



4 / FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 11593 Name Nathan Barnes Corps O.F.C.

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Nathan Barnes
2. What is your full Address? 2. Lipsal
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 20 Years Months
5. What is your Trade or Calling? 5. Blacksmith
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? } II. Yes

Nathan Barnes

I,, 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.

Nathan Barnes SIGNATURE OF RECRUIT.

J. Daymond Signature of Witness.

22-4-18

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Nathan Barnes, 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 22 day of April 1918

Signature of Attesting Officer Geo Hart, Major

†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 April 22 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 Nathan Barnes
 Apparent age 20 years months. Height 5 feet 0 3/4 inches
 Chest Measurement { Girth when fully expanded 38 inches
 Range of expansion 3 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mr Robert Barnes
Lopsail | 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 <u>22-4-18</u>									Lause Sept. 16 1919
Joined at <u>St. John's</u> on <u>April 22-1918</u>									
Discharged <u>July 11 1919</u>									
Embarked <u>St. John's train to Halifax N.S.</u> <u>11-6-1918</u>									
Embarked for <u>St. L.</u> <u>26-10-1918</u>									
Disembarked <u>France</u> <u>26-10-1918</u>									
Joined <u>Bath. France</u> <u>3-11-1918</u>									
Transferred from <u>Rouen</u> <u>22-4-19</u> . Arrived <u>New Bedford</u> <u>23-4-1919</u>									
To <u>Newfoundland</u> for demobilization <u>21-5-1919</u>									
Arrived <u>Newfoundland</u> <u>1-6-1919</u>									
Demobilization <u>St. John's</u> <u>1-7-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 1-7-1919 (date of discharge) 1 years 71 days
 " " Pensions " " " " " " " " " " " "

C.R. 4593

March 20th, 1919

Mrs. Matilda Norris
Newtown, B.B.

Dear Madam:-

I beg to inform you that additional information has to-day been received from the Visiting Committee of the Newfoundland War Contingent Association concerning the condition of your son, No. 4593, I/Cpl. Charles Norris, to the effect that he is now progressing favorably.

Yours faithfully

Lieut. Col.,

Chief Staff Officer.

C.R. 4593

Extract from Daily Orders Part 11 Unit The Royal Rifles.
Regt. St. John's, July 4th 1919.

The discharge of the undernoted on demobilisation has been
APPROVED by C.O. Discharge Depot with effect from 1-7-19.

4593 L/Cpl. Nathan Barnes.

C.R. 4593

Extract from Daily Orders Partll Unit The Royal Nfld.
Regt. St.John's, June 20th, 1919.

The discharge of the undernoted on demobilization has
been APPROVED by O.C. Discharge Depot with effect from
~~13-6-19~~ 17-6-19

U

4593 L/Cpl. N. Barnes.

C.R.

4593

Extract from Memorial Book from 1st. Battalion
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left
Raven Camps 22/4/19, embarked at Havre 22/4/19,
disembarked at Southampton 26/4/19 and reached
Hazeley Down Camp 23/4/19.

#4593 L/Cpl. N. Barnes.

C.R. 4593

Extract from Daily Orders Part 11 Unit The Royal Wfld. Regt
France, 21-4-19.

Promotions.

4593 Pte. M. Barnes

To be L/Cpl. 16-4-19.

C.R. 4693

Extract from Daily Orders Part 11 ^Unit the Royal Nfld.
Regt. by Lt. Col. T.G. Mathias, D.S.O. Commanding 1st
Bn. 3-11-18

The following joined the Batta. 3-11-18

4593 Pte M. Barnes.

A Coy.

C.R. 4593

Extract from Despatch Roll subsequent re-enforcement Draft No.55 from
2nd Batta, Royal Newfoundland Regiment, Hqsley Down Camp, Winchester,
to 1st Batta, Royal Newfoundland Regiment, B.S.F. Embarked Folkestone
26/10/18.

4593 Pte. Barnes, N.

MP.

CR 4593

Extract from Daily Orders Part 11. from Unit The Royal Highland
Regiment, St. John's, dated June 14th 1918.

