



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 6339 Name Robert G. With Corps Infantry
 Questions to be put to the Recruit before Enlistment.

- | | |
|--|---------------------------------|
| 1. What is your name? | 1. <u>Robert G. With</u> |
| 2. What is your full Address? | 2. <u>39 Charter Hill</u> |
| 3. Are you a British Subject? | 3. |
| 4. What is your age? | 4. <u>20</u> years |
| 5. What is your Trade or Calling? | 5. <u>Accountant</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. <u>Yes</u> |
| 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, Robert G. With 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.

Robert G. With SIGNATURE OF RECRUIT.
Robert G. With Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Robert G. With 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, honour and 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 31 day of October 1918
St. John's
P. D. Nichols Attesting Officer

† 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 Nov 1 - 1918
 Place ST. JOHN'S.
Robert G. With MAJOR } Approving Officer.
 Commanding Depdt. }
 The Royal Newfoundland Regiment.

† 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. St. John's, Nfld.

* 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 Robert-G Mills
 Apparent age 20 years 0 months Height 6 feet 6 inches
 Chest Measurement { Girth when fully expanded 35 inches
 Range of expansion 3 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin James Mills
39 Carter's Hill | 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 _____									
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. 1339 Name Robert G Wills Corps Meth

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---------------------------------|
| 1. What is your name? | 1. <u>Robert G Wills</u> |
| 2. What is your full Address? | 2. <u>39 Shavers Hill</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>20</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Accountant</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, Robert G Wills 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.

Robert G Wills SIGNATURE OF RECRUIT.
P. D. Dowden Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Robert G Wills 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. Johns

on this 31 day of October 1918
 Signature of Attesting Officer Profficks 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 rank of

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

Date NOV 1 - 1918 1918
 Place ST. JOHN'S

Robertson MAJOR

The Royal Newfoundland Regiment.

† 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 St. John's, Nfld.

* 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 Robert G Mills
 Apparent age 20 years 0 months. Height 6 feet 6 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 3 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin James Mills
39 Carvers Hill | 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									
Joined at _____ on _____									
<u>Dischd. S. John. Dec. 24/1918.</u>									
Total Service forfeited as above.....									

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

C.R. 6339.

Extract of Daily Orders Part II, Depot, St. John's, dated
Jan. 6th 1919.

DEMobilIZATION.

The discharge of the undernoted has been confirmed by Officer
i/c Records on noted dates.

6339 Pte. Robert Wills, 24-12-18

C.R. 6339

Extract from Daily Orders part II, Depot St. John's dated Dec. 30th. 1918

The undernoted discharge on demobilization have been approved by
O. C. Discharge depot from noted date. He is removed from depot
strength and transferred to discharge depot pending confirmation
confirmation by Officer in charge of Records

24-12-18.

6339 Pte. Robert Willis.

C.R. 6339

Extract from Daily Orders, Part 11, UNIT: The Royal Newfoundland Regiment, dated November 2nd, 1918.

STRENGTH INCREASES.

6339 Pte . R.G. Wills.

Attested for General Service with the Royal Newfoundland Regiment
from 31/10/18.

C.R. 6339

tract from Daily Orders Pt. 11 Depot St. John's dated Nov. 2nd., No. 196..

6339 Pte. R. G. Wills.

Attested for General Service with the Royal Newfoundland Regiment.
from 31-10-18.

Wills, Robert

6339

Ray capt.

Jan. 4th., 19

#6339 Pte. Robert G. Mills,
#39 Carters Hill,
City.

Dear Sir:-

Please find enclosed "Discharge
Certificate No. 286."

Yours faithfully,

Paymaster & Officer i/c Records.
Captain,

Enc'l 1.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 6339 Rank Plt Name Wells Robt

Intended place of residence St. John's

2. Occupation Accountant

Classification of soldier D Medical Category A-1 *on date granted*
of no effect

On date Leave without Pay granted.

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. **ENLISTED under the MILITARY SERVICE ACT**

Place and granted leave without pay.

Date **NOT ELIGIBLE for PAY and ALLOWANCES** 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 **ENLISTED under the MILITARY SERVICE ACT**
and granted leave without pay.

..... **NOT ELIGIBLE for PAY and ALLOWANCES** Signature of soldier

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 **NOT APPLICABLE**

Granted Leave without pay at his own request after attestation to continue in civilian occupation.

Signature of soldier

Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 31.10.18 No of days on Military

Discharged from service 24.12.18 Service None

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S

Officer Commanding Discharge Depot
The Royal Newfoundland Regiment.

Date DEC 24 1918

CONFIRMATION OF DISCHARGE

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

Place St. John's, Nfld W. Howley Capt

Date December 24/1918 Officer i/c Records
W.D. 2079/286 The Royal Newfoundland Regiment

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 6339 Rank Plt Name Wells - Robt
 Date of Enlistment 31 10 18 Address St John's District St John's
 Occupation Accountant Classification for Discharge A Medical Category on date granted Staff
 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 24 12 18 O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with—

- (a) Clothing Allowance payable and granted leave without pay.
 (b) Clothing Supplied NOT ELIGIBLE for PAY and ALLOWANCES.

Date O i/c. Re-clothing.

NOT APPLICABLE.
 Granted leave without pay at his own request after
 attestation to continue in civilian occupation.

ENLISTED under the MILITARY SERVICE ACT
NOT ELIGIBLE for PAY and ALLOWANCES.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *nil* to his home
 at *St John* and Release Certificate No. *612* issued.

Date *27-12-18* *Ch. 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 due and granted.

Date
 Depot Paymaster.

ENLISTED UNDER THE MILITARY SERVICE ACT
 NOT ELIGIBLE FOR PAY AND ALLOWANCES.

Discharge approved for *24 12 18*

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1
F 178	W 3494	B 122	Board 1st.	" 2
R 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 *27 12 18* *Ch. Dicks Capt.*
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:-
 Officer i/c Records.
 Board of Pension Commissioners.

with following additional documents.

Date *DEC 24 1918*
 O. C. Discharge Depot.

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

Date *Dec. 30/1918*

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

MEDICAL HISTORY

Surname Wills OF Wills Christian Name Wills

Table I.—GENERAL TABLE

Birthplace :—Parish St John County Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	31	Oct		
	at <u>St John</u>		at	
Declared Age	20	years		
Trade or Occupation	<u>Accountant</u>			
Height	5	feet 6		
Weight	130 lbs.			
Chest Measurement	Girth when fully expanded		35	inches
	Range of Expansion		3	inches
Physical Development				
Vaccination Marks	Arm	Right	Left	Right
	Number			
When Vaccinated				
Vision	R.E.—V=	<u>4/24</u>	R.E.—V=	
	L.E.—V=	<u>6/24</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)				
(Rank)				
Enlisted	at	<u>St John</u>	at	
	on	31 day of <u>Oct</u>	on	day of 191
Joined on Enlistment	Corps	<u>Royal Nfld Regt</u>	Corps	
	Regtl. No.	<u>6239</u>	Regtl. No.	
Transferred to	<u>Regt.</u>			
Became non-effective by				
(Signature)	on	day of	on	day of
(Rank)				

Report for Service 568

ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at *Adoptus* on *Oct 31* 191*8*

1. Name *Robert G Hills* Age (a) Declared *20*
(b) Apparent

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

What severe illnesses have you had? *Created for Kidneys*

*was Grey
comp. Fair
Mark*

6339

3. Height *56* Weight *130*
4. Eyesight (a) Left *4/24* (b) Right *4/24*
5. Physical Defects (Examine after strenuous exercise) *n*

6. Examination of Lungs *n*
Measurement (a) Expiration *32* (b) Inspiration *35*

7. Examination of Heart *n*

8. Examination of Urine *✓*

9. Examination of Mouth—(Defective Speech)
Teeth
Throat
Nose
Ears—(Otorrhea)
(Deafness) *n*

10. Have you been successfully vaccinated, and when? *yes, year ago, 1st arm*

11. Name and address of next of kin *Father James 39 Chatter St*

REMARKS—

A E

*H. Storer
D. W. Borden
Medical Examiners.*



This Form is to be used in connection with Pamph. M. E. (1) N. F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of Robert G. Wells
aged 18 conducted at Hdqrs
Date: 4/27/17 Recruiting Officer:

1220

NO OF TEST	FINDING
------------	---------

1	no
2	yes
3	no
4	no
5	no
6	no
7	yes
8	no. cannot see well
9	no

Boops

Rept

6
60 lbs. both

Rejection Badge No 1220
issued 27-4-17
H. H. H. H.

yes 1 year - 8 years
5ft 9"
152 lbs
32-35
\$6. week
Father James 39 Charlton St
No

Geo. Sander

Signature of Medical Examiner:

W. H. H.

6339 R. J. Wills is granted leave of absence
W.P. for two months from date.

1/11/18.

R. H. Sant Capt.
O.C. Report

31 Oct. to Jan 1 - 19

The Royal Newfoundland Regiment

6330

DEMOBILIZATION OF

Reg. No. 6339 Rank Plt Name Wells - Robt
 Date of Enlistment 31.10.18 Address St John's District St John's
 Occupation Accountant Classification for Discharge A Medical Category A
on data from Sturjey
 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 J	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 108	ME 2		" 6
B 179c	B 120	M 93		

Date 24.12.18

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

NOT APPLICABLE.

Granted Leave without pay at his own request after

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable ENLISTED under the MILITARY SERVICE ACT
 and granted leave without pay;

(b) Clothing Supplied

NOT ELIGIBLE for PAY and ALLOWANCES.

Date

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *nil* to his home at *St John* and Release Certificate No. *612* issued *18*

Date *27-12-18* Demobilization Officer *Edwards Capt*

4. Pay and Allowances.

The herein named soldier's accounts have been **ENLISTED** under the **MILITARY SERVICE ACT** and all matters in connection therewith settled. He has received pay and allowances without pay.

Date **NOT ELIGIBLE for PAY and ALLOWANCES.** Depot Paymaster.

Discharge approved for *24.12.18*

Forwarded with following documents to O.C Discharge Depot.

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 *24/12.18* Demobilization Officer *Edwards Capt*

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

DEC 24 1918

Date O. C. Discharge Depot.

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

Date *Dec 30/1918* *M. Bowley Capt*
A. R.

Reg. No. *6339* Rank. *Pfc* Name *Willie Robert*
Attested *31-10-18* Address *39 Charlton St*
Allotment..... Allottee.....
Date of Allotment..... Returned from Overseas.....
Embarked for Overseas..... Cause.....

G. leave w.p. from 31-10-18 to 1-1-19

12-18
24-12-18

APPROVED TO DEMOBILIZATION CENTER
DISCHARGE APPROVED ON DEMOBILIZATION.