



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 6096 Name Oland White Corps Cof B

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. Oland White
- 2. What is your full Address? 2. Denning neck
Fullingate
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 19 Years Months
- 5. What is your Trade or Calling? 5. Gasman
- 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, Oland White 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.

Oland White SIGNATURE OF RECRUIT.

24/8/18

C. J. Daymond Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION

I, Oland White 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

on this 24 day of Aug 1918

Signature of Attesting Officer J. H. Snow

†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 26-8 1918 Place St. John's Approving Officer C. J. Daymond

† 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 Oland White
 Apparent age 19 years months. Height 5 feet 6 inches
 Chest Measurement { Girth when fully expanded 34 inches
 Range of expansion inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Phillip White
Herring Neck | Relationship Brother
Swillingate Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage. (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
Total Service forfeited as above.....									
Total Service towards Engagement to _____ [date of discharge] _____ years _____ days									
" " Pensions " _____ [" "] _____ " _____ "									



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 6096 Name Claud White Corps Cof B

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Claud White
2. What is your full Address? 2. Herring neck
Swillinggate
3. Are you a British Subject? 3. yes
4. What is your age? 4. 19 Years 0 Months
5. What is your Trade or Calling? 5. fisherman
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, Claud White 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.

Claud White SIGNATURE OF RECRUIT.
Raymond Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Claud White 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 answered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at
on this 24 day of Aug 1915

Signature of Attesting Officer J. H. Snow

†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 26-8 1915 } Approving Officer.
Place St. John's }
J. R. ...

† 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

6096

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

Name Bland White

Apparent age 19 years months. Height 5 feet 6 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 Phillip White
Herring Neck | Relationship Brother
Swillingate Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
<u>Discharged. At home. Jan 6/1919.</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to _____ [date of discharge] _____ years _____ days

" " Pensions " _____ [" "] _____ " _____

C.R. 6096

Extract from Daily Orders, Part 11, UNIT: The Royal Wfld.
Regt., dated Dec. 10th. 1918.

DEMOBILIZATION.

The undernoted Discharged on DEMOBILIZATION has been approved by O.C. Discharge Depot from noted date. He is removed from Depot strength and is transferred to Discharge Depot pending confirmation by Officer i/o Records:

6096 Pte. Claude White.

9/12/18.

C.R. 6096

Extract of Daily Orders Part II, Depot, St. John's dated
Jan. 8th 1919.

Demobilization.

The discharge of the undernoted on demobilization has been
confirmed by the Officer i/c records on noted date.

6096 Pte. Claude White.

Discharged 6-1-19

C.R. 6096

Extract from Daily Orders Part II of the Royal Field. Regt.
dated 20-10.

6096 Pte. Claude White.

Attested for General Service with the Royal Field. Regt.
24/8/10.

White, Claude

6096

Hay Joseph

Jan. 6th., 19

#6096 Pte. Claude White,
Herring Neck,
Twillingate Dist.

Dear Sir:-

Please find enclosed "Discharge
Certificate No.102."

Yours faithfully,

Captain,
Paymaster & Officer i/c Records.

Enc'l 1.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. *6966* Rank *Pvt* Name *Claude White*
 Intended place of residence *Herring Gook Twillingate*
 2. Occupation *Fisherman*
 Classification of soldier *C* Medical Category *A II*
 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 *St. John's* Date *DEC 6 1918*
 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. John's* *7.12.18*
 Signature of soldier *Claude White*
 Signature of witness *C. S. Dick Capt*

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* *Dec 7th 1918*
 Signature of soldier *Claude White*
 Signature of witness *Raymond St. J.*

STATEMENT OF SERVICE

7. Enlisted for service *24/8/18* No of days on Military Service *136*
 Discharged from service *Dec 9th 1918 plus 5 days* *154 days*

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge Records, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place *ST. JOHN'S* Date *DEC 9 1918*
 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 H.G.* Date *January 6/1919*
 Officer in Charge Records
 The Royal Newfoundland Regiment
W. Bowley Capt
W.D. 2079/162