4593 Pte. W. Barnes.

Embarked for Overseas with draft 11-6-18.

C.R. 4593

Extract from Daily Orders part 11, from Unit The Royal Wfld.
Regiment, St. John's, dated April 25, 1916.

#4593 Pte. Nathan Barnes.

Attested for General Service with the Royal Wfld. Regt. From
with effect from 22/4/16

A Barnes

C.R. 4593

1890

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps. *Royal Newfoundland* 7. Former Trade or Occupation } *Blacksmith.*
2. Regtl. No. *4578* 3. Rank. *A. Cpl.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Barnes* (Surname) *A. P.* (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday. *20* :....
6. Posted for duty on. *22-4-18* at *St John's* in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
(a) When (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 a (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are

(a) attributable to

(b) aggravated by

- (i.) Service during the present war
- (ii.) Previous active service... .. .
- (iii.) Climate in pre-war service
- (iv.) Ordinary military service before the war
- (v.) Serious negligence or misconduct on the man's part. }

.....

14 (a). If not due to any of these causes, to what specific condition do you attribute it ? }

na

15. What is his present condition ?

(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

He employs for disabled

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

16. Was an operation performed ? If so, when and what was its nature ?

17. If not, was an operation advised and declined ?

18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable ?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions ?

20. Do you recommend—

(a) Discharge as permanently unfit ?

(b) Change to United Kingdom ?

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Repatriation.

W. E. Proctor
Capt. Proctor

Station Hazley Down.

Medical Officer in charge of case.

Date 29/4/19

* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause

TO,- The Chief Paymaster,
Royal Newfoundland Regiment,
58 Victoria Street,
London, S.W.

Sir;-

Please charge the amounts set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.

Commencing on 1st July 1918.

Regtl. No.	Rank.	Name	Amount	Signature.
4593	Lt.	^{n.} Barnes #	£250	/ ^{n.} Barnes

I have the honour to be, Sir,
~~for the Committee,~~
Your obedient servant.

Date July 1/18

n. Barnes

Barnes, L

4593

Ray Sept.

July 1, 1919

#4593 L/V. Nathan Barnes,

Topsail, C.B.

Dear Sir:-

Please find enclosed Discharge

Certificate No. 2571

Yours truly

Captain,
Paymaster & O.i/c Records.

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

MEDICAL HISTORY

Surname Burnes OF Christian Name Nathan

Table I.—GENERAL TABLE.

Birthplace:—Parish Top sail County Nfld

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>22</u> day of <u>Apr</u> 191 <u>8</u> at <u>S. Johns</u>		on _____ day of _____ 191 <u>8</u> at _____	
Declared Age	<u>20</u> years _____ days		years _____ days	
Trade or Occupation	<u>Blacksmith</u>			
Height	<u>5</u> feet <u>5 3/4</u> inches		feet _____ inches	
Weight	<u>138</u> lbs.		lbs. _____	
Chest Measurement	Girth when fully expanded... <u>38</u> inches		_____ inches	
	Range of Expansion... <u>3</u> inches		_____ inches	
Physical Development				
Vaccination Marks	/			
	/			
When Vaccinated				
Vision	R.E.—V= <u>6/6</u> L.E.—V= <u>6/6</u>		R.E.—V= _____ L.E.—V= _____	
	(a)		(a)	
(a) Marks indicating congenital peculiarities or previous disease				
(b) Slight defects but not sufficient to cause rejection				
Approved by (Signature)	<u>Lamm Peterson</u>			
(Rank)				
Enlisted	at <u>S. Johns</u> on <u>22</u> day of <u>Apr</u> 191 <u>8</u>		at _____ on _____ day of _____ 191 <u>8</u>	
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	<u>The Royal 4593</u> <u>Nfld Regt</u>			
Transferred to				
Became non-effective by	on _____ day of _____ 191 <u>8</u>		on _____ day of _____ 191 <u>8</u>	
[Signature]				
[Rank]				

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4593 Rank 4/Cpl Name Barnes M
 Intended place of residence Sopsuil
 2. Occupation Blacksmith
 Classification of soldier 2 Medical Category A1

