Extract from Daily Orders part/ 11, from Unit The Royal
Hfld. Regt, St. John's, dated July 13, 1918.

#4618 Pte. R. Lawrence.

To be Lance-Corporal from July 13, 1918.

C.R. 4618

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

#4618 Pte. Robert Lawrence

Attested for General Service with the Royal Hfld. Regt.
from 25/4/18 to report 1/6/18.

Lawrence

C.R. 4618

22

~~PAID~~

No 4368



ENTERED.
PAY LEDGERS <i>Amu</i>
NUM. REC. <i>P. P. J.</i>
ALLO. <i>P. P. J.</i>
EXAMINED

1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Robert Lawrence, Regl. No. 4618

hereby agree, until further notification by me, and in similar official form to make an Allotment of Sixty 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 :

Allotment begins J-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4134	Mother	Mrs George (Agge) Lawrence	20 Barnell St- St Johns	60
			Total Allotment, \$	60

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.) A. G. Summers Sr.
 Officer Commanding
73 Company
St-Johns
J-6-1918

(Sig.) Robert Lawrence
 (Rank) Private

No. 18508/2039

N.F.P./79.

From: NEWFOUNDLAND CONTINGENT

To: Chief Paymaster & O.1/c Records
Newfoundland Contingent,
Pay & Record Office,
58, Victoria Street,
London, S.W. 1.

Officer Commanding,
2/Bn Royal Nfld. Regt.
Winchester,



16th November 1918

Nov. 18th 1918

Subject: 4618- L/Cpl. R. Lawrence

With reference to the following telegram (9818) from the Hon. Minister of Militia, received

Receipt hereunder.

Ok LIUT. COLONEL
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Officer Commdg. 2nd Batt'n,
Royal Newfoundland Regiment.

Pay to 4618 Lawrence £2:0:0

Received the sum of Two
pounds on account of
cable remittance from Newfoundland.

Draft £ 2:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

4618 R Lawrence

No. 4618 Rank L/c

Witness A. L. Carter, etc.

W.P. Hunt

Chief Paymaster & O. 1/c Records.

No. 8267/1561

B.



N.F.P. 179.

From: NEWFOUNDLAND CONTINGENT

Chief Paymaster & O. i/c Records,
Newfoundland Contingent,
Pay & Record Office,
58, Victoria Street,
London, S.W. 1.

To: Officer Commanding,
2nd Batt. Ryl. Nfld. Regiment
Winchester, Hants.

3rd June 1919

4th June 1919.

4618 L/Cpl. R. Lawrence

Receipt hereunder.

With reference to the following telegram from the Minister of Militia / / 19 (217):

A. D. Barton LIEUT. COLONEL.
COMMANDING OFFICER ROYAL NEWFOUNDLAND REGT.
Officer Commdg. 2nd Batt'n.

"Pay to- 4618 R. Lawrence
£5. 0. 0.

Received the sum of Five Pounds

Cheque £ 5. 0. 0s enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

_____ in respect of telegraphic remittance from the Minister of Militia.

A. C. Minshall
Chief Paymaster & O. i/c records.

R. Lawrence
No. 4618 Rank L/Cpl.

Witness: W. K. Hodges

No 15023/2545. ✓

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

Chief Paymaster & O. 1/c Records,
Newfoundland Contingent,
Pay & Record Office,
58, Victoria Street,
London, S.W. 1.

To:

Officer Commanding,
2/Bn. Royal Newfoundland Rgt.,
Hazley Down Camp,
Winchester.

September 19th, 1918

Sep 20 1918

Subject: 4618, L/C. R. Lawrence.

With reference to the following telegram (8164.) from the Hon. Minister of Militia, received

"Pay to 4618, L/C, R. Lawrence, £2:0:0.

Draft £2:0:0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Chief Paymaster & O. 1/c Records.

Receipt hereunder.

R. J. Barton LIEUT. COLONEL.

COMMANDING OFFICER, ROYAL NEWFOUNDLAND REGT.
Officer Commanding. 1st Batt'n
Royal Newfoundland Regiment

Received the sum of Two

pounds on account of cable remittance from Newfoundland.

R. Lawrence

No. 468 Rank L Cpl

No. 15883/1679.

