



Newfoundland Forestry Companies

ATTESTATION OF

No. 7204 Name Archibald C. Parry Corps

Questions to be put to the Recruit before Enlistment

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Archibald C. Parry</u> |
| 2. What is your full Address? | 2. <u>Little Nos. Swillinggate</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>18</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Labourer</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. What is your Religion? | 9. <u>meth.</u> |
| 10. Are you willing to serve upon the conditions as embodied in this roll of service as applied to Forestry Companies? | 10. <u>yes</u> { Name |
| | { Corps |

I, Archibald C. Parry 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.

Archibald C. Parry SIGNATURE OF RECRUIT.

John White Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Archibald C. Parry 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 serve His Majesty, His Heirs and Successors, in the United Kingdom, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at..... on this 23rd day of May 1917

Signature of Attesting Officer W. B. Newman Major

†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..... 191.....

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).....

Feb 19/20

SECOND BOARD

Form 2179 N. M. D.

Report of Medical Board.

Station St. John's, Nfld. Date **AUGUST 18TH., 1919.**
 No. and Rank **8204 PRIVATE** Age **29** Height **5'7"**
 Name **PARDY ARCH. C.** Complexion **FAIR**
 Unit Royal Newfoundland Eyes **BLUE** Hair **LIGHT**
 Address **LITTLE HR., TWILLINGATE**
 Former Trade **LABOURER**
 Enlisted at **ST. JOHN'S** On **22/5/17** (The Board will please note how the soldier's appearance corresponds with above description).
 Disease or Disability Original **P L E U R I S Y**

Subsequent

Present Condition (Compare with previous Board)

PULSE 108. HAS SOME PAIN IN RIGHT SIDE ON STOOPING. NOTHING IN CHEST.

THE ENTIRE DISABILITY: To what extent is his capacity lessened at present for earning a livelihood in the general labour market?

LESS THAN 5%

PENSIONABLE DISABILITY: To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his disability due to or incurred during service?

~~LESS THAN 5%~~ **6 months**

Recommendation of Medical Board

DISCHARGED FROM N&M CON HOSPITAL.

Members of Board

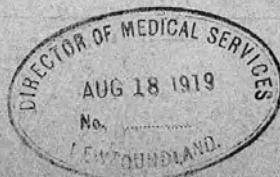
SIGNED **N. S. FRASER**

J. S. TAIT

L. PATERSON, MAJOR

Approving Medical Officer

SGD. CLUNY MACPHERSON, MAJOR.



Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121
39

Number of Sheet First

Regiment of 77th Foresty Companies

Signature of O. C. Company H. A. Foxall

Regimental No. and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	Archiebold b. Parry	Age on	18 years months	Labourer	
Joined		Date	Place and Date of Enlistment	Religion	
Joined		Date	22/5/17	Meth.	
Joined		Date	Period of	Place of Birth	
Joined		Date	with Colours 2 1/2 years. with Reserve 2 3/4 years.		

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
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Demobilized 11/19

To be carried over

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 8204 Rank Pte Name Parady, A.
 Intended place of residence Little Hr. St. John's

2. Occupation Laborer
 Classification of soldier B Medical Category E

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 25 1919

H. 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, ST. JOHN'S

Date JUN 25 1919

A. Parady
 Signature of soldier

J. A. Shaw
 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 JUN 25 1919

A. Parady
 Signature of soldier

J. W. Chancy
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 22-5-17 No. of days on Military
 Discharged from service 27-6-19 Plus 14 days Service 781

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUN 27 1919

R. H. St. John
 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 11/1919

A. Bowley
 Officer in Charge of Records
 The Royal Newfoundland Regiment

FORM FOR HISTORY AND MEDICAL RE-EXAMINATIONS OF PENSIONERS

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND.

TO MEDICAL EXAMINER:
AS SOON AS POSSIBLE.
Medical Report required; review date:—

ST. JOHN'S, Newfoundland.
JANUARY 13th, 1920.
Date.....

The Secretary, Board of Pension
Commissioners for Newfoundland.

Per.....

