



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5096 Name Harvey Batten Corps Cof 6

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. Harvey Batten
- 2. What is your full Address? 2. Calvert St C. 10
- 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. 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, Harvey Batten 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.

Harvey Batten SIGNATURE OF RECRUIT.
Sp. J. Raymond Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.
I, Harvey Batten 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
Signature of Attesting Officer W. Wicks 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
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)

DESCRIPTIVE REPORT ON ENLISTMENT

5096

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

Name Harvey Patton
 Apparent age 19 years months Height feet inches
 Chest Measurement { Girth when fully expanded 35 inches
 Range of expansion 1 1/2 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs. Patton
Calvert St @ 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 L'epot	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>17-5-18</u>									
Joined at <u>St. John's</u> on <u>17-1-1918</u>									
<u>Discharged fully 11/19</u>									
<u>Embarked St. John's train to Halifax N.S. 11/18</u>									
<u>Embarked for B.G.S. 26/18</u>									
<u>Disembarked France 28/18</u>									
<u>Joined Bath 3-11-18</u>									
<u>Traveller from Rouen 22/19 Arrived Winchester 23/19</u>									
<u>Embarked for demobilization 21-5-19</u>									
<u>Arrived to embarkment 1-4-1919</u>									
<u>Demobilization St. John's 11-7-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>11-7-1919</u> [date of discharge] <u>1</u> years <u>56</u> days									
Pensions " " " " " " " "									

C.R. 5096

extract from Daily Orders Part II Royal Newfoundland Regiment
dated 17-7-19. Depot St. John's.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from noted date

8-7-19.

5096, Pte. Harry Batten.

C.R. 5096

Extract from Daily Orders War Office Unit The Royal WFLC.
Regt. June 25th, 1918.

The discharge of the undersigned on disability has
been APPROVED by G.O. Discharge Depot with effect from
27-6-18.

5096 Pte. H.Batten.

C.R. 5096

Extract from DAILY Orders Part III Depot, St. John's,

Date June 18th 1919.

Reported at Headquarters

ex "Corsican"

which sailed Liverpool May 23/1919.

5096, Pte. H. Batten.

Reported at Headquarters 1/6/19. ex "Corsican"

which sailed Liverpool May 23/1919.

C.R.

5096

Extract from Nominal Roll, from 1st. Battalion
Royal Newfoundland Regiment dated 30-4-19.

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

#5096 Pte. H. ^{Batten}~~Barron~~.

C.R. 5096

Extract from Daily Orders part II Unit the Royal
Newfoundland Regiment by Lieut. Col. B.J. Barton, D.S.O.
Officer Commanding 2nd. Battalion. Royal Nfld. Regt. 21-3-19

The undermentioned have been granted permission to be
married.

5096 Pte. D. Wicks.

C.R. 5096

Extract from Nominal Roll re-inforcement draft No.55: Embarked Folkeston
26/10/18, from 2nd Battn, Royal Newfoundland Regiment, Hasley Down Camp,
Winchester, to 1st Battn. Royal Newfoundland Regiment, B.E.F.

5096 Pte.Batten, H.

MP.

MIDFORD BOND
STATIONERY QUALITY

E.R. 5096

Extract frm Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated June 14, 1918

#5096 Pte. H. Batten.

Embarked for Overseas with/ Draft June 11th, 1918.

C.R. 5096

Extract from Daily Orders part 11, from Unit The Royal
Hfld. Regt. St. John's, dated May 18th, 1918

#5096 Pte. H. Batton

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

H. Batten

C.R. 5096

~~PKD~~

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*. Former Trade or Occupation } *Fisherman*
2. Regt. No. *5096* 3. Rank. *Pte.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Batten* (Surname) *H.* (Christian Names) (a) Former Regts. or Corps; with Regt. Nos.
5. Age last birthday. *20*
6. Posted for duty on *1st. 5. 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 B (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 general 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*

TC, - The Chief Quartermaster,
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 the 1st July 1918.

Regtl. No.	Rank	Name	Amount	Signature
5096	Pte	Batten H	£2.50	H Batten

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

Date

July 1/18

H Batten

Batter, N

5096

Ag rept.

July 11, 1919

#5096 Pte. Harry Batten,

Camp's Point, C.B.

Dear Sir:-

Please find enclosed Discharge Certificate #2941.