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

Chief Paymaster & O. i/c Records,
Newfoundland Contingent,
Pay & Record Office,
58, Victoria Street,
London, S.W. 1.

To:
Officer Commanding,
2nd. Bn. Royal Nfld. Rgt.,
Winchester.

October 3rd, 1918

October 8th 1918

Subject: 4618, L/C, R. Lawrence.

With reference to the following telegram (8486) from the Hon. Minister of Militia, received

"Pay to 4618, L/C. R. Lawrence, £2.0.0."

Draft £ 2.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

J. F. Marshall
Chief Paymaster & O. i/c Records.

Receipt hereunder.

J. D. Barton LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
1st Bn. Royal Newfoundland Regiment

Received the sum of Two

Pounds — on account of cable remittance from Newfoundland.

R. Lawrence
No. 4618 Rank L/Corporal

Witness: — *J. Murphy* Pk

No. 2421/369.

Original

NEWFOUNDLAND CONTINGENT
N.F.F. /79.
LONDON, S.W. 1
OFFICE

From: NEWFOUNDLAND CONTINGENT

Chief Paymaster & O.i/c Records,
Newfoundland Contingent,
Pay & Record Office,
58, Victoria Street,
London, S.W. 1.

To: Officer Commanding,
2nd/Bn. Ryl Nfld Regt.

Winchester.

12th February 1919

February 14th 1919

4618. I/Cpt Lawrence E.

With reference to the following
telegram from the Minister of
Militia / / (15.)

Receipt hereunder.

J. D. Beaton

LIEUT. COLONEL

OFFICER COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

"Pay to - £4.0.0.

Received the sum of *Four Pounds*

Cheque £ 4.0.0. is enclosed
for payment to this Soldier.

Kindly obtain his receipt
hereon.

in respect of

telegraphic remittance from the
Minister of Militia.

A. D. Minshall Maj.

Chief Paymaster & O. i/c Records.

R. J. Lawton

No. 4618 Rank Squad Corporal

Witness *W. Rockett*

No. 5271/784

N.F.P./79.

From NEWFOUNDLAND CONTINGENT

Chief Paymaster & C.i/c Records,
Newfoundland Contingent,
Pay & Record Office,
58, Victoria Street,
London, S.W. 1.

To: Officer Commanding,
2/Bn. Royal Newfoundland Regiment,
Hazeley Down Camp,
Winchester.

3rd April 1919

April 11th 1919
NEWFOUNDLAND CONTINGENT
58, VICTORIA STREET
LONDON S.W. 1
* PAY & RECORD OFFICE *

4618 L/cpl Lawrence R.

With reference to the following
telegram from the Minister of
Militia / / (1164)

"Pay to- 4618 Lawrence
£5. 0. 0.

Cheque £ 5. 0. 0. is enclosed.
for payment to this Soldier.
Kindly obtain his receipt
hereon.

R. Lawrence
Chief Paymaster & O. i/c Records.

Receipt hereunder.

R. Lawrence
LIEUT. COLONEL
OFFICER COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT

Received the sum £5.0.0

in respect of

telegraphic remittance from the
Minister of Militia.

R. Lawrence
No. 1161 Rank Lepl

Witness M. Rockett

Lawrence, R

4618

Ray Sept.

July 29th 1919. #4618

#4618. L/C.R.Lawrence.
20, Carnell Street.

Dear sir:

Enclosed please find Discharge Certificate
3248.

Yours truly,

Capt. & Paymaster.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4618 Rank. 4 Cpl Name Lawrence R.
 Intended place of residence. 20 Carnell St -

2. Occupation Carpenter
 Classification of soldier. 2 Medical Category. A1

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 JUL 15 1919

[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, ST. JOHN'S

Date JUL 15 1919

[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, ST. JOHN'S

Date JUL 15 1919

[Signature]
 Signature of soldier

[Signature]
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service. 23-9-18 No. of days on Military 8
 Discharged from service. JUL 15 1919 Plus 14 days Service. 463

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 14 days from date.

