



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5124 Name William White Corps SA

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. William White
2. What is your full Address? 2. Leeds Court B Bay
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. Tradesman
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 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.

William White SIGNATURE OF RECRUIT.

J. P. Day Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, William 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 Leeds Court B Bay on this 17 day of May 1915.

Signature of Attesting Officer Ed. Dickes 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 SA

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

Date May 17 1915 }
Place Leeds Court B Bay } 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 Wm White
 Apparent age 19 years months. Height 5 feet 3 inches
 Chest Measurement { Girth when fully expanded 35 inches
 Range of expansion 4 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Luke White
Look Cove B 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 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 _____									} certifying correctness of entries
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. 5124 Name William White Corps Sea

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---------------------------------|
| 1. What is your name? | 1. <u>William White</u> |
| 2. What is your full Address? | 2. <u>Lot 6 Corn B Bay</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>19</u> Years Months |
| 5. What is your Trade or Calling? | 5. <u>Postman</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 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.

William White SIGNATURE OF RECRUIT.
17/5/18 J. C. J. P. D. P. Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, William 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
 on this 17 day of May 1918
W. Dicks Signature of Attesting Officer 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 compiled with. I accordingly approve, and appoint him to the
 If enlisted by special authority, such will be attached to the original attestation.
 Date May 17 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)

CR.

5194

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

5124 Pte. W.White, .

Discharged 2 - 9 - 18, medically unfit

C.R. 5724

PRELIMINARY REPORT

Extract from Medical Board held Aug, 19th, 1918.

~~5000~~ Pte. White, W.
5724

Recommended Discharge-- Permanently Unfit.

C.R. 5174

Extract from Daily Orders Part II Unit The Royal 22nd
Regt. St. John's, dated Sept. 25th, 1918.

5174

~~5175~~ Pte. Wm. White.

Having been found medically unfit is struck off the strength
from 2-3-19.

C.R. 5124

Extract from Daily Orders part 11, from Unit The Royal
H21d. Regt. St. John's, dated May 16th, 1918.

#5124 Pte. W. White.

Attested for General Service with the Royal H21d. Regt.
from 17.5.18

White, D^{ca}

5/24

Ray & Co.

Pte William
White

Nov 24

Dear Sir

I am sending to you to
now I hear there is army
money sent to me for loading
Pte William White no 5124
enlisted in May and discharge
in Aug 1918 received \$100 to be

Yours truly

Pte William White
Look over 993

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 35⁰⁰

Dec 31 19

Received from the First Newfoundland Regiment
the sum of thirty five Dollars.
on account of Pay E. Lowe
balance

Ch. No. 25229	Initials. ELL
Pay Ledger 314	Initials. WLN
Gen. Ledger	Initials.

Regtl. No. Rank



No. 5124

Rank

St

Name

W White

Look Cove B.B.

1918-1919

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 51⁹⁰

Sept 2nd 1918

Received from the First Newfoundland Regiment

the sum of 51 ⁹⁰ Dollars.

~~on account~~
balance of Pay.

Ch. No. 2047	Initials EW
Pay Ledger 710	Initials WM
Gen. Ledger	Initials

Regtl. No. Rank

No. 5124

Rank PL

Name W. L. W.

Sept. 16th, 1918.

Pte. W.W.White,
Loon Cove, B.B.

Dear Sir,-

I enclose herewith cheque for \$51.90, being the balance of pay due you at date of Discharge, also Certificate of Pay.

I also Certificate of Discharge, dated Sept. 2nd, 1918, together with special form, which kindly sign and return to this office.

Yours faithfully,

Capt.
Paymaster & O.i/c Records.

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.

Date Oct 2 1918 Sig. of Soldier William White

Place Greenwood Sig. of Witness J. J. Whiffled
Stipendiary

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

MEDICAL HISTORY

Surname

White

OF

Christian Name

William

Table I.—GENERAL TABLE.