Yours truly

Captain,
Paymaster & O.I/c records

The Royal Nfld. Regiment

DEMOBILIZATION

No. 5096 Rank _____

Name Batten H _____

Warned for demobilization on

JUN 26 1919

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5096 Rank Pte. Name Batter, H.
 Intended place of residence Coleys Pt., St. John's.
 2. Occupation Fisherman
 Classification of soldier F Medical Category AT

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 26 1919

H. Mous H.
 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 26 1919

Harvey Batter
 Signature of soldier

J. A. Newell
 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, ST. JOHN'S

Date JUN 26 1919

Harvey Batter
 Signature of soldier

J. W. Chancy
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 17-5-18 No. of days on Military
 Discharged from service 27-6-19 Plus 14 days Service 421

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 27 1919

R. H. Last Major
 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

M. Bowley Capt
 Officer i/c Records
 The Royal Newfoundland Regiment

A 4B 2079/2941

The Royal Newfoundland Regiment

Class for Demobilization:—

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 25.6.19

Regimental No 5096

Name Batten Hawley Rank Pte

Address Coleys Pt. St. Grace

Present Medical Category A-1

Recommended for: { (a) Immediate discharge _____
(b) ~~Standard Medical Board~~ _____

Members of Board {

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

Webster
Senior Medical Officer

Swoboda
M.O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5096 Rank Plt Name Batters A
 Date of Enlistment 175-18 Address Coley St District H. C. 1
 Occupation Fisherman Classification for Discharge A Medical Category A1
 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	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		" 6	
B 179c	B 120	M 93			

Date 25.6.19 P.O. C. Discharge Depot. H. C. 1

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Harvey Batters

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 _____

Harvey Batters

Date 26-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. *R1975* to his home at *Bay Roberts* and Release Certificate No. *3040* issued.

Date *26-6-19*

J.A. Snowball
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 *11-7-19*

Date *26-6-19*

H. J. [Signature]
Depot Paymaster.

Discharged approved for *27-6-19*
Forwarded with following documents to O.C. Discharge Depot.

N.F. P136	B 268	B 121	N.F. Med	D.F. 1	<i>2 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 *26-6-19*

J.A. Snowball
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 27 1919**

R.H. [Signature] MAJOR
O. C. Discharge Depot.

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

Date

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.

Harvey Batten
Signature of Man.

Reg. No. 5096.

J. H. Snowball
Signature of the Vocational Officer or his Representative.

Place ST. JOHN'S.

Date JUN 26 1919

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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 *Harvey Batten*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5096*

Intended address *Coleys Pt. St. John's*

Height on discharge *5* Feet *6*

Color of hair on discharge *Black*

Complexion *Dark*

Color of eyes *Blue*

Descriptive Marks _____

Figure on discharge *Medium*

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 *Coleys Pt. 17th Jan 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) *Harvey Batten* *Pte.*
(Rank)

Station _____ Date *23-6-19*

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 _____ Date _____

July 12, 1919

#5096 Pte. Harvey Hatten,

Coley's Point, 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
Raymaster & Officer i, c Records.

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 20th. 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, *Harvey* 2. Surname, *Winnif Watson*
3. Rank, *Private* 4. Reg't. No. *3896*
5. Address in full to which future payments of gratuity are to be forwarded, *Colup Point St. Johns*
6. Date of enlistment in the Regiment, *May 19th 1918*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge, *Wm Watson*
8. Relationship of such dependents, *Wife*
9. Address in full of such dependents, *Colup Point St. Johns*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier, *No*
11. Were you on active service only in M.F.A. If so, give dates and particulars of such service, *France*
Summit *Belgium*
12. Give total length of time which you served on active service, whether in M.F.A. or Overseas, *from May 19th 1918 to June 27 1919*

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

.....
.....
.....

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.

.....
.....

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

16. Have you, during the present war, served in the Imperial Forces.

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?

(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.

.....
.....
.....

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.

.....
.....

21. (a) 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.

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: *Harvey Batten*
 Place of Residence: *Colony Point near Roberts*
 Declared before me at: *St Johns*
 This *26th* day of *June* 19*17*....

Signature of Barrister of the
 Supreme Court, Stipendiary Magis-
 trate, Notary Public, Justice of the
 Peace, or Commissioner of affidavits.

M. Guinness R.

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

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*
2. Regt. No. *5096* 3. Rank. *Pte*
4. Name *Ratten* *St.*
(Surname) (Christian Names)
5. Age last birthday *22*
6. Posted for duty on *15/5/18* at *St. John's*
in category (or grade).....
7. Former Trade or Occupation } *Fisherman*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regt. Nos.
(b) Date of Discharge;
(c) Cause of Discharge.
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty?
9. If a Court of Inquiry was held on an injury state:—
(a) When (b) Where (c) Opinion of Court
(d) Particulars of Pension or Gratuity (if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 b (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?

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 employs prosthesis

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. R. [Signature]
1919
Capt Rams
Medical Officer in charge of case.

