



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5120 Name Reginald Newhook Corps CofG

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Reginald Newhook
2. What is your full Address? 2. Thomas Cove St. Bay
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 23 Years 0 Months
5. What is your Trade or Calling? 5. Postman
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, Reginald Newhook 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.

Reginald Newhook SIGNATURE OF RECRUIT.
J. D. [Signature] Signature of Witness.

Reginald Newhook OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Reginald Newhook 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 17 day of May 1915.

[Signature] 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 complied with. I accordingly approve, and appoint him to the Post.

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

Date May 17 1915 } Approving Officer.
[Signature] Place

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.
 ‡ Here insert the "Corps" for which the Recruit has been enlisted.

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows: viz:—(Name) re-enlisted in the (Regiment) on the (Date)

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Reginald Newhook
 Apparent age 23 years 0 months. Height 5 feet 6 inches
 Chest Measurement { Girth when fully expanded 36 1/2 inches
 Range of expansion 3 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Samuel Newhook
14000 Cape Bay | 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 E'pot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Re-serve 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

5120

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

Name Reginal Newhook
 Apparent age 23 years months. Height 5 feet 6 inches
 Chest Measurement { Girth when fully expanded 36 1/2 inches
 Range of expansion 3 1/2 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Samuel Newhook
Winnipeg, Manitoba 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 Lepot	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>17-5-18</u>									
Joined at <u>St. John's</u> on <u>Nov 17-1918</u>									
<u>Discharged July 11-1919</u>									
Embarked <u>St. John's N. Westumbella to Halifax N.S.</u> <u>22-7-18</u>									
Embarked for <u>Port L.</u> <u>23-11-18</u>									
Re-embarked <u>France</u> <u>28-11-18</u>									
Joined <u>Bethel</u> <u>5-19</u>									
Transferred from <u>Rowen</u> <u>22-5-19</u> <u>Arrived Winchester</u> <u>23-7-19</u>									
Re-embarked <u>France</u> for demobilization <u>22-5-19</u> <u>Arrived to England</u> <u>1-6-19</u>									
Total Service forfeited as above <u>Demobilization Station</u> <u>2-7-1919</u>									
Total Service towards Engagement to <u>2-7-1919</u> (date of discharge)									
Pensions									

C.R. 5120

Extract from Daily Orders Part II Unit The Royal Welch
Regt. St. John's, July 4th, 1919.

The discharge of the undernoted on demobilisation has been
~~approved~~ by G.O. Discharge Depot with effect from 2-7-19.

Confirmed

5120 Pte. Reginald, Newhook

C.R. 5120

Extract: from Ind 1918/2000 No 21 Unit No Royal 1526.
Sgt. M. John, June 9th. 1918.

on discharge
The discharge of the undermentioned has been approved by G.O.
Discharge Dept, with effect from ¹⁶ 18-6-18.

5120 Pte. M. Newhook.

C.R. 5120

Extract from Daily Orders Part 11 Depot, St. John's,
Date June 7th 1919

5120 Pte. R. Newhook.

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

C.R.

5120

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

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

#5120 Pte. R. Newhook.

C.R. 5120

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

#5120 Pte. R. Newhook.

C.R. 5120

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

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

#5120 Pte. Reginald Newhook.

C.R. 5120

Extract from Daily Orders part 11, from Unit The Royal
Hfld. Regt. St. John's, dated May 18th, 1918.

#5120 Pte. R. Newhook.

Attested for General Service with the Royal Hfld. Regt.
from 17.5.18

R Newhook

C.R. 5120

1870

Medical Report on an Invalid.

Station Hayden Down

Date 30/4/19

- 1. Unit Royal Newfoundland
- 2. Regimental No. 5120
- 3. Rank plc
- 4. Name Newhook Reginald
- 5. Age last birthday 24
- 6. Enlisted { on mar 18
at H John
- 7. Former Trade } Dishearer
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

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.

nil

13. What is his present condition?

He complains 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?

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

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

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

na.

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.

Repatriation

20. Do you recommend—
 (a) Discharge as permanently unfit, or
 (b) Change to England?

W. E. Proemier. Capt Rame

Officer in medical charge of case.

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

Station *Mazeley Barr*

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. 5120

Name Newhook R

Sqn., Batty.,
or Company D

C. R. Newfoundland

Date of
enlistment

17/5/18

G.C.

Service of
Proficiency PayDate of last entry in
Company Conduct Sheet

Sheet 1

No. and date
of offencePeriod not receiving
freedom from arrears

Serial No.

Signature of
Company, etc.

G.C.

Service of
Proficiency Pay

Place	Date of offence	Rank	Class of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of execution of order dispensing with trial	By whom awarded	Remarks
River	29/3/19	PC		Def of kit	Chas Watson	pay for same	1-4-19	Magrath	correct

Army Form B. 127.

(P.T.A.)

Newhook, R

5120

Ray Sept.

July 2, 1919

#5120 Pte. Reginald Newhook,

Norman's Cove, T.B.

Dear Sir:-

Please find enclosed "Discharge Certificate

No. 2291."

Yours truly

Captain,
Paymaster & Officer i/c Records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3720 Rank Plt. Name Johns, R.

Intended place of residence Norman Cove, Trinity

2. Occupation Farmer

Classification of soldier F Medical Category A-1

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

Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place ST. JOHN'S

Date JUN 4 1919 for H. Mrs. H.
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. JOHN'S

JUN 4 1919 R. W. Freshook
Signature of soldier
Abel Houston
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

11-6-19 R. W. Freshook
Signature of soldier
James Sherman
Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 17-3-18 No of days on Military

Discharged from service 18-6-19 less 14 days Service 412

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. G. Capt.
Officer Commanding Discharge Depot
The Royal Newfoundland Regiment

Date JUN 18 1919

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place St. John's, Nfld M. Howley, Capt.
Officer in Charge
The Royal Newfoundland Regiment

Date July 2/1919

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5170 Rank Plt Name Newhook R
 Date of Enlistment 17.5.18 Address Normans Cove District Imperial
 Occupation Fisherman Classification for Discharge R Medical Category AI
 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	1
B 178	W 3494	B 122	Board 1st	" 2	3
B 178a	D 400A	B 1916	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 4.6.19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in 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. \$60.00

(b) Clothing Supplied

Date 4-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R.1409 to his home at Gormansboro and Release Certificate No. 2274 issued.

Date 4-6-19 *J.A. Shaw 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 1-7-19

Date 4-6-19 *J.A. Shaw Capt*
Depot Paymaster.

Discharge approved for 18-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	N.F. Med.	D.F. 1	
F 178	W 3494	B 122	Board 1st	" 2	2 Form B.
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 4-6-19 *J.A. Shaw Capt*
Demobilization Officer.

APPROVED.

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

with following additional documents.

Eligible for War Service Gratuity

JUN 18 1919

R.H. Sait Capt.

Date
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

5120

Date

11-5-19

Regimental No. *5220*

Name

Newhook Regimental *Pte.*

Address

Harbour Cove

Present Medical Category

A-1

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

Members of Board

R. H. East Capt

O.C. Discharge Depot.

J. Paterson
Senior Medical Officer

J. W. D. D. D.
M. O. 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 resume former occupation

Signature of Man.

Reg. No. Newlook R.

Signature of the Vocational Officer or his Representative.

Place

St Johns

Date

1-6-19

191 1919

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

MEDICAL HISTORY

OF

Surname Newhook

Christian Name Regmael

Table I.—GENERAL TABLE.

Birthplace:—Parish Womens Cove P.B. County Nfld.

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	17 day of May 1918	plus		
Declared Age	23 years	days	years	days
Trade or Occupation	Fisherman			
Height	5 feet 6 inches		feet	inches
Weight	140 lbs.			lbs
Chest Measurement	36 1/2 inches			inches
	35 1/2 inches			inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
When Vaccinated				
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Thomas Peterson</u>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at <u>S John</u>		at	
	on <u>17 day of May 1918</u>		on	day of 191
	Corps.	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment	<u>Regmael 5120</u>			
	<u>Nfld Regt</u>			
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

Medical Report on an Invalid

Station Hazelby D. Camp

Date 30-4-19

1. Unit Royal Newfoundland

2. Regimental No. 5120

3. Rank Pte

4. Name Newhook Reynold

5. Age last birthday 24

6. Enlisted { on May 18/18
at St Johns

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.

hie

10. Place of origin of disability.

hie

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

hie

hu

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.

hu

13. What is his present condition?

He complains 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?

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

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

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

h a

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

n a

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?

h a

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.

h a

Repatriation

20. Do you recommend—

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

Sgt W F Freeman

Apt R.A.M.C

Officer in medical charge of case.

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

except †

Station *Wangy 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.

Norman Dove
 Trinity Bay

Sept 19/19
 Pay Master & Officers i/c Records
 Department of Militia
 St John's

The time is past
 in which I should have received
 my monthly payment for August
 for the months of June and July
 I still had the same trouble
 and finally had to call on
 you in person. I hope it will
 not occur in this ^{month} that I will
 have to visit the city. Please
 send it by return mail or
 at convenience. I am only
 paid for two months. Which
 follows that you still owe
 me two months pay.

Yours Truly
 5120 Pte Reginald Newhook

July 21 May

7500
7500

Aug 1
Sept
Oct

July

465 ✓

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 28th. 1919.

A complete reply must be given to every question in this Declaration there must be no blanks and no omissions. 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... *Reginald* ... S. Service. *Newhook*

R. Rank. *Private* R. Regt. No. *5120*

6. Address in full to which future payments of gratuity are to be forwarded... *Norman's Cove, J. B.*

6. Date of enlistment in the Regiment.. *May 17th 1918*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
not applicable

8. Relationship of such dependents... *not applicable*

9. Address in full of such dependents... *not applicable*

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *not applicable*

11. Were you on active service only in Wld. If so, give dates and particulars of such service.....
On active service in France and Germany

12. Give total length of time which you served on active service, whether in Wld. or Overseas.....
From May 17th 1918 to June 1st 1919

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.

No

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.

not applicable

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? *Not applicable*

19. Are you now serving in the Regt.? *No* ... If not give? - (a) Date of discharge *June 4th 1919* (b) Reason for discharge

Services no longer required

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.

No

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. *not applicable*

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: *Reynold [unclear]*
 Place of Residence: *Normans Cove, J.B.*
 Declared before me at: *St. John's*
 This *5th* day of *May* 19...
John W. Carthy

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

POST DISCHARGE PAY.					
Date paid	Paid	Soldier.	War Service	Net amount	
		Dependent.	Gratuity.	due	
.....
.....
.....
Certified correct.					Paymaster

Chorman's Cove
Trinity Bay
July 9th / 19

5761

Paymaster & Officer i/c Records
Dept of Militia.
St John's

owing to some peculiarities
or I suppose inconveniences I have
not received any payment since my
arrival home, I may emphasize the
payment of June, of which I received
none, I understand that some of the
logs here have received the payment
of June But I have not. Please
look up matter and forward the
amount when convenient

I am,

Yours Truly
3190 Pts Reginald Newlock

July 28, 1919

#5120, Pts. Reginald Newhook,
Herman's Cove,
T.B.

Dear Sir:

With reference to your letter
of July 9th. I enclose herewith cheque for \$70.00
on account of War Service Gratuity.

Yours truly,

Capt.
Paymaster.

LM/

Enc. 1.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 70⁰⁰/₁₀₀

July 21 1919

Received from the First Newfoundland Regiment
the sum of Seventy _____ Dollars.
on account of Pay. *resg.*
balance

Ch. No. 3571	Initials <i>Geo</i>
Pay Ledger 124	Initials <i>W</i>
Gen. Ledger.....	Initials.....

A. C. B.
Regtl. No. _____ Rank _____

No. 5120

Rank Pfc

Name P Newhook

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

Fold Here

OCT 20 1921

1921.

The accompanying ~~Victory Medal and/or~~ British War Medal
is/are forwarded herewith to

Reginald Newhook

in respect of his service as No. 5120 Rank Pte.

Name R. Newhook Royal Nfld. Regt.
~~After Forfeiture~~

Receipt of the same should be acknowledged hereon.

Received

Oct. 26. 1921

Signature

Reginald Newhook

Date

1921

Address

Normans Cove

[P.T.O.]

C.R. 5120

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

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

Name *A. 5120 Ex Rte Reginald Newbery*

Date *1st Dec 1919*
Place *Normans Cove T.B*

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Number of Sheet 021

Forms
B 121.
39

Regiment of Royal Newfoundlands

Signature of O. C. Company W. D. Drake Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay		
No.	5120 <u>New Hook Bay</u>	Age on	23 years 6 months	Fisherman			
Joined	Date	Place and Date of Enlistment	<u>St. John's</u> <u>17.5.14</u>	Religion			
Joined	Date	Period of } with Colours <u>1st</u> years. with Reserve <u>3rd</u> years.		<u>Coll.</u>			
Joined	Date		Place of Birth				
Joined	Date		<u>Norman Cove, T.B.</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
				<u>Demobilized St. John's 2nd 19</u>					

To be carried over

Army Form B. 121.

05120

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5146 Rank MC Name Newhook R J
 Date of Enlistment 17.5.18 Address Norman Cove District Trinity
 Occupation Fisherman Classification for Discharge 16 Medical Category AI
 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 132	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 4.6.19 O. C. Discharge Depot [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am employed in a position to resume civilian occupation.

[Signature]
 John X Newhook
 Fisherman

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 [Signature]

Date 4-6-19 O i/c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R.1409 to his home at Formansboro and Release Certificate No. 227 issued.

Date 4-6-19 J.A. Snow 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 1-7-19

Date 1-7-19 J.A. Snow Capt.
Depot Paymaster.

Discharge approved for 19-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 131	N.F. Med.	D.F. 1	1
B 178	W 349	B 122	Board 1st	" 2	2 Form B.
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	M 2		" 6	
B 179c	B 120	M 93			

Date 4-6-19 J.A. Snow Capt.
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

JUN 18 1919

Date JUN 18 1919 R.H. [Signature]
O. C. Discharge Depot.

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

Date June 10/19 J.A. Snow Capt.
for Records



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 *Reginald Newhook*
Regiment from which discharged **Royal Newfoundland**
Regimental number *5120*
Intended address *Norman Cove. N. B.*
Height on discharge *5* Feet *7*
Color of hair on discharge *Dark Brown*
Complexion *Fair*
Color of eyes *Blue*
Descriptive Marks *—*
Figure on discharge *Normal*
Christian name of Father *Samuel*
Christian name of Mother *Sarah*
Wife's maiden name in full *—*
Date and place of marriage *—*
Christian names of children *—*
Place and date of soldier's birth *Norman Cove. N. B. Aug. 7 - 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) *Reginald ^{his} Newhook* (Rank) *Pte*
Wit. G. J. Walsh. S. C.
Station *St John N. B.* Date *4-6-19*

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.

Medical Officer of Hospital.
Unit, or Command Depot.

Station

Date