



First Newfoundland Regiment

ATTESTATION PAPER

Regimental No. 1537

Name in full Cyril Graham Robertson Age 25

Address 3 Maske St. St. John's

Married Single Height 5 ft 6 in Weight 122

Color Fresh Hair Brown Eyes Blue

Other distinguishing marks Scar over left eye

Nearest relative Mother (Lucy)

Address 3 Maske St.

Dependents

Occupation Baker Present Wage 4000 per year

Previous service

Decorations

General Remarks

Date of Enlistment May 15th 1915

I, Cyril Graham Robertson, do sincerely promise and swear that I will be faithful and bear true allegiance to His Majesty, and that I will faithfully serve His Majesty in any place where I may be needed (or in the Colony of Newfoundland, as the case may be), against all His enemies and opposers whatsoever, according to the condition of my service.

Cyril Graham Robertson

Declared before me this 15 day

of May 1915

J. J. [Signature]
[Signature]

DESCRIPTIVE REPORT ON ENLISTMENT.

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

Reg. No. 157

Name Cyril Graham Robertson

Apparent age 35 years _____ months. Height 5 feet 6 inches.

Chest measurement { Girth when fully expanded _____ inches.
Range of expansion _____ inches.

Distinctive marks Colors Fresh, Hair: Brown, Eyes Blue.

Other distinguishing marks: Scar over left eye.

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Lucy Robertson, 5 Nares St., St. John's
| Relationship Mother

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) Signature of Officer verifying entry from certificate.

(a)	(b)	(c)	(d) Verified from certificate.

Particulars as to Children.

Christian Names	Date and Place of Birth	(d) Verified from certificate.

STATEMENT OF THE SERVICES.

Corps in which served	Regt. or Depot	Promotions, 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>May 15/15</u>									
Joined at <u>St. John's</u> on <u>May 15/15</u> Embarked for U.K. <u>17/6/15.</u>									
<u>Classified Unfit for Active Service at Depot, Apr. 14/16.</u>									
<u>Reached St. John's 19/1/17</u>									
<u>to Newfoundland for discharge 4-8-16 Arrived Hld 18/16</u>									
<u>Discharged Medically Unfit 19-1-17</u>									
Total Service forfeited as above									

Total Service towards Engagement to 19-1-17 (date of discharge) 1 years 248 days
 " " " Pension " (") " " "

C. Rahertson.

C.R.

1837.

P. H. O.

21

9 1

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

MEDICAL HISTORY



Surname Robertson OF Christian Name Cyril Graham

Table 1.—GENERAL TABLE.

Birthplace:—Parish St. John's County P. F. K. D.

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>16th</u> day of <u>April</u> 19 <u>15</u>	on _____ day of _____ 19 <u>1</u>	at <u>St. John's</u>	at _____
Declared Age...	<u>26</u> years	_____ days	_____ years	_____ days
Trade or Occupation...	<u>Baker</u>			
Height	<u>5</u> feet	<u>6</u> inches	_____ feet	_____ inches
Weight		<u>122</u> lbs.		_____ lbs.
Chest Measurement	Girth when fully expanded... <u>33</u> inches		_____ inches	
	Range of expansion... <u>1</u> inches		_____ inches	
Physical Development...				
Vaccination Marks	Arm			
	Number			
When Vaccinated	<u>never</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>Frederick Byrden</u>			
(Rank)	<u>Lieut.</u>			
	Medical Officer.			Medical Officer.
Enlisted	at <u>St. John's</u>	at _____	on _____ day of _____ 19 <u>15</u>	on _____ day of _____ 19 <u>1</u>
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	<u>P. F. K. D. Regt.</u>	<u>1537</u>		
Transferred to...				
Became non-effective by...				
	on _____ day of _____ 19 <u>1</u>	on _____ day of _____ 19 <u>1</u>		
(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
May 25	First Inoculation 500 millions
June 7 " 25 th /15	Second " 1000 " Vaccinated at Sea JG.
14/5/16	Unfit for foreign service on account of flat foot. D.M. McIntyre.

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
St Johns Afes					

PAY LIST.

to

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps *4th Newfoundland Regt*
 No. *1537* Rank *Private* Name *Robertson C*
 Died^(a) at _____ on the _____ of _____ 191 .
 Deserted at _____ on the _____ of _____ 191 .

I Certify to the correctness of above in every particular.

H. Bain: Capt { *Commanding Squadron, Troop,
Battery of Company.*

STATEMENT OF ACCOUNT.

[FORM 1.]

Date.	Dr.	£	s.	d.		Cr.	£	s.	d.
	Balance Dr. last month					Balance Cr. last month			
	Cash issues (Date of each issue to be stated)					Pay 28 days at <i>100</i> from <i>8/1/16</i> to <i>4/8/16</i>	<i>5</i>	<i>16</i>	<i>0 3/4</i>
						Proficiency, Service or good conduct pay			
						days at _____ from _____ to _____			
	<i>July 14 1916</i>	<i>15</i>	<i>0</i>			<i>Field Messing allowance 28 days at 10cts</i>			
	<i>21 " 6</i>	<i>15</i>	<i>0</i>			from <i>8/1/16</i> to <i>4/8/16</i>	<i>11</i>	<i>6</i>	<i>1/4</i>
	<i>28 " 6</i>	<i>15</i>	<i>0</i>			Clothing and kit allowance			
		<i>2</i>	<i>5</i>	<i>0</i>		Amount produced by the sale of Necessaries			
	<i>Boot Repairs</i>			<i>8</i>		Personal Clothing and Effects from Form 2...			
	<i>Barack Damage</i>			<i>7</i>		Amount of Savings Bank balance, including			
	<i>Consolidated stoppage.....</i>			<i>6</i>		interest (if no balance, to be so stated)			
	<i>Bathing Drawes</i>			<i>6</i>		Deferred Pay or Gratuity			
	<i>Allotment 28 days</i>	<i>2</i>	<i>17</i>	<i>6</i>		Balance due to the Paymaster.....			
	<i>at 50 cents per day</i>								
	Balance due by the Paymaster	<i>1</i>	<i>2</i>	<i>4</i>					
		<i>£6</i>	<i>6</i>	<i>2</i>			<i>£6</i>	<i>6</i>	<i>1</i>

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ _____ is correctly chargeable against the Public^(b).

Dated at _____
 this _____ day of _____ 191 . _____ Paymaster.

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 2090 or Army Form O. 1815.
 (b) Words in Italics to be struck out when there is no debtor balance.

C.R. 1537

Extract from Roll of Officers and N. C. O's
and men discharged from the Royal Newfoundland
Regiment.

<u>Regt #</u>	<u>rank</u>	<u>name</u>	<u>date</u>	<u>reason.</u>
1537	Pte.	Robertson Cyril	19/1/17	Med. Unfit.

C.R. 1537

Extract from list of men of the Royal Newfoundland Regiment
discharged on various dates.

#1537 Pte. Cyril G. Robertson, discharged Jan. 19th 1917
Medically unfit

C.R. 1537

Extract from Nominal Roll Embarked St. John's For Overseas, Per
S. S. "Calgarian" June, 19. 1915. "F8

I537. Pte. C. Robertson.

C.R. 1537

Cyril G. Robertson was attested for General service
with the NEWFOUNDLAND REGIMENT on May 15th, 1915
Regimental No 1537 was allotted to Pte. Cyril G. Robertson

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th, 1919.

C.R. 1537

Extract from Nominal Roll Embarked St. John's for Overseas per
S.S. "Galgarian" June 19.1915 "FZ"

1537 Pte. Robertson C.G.

Robertson, L

1537

Ray Sept



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

MEDICAL HISTORY

Surname Robertson OF Christian Name Cyril Graham

Table I.—GENERAL TABLE.

Birthplace:—Parish St John's County Newfoundland

	SPECIAL RESERVE		REGULAR ARMY.	
	on	day of	on	day of
Examined	on <u>16th</u>	day of <u>April</u>	on	day of
	at <u>St John's</u>		at	
Declared age	<u>26</u> years	days	years	days
Trade or occupation	<u>Baker</u>			
Height	<u>5</u> feet	<u>6</u> inches	feet	inches
Weight		<u>122</u> lbs.		lbs.
Chest Measurement {	Girth when fully expanded	<u>33</u> inches		inches
	Range of expansion	<u>1</u> inches		inches
Physical development				
Vaccination marks {	Right	Left	Right	Left
	Arm			
Number				
When vaccinated	<u>None</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>Sgt Fred W. Cuzden</u>			
(Rank)	<u>Lieut</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St John's</u>		at	
	on <u>15</u> day of <u>May</u>	191 <u>1</u>	on	day of
	Corps	Regtl. No.	Corps	Regtl. No.
Joined on enlistment	<u>1st Field Regt. 1537</u>			
Transferred to				
Became non-effective by				
	on	day of	191	on
			day of	191
(Signature)				
(Rank)				



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 *Cyril Graham Robertson*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *1537.*
 Intended address *1 Bualanan. St.*
 Height on discharge *5* Feet *6 1/2*
 Color of hair on discharge *Dark brown.*
 Complexion *Fair.*
 Color of eyes *Bluish grey.*
 Figure on discharge *medium*
 Christian name of Father *John.*
 Christian name of Mother *Lucy.*
 Wife's maiden name in full }
 Date and place of marriage } *not married.*
 Christian names of children }
 Place and date of soldier's birth. *St. John's Nf. 9 March. ~~1876~~ 1892.*
 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) *Cyril G. Robertson* (Rank) *pte*
 Station *St. John's* Date *Jan 4 1917*

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.

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

Station *St. John's Nf.* Date *Jan. 4, 1917*



DEPARTMENT OF MILITIA

ADDRESS REPLY TO
DEPARTMENT OF MILITIA
AND QUOTE NO.

1537

ST. JOHN'S, NEWFOUNDLAND.

December 21st., 1917.

Capt. J. M. Howley,

Secty. Pensions & Disabilities Board.

1537 Pte. C. Robertson.

Dear Sir:-

Will you please give me report of the marginally
noted man's service?

Yours faithfully,

Clayton Macpherson
Major, D.M.S.

-Certificate to be signed by the Soldier on Discharge.-

I hereby acknowledge that I have received all my pay and allowances
(including clothing allowance), and all just demands up to the
present date.

(Place) St. Johns

to E. P. ... Signatur of Soldier

(Date) Jan. 19th

M. Howley Signatur of Witness
1.2.1917

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 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... *Lyril* 2. Surname... *Robertson*

3. Rank... *pte* 4. Regtl. No... *1527*

5. Address in full to which future payments of gratuity are to be forwarded... *3. Mass St*

6. Date of enlistment in the Regiment... *14th May 1915*

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.....

9. Address in full of such dependents.....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....

11. Were you on active service only in Nfld, if so, give dates and particulars of such service.....
Not Applicable

12. Give total length of time which you served on active service, whether in Nfld. or Overseas. *14th May 1915 - Jan 19th 1917. (Overseas)*

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

Not Applicable

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....

Post discharge pay Eighth Sever Dollars 87.00
paid to by pay master Capt. Howley

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

Yes

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?.....

19. Are you now serving in the Rest? No. If not give- (a) Date of discharge Jan. 19. 1917 (b) Reason for discharge.....

General Disability

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....

Not Applicable

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:

Cyert. G. Robertson

Place of Residence:

*3. Maple St
Biller*

Declared before me at:

This *27th* day of *October* 19*17*.....

John A. Barron a Barrister of the
Signature of Barrister of the
Supreme Court, Stipendiary Magistrate; Notary Public, Justice of the Peace, or Commissioner of affidavits. *Supreme Court.*

POST DISCHARGE PAY.

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

Certified correct.

Paymaster



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Cyril G. Robertson, Regl. No. 1537

hereby agree, until further notification by me, and in similar official form to make an Allotment of 50 Dollars and 50 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 :

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
1	Father	Mr John R. Robertson	3 Market St - St Johns	50
3				
9				
3				
<p>Commanding Officer June 13/15</p>				
Total Allotment, \$				50

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.)

Officer Commanding
Company

St Johns
June 13/15
1915

(Sig.) Cyril G. Robertson

(Rank) Plt

STATEMENT OF ACCOUNT

No. 1537

Name Robertson 6

Date	Particulars	Ch. No.	Dr.	Cr.	Bal.
Aug. 4	Balance due by P.M. L-2-4			5 43	5 43
19	By Pay. To date 1 ¹⁸ / ₁₀₀			16 50	21 93
31	" " " " 1 ⁶⁰ / ₁₀₀			19 20	41 13
Sept. 30	" " " " do			48 00	89 13
Oct. 31	" " " " do			49 60	138 73
Nov 30	" " " " 1 ⁸⁸ / ₁₀₀ do			55 50	194 23
Dec 31	" " " " do			57 35	251 58
1917 Jan. 19	" " " " do			35 15	286 73
	Bonus			12 95	299 68
	clothing			25 00	324 68
Aug. 21	To Pay.		15 00		309 68
Sept. 7	" "				299 68
16	" "	4	10 00		289 68
25	" "	8	15 00		274 68
29	" "	12	10 00		264 68
30	Allotment	14	10 00		249 68
Oct. 16	To Pay.		15 00		234 68
	Allotment	26	10 00		224 68
			13 50		226 18
			98 50	324 68	226 18

Signed Alfamy 55m

STATEMENT OF ACCOUNT

No. 1537

Name Robertson Co.

Date	Particulars	Ch. No.	Dr.	Cr.	Bal.
	Brought forward		98 50	324 68	226 18
Oct 20	To Pay	30	10 00		216 18
Nov 1	" "	38	10 00		206 18
18	" "	48	25 00		181 18
Dec 9	" "	64	10 00		171 18
23	" "	78	20 00		151 18
Jan 12	" "	94	10 00		141 18
19	To Pay	100	145 58		4 40 DT
	War Service Gratuity pms @ 700.			70 00	65 60
	to allowance bonus			10 00	75 60
Dec 11	To Pay	6638	12 95		62 65
Feb 8	" "	9610	87 15		24 50
			10 00		34 50 DT
			439 18	404 68	34 50 Dr

Signed A. Looney *SSM*

17
15
1940



1ST NEWFOUNDLAND REGIMENT

IDENTITY CERTIFICATE

This is to Certify that

(Name*) *m^r John R. Robertson*
 (Address) *3 Main St. St. Johns.*
 (Relation or otherwise) *father* is the person nominated
 by *Cyril Robertson* Rank *Pvt* Regl. No. *1537*
 to draw Allotment Pay, as authorized on Form K, No. *1453*, dated *June 12th* 1915
 Date Allotment commences *June 12th*

(Sig.) _____
 Dated at *St. Johns* _____ Officer Commanding
June 13th 1915 _____ 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

Cancelled J.R. Robertson
 (*)

Witness to
 Signature
 of Allottee }

Allottee

PAYMENTS

Date Paid	Amount	Payee's Signature	Date Paid	Amount	Payee's Signature
AUG 2 1915	9 50	<i>J.R. Robertson</i>	Feb 8 1916	15 50	<i>J.R.R.</i>
Aug 9	15 50	<i>S. Robertson</i>	Mar 7 1916	14 50	<i>J.R.R.</i>
Sept 9	15 50	<i>S. Robertson</i>	Apr 11 1916	15 50	<i>J.R.R.</i>
OCT 8 1915	15	<i>S. Robertson</i>	May 8 1916	15	<i>J.R.R.</i>
NOV 1 0 1915	15 50	<i>S. Robertson</i>	June 8 1916	15 50	<i>J.R.R.</i>
Dec 7 1915	15 00	<i>J.R.R.</i>	July 7 1916	15	<i>J.R.R.</i>
Jan 7 1916	15 50	<i>J.R.R.</i>	Aug 7 1916	15 50	<i>J.R.R.</i>
			Sept 7 1916	15 50	<i>J.R.R.</i>

JOHN R. ROBERTSON,
Broker & Manufacturers Agent.

298, Water Street,
St. Johns, Newfoundland.

Tel. Address
"Robertson,
St. Johns."

P.O. Box.
551.

Telephone
760.

October 9/16

Dear Sir. - I understand that private
Cyril G. Robertson no 1537 has cancelled
his allotment originally made in my
favor. I therefore return you the
Certificate

Truly Yours

J. R. Robertson

*Lt. Howley
Pay & Record Office
St. Johns*

C. G. Robertson

1 Suit clothes	60
1 Valise	6 ⁰⁰ .
1 Cap	2 ⁰⁰ .
1 Shirt	2 ⁰⁰ .
4 Collars	1 ⁰⁰ .
1 Tie	1 ⁰⁰ .
1 Suit underwear	6 ⁰⁰ .
1 pr. shoes	5 ⁵⁰ .
1 Shaving kit	5 ⁰⁰ .

R. G. Robertson

ACCOUNT	INITIALS
CR. NO. <i>25343</i>	INITIALS <i>CR</i>
INL. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

\$ 88.50 /

OK for \$88⁵⁰
W.R.H. *J.P.H.*

C. G. Robertson

I, *C. Robertson* being duly sworn
depose and say, that the attached statement of claim for
property lost in the fire at the Empire Hospital, is a
correct statement of my losses.

C. Robertson

Lynil Robertson
.....

Sworn before me at

Department of Militia, St. John's,
this *16th* day of *December*.

A.D. 1919.

C.C. Byrne
Capt.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$10⁰⁰/₁₀₀

Feb 8th 1919

Received from the First Newfoundland Regiment
the sum of Ten Dollars.

on account
balance of Pay. Clothing for C. G. Robertson

Ch. No. 9610	Initials E.W.
Pay Ledger 180	Initials ZON
Gen. Ledger	Initials

Regtl. No. Rank

A.C.R.

No. 1537

Rank

Pte.

Name

Robertson

©

COPY

Company Copy.

W. P. Griffith & Sons Ltd., Printers, Old Bailey.
[884] W19043/4155 750m 12/15s 127 55

Form
B. 120
24.

REGIMENTAL CONDUCT SHEET.

Army Form B. 120.



Number of sheets
(in words)
Signature of C.O.
or Adjutant

First
S. C. Norris 2 Lt.

First Regiment of Newfoundland

Regimental Number) 1537 Robertson, Cyril G. Attested 19 Joined 15th May 1915. Regiment.

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	Date of Commencement	Date of Expiration	REMARKS
Stobbs	7/8/15	Pte		Neglect of Duty while tent orderly	Drum Ayre L. J. Hickey	2 Days C. C.	10/8/15	Capt. E. S. Ayre			
Stobbs	9/8/15	"		Absent from 7 am to 9:30	Gil. Whiverson	2 Days C. C.	10/8/15	Capt. E. S. Ayre			
Stobbs	8/8/15	"		Absent from Tattoo 9:30 am	Gil. Whiverson	2 Days C. C.	9/8/15	Capt. E. S. Ayre			
Newton	9/12/15	"		Breaking out of Barracks 5. m. at Tattoo	MacKay	7 Days C. C.	13/12/15	Major Whitaker			
Newton	Apr 3/1/16	"	1	Drunk in Barracks R. S. M. off Parade	MacKay	7 Days C. C.	5/1/16	Capt. E. S. Ayre			Loss of Canteen privilege for 2 weeks
"	" 12/2/16	"		Absent from Parade under false pretence	Sgt Smallwood	7 Days C. C.	12/2/16	Maj. Whitaker			Forfeits 1 Days Pay
Newton only	Apr 25/16	"		Refusing to go on 7.15 am Parade	Gil. Winsor	7 Days C. C.	26/5/16	Maj. Rendell			G.M. E. Forfeits 1 days Pay

To be carried over

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

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Forms
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39.

Regiment of 1st Newfoundland

Number of Sheet 1/10

Signature of O. C. Company [Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay
No.	<u>1537 Robertson Cyril G.</u>	Age on	<u>24</u> years <u>6</u> months	<u>Baker</u>	
Joined	Date	Place and Date of Enlistment	<u>St John's</u> <u>May 15th 1915</u>	Religion	
Joined	Date			<u>Presbyterian</u>	
Joined	Date	Period of	<u>24⁸</u> years. <u>36⁵</u> years.	Place of Birth	
Joined	Date			<u>St John's</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>St John's</u>	<u>9.10.15</u>	<u>Pte</u>		<u>neglect of duty while out orderly</u>	<u>Ormsby</u> <u>29th</u>	<u>2 days C.C.</u>	<u>10.8.15</u>	<u>Capt. C.R. Byre</u>	
<u>St John's</u>	<u>9.8.15</u>			<u>absent from par to 9.30 pm</u>	<u>Cpl. Wolanow</u>	<u>2 days C.C.</u>	<u>10.8.15</u>	<u>Capt. C.R. Byre</u>	
<u>St John's</u>	<u>8.9.15</u>			<u>absent from Tattoo 9.30 pm</u>	<u>Cpl. Wolanow</u>	<u>2 days C.C.</u>	<u>9.9.15</u>	<u>Capt. C.R. Byre</u>	
<u>Newton</u>	<u>9/12/15</u>			<u>Breaking out of Barracks at Tattoo</u>	<u>S. Mc</u> <u>McKay</u>	<u>7 Days C.C.</u>	<u>13/12/15</u>	<u>Major Whitaker</u>	
<u>Newton Camp</u>	<u>3/1/16</u>			<u>Drunk in Barrack off parade</u>	<u>R.S.M.</u> <u>Wain</u>	<u>7 days C.C.</u>	<u>7/1/16</u>	<u>Capt. C.S. Byre</u>	<u>Loss of 4 days pay</u>
	<u>12/2/16</u>			<u>Absent from parade under false pretence</u>	<u>Sgt. Tomlinson</u>	<u>7 days C.C.</u>	<u>12.2.16</u>	<u>Major C. S. Byre</u>	<u>Forfeit 10 days pay</u>
<u>Newton-on-Clwyd</u>	<u>26-5-16</u>			<u>Refusing to go on parade.</u>	<u>Capt</u> <u>Wain</u>	<u>7 days C.C.</u>	<u>26.5.16</u>	<u>Major W. Kendall</u>	
				<u>Medically unfit</u>	<u>Unfit</u>	<u>19-1-1917</u>			<u>Forfeit 10 days pay</u>

To be carried over

Army Form B. 121.