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 **Claude White**
 Regiment from which discharged *1st. Newfoundland*
 Regimental number **6096**
 Intended address **Herring Neck**
 Height on discharge **5** Feet **6**
 Color of hair on discharge **Brown**
 Complexion **Fair**
 Color of eyes **Blue**
 Descriptive Marks
 Figure on discharge
 Christian name of Father **William**
 Christian name of Mother
 Wife's maiden name in full
 Date and place of marriage
 Christian names of children
 Place and date of soldier's birth. **Herring Neck**
 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)

(Rank)

Station

Date

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.

Station



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

Date **DEC 10 1918**

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 1094 Rank PL Name White Claude
 Date of Enlistment 24/8/18 Address St. John's District St. John's
 Occupation Tradesman Classification for Discharge C Medical Category A II
 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 11/12/18

Stanley Cook
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Claude White

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 A. Brown

Date 5-12-18

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R41 to his home
 at Herring Neck and Release Certificate No. 115 issued.

Date 6-12-18

C. B. Dukoff 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 6-1-19

Date 6-12-18

W. Stanley Capt.
 Depot Paymaster.

Discharge approved for Dec 9th 1918

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	Form B ✓
B 178	W 3494	B 122		Board 1st	" 2	1	
B 178a	1 D 400A	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 9. 12. 18

C. B. Dukoff Capt
 Demobilization Officer.

APPROVED.

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

Date DEC 9 1918

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

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

Date Dec 10/1918

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

MEDICAL HISTORY

Surname White OF White
 Christian Name Claude

Table I.—GENERAL TABLE

Birthplace :—Parish	<u>Herring Neck</u>	County	<u>Newfoundland</u>	
	<u>SPECIAL RESERVE</u>		<u>REGULAR ARMY</u>	
Examined	on <u>24</u> day of <u>August</u> 191 <u>8</u>	on	day of	191
	at <u>St Johns</u>	at		
Declared Age	<u>19</u> years	days	years	days
Trade or Occupation	<u>Fisherman</u>			
Height	<u>5-</u> feet	<u>6</u> inches	feet	inches
Weight		<u>120</u> lbs.		<u>11</u> s.
Chest Measurement {	Girth when fully expanded	<u>34</u> inches		inches
	Range of Expansion	<u>4</u> inches		inches
Physical Development				
Vaccination Marks {	Right	Left	Right	Left
	Number			
When Vaccinated				
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)	
Approved by (Signature)	<u>Lamm Peterson</u>			
(Rank)		Medical Officer		Medical Officer
Enlisted	at <u>St Johns</u>	at		
	on <u>24</u> day of <u>August</u> 191 <u>8</u>	on	day of	191
Joined on Enlistment	Corps	Regtl. No.	Corps	Regtl. No.
	<u>Royal</u>	<u>6096</u>		
Transferred to	<u>Nfld</u>			
	<u>Regt</u>			
Became non-effective by				
(Signature)	on	day of	191	on
(Rank)				day of

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 at Fishing

Claude White

Signature of Man.

C. Dickson Capt.

Signature of the Vocational Officer or his Representative.

Reg. No. *60 96.*

Place

St John's N.Y.C.P.

Date

Dec 5th

191 *8*

8

Twillingate

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 *NOV. 29. 1918*

Regimental No. *6096*

Name *W. Whit-Claude, Pte.*

Address *Herring Neck, N.B.*
Twillingate Dist.

Present Medical Category *A#*

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

Members of Board { *R. H. [Signature]*
O.C. Discharge Depot.

L. [Signature]
Senior Medical Officer

[Signature]
M. O. Depot

No. 6933



THE ROYAL NEWFOUNDLAND REGIMENT

Claude White ALLOTMENTS

6096

I, _____, Regl. No. _____, hereby agree, until further notification by me, and in similar official form to make an Allotment of _____ Dollars and _____ 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.:

Sept 1. 1918

Allotment begins _____

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
6132	Mother	<i>(Elizabeth) Mrs William White</i>	<i>Herring Neck Pike's Arm</i>	50
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.)

L. H. Necker

Officer Commanding

Company

St John's Nfld

26/8/18

191

(Sig.)

Claude White

Private

(Rank)



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Claude White, Regl. No. 6096

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

Allotment begins Sept 1. 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
6132	Mother	<u>(Elizabeth)</u> <u>Miss William White</u>	<u>Herring Neck</u> <u>Pikes Arm</u>	<u>50</u>
			Total Allotment, \$	<u>— . 50</u>

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.) [Signature]
Officer Commanding

(Sig.) Claude White

St John's Mpld Coy
Company

(Rank) Private

26/8/1918

ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at Headquarters on Aug 24 1918

1. Name Claud White. Age (a) Declared 19
(b) Apparent

2. Do you know of anything wrong with you? Pleurisy & Mouth sores.

What severe illnesses have you had? None.

Eyes. Brown.
Comp. Fair.
Marks

6096

3. Height 5ft 6 Weight 120

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

5. Physical Defects (Examine after strenuous exercise) 4

6. Examination of Lungs 4

Measurement (a) Expiration 30 (b) Inspiration 34

7. Examination of Heart 4

8. Examination of Urine

9. Examination of Mouth—(Defective Speech)

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

10. Have you been successfully vaccinated, and when? No Philip Keeney Vacc.

11. Name and address of next of kin Brother

REMARKS—
All

W. Burdett
A. C. [unclear]
Medical Examiners.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of Royal Newfoundland

Number of Sheet one
Signature of O. C. Company J. A. S. H.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	Name	Age on	years	months	
6096	Claude White	19			
Joined	Date	Place and Date of Enlistment		Religion	
Joined	Date	St John's		Catholic	
Joined	Date	9448-18		Place of Birth	
Joined	Date	Period of		Herring Neck Hill	
		} with Colours 136 years.			
		} with Reserve 365 years.			

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
				Demobilized Johnston's 6 '19					

To be carried over.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 6096 Rank Plt Name White Claude
 Date of Enlistment 24/8/18 Address Harrington District Turlington
 Occupation Fisherman Classification for Discharge C Medical Category A II
 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.....	1 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 4/12/18

Stanley Capt
 for O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Claude White

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 A Snowling

Date 5-12-18

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R.4.1*.....to his home at *Herring Neck* and Release Certificate No. *115*..... issued.

Date *6-12-18*.....

P. B. Dicks 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 *6-1-19*.....

Date *6-12-18*.....

W. Stanley Capt
Depot Paymaster.

Discharge approved for *Dec 9th 1918*.....

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	
B 178.....	W 3494.....	B 122.....		Board 1st.....	" 2.....	✓ 1	<i>Form B</i>
B 178a.....	✓ 1 D 400A.....	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 *9.12.18*.....

P. B. Dicks Capt
Demobilization Officer.

APPROVED. *h*

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Date *DEC 9 1918*.....

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

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

Date *Dec 10/1918*.....

W. Stanley Capt
O. C. R.

Reg. No. 6096 Rank Pte Name White James G/
Attested 44-8-18 Address Seving Green
Allotment 50⁴ Allottee Mrs Elizabeth White (Mother)
Date of Allotment 1-9-18 Returned from Overseas.....
Embarked for Overseas..... Cause.....

<u>acc</u>	<u>26-8-18</u>	<u>1st Inc</u>	<u>26-8-18</u>	<u>2nd</u>	<u>9-9-18</u>	<u>3rd</u>	<u>14-9-18</u>
<u>S. Leave</u>	<u>15-9-18</u>	<u>to</u>	<u>24-9-18</u>	<u>held</u>	<u>28-9-18</u>		
<u>4-12-18</u>		PASSED TO DEMOBILIZATION OFFICER					
<u>9-13-18</u>		DISCHARGE APPROVED ON DEMOBILISATION.					