3. The above named man is discharged in consequence of
DEMobilIZATION
 Eligible for War Service Gratuity

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 JUN 17 1919
 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, ST. JOHN'S
 Date JUN 17 1919
 Signature of soldier M Barnes
 Signature of witness W. Johnston

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, ST. JOHN'S
 Date JUN 17 1919
 Signature of soldier M Barnes
 Signature of witness W. Johnston

STATEMENT OF SERVICE

7. Enlisted for service 22-4-18 No. of days on Military
 Discharged from service JUN 17 1919 Plus 14 days Service 436

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
 Date JUN 17 1919
 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
 Date July 11/1919
 Officer i/c Records
 The Royal Newfoundland Regiment

A.F. B 2079/2571

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 resume former Occupation.

Baumer N.

Signature of Man.

Reg. No. 4583

J. A. Snowlett

Signature of the Vocational Officer or his Representative.

Place

ST. JOHNS

Date

12-6-19

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NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.
 In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps *Royal Newfoundland* } *Blacksmith*
 7. Former Trade or Occupation }
 2. Regtl. No. *4592* 3. Rank *Platoon* 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps ;
 with Regtl. Nos.
 4. Name *Barnes, N.*
 (Surname) (Christian Names)
 5. Age last birthday *20*
 6. Posted for duty on *22. 11. 18.* at *St. John's*
 in category (or grade)
 8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty ? (b) Date of Discharge ;
 (c) Cause of Discharge.
 9. If a Court of Inquiry was held on an injury state :—
 (a) When (d) Particulars of Pension or Gratuity
 (b) Where (if any)
 (c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 a (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
 11. Date of origin of disability. *nil*
 12. Place of origin of disability. *nil*
 13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i.) Service during the present war
 - (ii.) Previous active service.. .. .
 - (iii.) Climate in pre-war service
 - (iv.) Ordinary military service before the war
 - (v.) Serious negligence or misconduct on the man's part. }

14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

na
na

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?

(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

He complains of no disability.

16. Was an operation performed? If so, when and what was its nature?

na

17. If not, was an operation advised and declined?

na

18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

na

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

na

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

Note—(b) is only applicable to soldiers invited at Foreign Stations.

Repatriation

W. S. Provenie Capt R.A.M.C.

Medical Officer in charge of case.

Station Wingley Camp

Date 29. 11. 19

* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause

July 2, 1919

#4593 L/C. Nathan Barnes,

Topsail, C.B.

Dear Sir:-

Referring to your application I
enclose cheque for seventy dollars (\$70.00),
being amount of first payment due you on
account of the War Service Gratuity."

Yours truly

Captain,
Paymaster & O.i/c Records.

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DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name..... *Nathan* 2. Surname..... *Barne*

3. Rank..... *2nd Lt.* 4. Regt. No..... *4593*

5. Address in full to which future payments of gratuity are to be forwarded..... *Topsail, C. B.*

6. Date of enlistment in the Regiment..... *Apr. 22/18*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
.....

8. Relationship of such dependents.....
.....

9. Address in full of such dependents.....
.....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier.....
.....

11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... *Overseas*

12. Give total length of time which you served on active service whether in Nfld. or Overseas..... *From Apr. 22/18 to June 17/19* 1. *2*

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.

.....
..... *No*

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.....

.....
..... *No*

15. Have you been issued with a War Service Badge?.....

16. Have you, during the present war, served in the Imperial Forces?..... *No*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.....

.....
18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?..... *No*

(b) If so, was such reversion in consequence of Misconduct or inefficiency?.....

19. Are you now serving in the Res?..... If not give? - (a) date of discharge..... (b) Reason for discharge..... *No*

Temporary *Demobilization*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.....

France, Belgium + Germany - From Oct 1918 to Oct 1919

21. (c) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.....

.....
..... *No*

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.

Signature of Applicant: *his Nathaniel Barnes*
 Place of Residence: *Topsail, C. B.*
 Declared before me at: *St. Johns, W. Va.*
 This *17th* day of *June* 19*19*.
John W. Carthy
 Signature of Barrister of the
 Supreme Court, Stipendiary Magistrate,
 Notary Public, Justice of the Peace,
 or Commissioner of affidavits.