Place, ST. JOHN'S

Date JUL 15 1919

[Signature]
 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 July 29/1919

[Signature]
 Officer in Charge
 The Royal Newfoundland Regiment

[Handwritten] 2079/3248

8
31
20
29
9 8

The Royal Newfoundland Regiment

Class for Demobilization: *16.*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *July 14/19*

Regimental No. *4618.*

Name *Lawrence Rolt.*

Address *20 Carnell St.*

Present Medical Category *A i*

Recommended for: (a) Immediate discharge

(b) Standing Medical Board

Members of Board

D.R. Cooper Capt.
O. C. Discharge Depot.

H. S. ...
Senior Medical Officer

W. B. ...
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 678 Rank Lt Col Name Lawrence
 Date of Enlistment 23-1-78 Address 20 Lamplitt District John
 Occupation Carpenter Classification for Discharge E₁ Medical Category H₁
 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 14-7-19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

R Lawrence

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 Amel Conston

Date 14-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 3615 to his home at 20 Camell St and Release Certificate No. 3615 issued.

Date 15-7-19

M. W. ...
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 29-7-19

Date 15-7-19

H. M. ...
Depot Paymaster.

Discharge approved for 15-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med	D.F. 1	1
F 178	W 3494	B 122	Board 1st	" 2	1
B 178a	D.400A	B 1915	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	
B 179c	B 120	M 93			

Date 15-7-19

M. W. ...
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUL 15 1919

Date

N. R. Cooper 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.

R Lawrence

Signature of Man.

W. M. Johnston

Reg. No. 4618

Signature of the Vocational Officer or his Representative.

Place **ST. JOHN'S.**

Date **13-7-17** 191

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

MEDICAL HISTORY

Surname Lawrence OF Christian Name Robert

Table I.—GENERAL TABLE.

Birthplace:—Parish St John's County Wfld.

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>23rd</u> day of <u>April</u> 191 <u>8</u>		on _____ day of _____ 191	
	at <u>St John's, Wfld.</u>		at _____	
Declared Age	<u>22⁵/₁₂</u> years _____ days		years _____ days	
Trade or Occupation	<u>carpenter</u>			
Height	<u>5</u> feet <u>5¹/₄</u> inches		feet _____ inches	
Weight	<u>124</u> lbs.		lbs.	
Chest Measurement	Girth when fully expanded... <u>35</u> inches		_____ inches	
	Range of Expansion... <u>4</u> inches		_____ inches	
Physical Development				
Vaccination Marks	Arm	<u>None</u>		
	Number			
When Vaccinated	<u>7 years ago</u>			
Vision	R.E.—V= <u>6/6</u>		R.E.—V= _____	
	L.E.—V= <u>6/6</u>		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>L. M. Peterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St John's, Wfld.</u>		at _____	
	on <u>23rd</u> day of <u>April</u> 191 <u>8</u>		on _____ day of _____ 191	
Joined on Enlistment	Corps.	<u>The Royal Wfld. Regt.</u>	Corps.	_____
	Regtl. No.	<u>4618</u>	Regtl. No.	_____
Transferred to				
Became non-effective by	on _____ day of _____ 191		on _____ day of _____ 191	
(Signature)				
(Rank)				

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date	Brief Details, and Signature
24-6-18	Vacc. <i>JP</i>
4-7-18	J. O. P. <i>JP</i>
18-7-18	TKK <i>JP</i>
	<p><i>It is hereby certified that this soldier has been before a Travelling Medical Board and has been classified as <u>6</u> for Discharge on Demobilisation. Medical category</i></p> <p><i>July 11/19</i> Date of M.B. <i>J. M. St. J.</i> Signature</p>

Table IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation



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 *Lawrence Robert*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4618*

Intended address *20 Carnell St.*

Height on discharge *5* Feet *7*

Color of hair on discharge *Dark*

Complexion *Ruddy*

Color of eyes *Blue*

Descriptive Marks *None*

Figure on discharge *George*

Christian name of Father *George*

Christian name of Mother *Aggie*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *St John's 21 Sept. 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) *R. Lawrence*

(Rank) *PLC*

Station *St John's*

Date *12-7-19*

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.

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

Station

Date

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 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 New Zealand Army* Former Trade or Occupation *Carpenter*
2. Regtl. No. *4628* 3. Rank *Lance Pte.* If the soldier claims previous service in Army, he should state—
4. Name *Lawrence Robert* (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday *22*
6. Posted for duty on at 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 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 | | |
| (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 ? }

No Complaints of no disability

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.)

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

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 ?

Repatriation

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

W.S. Proemier. Capt R.A.M.C.

Medical Officer in charge of case.

Station *Wazley Barr*
 Date *4/14/19*

* 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

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121
39.

Number of Sheets 1

Regiment of Royal Newfoundland

Signature of O. C. Company James Hunt

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.		Age on	years months		
<u>11618</u>	<u>Sawrence Polt</u>	<u>23</u>		<u>Carpenter</u>	<u>13-7-18 Promoted to Lance Corporal. M. H.</u>
Joined	Date	Place and Date of Enlistment		Religion	
Joined	Date	<u>St Johns</u>	<u>23.4.18</u>	<u>Ch. of E.</u>	
Joined	Date	Period of	with Colours	years.	Place of Birth
Joined	Date		with Reserve	years.	<u>St Johns</u>

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

To be carried over

Army Form B. 121.

RECEIVED
17 JAN. 1919
COUNTY

Outfit Number... 1316

Result of the examination of the specimen of... *Spurium* ... taken from

Reg. No. 4618 Rank... 2/1st Name... Lawrence R.

Corps... R. N. F. T. S.

Result... Tubercle bacilli not found

14th Jan 1919

E. A. Hyatt
Specialist Sanitary Officer.

✓
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..... *Robert* 2. Surname..... *Lawrence*
3. Rank..... *Lt. Cpl.* 4. Regtl. No. *4618*
5. Address in full to which future payments of gratuity are to be forwarded..... *20 Caswell St*
St. Johns
6. Date of enlistment in the Regiment..... *Apr. 23/18*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
no
8. Relationship of such dependents..... *no*
9. Address in full of such dependents..... *no*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *no*
11. Were you on active service only in W.F.F. If so, give dates and particulars of such service..... *England only*
12. Give total length of time which you served on active service, whether in Field or Overseas..... *1 yr 2 mos*
- 12

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.

..... *U.S.*

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.

..... *U.S.*

15. Have you been issued with a War Service Badge?

U.S.

16. Have you, during the present war, served in the Imperial Forces?

U.S.

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.

U.S.

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?

U.S.

(b) If so, was such reversion in consequence of misconduct or inefficiency?

U.S.

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

July 1919
Rank

Dec 1918

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.

U.S. England only

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.

U.S.

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.

J. R. Lawrence

Signature of Applicant:

Place of Residence:

20 Garrell St St Johns

Declared before me at:

St Johns

This

16th day of *July* 19*19*.....

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

John M. Carthy
J.P.

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	Net amount due
.....
.....
.....
Certified correct.		

.....

FORM K

No 4368



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Robert Lawrence, Regl. No. 4618

hereby agree, until further notification by me, and in similar official form to make an Allotment of Twenty Dollars and 00 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 8-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>4734</u>	<u>Mother</u>	<u>Mrs George (Aggie) Lawrence</u>	<u>W. Barnell St. St. Johns</u>	<u>60</u>
Total Allotment, \$				<u>60</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.) A. B. Summers B.

Officer Commanding
B Company

St. Johns

8-6-1918

(Sig.) Robert Lawrence

(Rank) Private

It is not necessary for you to return this Identity Certificate, just enter each amount as you receive it, and keep certificate for your own personal reference.

AD
JIMMY

AF



THE ROYAL NEWFOUNDLAND REGIMENT

IDENTITY CERTIFICATE

This is to Certify that

(Name*) Mrs. George (Aggie) Lawrence
 (Address) 20 Carmichael St. St. John's Nfld.
 (Relation or otherwise) Mother is the person nominated
 by Robert Lawrence Rank Pte. Regl. No. 4628
 to draw Allotment Pay, as authorized on Form K, No. 4368, dated 8-6-1918
 Date Allotment commences 8-6-18

Dated at St. John's Nfld. (Sig.) W. Summers Lt.
8-6-1918 Officer Commanding B Company

NOTE.—Allotments will be payable at the Regimental Pay Department Office, on and after the 7th day of the month following that for which Pay is due. On Week Days from 11 a.m. to 1 p.m. and 2.30 to 4 p.m.; Saturdays, 11 a.m. to 1 p.m. Payments can only be made on production of this Certificate.