Birthplace:—Parish

St. John's

County

Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	Right	Left	Right	Left
Examined	on <i>17th May</i> 191 <i>8</i>		on _____ day of _____ 191	
	at <i>St. John's</i>		at _____	
Declared Age	<i>19</i> years _____ days		years	days
Trade or Occupation	<i>Fabrician</i>			
Height	<i>5</i> feet <i>3</i> inches		feet	inches
Weight	<i>127</i> lbs.			lbs.
Chest Measurement	Girth when fully expanded... <i>35</i> inches			inches
	Range of Expansion... <i>4</i> inches			inches
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R. E.—V=	<i>6/10</i>	R. E.—V=	
	L. E.—V=	<i>6/10</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>Lance Corporal</i>			
(Rank)				
	<i>Medical Officer.</i>		<i>Medical Officer.</i>	
Enlisted	at <i>St. John's</i>		at _____	
	on <i>17</i> day of <i>May</i> 191 <i>8</i>		on _____ day of _____ 191	
Joined on Enlistment	<i>The Royal</i>	<i>1724</i>		
	<i>Nfld Regt</i>			
Transferred to		<i>L.</i>		
Became non-effective by				
(Signature)	on _____ day of _____ 191	on _____ day of _____ 191		
(Rank)				

Table II.—Only for admission to hospital or to the sick list in case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospitals will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
9th I.D. Hospital	1	6	18	29	6	18	Measles	29	Discharged to convalescent hosp. Donovan	Scottenden
Donovan Conv. Hospital	29	6	18	12	8	18		26		Scottenden



Department of Militia, Newfoundland.
Medical Department.

Medical Report on an Invalid.

NOTES:—

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

Statement of Case

Station **St. John's, Nfld.**
Date **August 16th, 1918**

- | | |
|----------------------------------|---|
| 1. Unit <i>1st. Newfoundland</i> | 5. Age last birthday. 19 |
| 2. Regimental No. 5124 | 6. Enlisted on May 17th, 1918 |
| 3. Rank. Private | at St. John's, Nfld. |
| 4. Name. White, William | 7. Former trade or Fisherman
occupation |
| 8. Disability | |

Measles

9. History

Developed Measles in Barracks St. John's 1/6/18. Was treated at M. I. D. Hospital and at Donovans. No Complications.

10. What is his present condition?

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

Heart limp and temperature normal.
Complains of weakness in back

11. Was sanatorium operation advised and refused?

12. Do you recommend discharge as permanently unfit?

Signature (Sgd) F. W. BURDEN.....
Rank or Qualification ACTG. M. O.

Remarks if any by Officer i/c Hospital.

Place Signature

Date Rank

Opinion of the Medical Board.

In para. 13, the President should write "may" or "cannot" at x
Erase inapplicable words.

13. For pension purposes, the disability x **may** be considered as ~~aggravated by~~ due to
(a) ~~Service during this war.~~ (b) ~~Climate.~~ (c) Ordinary Military Service
Remarks if any:—
14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.
Yes

15. At present his capacity for earning a full livelihood in the general labor market is lessened by:—
(Here the president should write in Total, 4-5, 3-5, 2-5, 1-5).

Remarks if any:—

less than 20%

16. Is the disability permanent? **Yes, for military service**

17. Has the disability been aggravated by (a) Intemperance. **No** (b) Misconduct. **No**

18. The refusal of operation sanatorium is:— (a) Reasonable. (b) Unreasonable.

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to

General Hospital,
Naval and Military Con- **No**
valescent Hospital,
Jensen Tuberculosis Camp.

20. We recommend discharge from the Army
~~retention in~~

Remarks if any:—

(Sgd) JOHN G. DUNCAN President

Signatures. J. SINCLAIR TAIT

ARCH. C. TAIT

Place **St. John's, Nfld.**

Date **August 19th., 1918**

APPROVED

AUG 19 1918

Station

Date

CERTIFIED CORRECT COPY

OLUNY MACPHERSON, Major

Per *SP 4 B*

(Sgd) OLUNY MACPHERSON, Major

D. M. S. NEWFOUNDLAND
Administrative Medical Officer



Department of Militia, Newfoundland.

Medical Department.

Medical Report on an Invalid.

NOTES:—

- This report is solely concerned with Pensions.
- A single copy only is required.
- "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- Be as brief as possible compatible with lucidity.
- Avoid dubiety—"perhaps" "possibly" "might" and the like.
- Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

Statement of Case

Station *St. John's N*
Date *Aug. 16/18.*

- Unit *1st. Newfoundland*
- Regimental No. *5124*
- Rank. *Pte*
- Name. *White William*
- Age last birthday. *19 years.*
- Enlisted on *May 17th*
- 1918 at *St. John's*
- Former trade or occupation *Stevedorman.*
- Disability

Measles.

9. History *Developed measles in Bonaventure St. John's. 1.6.18*
was treated at M. I. D. Hosp. and at Bonaventure.
No complications.

10. What is his present condition?

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

Short lump and temperature
normal. Complaint of
weakness in back.

11. Was sanatorium operation advised and refused? ✓

12. Do you recommend discharge as permanently unfit? ✓

Signature

S. W. Anderson

Rank or Qualification

Col. U.S.A.

Remarks if any by Officer in Charge Hospital.

Place

.....

Signature

.....

Date

.....

Rank

.....

Opinion of the Medical Board.

In para. 13, the President should write "may" or "cannot" at x
Erase inapplicable words.

13. For pension purposes, the disability x may be considered as ~~aggravated by~~ due to
 (a) ~~Service during this war.~~ (b) ~~Climate.~~ (c) Ordinary Military Service
 Remarks if any:—
14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.
yes.

15. At present his capacity for earning a full livelihood in the general labor market is lessened by:—
 (Here the president should write in Total, 4-5, 3-5, 2-5, 1-5).
 Remarks if any:— less than 20%.

16. Is the disability permanent? yes for military service

17. Has the disability been aggravated by (a) Intemperance. no (b) Miscouduct. no

18. The refusal of operation ~~sanatorium~~ is:— (a) Reasonable. (b) Unreasonable.
 Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to
 { General Hospital,
 Naval and Military Con-
 valéscent Hospital,
 Jensen Tuberculosis Camp. } no

20. We recommend discharge from ~~retention in~~ the Army
 Remarks if any:—

Signatures. J. M. W. Umear President
Donald J. ...
Archibald ...

Place St. John's, Nfld
 Date Aug. 15th 1918

APPROVED
 Station
 Date


Clara Macpherson, Major
 Administrative Medical Officer.
 D. M. S. NEWFOUNDLAND.

ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at

Headquarters May 17/111. Name William White Age (a) Declared 19
(b) Apparent2. Do you know of anything wrong with you? noWhat severe illnesses have you had? none3. Height 5ft 3" Weight 123
4. Eyesight (a) Left 6/10 (b) Right 6/10
5. Physical Defects (Examine after strenuous exercise) n6. Examination of Lungs n

Measurement

(a) Expiration

31

(b) Inspiration

357. Examination of Heart n8. Examination of Urine n

9. Examination of Mouth—(Defective Speech)

Teeth

Throat

Nose

Ears—(Otorrhea)

(Deafness)

} n10. Have you been successfully vaccinated, and when? no

11. Name and address of next of kin

Father Luke Cook Cove Bonav Bay

REMARKS—

A IIW. Borden
A. C. B. G. T.



The Royal Newfoundland Regiment

REPORT OF HEADQUARTERS TRAVELLING BOARD HELD ON SOLDIER ON REGIMENTAL STRENGTH

Depot: Headquarters, Royal Newfoundland Regiment

Date Aug 16 1918

Regimental No. 5124

Name White William

Address _____

Disease or Disability measles

Finding of last Standing Medical Board, _____

held on _____ 19 _____

Present Condition _____

Recommendation Standing medical Bd. for discharge.

Category _____

Members
of
Board

R. H. Lant Capt. O. C. Depot
Barbidge D. D. M. S.
Archibald M. O. Depot

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. <u>5124</u>	Army Rank <u>Private</u>
Name <u>William White</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>The Royal Newfoundland Regt.</u> Battalion, Battery, Company, Depôt, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge <u>September 2nd 1918</u>	
Place of discharge <u>St. John's, Nfld.</u>	
1. Description at the time of discharge.	
Age <u>19</u> years <u>5</u> months Height <u>5</u> feet <u>3</u> inches Chest measurement { girth when fully expanded _____ ins. { range of expansion _____ ins. Complexion <u>Fair</u> Eyes <u>Blue</u> Hair <u>Fair</u> Trade <u>Fisherman</u> Intended place of residence <u>Loos Cove,</u> (To be given as fully as practicable) <u>Nfld.</u>	Descriptive marks.
2. The above-named man is discharged in consequence of <u>being no longer physically fit for war service</u>	
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>	
3. Military character:—	
4. Character awarded in accordance with King's Regulations:—	
<div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: small; margin-right: 5px;">To be filled in on the soldier quitting the Colours.</div> <div style="border: 1px solid black; flex-grow: 1;"></div> </div>	
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.	
Initials of Commanding Officer.	
Army Form B. 2068 has been issued to*	




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. & 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 *White William*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *5124*
 Intended address *Boo Cove.*
 Height on discharge *5* Feet *3*
 Color of hair on discharge *Fair*
 Complexion *Fair*
 Color of eye *Blue.*
 Descriptive Marks 
 Figure on discharge
 Christian name of Father *Keke.*
 Christian name of Mother *Susanna.*
 Wife's maiden name in full *—*
 Date and place of marriage *—*
 Christian names of children *—*
 Place and date of soldier's birth. *Boo Cove. Apr 24 1899*
 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 White*

Station *St John's* Date *Aug*

(Rank) *pte*

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.

W. S. Sinden

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

Station *St John's*

Date *Aug 16/18*

RECEIPT FOR A SOLDIER'S DOCUMENTS

HEADQUARTERS NEWFOUNDLAND REGIMENT

To Paymaster

Please receive documents as indicated below

No. 5121 RANK AND NAME Pte White W.M.

		Non-effective account	Medical history sheet	Nfd. medical history sheet	Medical report on an invalid	Proceedings on discharge	Civil life qualifications	Descriptive return	Active service casualty form	Regimental conduct sheet	Company conduct sheet	Field conduct sheet	Report of Newfoundland Medical Boards				Attestation paper	Identity certificate	Allotment papers	Kit issue on payment	Headquarters Travelling Board	
		N.F.P.156	B. 178	B. 178a	B. 179	B. 268	W. 3494	D. 400A	B. 103	B. 120	B. 121	B. 122	1st Board	2nd Board	3rd Board	4th Board	Board	B. 1915	Form L	Form K	Form I	
											/							2				93
																						/

Received above noted documents,

Date Aug 21st 1918

W. Keating Coy

Signature of officer forwarding documents:

Date AUG 21 1918 19



Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Number of Sheet One

Forms
B. 121.
59.

Regiment of Royal Newfoundland

Signature of O. C. Company Chas. H. Kent

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<u>White Williams</u>	Age on	19	years /		months
5124		Place and Date of Enlistment	<u>St. John's</u>		Trade	
Joined		Date	17.5.14	Religion		<u>Quaker</u>
Joined		Date	} with Colours ¹⁰⁹ years.		Place of Birth	<u>S.A.</u>
Joined	Date	} with Reserve ³⁶⁵ years.		Place of Birth		
Joined	Date	<u>South Cove B. Bay</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>Rectally Unfit</u>	<u>St. John's</u>	<u>2</u>			
						<u>9</u>			
						<u>18.</u>			

To be carried over

Reg. No. 5124 Rank Pte Name White W. ¹⁰¹
Arrested 17-5-18. Address Lock Lane B.B. ¹⁰
Allotment _____ Allotee _____
Date of Allotment _____ Returned from Overseas ^{1/10/18}
Embarked for Overseas _____ Cause _____

Trace 18-5-18
29614 Discharged ^{from} ~~by~~ F. D. to Donavans
2-7-18 Admitted to Donavans convalescent Hospital
16-8-18. Head Quaters Travelling Serv. see Standing
medical Regs (measles)
17-8-18. see Dis - Permanently unfit

DISCHARGED - MEDICALLY UNFIT 2-9-18 No. 156.

Depot 5124

St John's, Newfoundland,

Sept. 4th, 1918

Officer Commanding,
Royal Newfoundland Regiment,
Headquarters

SIR:

The undermentioned men have been discharged on the dates given. Kindly note and post in Daily Orders Part II.

I have the honour etc.

(sgnd) ~~XXXXXXXXXX~~,
XXXX.

H.M. MADDICK,
Lieut.
For Paymaster

1986	Sergt.	Halfyard, Wallace	Sept. 2/18	Med. Unfit
5274	Pte.	Bidden, Geo.	Do.	Do.
670	"	Roper, Henry H.	Do.	Do.
136	"	Janes, Thomas P.	Do.	Do.
3330	"	James, Henry J.	Do.	Do.
4397	"	Day, Cyril	Do.	Do.
4601	"	Carew, James	Do.	Do.
4862	"	Peddie, Wm.	Do.	Do.
5124	"	White, Wm.	Do.	Do.
5115	"	Kelligrew, H.J.	Do.	Do.

August 21st, 1918

From Officer Commanding,
Depot

To Paymaster and Officer i/o Records,
Militia Department

5274 Pte. G. Buddon
5124 " W. White
4852 " W. Foggie
5115 " H.J. Kolligrow
4850 " Stewart Lander

The marginally noted men are recruits who have been three months and over on the strength and have been recommended for discharge as permanently unfit by Standing Medical Board held on Monday, August 19. I am sending them herewith for your attention and necessary action, please.

Their Pay Accounts on Company Sheets have been squared up to and including 21st August and they are paid in full to that date. Allotments are as under-
noted -

5274 Pte. G. Buddon	50¢ per day
4850 " S. Lander	60¢ "

The others have no allotment in force.