Station *Hayley Down*

Date *28/4/19*

* 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

Casualty Form - Active Service.

Rank Sgt Regiment or Corps 1st BATTN Christian Name Henry
 Religion C. F. Age on Enlistment 19 years 11 months
 Enlisted (a) 17/1/18 Terms of Service (a) BATTALION Service reckons from (a) 17/1/18
 Date of promotion to present rank Date of appointment to lance rank
 Extended S Re-engaged [Signature] Qualification (b)
 Occupation Fisherman Signature of Officer [Signature]

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 218, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 218, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked ...		<u>26 OCT 1918</u>	
		Disembarked ...		<u>31 OCT 1918</u>	
		Joined Battalion			
		<u>Arrived in UK</u>		<u>23/4/19.</u>	

(a) In the case of a man who has been recalled for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered in the Signaller, Shooting, Smith, &c. W. 2225-2226 (Rev. 1911) C. P. & S. Ltd. Form B. 103 5/1918. P.T.O.

Next of Kin Father William Batten, Colys Fort, Collyer, Newfoundland.

No. 5096 Name *Batten H.* Sqn., Batty., or Company *A* Corps *ROYAL NEWFOUNDLAND REG* Date of enlistment *17/1/78* G.S. Badges *3* Service or Proficiency Pay *338.72*

Date of last entry in Company Conduct Sheet *1/1/18* No. and date of last drunk *1/1/18* Period not reckoning towards freedom from extra fine *3/1/18* Sheet No. *116* Signature O.C. Company, etc. *J. M. Emission* Character *Cap*

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
<i>Field</i>	<i>16/1/18</i>	<i>Pl</i>		<i>Deficient of iron rations</i>	<i>Priv. Mous</i>	<i>Admonished</i>	<i>16/1/18</i>	<i>W.P. Matthias</i>	<i>BT</i>
<i>"</i>	<i>24/1/18</i>			<i>def. of forest cones. table & clop</i>	<i>Sgt. Panning</i>	<i>Pay for same</i>	<i>26/1/18</i>	<i>Lt. A. Sumner</i>	<i>5/2. 7/18</i>
<i>Kouen</i>	<i>10/3/18</i>	<i>Pl</i>		<i>def. of leather gaiters</i>	<i>Cpl. A. Whellan</i>	<i>Pay for same</i>	<i>27/3/18</i>	<i>W.P. Matthias</i>	<i>19/9 1/18</i>
<i>"</i>	<i>15/4/19</i>	<i>"</i>		<i>def. of kit</i>	<i>do</i>	<i>do</i>	<i>15/4/19</i>	<i>do</i>	<i>2/1/19</i>

Army Form B. 122

ST. JOHN'S, JUN 26 1919

Royal Newfoundland Regiment.

Billeting Account,

To W. H. Batten

Billeting Soldiers as undermentioned

from June 1st /19 to June 23rd /19

5096. W. H. Batten 23 80

ACCOUNT	<u>B. & M.</u>
CH. NO.	<u>2493</u>
W.O. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS <u>80</u>

Certified correct for sd

R.S. J. H. Shawl
Billeting Officer.
H. Batten

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
39.

Number of Sheet one

Regiment of

Royal Newfoundland

Signature of O. C. Company

[Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badge, Service pay or proficiency pay		
No.	<u>Battery Heavy</u>	Age on	<u>19</u> years / months	<u>fisherman</u>			
Joined	Date	Place and Date of Enlistment	<u>[Signature]</u>	Religion			
Joined	Date	Period of } with Colours <u>5 1/2</u> years. with Reserve <u>3 1/2</u> years.	<u>[Signature]</u>	Place of Birth			
Joined	Date			<u>Calyp Point</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 17/19</u>					

To be carried over

Army Form B. 121.

11096

Demobilization Form 3

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5096 Rank Plt Name Batten A
 Date of Enlistment 17-5-18 Address Calypso A District St. John's
 Occupation Fisherman Classification for Discharge A Medical Category A1
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 136	B 288	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 25-6-19 Harvey Batten
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Harvey Batten

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable £66.00
- (b) Clothing Supplied £11.00

Date 26-6-19 O/c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R1975 to his home at Bay Roberts and Release Certificate No. 3040 issued.

Date 26-6-19

J.A. [Signature]
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.....

Date 21-6-19

[Signature]
Depot Paymaster.

Discharge approved for 27-6-19
Forwarded with following documents to O. C. Discharge Depot.

N.P. P/36	B 288	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board Ist.	" 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		

2 Form B

Date 26-6-19

J.A. [Signature]
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 27 1919

[Signature]
O. C. Discharge Depot.

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

Date July 10 1919

[Signature]
[Signature]