Regimental No. 3204.
A. C. PARDY

Rank PRIVATE

Name ROYAL NEWFOUNDLAND
Unit

ADDRESS: LITTLE HR. TWILLINGATE.

DESCRIPTION OF PENSIONER:

Apparent Age 21 FAIR
Height 5'7" Colour of Eyes BLUE
Complexion Colour of Hair Weight

Mark of Identification:

JUNE 21st, 1919. Scar in 8th rib posteriorly right side.
Expansion of chest good. Percussion note over
right base good. Wounds look healthy. Chest
well covered with integument. Has gained
four pounds since leaving hospital.

AUGUST 18th, 1919., Pulse 108. Has some pain in right side on
stooping. Nothing in chest.

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED.

P L E U R I S Y .

THE BOARD OF PENSION COMMISSIONERS AND THE SECRETARY

Disability for which pension has been awarded:—

MEDICAL REPORT.

(1) Are you satisfied that the man presenting himself for examination is the pensioner named and described on page 1? **Yes**

(2) Give a definite detailed description of the present condition.

March 2nd, 1920

General health good. Pulse 68 sitting. Pleurisy completely recovered. No pain on deep inspiration. He complains of some pain and a stitch over the wound when stooping. Evidently due to excision of sections of two ribs, to remove the fluid resulting from the Pleurisy. Wounds completely healed. Ribs not thorough yet as felt during bodily exercise.

Special Questions:—

This is to certify that I have read, or have heard read, the above description of my disabling condition, that I find it to be correctly and satisfactorily stated, and have not withheld any information concerning any disability resulting from service. I also wish to state that my complaints are:—
(If there are no complaints, it will be so stated.)

Signature of Witness..... **I. S. LEDREW**.....

Pensioner's signature... **A. C. PARDY**.....

3 (a) PENSIONABLE DISABILITY—(Here state the nature of the disability which has been contracted, or aggravated, while on Active Service.)
RIGHT PLEURISY (WET)

(b) NON-PENSIONABLE DISABILITY—(Here state the nature of the disability which has not been contracted, or aggravated, while on Active Service.)
NONE

4 (a) To what extent, if any, have the disabilities diminished or increased since last examination?
SOME IMPROVEMENT

(b) If increased or undiminished, is increase or failure to diminish due to intemperance, improper conduct or neglect to exercise reasonable care required by the nature of the disabling condition?
NO

5 Will disabilities materially increase or diminish?
DIMINISH

6 Are the disabilities permanent?
NO

7 (a) Is pensioner wearing an artificial appliance for disability due to or aggravated by service?
NO

(b) Should he continue to do so?
(c) If so, is any alteration in the form of the present appliance recommended?
(d) If any appliance is necessary?

8 (a) Would treatment reduce the pensioner's disability, or increase his comfort?
HAS HAD TREATMENT

(b) Nature of treatment advised.
REST

(c) Is pensioner willing to accept treatment advised?
(d) If not, is his refusal reasonable?

REFUSAL OF TREATMENT:—This is to certify that I thoroughly understand the nature of the treatment advised and refuse to accept the same for the following reasons:
(To be completed when treatment advised has been refused.)

.....
.....

Pensioner's signature

The foregoing report submitted by

Signature..... Medical Examiner.

Place.....

Date..... } Members (of a Board)

The answers to the following questions are to be filled in by the representative of the District Office of the Board of Pension Commissioners.

(In cases in which medical re-examination is being made by a medical practitioner in accordance with the second to last paragraph of page 1 hereof the medical practitioner will fill in such answers).

9 (a) Has pensioner married since last medical re-examination? **NO**

9 (b) If so, is he receiving the additional allowance for a wife?

10 (a) Has a child been born to pensioner since last medical re-examination?

10 (b) If, so, is he receiving the additional allowance for a child?

11 If pensioner was married, has his wife died since last medical re-examination?
(State date of death.)

12 Have any of pensioner's children died since last medical re-examination?
(State date of death and names of children who have died.)



Place..... **TWILLINGATE**

I. S. LEDREW M.D.
Head of District Office,
(or Medical Practitioner.)

Date..... **MARCH 2ND, 1920**

I SUGGEST NIL
CLUNY MACPHERSON, LT/COL.