POST DISCHARGE PAY.					
Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.		Net amount due
.....
.....
Certified correct.					Paymaster

ST. JOHN'S, *June 17* /19

Royal Newfoundland Regiment.

Billeting Account,

To *Pte. N. Barnes*

Billeting Soldiers as undermentioned

from *June 1st* /19 to *June 16th* /19

4593 - Pte. N. Barnes 16 60

ACCOUNT	<i>B. M. W.</i>
CH. NO.	<i>23828</i>
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

Certified correct for \$ *16.60*

R. J.

W. H. Blunden

Billeting Officer.

N. Barnes

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 Stamesshiit

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>4593 Baines M.</u>	Age on	20 years . months	<u>Blacksmith</u>	
Joined	Date	Place and Date of Enlistment	<u>St Johns</u>	Religion	
Joined	Date		<u>22.4.18</u>	<u>C of E</u>	
Joined	Date	Period of } with Colours, 7 1/2 years. with Reserve 3 1/2 years.		Place of Birth	
Joined	Date			<u>Topsail</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>Demobilized St John's 1/19</u>					

To be carried over

Army Form B. 121.

The Royal Nfld. Regiment

DEMOBILIZATION

No. 4593 Rank

Name Barnes N

Warned for demobilization on

JUN 17 19

The Royal Newfoundland Regiment

Class for Demobilization: — *6*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *16.6.19*

Regimental No. *14593*

Name *Barnes Nathan*

Rank *2/lt*

Address *Topsail*

Present Medical Category *Ai*

Recommended for: (a) Immediate discharge

(b) ~~Standard Medical Board~~

Members of Board

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

P. H. Stinson
Senior Medical Officer

W. E. Burden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4095 Rank S. Staff Name Barnes J.
 Date of Enlistment 22-4-18 Address Topscapil District St. John's
 Occupation Blacksmith Classification for Discharge 17 Medical Category H1
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N. P. 1136	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	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		do 6th	" 6	
B 179c	B 120	M 93				

Date 16-6-16 O. C. Discharge Depot. J. H. W. Lewis

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 As per

(b) Clothing Supplied As per

Date 17-6-19

O i/c. Re-clothing As per

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. A.1828 to his home at Yopouite and Release Certificate No. 2866 issued.

Date 17-6-19 *J.A. Snow 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 1-7-19

Date 17-6-19 *J.A. Snow Capt*
Depot Paymaster.

Discharged approved for 17-6-19
Forwarded with following documents to O.C. Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med	D.F. 1	<i>Form B</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	
B179c	B 120	M 93			

Date 17-6-19 *J.A. Snow Capt*
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:-

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Date JUN 17 1919 *Eligible for War Service Gratuity*
R.H. [Signature]
O. C. Discharge Depot.

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

Date

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 1593 Rank 1st Lt Name Barnes J
 Date of Enlistment 22-4-18 Address Lopsey District St. John's
 Occupation Blacksmith Classification for Discharge H Medical Category H-1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 136	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 16-6-16 Voc. C. Discharge Depot. J. W. S. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

J. W. S. [Signature]
 Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable £ 100.00
- (b) Clothing Supplied [Signature]

Date 17-6-19 O i/c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 19.1828 to his home at Wagonville and Release Certificate No. 1768 issued.

Date 17-6-19 *J.A. Snow 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 17-6-19

Date 17-6-19 *H. W. Hunt*
Depot Paymaster.

Discharge approved for 17-6-19
Forwarded with following documents to O. C. Discharge Depot.

N.F. F136	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
B179c	B 120	M 93		

1/2 Form B

Date 17-6-19 *J.A. Snow Capt*
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 17 1919 *R.H. Saut Capt*
O. C. Discharge Depot.

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

Date June 26/19 *[Signature]*
[Signature]

Reg. No. *4593* Rank *1st* Name *Barnes, T.*
Attested Address *Worcester*
Allotment Allottee
Date of Allotment Returned from Overseas *29.1.19*
Returned on S.S. *Worcester* Cause *Discharge*

16-619
17-618

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION.