



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5158 Name Robert Boyles Corps Inf

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Robert Boyles</u> |
| 2. What is your full Address? | 2. <u>ford, St John, N</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>27</u> Years <u>1</u> Months |
| 5. What is your Trade or Calling? | 5. <u>farmer</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 Boyles 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 Boyles SIGNATURE OF RECRUIT.

18.5.18 Frank J. ... Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Robert Boyles 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

on this 18 day of May 1918
Signature of Attesting Officer R. B. Dricks Licent.

† 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 18 1918
Place: St John } 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)

C.R. 5158

abstract from daily orders part II depot at John's dated
6th 1919. unit Royal Newfoundland Regiment.

The discharge of the undernoted on demobilisation has been
confirmed by officer i/c records from noted date 30-7-19.

5158, Pte. R. Boyles.

C.R. 5158

Extract from Daily Orders Part 11 Unit The Royal Wfld. Regt.
St. John's, July 19th, 1919.

The discharge of the under~~ne~~ ted on demobilization has been
APPROVED ^dy G.C. Discharge Depot with effect from 16-7-19

5158 Pte. R. Boyles.

C.R. 5158

Extract from Daily Orders Postmill Unit The Royal Nfld.
Regt. St. John's, July 3rd, 1919.

5158 Pte. R.Boyles.

Reported at Headquarters 1-7-19 on "Cassantra" which
sailed Glasgow June 24th, 1919.

C.R. 5158

Extract from Orders by Lt. Col., B. J. BARTON, Commanding 2nd.,
Battalion of the Newfoundland Regiment, dated 16th November 1918.

The undermentioned will proceed to join the Newfoundland Forestry
Corps, on 16th. No number 1918.

#5158 Pte. R. Boyles.

BC.

C.R! 5158

Extract of Orders by MAJOR H.S. SULLIVAN,
COMMANDING NEWFOUNDLAND FORESTRY COMPANIES.

19/11/18.

The undermentioned having arrived from the 2nd Battn.
Royal Newfoundland Regiment is attached to the strength
from this date and posted to ~~the~~ the following Company.

5158 Pte. R. Boyles.

"A" Company.

C.R. 5158

Extract from Nominal Roll Entained at St. John's fort
Overseas Sept. 22, 1918. "B"

5158 Pte. Boyle Robert.

C.R. 5158

Extract from Daily Orders part 11 Depot, St. John's dated Sept. 18/1918.

#5158 Pte. R. Boyles.

Returned from Special Duty from R. N. CO's Dry Dock, 16-9-18.

C.R. 5758

Extract from Daily Orders Part 11 from Depot St. John's September 12th 1918.

#5158 Pte. R. Boyle.

THE ABOVE MENTIONED SOLDIER PROCEEDED ON SPECIAL DUTY TO REID NEWFOUNDLAND
COMPANY'S DRY DOCK, 9-9-18.

C.R. 5158

Draft entrained for Overseas at St. John's, Sept. 22, 1916.
Extract from telegram from officer commanding draft, Fort-
au-Basque, dated Sept. 24/9/16.

Addition to draft..

5158 Pte. R. Boyles.

Extract from Daily Orders part 11. from Unit The Royal Rifles.
Regt. St. John's, dated May 20, 1918.

#5158 Pte. Robert Boyles.

Attested for General Service with the Royal Rifles.
from 18.5.18

R Boyles

CR. 5158

R. C.

No. 5334/775

N.F.P. /79.

From: NEWFOUNDLAND CONTINGENT

Chief Paymaster & O. I/c Records,
Newfoundland Contingent,
Pay & Record Office,
53, Victoria Street,
London, S.W. 1.

To: Officer Commanding,
2/Bn. Royal Newfoundland Regiment,
Hazeley Down Camp,
Winchester.



5th April 1919

April 10th 1919

5158 Pte. Boyles R.

Receipt hereunder.

With reference to the following telegram from the Minister of Militia / / (118)

R. Kay

LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commanding

"Pay to- 5158 Boyles
£8. 0. 0.

Received the sum of £8. 0. 0.

Eight pounds in respect of

Cheque £8. 0. 0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

telegraphic remittance from the Minister of Militia.

N.P. Hunt

R. Boyles

No. 5158 Rank Pte.

Witness Geo. Perry

for Chief Paymaster & O. I/c Records.

From: NEWFOUNDLAND CONTINGENT

Chief Paymaster & O. i/c Records,
Newfoundland Contingent,
Pay & Record Office,
58, Victoria Street,
London, S.W. 1.

To: Officer Commanding,
2nd Bat. Royal Newfoundland Regiment
Windsor Barracks,
St. John's, Nfld.

10000
June 2d 1919.

31st May 1919.

June 2d 1919.

5158 Pte. R. Boyles

Receipt hereunder.

With reference to the following telegram from the Minister of Militia / / 19. (212);

J. D. White

LIEUT. COLONEL.

"Pay to- 5158 R. Boyles
£4. 0. 0.

COMMANDING 2ND BATTAL, ~~ROYAL~~ NEWFOUNDLAND REGIMENT.

Cheque £. 0. 0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Received the sum of £4.0.0
Four Pounds in respect of telegraphic remittance from the Minister of Militia.



R. R. Thompson
for Chief Paymaster & O. i/c records.

A. Boyles
No. 5158 Rank Pte

Witness: H. White.

Boyles, J

3158

Aug Sept.

July 30th 1919.

#5158, Pte. R. Boyles,
Goulds.

Dear Sir:

Enclosed please find Discharge Certificate.

3289.

Yours truly,

Capt. & Quymaster.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5158 Rank Plt Name Boyles R.
 Intended place of residence Goules
2. Occupation Farmer
 Classification of soldier E Medical Category AI
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 JUL 15 1919 L. M. Smith
 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 JUL 15 1919 R. Boyles
 Signature of soldier
M. Stouck
 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 JUL 16 1919 Robert Boyles
 Signature of soldier
W. Steaton
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 18.5.18 No. of days on Military
 Discharged from service JUL 16 1919 Plus 14 days Service 439

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 JUL 16 1919 L. R. Cooper Colt.
 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 30/1919 M. Bowley Capt.
 Officer i/c Records
 The Royal Newfoundland Regiment

22 B 2791 3289

The Royal Newfoundland Regiment

Class for Demobilization: _____

16

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date _____

July 15/19

Regimental No. _____

5158

Name _____

Boyles Robert

Address _____

Goulds

Present Medical Category _____

A1

Recommended for: (a) Immediate discharge _____

(b) ~~Standing Medical Board~~ _____

Members of Board {

A. N. Coogan Capt.
O. C. Discharge Depot.

H. P. Stron
Senior Medical Officer

Lee Gordon
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 158 Rank Plt Name Robert R
 Date of Enlistment 18-5-18 Address Sault Ste. Marie District St. John's
 Occupation Farmer Classification for Discharge 14 Medical Category AI
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. P36	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 13-6-19 O. C. Discharge Depot St. John's

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Robert Deays

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

Attest

Date 16-7-19

O i/c. Re-clothing.

3. **Transportation and Release Certificate.**

The above named has been provided with Travelling Warrant No. 112437 to his home at Goulds and Release Certificate No. 3650 issued.

Date 16-7-19 *[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 30-7-19

Date 16-7-19 *[Signature]*
Depot Paymaster.

Discharge approved for 16-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	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
B 179c	B 120	M 93		

[Handwritten: 1, 1, 1, 2 Form B]

Date 17-7-19 *[Signature]*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 16 1919 *[Signature]*
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.

Robert Doyle

Signature of Man.

Amel Crustan

Reg. No. 615-8

Signature of the Vocational Officer or his Representative.

Place

21 John

Date

16-7-19.

191

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

MEDICAL HISTORY

Surname

Boyles

OF

Christian Name

Robert

Table I.—GENERAL TABLE.

Birthplace:—Parish

Guadalupe

County

Nfca

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	day of	191
Examined	on	<i>18</i> day of <i>May</i> 191 <i>8</i>	day of	191
	at	<i>St. John's</i>	at	
Declared Age		<i>22</i> years — days	years	days
Trade or Occupation		<i>Farmer</i>		
Height		<i>5</i> feet <i>6</i> inches	feet	inches
Weight		<i>121</i> lbs.		lbs.
Chest Measurement	Girth when fully expanded	<i>34</i> inches		inches
		Range of Expansion	<i>3</i> inches	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
	Number			
When Vaccinated				
Vision	R. E.—V=	<i>6/6</i>	R. E.—V=	
	L. E.—V=	<i>6/6</i>	L. E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<i>Lamont Paterson</i>			
(Rank)	<i>Major</i>			
	Medical Officer.			Medical Officer.
Enlisted	at	<i>St. John's</i>	at	
	on	<i>18</i> day of <i>May</i> 191 <i>8</i>	on	day of 191
Joined on Enlistment	Corps	<i>Infantry</i>	Corps	
	Regtl. No.	<i>5158</i>	Regtl. No.	
Transferred to		<i>Nfca Regt</i>		
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

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 Devonshire Land* 7. Former Trade or Occupation } *Former*
2. Regtl. No. *5158* 3. Rank. *R/E* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Barker Robert* (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday. *32*
6. Posted for duty on..... at..... 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? }

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.)

All Complaints of his disability

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 RSMC

Station *Agaleq, Denmark*

Medical Officer in charge of case.

Date *7. 14. 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



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 *Boyles, Robert*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5158*

Intended address *Goulds*

Height on discharge *5 Feet 6*

Color of hair on discharge *Light Brown*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks

Figure on discharge *Medium*

Christian name of Father *George*

Christian name of Mother *Elizabeth*

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth *Goulds 3-5-1897*

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) *Robert Boyles*

Ho
(Rank)

Station *ST. JOHN'S.*

Date *14-7-19*

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.



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

Station

Date

August 1st 1919.

Mr. Robert Boyles,
Goulds, "t. John's.w.

Dear Sir:

Referring to your application, I enclose
cheque for seventy dollars (\$70.00) being amount
of first payment due you on account of war Ser-
vice "rality.

Yours truly,

Capt. " Paymaster.

RS/.

DEPARTMENT OF MILITARY.
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 26th. 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... *Robert* 2. Surname... *Boyles*
3. Rank... *Pte* 4. Regtl. No... *Ltd. 8*
5. Address in full to which future payments of gratuity are to be forwarded... *Overseas Cyprus Max.*
6. Date of enlistment in the Regiment... *May 18/18*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge... *no*
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 Field, if so, give dates and particulars of such service... *Overseas*
12. Give total length of time which you served on active service, whether in Field or Overseas... *Fourteen months*
..... 1.1

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

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 Regt.? *no* If not give:- (a) Date of discharge. *July 21/19* (b) Reason for discharge. *Demob*

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.

Captain

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: *Robert Boyles*
 Place of Residence: *Douglas, St Johns Mnt*
 Declared before me at: *St Johns Mnt*
 This 19 day of *July* 19*19*....

Signature of Registrar of the
 Supreme Court, Stipendiary Magistrate,
 Notary Public, Justice of the Peace,
 or Commissioner of Affidavits. *John McCarty*

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

ST. JOHN'S, JUL 16 1919

Royal Newfoundland Regiment.

Billeting Account,

To PTI R. Boyles

Billeting Soldiers as undermentioned

from July 1/19 to July 16/19

5158 PTI R Boyles 16. 60

ACCOUNT	3124
CH NO	
IND LEDGER	
PAY LEDGER	
GEN LEDGER	

Boyles

Certified correct for \$ 16.60

McCrush
Billeting Officer.

R Boyles

2007

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
39Number of Sheet one

Regiment of

Royal Newfoundland

Signature of O. C. Company

A. B. Dicks Lieut.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>5158 Boyles Robert</u>	Age on	<u>22</u> years <u></u> months	<u>Farmer</u>	
Joined	Date	Place and Date of Enlistment	<u>St. John's</u> <u>18.5.18</u>	Religion	
Joined	Date	Period of	with Colours <u>1</u> ^{<u>74</u>} years. with Reserve <u>3</u> ^{<u>38</u>} years.	Place of Birth	
Joined	Date			<u>Houles, St. John's W.</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 30 7/19</u>					

To be carried over

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3158 Rank Plt Name Baylis R
 Date of Enlistment 18.5.18 Address St. John's District St. John's
 Occupation Farmer Classification for Discharge F Medical Category A1
 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 2494	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 15.6.19 O. C. Discharge Depot St. John's

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am.....in a position to resume civilian occupation.

Robert Baylis

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 None

Date 16-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 112437 to his home
at London and Release Certificate No. 3650 issued.

Date 16-7-19 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 11-7-19 Depot Paymaster.

Discharge approved for 16-7-19
Forwarded with following documents to O.C Discharge Depot.

N.F. P]36.	B 268.	B 121.	N.F. Med.	D.F. 1.
E 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 17-7-19 Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUL 16 1919

Date K.R. Coote Capt.
O. C. Discharge Depot.

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

Date July 28/19

Reg. No. *1108* Rank *1st Lt.* Name *Byles, F.*

Attested Address *Galva.*

Allotment Allottee ..

Date of Allotment Returned from Overseas *JUL 1* 19*19*

Returned on S S *Columbia* Cause *breast*

15 4 19
16 4 19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILIZATION