



Newfoundland Forestry Companies

ATTESTATION OF

No. 118

Name Andrew P. Bailey Corps Coastal

Questions to be put to the Recruit before Enlistment

- | | |
|--|-------------------------------------|
| 1. What is your name? | 1. <u>Andrew P. Bailey</u> |
| 2. What is your full Address? | 2. <u>Coastal Corps</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>28</u> years <u>10</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Lumberman</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. What is your Religion? | 9. <u>R. C.</u> |
| 10. Are you willing to serve upon the conditions as embodied in this roll of service as applied to Forestry Companies? | 10. <u>yes</u> { Name |
| | { Corps |

I, Andrew P. Bailey 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.

Andrew P. Bailey SIGNATURE OF RECRUIT.
John White Signature of Witness.

5/5/17
 I, Andrew P. Bailey 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 serve His Majesty, His Heirs and Successors, in the United Kingdom, 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 10th day of May 1917.

Signature of Attesting Officer J. J. O'Leary Capt

†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 rank of Private. If enlisted by special authority, such will be attached to the original attestation.

Date.....1917
 Place..... } 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 Andrew P. Bailey
 Apparent age 21 years 10 months. Height 5 feet 9 inches
 Chest Measurement { Girth when fully expanded _____ inches
 Range of expansion _____ inches
 Distinctive marks Brown Eyes, Brown Hair

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin _____ | Relationship _____

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>Which go July 7th 17th</u>									
Total Service forfeited as above.....									

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

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

MEDICAL HISTORY

OF

Surname Bailey Christian Name Andrew P.

Table I.—GENERAL TABLE.

Birthplace:—Parish Coachman's Cove, White Deputy

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>7th</u> day of <u>May</u> 191 <u>7</u>	on day of 191	on day of 191	on day of 191
	at <u>St. John's.</u>	at	at	at
Declared Age	<u>21</u> years <u>10 mos.</u> <u>days</u>	years days	years days	years days
Trade or Occupation	<u>Lumberman.</u>			
Height	<u>5</u> feet <u>9</u> inches	feet inches	feet inches	feet inches
Weight	<u>112.5</u> lbs.	lbs.	lbs.	lbs.
Chest Measurement {	Girth when fully expanded	inches	inches	inches
	Range of Expansion	inches	inches	inches
Physical Development				
Vaccination Marks {	Arm			
	Number			
When Vaccinated				
Vision	R. E.—V=		R. E.—V=	
	L. E.—V=		L. E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
	(b) <u>Rupture (slight.)</u>		(b)	
Approved by (Signature)	<u>L. Amund Peterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at <u>St. John's</u>	at	at	at
	on <u>5th</u> day of <u>April</u> 191 <u>7</u>	on day of 191	on day of 191	on day of 191
Joined on Enlistment	Corps. <u>Inf</u>	Corps.	Corps.	Corps.
	<u>Infantry Company 8118</u>	Regtl. No.	Regtl. No.	Regtl. No.
Transferred to				
Became non-effective by	on day of 191	on day of 191	on day of 191	on day of 191
[Signature]				
[Rank]				

COPY

Report of Medical Examination for Newfoundland Forestry Companies

No. 202 Weight :- 153 Height :- 5'8"
Name ANDREW P. BAILEY Married-or Single
Age 22 Address in City :- 53 FLOWER HILL
Occupation LUMBERMAN Home Address :- COACHMAN'S COVE, WHITE BAY
For what Rejected-from Regiment or R.N.R. SLIGHT RUPTURE
Family History (Enquire as to Tuberculosis, insanity, etc.) GOOD

What illness have you had within the last five years ? NONE

Do you know of anything the matter with you ? NOTHING, EXCEPT THE RUPTURE ABOVE MENTIONED

Examination of lungs (a thorough examination of bared chest is obligatory.) GOOD

Examination of heart GOOD

Does the Urine contain any albumen ? NO

Are there any malformation of hands, arms, legs, feet eyes, ears, etc. ? NO

What is his muscular development ? GOOD

Do you think him suitable physically for admission to a Nfd. Forestry Company ?
Recommended for General Hospital for operation Hernia

(SGD) J. SINCLAIR TAIT

Place ST. JOHN'S

N. S. FRASER

Date MAY 7th., 1917.

CLUNY MACPHERSON

Medical
Examiners

N.M.D. Form No. 97.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
29.Number of Sheet FirstRegiment of 77th Forestry Company

Signature of O. C. Company _____

Regimental Number and Name No. <u>8113. Andrew P. Bailey</u>		Enlistment Age on <u>21</u> years <u>10</u> months		Trade <u>Lumber</u>		Good Conduct Badges, Service pay or proficiency pay			
Joined _____ Date _____		Place and Date of Enlistment <u>St. John's</u>		Religion <u>R.C.</u>					
Joined _____ Date _____		Period of } with Colours <u>04</u> years. with Reserve <u>3 1/2</u> years.		Place of Birth					
Joined _____ Date _____									

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>Medically unfit</u>	<u>St. John's</u>	<u>7/17</u>			

COPY



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 BAILEY ANDREW P.

Regiment from which discharged *1st. Newfoundland*

Regimental number 8118

Intended address

Height on discharge 5 Feet 9

Color of hair on discharge BROWN

Complexion

Color of eyes BROWN

Figure on discharge

Christian name of Father ANDREW

Christian name of Mother MARGARET

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth. COACHMAN'S COVE JULY 19th., 1895

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) (Sgd) ANDREW P. BAILEY

(Rank) PTE

Station G. C. C. ARMOURY

Date JULY 5th., 1917.

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.

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

Station

Date

No. 126



Newfoundland Forestry Companies.

ALLOTMENTS

I, *Andrew P. Bailey*, Regl. No. *118*

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 ^{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 *May 5th 1917*

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>116</i>	<i>Aunt</i>	<i>Jane Matthews</i>	<i>#3 Second Ave. Grand Falls</i>	<i>60c</i>
			Total Allotment, \$	

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

(Sig.) *M. Sweeney*

a Officer Commanding
 Company

*S. John**May 10th 1917*(Sig.) *Andrew P. Bailey*(Rank) *PTE*