Specimen Signature

(*)

 Witness to }
 Signature }
 of Allottee }

Allottee

PAYMENTS

Date Paid	Amount	Payee's Signature	Date Paid	Amount	Payee's Signature
July 7	13.80		Mar 7	14.00	
Aug 7	15.60		Apr 7	15.50	
Sep 7	15.00		May 7	15.00	
Oct 7	15.50		Jun 7	15.50	
Nov 7	15.50		July 7	15.00	
Dec 7	15.00		Aug 7	14.50	
Jan 7	15.50				
Feb 7	15.50				

29/7/19

1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Robert Lawrence, Regl. No. 4618

hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and Twenty 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

8-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>4134</u>	<u>Mother</u>	<u>Mrs George (Aggie) Lawrence</u>	<u>McConnell St St. John's</u>	<u>60</u>
			Total Allotment, \$	<u>60</u>

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.)

A. G. Sumner Lt.Officer Commanding
73 CompanySt. John's8-6-1918

(S)

Robert Lawrence

(Rank)

Private

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 70 ⁰⁰/₁₀₀

JUL 24 1919 19

Received from the First Newfoundland Regiment
the sum of Seventy ⁰⁰/₁₀₀ Dollars.
on account of Pay.
balance

J. R. Lawrence

Ch. No.	3661	Initials	<i>JR</i>
Pay Ledger	47	Initials	<i>JR</i>
Gen. Ledger		Initials	

Regtl. No. *100* Bank *C.F.*

No. 4618

Rank

Lt.

Name

R. Lawrence

4618^{1/2} Lawrence

M.

Please make first pay ^{to} B.S.G.
B.S.G.

2/17/19

A.C.S.

ST. JOHN'S, JUL 15 1919

Royal Newfoundland Regiment.

Billeting Account,

To *Mrs. G. Lawrence*
20. Cornhill Street

Billeting Soldiers as undermentioned

from *July 1st 19* to *July 15th 19*

4618 - Lt. R. Lawrence 15 50

ACCOUNT	<i>Btm</i>
GH. NO.	<i>3013</i>
INITIALS	<i>PL</i>
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS
	<i>3a</i>

Certified correct for \$ *15.50*

R. J. Lawrence
Billeting Officer.

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 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 Former Trade } Carpenter
or Occupation }
- 2. Regtl. No. 4618 3. Rank. Cpl 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps with Regtl. Nos.
- 4. Name Lawrence Robt
(Surname) (Christian Names)
- 5. Age last birthday. 22
- 6. Posted for duty on..... at.....
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 (b) 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.
- 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 ? }

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.)

No Complaint of no disability

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., a specialist's report is to be attached with radiographs where possible; and in case of amputation the exact position should be stated.

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

W.E. Proemier Capt Rams

Medical Officer in charge of case.

Station *Mazley, A.T.M.*

Date *4/4/19*

* 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.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 1618 Rank S. Major Name Lawrence
 Date of Enlistment 23-4-18 Address 30 Carnall St. District St. John's
 Occupation Carpenter Classification for Discharge E Medical Category 1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. F36	B 258	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 178	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 14-7-19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

R. Lawrence

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 _____

Date 14-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 3615 to his home at 20 Camille St and Release Certificate No. 3615 issued.

Date 15-7-19 Demobilization Officer Chubb

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 15-7-19

Date 15-7-19 Depot Paymaster Chubb

Discharge approved for 15-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1	2 Form B
F 173	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			

Date 15-7-19 Demobilization Officer Chubb

APPROVED.

Documents as above forwarded to:-
Officer in Charge Records,
Board of Pension Commissioners.

with following additional documents. **Eligible for War Service Gratuity**

Date JUL 15 1919 O.C. Discharge Depot L.R. Cooper Capt

Received the above noted documents from O. C. Discharge Depot. Chubb
Date July 28 1919

Reg. No. *H618* Rank *LC* Name *Lawrence, R.*
Attested Address *Cornell St.*
Allotment Allottee
Date of Allotment Returned from Overseas *JUL 1 1919*
Returned on S.S. *Cassandra* Cause *Discharge*

157 19
157 19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILIZATION