



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 6157 Name William Squires Corps Infantry

### Questions to be put to the Recruit before Enlistment.

1. What is your name? ..... 1. William Squires
2. What is your full Address? ..... 2. Brook Cove  
Box De Verbe Del.
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 22 Years ..... Months
5. What is your Trade or Calling? ..... 5. Labour
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, William Squires ..... 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.

12.9.18 ..... SIGNATURE OF RECRUIT.

Thos. Soudan ..... Signature of Witness.

William Squires OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, William Squires ..... 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 12 day of September 1918

Signature of Attesting Officer ..... C. D. Dickson

†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 SEP 13 1918 ..... 1918

Place St. John's ..... 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) .....

# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name William Squires  
 Apparent age 22 years        months. Height 6 feet 4 3/4 inches  
 Chest Measurement { Girth when fully expanded 34 inches  
                           Range of expansion 3 inches  
 Distinctive marks .....

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Squires  
Broad Cove Bay St. Johns 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 Depot	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 " _____ [ " " ] _____ " _____ "									



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# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 6107 Name William Squires corps Infantry

### Questions to be put to the Recruit before Enlistment.

- |  |                                 |
|--|---------------------------------|
| 1. What is your name? .....  | 1. <u>William Squires</u> ..... |
| 2. What is your full Address? .....  | 2. <u>Broad Cove</u> .....      |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u> .....             |
| 4. What is your age? .....   | 4. <u>22</u> Years .....        |
| 5. What is your Trade or Calling? .....  | 5. <u>Labour</u> .....          |
| 6. Are you Married? .....  | 6. <u>No</u> .....              |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <u>No</u> .....              |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>Yes</u> .....             |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <u>Yes</u> .....             |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? .....                                     | 10. Name .....                  |
|  | Corps .....                     |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... | 11. <u>Yes</u> .....            |

I, William Squires 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.

12.9.18

William Squires SIGNATURE OF RECRUIT.  
T. W. D. Towan Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, William Squires 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 12 day of September 1918  
 Signature of Attesting Officer C. S. Dickson Lieut.

### †CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the.....  
 If enlisted by special authority, such will be attached to the original attestation.  
 Date SEP 13 1918 1918  
 Place St. John's } 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).....

# DESCRIPTIVE REPORT ON ENLISTMENT

6154

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

Name William Squires  
 Apparent age 22 years      months. Height 6' feet 4 3/4 inches  
 Chest Measurement { Girth when fully expanded 34 inches  
                           { Range of expansion 3 inches  
 Distinctive marks     

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Squires  
Broad Cove Bay St. Ver. Dist. | 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)
		G	

### 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.....									

Discharged. Appls. Jan. 18/1919.

Total Service towards Engagement to \_\_\_\_\_ [date of discharge] \_\_\_\_\_ years \_\_\_\_\_ days  
 " " Pensions " \_\_\_\_\_ [ " " ] \_\_\_\_\_ " \_\_\_\_\_ "

C.R. 6157

Extract of Daily Orders Part IIm Depot, St. John's, dated Jan.  
18th 1919.

Discharge confirmed on demobilization

The discharge of the undernoted on Demobilization has been confirmed by Officer i/c Rec rds on 17-1-19

6157 Pte. Wm. Squires.

C.R. 6157

Extract from Daily Orders part 11, Depot St. John's dated Dec. 28/12  
1918.

The undernoted discharge on demobilization have been approved  
by Officer Commanding discharge depot from noted date. He  
is removed from Depot strength and transferred to discharge  
depot pending confirmation by Officer i/c Records.

#5157 Pte. M. Squires

24-12-18.

31-12-18.

C.R. 6157

Extract from Daily Orders part 11, Depot St. John's  
dated Nov. 6th., 1918.

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#6157 Pte. W. Squires.

Discharged from Barracks Hospital, 3/11/18.

BC.

C.R. 6157

Extract from Daily Orders, Part 11, UNIT: The Royal Newfoundland  
Regiment, dated October 31st. 1918.

Hospital.

6157 Pte. W. Squires.

Admitted Barracks Hospital 29/10/18.



CR 6157

Extract from Daily Orders part 11 Depot St. John's dated Sept. 30/1918.

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#61577 Pte. W. Squires.

The above mentioned soldier proceeded on Special duty to Petty Hr.

30-9-18

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C.R. 6157

Extract from Daily Orders Part 11 Unit The Royal RFLA. Regts.  
St. John's, Oct. 18/18.

The undernoted was returned from special duty, at Petty Hr.  
11-10-18.

6157 Pte. W. Squires.

C.R. 6157

Extract from Daily Orders Part 11 Depot, St. John's #161 12/9/18

#6157 Pte. Wm. Squires.

ATTESTED FOR GENERAL SERVICE WITH THE ROYAL NEWFOUNDLAND REGIMENT,  
FROM 12-9-18.

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C.R.6157

Extract from Daily Orders, Part 11, UNIT: The Royal Newfoundland Regiment, dated October 12th 1918.

Special Duty.

THESE UNDERMENTIONED RETURNED FROM SPECIAL DUTY AT PETTY HA 11/10/18:

6157 Pte. W. Squires.

Squires Wm

6157

Pay Dept

January 18th., 1919

#6157 Pte. William Squires,  
Broad Cove, B.D.V.

Dear Sir:-

Please find enclosed "Discharge  
Certificate No. 566."

Yours faithfully,

Capt in.  
Paymaster & O. I-C Records

Enc'1 1.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 6154 Rank Pvt. Name Wm Squires  
 Intended place of residence Broad Cove B.C.N.

2. Occupation Fisher man  
 Classification of soldier C Medical Category ST

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

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

Place ..... **DEC 21 1918** .....  
 Date ..... Wm Squires Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place and date St Johns ..... William Squires Signature of soldier  
Dec 21st 1918 ..... W.D. Deeks Capt. 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 Dec 25th 1918 ..... William Squires Signature of soldier  
St Johns ..... J. Day Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 12. 9. 18 ..... No of days on Military  
 Discharged from service 21. 12. 18 plus 28 days! ..... Service 129 Days!

### 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. Lat Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment.  
 Date **DEC 21 1918**

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place St Johns ..... M. Howley, Capt Officer in Charge  
 The Royal Newfoundland Regiment  
January 18/1919  
W.S.B. 2024/566

19  
20  
21  
18  
129

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 6157 Rank PM Name Squires - W<sup>m</sup>  
 Date of Enlistment 12.9.18 Address Spink Lane District B. 5. V  
 Occupation Labourer Classification for Discharge F Medical Category AE  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

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

Date 10/11/18 W. Squires Capt  
 O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am ..... in a position to resume civilian occupation.

W. Squires

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 Joseph H Snow

Date 20-12-18 O i/c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R380* to his home at *Wood Cove* and Release Certificate No. *593* issued.

Date *20-12-18*

*ASDicks 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 *18-1-19*

Date *21-12-18*

*Wiley Capt*  
Depot Paymaster.

Discharge approved for *21 Dec 18*

Forwarded with following *CPD* documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1.	<i>Found</i>
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 *23 12 18*

*ASDicks Capt*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—  
Officer i/c Records.  
Board of Pension Commissioners.  
with following additional documents.

Date *DEC 21 1918*

*R.H. Lant*  
O. C. Discharge Depot.

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

Date .....

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

# MEDICAL HISTORY

OF

Surname

*Squires*

Christian Name

*Willard*

Table I.—GENERAL TABLE

Birthplace :—Parish

*Broad Cove Barb. County*

*Newfound Land.*

**SPECIAL RESERVE**

**REGULAR ARMY**

Examined	on <i>12</i> day of <i>Sept</i> 191 <i>8</i>	on	day of	191
	at <i>St Johns</i>	at		
Declared Age	<i>22</i> years	days	years	days
Trade or Occupation				
Height	<i>5</i> feet <i>4 3/4</i> inches	feet		inches
Weight	<i>118</i> lbs.			lbs.
Chest Measurement	Girth when fully expanded	<i>31</i> inches		inches
	Range of Expansion	<i>3</i> inches		inches
Physical Development				
Vaccination Marks	Arm	Right	Left	Right
	Number			
When Vaccinated				
Vision	R. E.—V=	<i>6/6</i>	R. E.—V=	
	L. E.—V=	<i>6/6</i>	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)	<i>Lemuel Peterson</i>			
(Rank)	<i>Major</i>	Medical Officer		Medical Officer
Enlisted	at <i>St Johns</i>	at		
	on <i>12</i> day of <i>Sept</i> 191 <i>8</i>	on	day of	191
	Corps	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment	<i>Royal Nfld Regt. 6157.</i>			
Transferred to				
Became non-effective by	on	day of	191	on
(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 *Squire William*  
Regiment from which discharged *1st. Newfoundland*  
Regimental number *6157*  
Intended address *Broad Cove, Bay de Verde.*

Height on discharge                      Feet  
Color of hair on discharge *Dark brown.*  
Complexion *Fair.*  
Color of eye *Brown.*  
Descriptive Marks *Vaccination left arm.*  
Figure on discharge *Normal.*  
Christian name of Father *John Butt,*  
Christian name of Mother *Emily.*  
Wife's maiden name in full  
Date and place of marriage } *not married.*  
Christian names of children }

Place and date of soldier's birth.

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)

*William Squires.*

(Rank) *Pte.*

Station

*Prince's Park*

Date

*11/12/18.*

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.



*J. R. Steele* / Lt.  
Medical Officer i/c Hospital.  
Unit, or Command Depot.

Station

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 work as a Sailor.

William Squires  
Signature of Man.

Ed Dick Cupp  
Signature of the Vocational Officer or his Representative.

Reg. No. 6157

Place

Johns

Date

20-12-18

191

Bay de Verde

# The Royal Newfoundland Regiment

Class for Demobilization:—  
C

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 28/11/18

Regimental No. 6157

Name Squires Miller

Address Broad Cove B.D.V.

Present Medical Category A II

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

Members of Board

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

J. Paterson  
Senior Medical Officer

S.W. Burden  
M. O. Depot





THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, William Squires, Regl. No. 6157

hereby agree, until further notification by me, and in similar official form to make an Allotment of — Dollars and Sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons concerned, viz :

Allotment begins Oct 1. 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
7335	Father	Mr John B. Squires	Broad Cove Bay De Verde Dist.	- 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.) [Signature]  
Officer Commanding

(Sig.) William Squires  
(Rank) Private

St John's Regt  
16/9/18  
1918



*3395*

ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at *St John's* on *Sept 12* 191*8*

1. Name *William Squires* Age (a) Declared *22*  
(b) Apparent

2. Do you know of anything wrong with you? *no*

What severe illnesses have you had? *none*

*eyes brown*  
*Comp fair*

*6154*

3. Height *5ft 4 3/4* Weight *118*

4. Eyesight (a) Left *6/6* (b) Right *6/6*

5. Physical Defects (Examine after strenuous exercise) *-*

6. Examination of Lungs  
Measurement (a) Expiration *31* (b) Inspiration *34*

7. Examination of Heart *-*

8. Examination of Urine *-*

9. Examination of Mouth—(Defective Speech)

- Teeth
- Throat
- Nose
- Ears (Otorrhea)
- (Deafness)

10. Have you been successfully vaccinated, and when? *yes 7 years ago 1st ann*

11. Name and address of next of kin *father John Broad Cove B. N. S.*

REMARKS—

*Ait*

*Archibald*  
*Seaton*  
Medical Examiners.

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Number of Sheet 657

Regiment of Royal Newfoundland

Signature of O. C. Company [Signature]

Regimental Number and Name		Enlistment		Trade
No.	<u>657</u> <u>William Squires</u>	Age on	<u>22</u> years <u></u> months	<u>Sailor</u>
Joined	Date	Place and Date of Enlistment	<u>St. John's</u> <u>12.9.18</u>	Religion
Joined	Date			<u>Method</u>
Joined	Date	Period of	with Colours <u>128</u> years.	Place of Birth
Joined	Date			

Good Conduct Badges, Service pay or proficiency pay

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<u>St. John's</u>	<u>10.11.18</u>	<u>Pte</u>		<u>Breaking barracks while quarantined</u>	<u>R.S.M. Patrick</u> <u>Sgt Warren</u>	<u>48 hours detention</u>	<u>11.11.18</u>	<u>Capt Tait</u>	<u>JG</u>
				<u>Demobilized</u>	<u>St John's</u>	<u>17 '19</u>			

To be carried over.

Army Form B. 121.

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 6157 Rank RM Name Squires - W<sup>m</sup>  
 Date of Enlistment 12.9.18 Address Spink Lane District B.S.V  
 Occupation Labourer Classification for Discharge f Medical Category A.I  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

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

Date 10-17-18 O.C.

*W. Squires Capt*  
O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am ..... in a position to resume civilian occupation.

*William Squires*

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 Joseph H. Snowfield

Date 20-12-18

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R380 to his home at Bwad Cove and Release Certificate No. 593 issued.

Date 20-12-18

C. S. Dickson  
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 18-1-19

Date 21-12-18

W. Bowley Capt.  
Depot Paymaster.

Discharge approved for 21~~20~~ 12, 18

Forwarded with following documents to O.C. Discharge Depot.

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

Date 23.12.18

C. S. Dickson  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—  
Officer i/c Records.  
Board of Pension Commissioners.  
with following additional documents.

Date DEC 21 1918

R. J. Last Capt.  
O. C. Discharge Depot.

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

Date Dec 28/1918

W. Bowley Capt.  
Depot Paymaster.

Reg. No. 6157 Rank *Act* Name *Squires won 13 days*  
Attested *12-9-18.* Address *Brook Lane.*  
Allotment *160 4* Allottee *Mr John B Squires (Father)*  
Date of Allotment *1-10-18.* Returned from Overseas.....  
Embarked for Overseas ..... Cause.....

*Vacc 14-9-18. 1st 28-9-18.*  
*29-10-18 Admitted to Barracks Hosp.*  
*30-9-18. Special duty Petty Harbour, Co returned 1-10-18.*  
*3-11-18 Discharged from Barracks Hosp.*  
*10-11-18 awarded 48 hours detention*  
*10-12-18. PASSED TO DEMOBILIZATION OFFICER*

**DEC 21 1918** DISCHARGE APPROVED ON DEMOBILISATION.