4617

Recruiting Form B, 1915.

THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4617 Name Brace Hayward ~~Corp~~ Meth.

Questions to be put to the Recruit before Enlistment.

1. What is your name?	1. Hayward Brace
2. What is your full Address?	2. Greenspond Nf. Bay
3. Are you a British Subject?	3. Yes
4. What is your age?	4. 27 Years ..... Months
5. What is your Trade or Calling?	5. Seaman
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. Hayward Brace 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.

a-23-4-18 Hayward Brace SIGNATURE OF RECRUIT.

J. S. W. Pittman Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I. Hayward Brace 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 23 day of April 1918.

Signature of Attesting Officer J. Jamieson

†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.....191 .....

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 Raymond Brace

Apparent age ..... years ..... months. Height 5 feet 4½ inches

Chest Measurement { Girth when fully expanded 38 inches
Range of expansion 5 inches

Distinctive marks .....

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin James Brace Greens Hr L.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 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 23-4-1918									
Joined at St Johns on April 23-1918									
~~Discharged July 4.1919~~									
Embarked St Johns train to Halifax N.S. 11-6-18									
Embarked for B.E.F. 26-10-18 Disembarked France 26-10-18									
Joined Battn France 3-11-18 Admitted G.H. Hosp Rouen 22-3-19									
Rejoined unit 30-3-1919 Transferred from Rouen 22-4-19 Arrived									
Rinchebot 23-4-1919 to Newfoundland for demobilization 22-5-19									
Arrived Newfoundland 1-6-1919									
Demobilization St Johns 4-7-1919									

Total Service forfeited as above .....

Total Service towards Engagement to 4-7-1919 [date of discharge] 1 years 73 days

" " Pensions " ..... [" "] ..... " ..... "

Brace, Hayward 4617

Hay Dept.

Army Form B. 103. Regimental Number 4617

Casualty Form—Active Service.

Regiment or Corps 2/1st ROYAL NEWFOUNDLAND REGT.

Rank Pte. Surname Brace Christian Name Hayward

Religion Meth Age on Enlistment 27 years months

Enlisted (a) 23/4/18. Terms of Service (a) DURATION Service reckons from (a) 23/4/18

Date of promotion to present rank Date of appointment to lance rank

Extended 5 Re-engaged Qualification (b) or Corps Trade and rate

Occupation Seaman Jno. A. Emerson Capt. Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, 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.213, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked	26 OCT 1918		
		Disembarked			
		Joined Battalion	4 NOV 1918		
	Adm 6 Gen. H.	Admt. Cont. Leg. R. Sev		22.3.19	HA 35681
		Discharged Hop		30.3.19	B213.
		Returned to UK		23/4/19	

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) Signaller, Shoeing-Smith, &c.

W. 1635—M2738 4000m 8/17 (3611) C. F. A. & S. Ltd., Form B./103 5/1917. P.T.O.

Next of Kin Father James Brace, Greenspond, Bay, Newfoundland.

Demobilization Form 2.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4617 Rank Pte. Name Brace H.
Intended place of residence Greens Hr.

2. Occupation Fisherman.
Classification of soldier 1 E Medical Category A I

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 6 1919

H. Mustard
Comanding Discharge Depot
The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place and date ST. JOHN'S.
JUN 6 1919

H. Brace
Signature of soldier

A. Blouslan A
Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place and Date ST. JOHN'S
JUN 6 1919

H. Brace
Signature of soldier

W. J.Ealon Qms
Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 23-4-18
Discharged from service 20-6-19 Plus 14 days

No of days on Military Service 438

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.
JUN 20 1919
Date

R. H. Tait Capt
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. Nfld
Date July 4/1919

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

A F B 2079/2600

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvia.), 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. Regtl. No. 4617 3. Rank. Pte
4. Name Brace Hayward
   (Surname) (Christian Names)
5. Age last birthday. 27
6. Posted for duty on. Apl 23/18 at. St. John's
   in category (or grade).....
7. Former Trade or Occupation } Seaman
7a. If the soldier claims previous service in Army, he should state—
   (a) Former Regts. or Corps; with Regtl. Nos.
   (b) Date of Discharge;
   (c) Cause of Discharge.
   (d) Particulars of Pension or Gratuity (if any)
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

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." 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

8568/P200J. 250,000. 1/19. D. & S.

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, &c., 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 contains fro
Amabile

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 ?

Repatriation

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.

Capt Rome

Medical Officer in charge of case.

Station Hozelay Downs

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

N.M.D. Form D400A Sec
[2000-20-5-19]

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 occuring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full Hayward Brace

Regiment from which discharged Royal Newfoundland

Regimental number 4617

Intended address Greens Hr.

Height on discharge 5 Feet 5

Color of hair on discharge Black

Complexion Fair

Color of eyes Grey

Descriptive Marks

Figure on discharge Medium

Christian name of Father James

Christian name of Mother Jemima

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth Greens Hr., Sept. 29th, 1891

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) Hayward Brace (Rank) Ma

Station St John's Date 4-6-19

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.

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

Station Date

D. & Co.—1000-7-17.

Reprint for 1st Nfld. Regt. of Army Form B. 178A.

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

MEDICAL HISTORY

OF

Surname Brace *Christian Name* Hayward

Table I.—GENERAL TABLE.

Birthplace:—Parish Greens Hr., County Nfld.

	SPECIAL RESERVE.		REGULAR ARMY.	
Examined	on 23rd day of April 1918 at St John's, Nfld.		on day of 191 at	
Declared Age	27 years — days		years days	
Trade or Occupation	Seaman			
Height	5 feet 4½ inches		feet inches	
Weight	150 lbs.		lbs.	
Chest Measurement: Girth when fully expanded	38 inches		inches	
Chest Measurement: Range of Expansion	3 inches		inches	
Physical Development				
	Right	Left	Right	Left
Vaccination Marks: Arm	—			
Vaccination Marks: Number		Two		
When Vaccinated	2 months ago			
Vision	R.E.—V= 6/6		R.E.—V=	
	L.E.—V= 6/60		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)	Lamont Paterson			
(Rank)	Major			
	Medical Officer.		Medical Officer.	
Enlisted	at St John's, Nfld. on 23rd day of April 1918		at on day of 191	
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	The Royal Nfld Regt.	4617		
Transferred to				
Became non-effective by				
	on day of 191		on day of 191	
[Signature]				
[Rank]				

[P.T.O.

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date	Brief Details, and Signature
24-4-18	Vacc. LP
17-5-18	T.A.B. LP
4-6-18	T.A.B LP
10-7-18	TAB 3 MPK

It is hereby certified that this soldier has been before a Travelling Medical Board and has been classified as 4 *for Discharge on Demobilisation. Medical category* A1

4-5-19
Date of T.M.B.

Assistant Adjutant Captain
Discharge Depot-Newfoundland

Table IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation

Demobilization Form 1

The Royal Newfoundland Regiment

Class for Demobilization: 7 4

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 4-5-19

Regimental No. 4617

Name Bruce Hayward Pte

Address Greens Hr.

Present Medical Category A1

Recommended for:— (a) Immediate discharge
(b) ~~Standing Medical Board~~

Members of Board

R H Tait Capt.
O.C. Discharge Depot.

L Watson
Senior Medical Officer

G E Burden
~~M. O. Depot~~

The Royal Nfld. Regiment

DEMOBILIZATION

No. 4617 *Rank* _____

Name Bruce A.

Warned for demobilization on

JUN 6 1919

Army Form B. 179A.

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvia.), 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. Regtl. No. 4617 3. Rank Pte
4. Name Brace Hayward
   (Surname) (Christian Names)
5. Age last birthday 27
6. Posted for duty on Apr 23/18 at St Johns
   in category (or grade).....
7. Former Trade or Occupation } Seaman
7a. If the soldier claims previous service in Army, he should state—
   (a) Former Regts. or Corps; with Regtl. Nos.
   (b) Date of Discharge;
   (c) Cause of Discharge.
   (d) Particulars of Pension or Gratuity (if any)
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

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 nil

8588/P2003. 250,000. 1/19. D. & S.

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 .. .. n.a. .....

(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? n.a.

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.

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?

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?

Repatriation

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.

W E Proctor, Capt R.A.M.C.

Medical Officer in charge of case.

Station Hazeley D. Camp

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

Demobilization Form 3

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4617 Rank Pte Name Bruce Hepworth

Date of Enlistment 23-4-18 Address Greens Hr District Trinity

Occupation Seamen Classification for Discharge E1 Medical Category H1

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		1	
B 178		W 3494		B 122		Board 1st		" 2			
B 178a	1	D 400A		B 1915	1	do 2nd		" 3	3		
B 179		D 400B		Form L		do 3rd		" 4			
B 179a	1	D 400C		Form K		do 4th		" 5			
B 179b		B 103		ME 2				" 6			
B 179c		B 120		M 93							

Date 5-6-19 ..... O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

H. Bruce

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 .....

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

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R. 1497 to his home at Green Hr and Release Certificate No. 2348 issued.

Date 6-6-19 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 4-1-19

Date 6-6-19 J. H. Macdonald

Depot Paymaster.

Discharge approved for 20-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P|36		B 268		B 121	/	N.F. Med		D.F. 1	/		
B 178		W 3494		B 122	/	Board 1st		" 2	2	Form B	
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 6-6-19 J. A. Snow Capt.

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 JUN 20 1919 R. H. Tait Capt.

O. C. Discharge Depot.

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

Date

Forms B 121. 39.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Number of Sheet 04

Regiment of Royal Naufoundland Signature of O. C. Company C. J. Ames Capt

Regimental Number and Name	Enlistment	Trade	Good Conduct Badges, Service pay or proficiency pay
No. 1617 Brace Hayward	Age on 27 years months	Seaman	
Joined Date	Place and Date of Enlistment St Johns 23.4.14	Religion Meth	
Joined Date	Period of with Colours 1 years. with Reserve 365 years.	Place of Birth Greens Harbr T. N	
Joined Date			
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
Halifax, N.S.	15-6-18	Pte.		Disorderly conduct in Parade.	Lt. Blare, Hyl. Mercer,	4 days C.B.	17.6.18	Capt B. Nunns,	J.D.
				Demobilized St Johns 4/7/19					

To be carried over

Army Form B. 121.

C.R. 4617

Extract from Daily Orders Part II Royal Newfoundland Regt. Depot St. John's dated 8-7-19.

The discharge of the undernoted on ~~[illegible]~~ demobilization has been CONFIRMED by Officer i/c Records from 4-7-19.

4617, Pte. Hayward Brace.

C.R. 4617

Extract from Daily Orders Part II Unit The Royal Nfld.Regt. Depot, St. John's, June 10th/19.

The discharge on demobilization of the undernoted has been APPROVED BY O.C. DISCHARGE DEPOT WITH EFFECT FROM 20-6/19.

4617 Pte. H. Brace.

C.R. 4617

Extract from Daily Orders Part II Depot, St. John's,

Date 9-6-19.

4617 Pte. H. Brace.

Reported at Headquarters 1-6-19. ex "Corsican" which sailed Liverpool May 22/1919.

C.R. 4617

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.

#4617 Pte. H. Brace.

C.P. 4617

R 5465

Greens Road
June 18th 19

Dear Sir

a letter receiving from you today telling me about the woman came by the last Cosican but I am glade to say that I dont now any thing about the woman came with us it true I am a married man but my wife is a newfoundland girl I was married on my arivel from england an if you want to now any more letters about her I give your her adress she was a servant there my wills 94 Queens Road Yours Truly

Ed H Grace

C.R. 4617

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt. St. John's, 9-6-19.

4617 Pte. H. Bruce

Marginally noted man has been granted permission to marry Miss Priscilla Gilbert of Chance Cove, T.B.

C.R. 4617

Extract from Casualties.....List No.H.A. 35601. 26/3/19

4617 Dvr. J. Brace.

Adm. 6. Gen. Hos. Rouen 22nd March'19.

Cont. Leg R.Sev.

C.R. 4617

WOUNDED & SICK N.C.O'S & MEN OF THE EXPEDITIONARY FORCE - FRANCE.

ROYAL ENGINEERS — LIST NO. H.A.35731

303503	2/Cpl.Chislett J.P.R.	RE.CHQ. 3 Ech.	Debility Mild.....Adm. 6 Gen.H. Rouen. 29 Mar. 19.
165599	Dvr. Bead J.	RE. 1 RE.Coy.	Malaria Mild.....Adm. 6 Gen.H.Rouen. 30 Mar. 19.
286543	Spr. Pender C.E.	RE.Sect.GHQ.3 Ech.	Cont.Head & Leg ....Adm.6 Gen.H.Rouen. 30 Mar. 19. R.Sev.
551243	Spr. Bond A.A.	RE. 39 Coy.	Lac.wd.R.Eye.Mild..Adm.35 Gen.H.Calais. 31 Mar. 19.
300312	Spr. Powell W.B.	RE. 1 B.P.Coy.	Blepharitis.....Dis.ex 35 Gen.H.Calais. 31 Mar. 19.

ROYAL ENGINEERS (TRANSPORTATION BRANCH) — LIST NO. H.A.35731

WA/268351	Cpl. Lynn W.E.	RE.33 LRO.Coy.	Debility Mild.....Adm.6 Gen.H.Rouen. 29 Mar. 19.
26580	Pnr. Taylor W.	RE.344 R.C.C.	Paraphymosis Mild..Adm.6 Gen.H.Rouen. 30 Mar. 19.
43414	Pte. Stewart P.	RE.343 R.C.C.	Bronchitis Mild....Adm.6 Gen.H.Rouen. 30 Mar. 19.
268926	Spr. Hunt R.	RE. ROD.	V.D.G. Mild.....Adm.35 Gen.H. Calais. 30 Mar. 19.
262377	Spr. McCahy J.J.	-do-	-do- ....Adm.35 Gen.H. Calais. 30 Mar. 19.
272803	L/C. Brown T.E.	-do-	N.Y.D. Mild.....Adm.35 Gen.H. Calais. 30 Mar. 19.
24325	Sjt. McLeod J.	RE. 332 R.C.Coy.	N.A.D.....Dis.to Base Dep.ex 30 Gen.H.Calais. 30 Mar. 19.
WR/176509	Spr. Bacon G.C.	RE. ROD.	V.D.G.....Dis.to Base Dep.ex 30 Gen.H.Calais. 30 Mar. 19.
272412	Pnr. Erexson W.C.	RE.att.TTB.Dep.	V.D.S.....Dis.to Base Dep.ex 30 Gen.H.Calais. 30 Mar. 19.
45904	Pte. Leer J.	3/ HLI. att RE ROD.	VDG..... Adm. 30 Gen.H. Calais 30 March 19.

NEWFOUNDLAND CONTINGENT — LIST NO. H.A.35731

4617	Dvr. Brace J.	1/R.Newf.R.	Sprn.Leg & Ankle....Dis.to Duty ex 6 Gen.H.Rouen 29 Mar.19.

No.TWO RECORD OFFICE - PRESTON — LIST NO. H.A.35731

9306	Pte. Simpson J.W.	1/K.O.R.L.	Influenza Mild.....Adm.4 Gen.H.Dennes Camiers 31 Mar.19.

Č.R. 4617

Extract from General Roll [illegible] reinforcement draft No.55 from 2nd Battn, Royal Newfoundland Regiment, Aldershot Base Camp, Winchester, to 1st Battn, Royal Newfoundland Regiment, B.E.F. Embarked Folkestone 26/10/16.

4617 Pte. Brace, H.

MP.

C.R.4617

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

The following joined the Battn. 3-11-18

4617 Pte. H. Brace.

A Coy.

C.R. 4617

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

4617 Pte. H. Brace.

Embarked for Overseas with draft 11-6-18.

C.R. 4617

Extract from Daily Orders part 11, from Unit The Royal Nfld. Regiment, St.John's, dated April 25,1918.

#4617 Pte. Hayward Brace.

Attested for General Service with the Royal Nfld.Regt.from 23/4/18.

A 4617

Demobilization Form 3

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4617 Rank Pte. Name Bruce Hemmens

Date of Enlistment 23-4-18 Address Greens Hr. District Trinity

Occupation Seamen Classification for Discharge Fy Medical Category H.1

Recommendation S.M.B. ..... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N.F. P|36		B 268		B 121	/	N.F. Med.		D.F. 1	/		
B 178		W 3494		B 122	/	Board 1st		" 2			
B 178a	/	D 400A	/	B 1915	/	do 2nd		" 3	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 5-6-19 H. Mwatt O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

H. Aymard Bracel

Particulars passed to Vocational Officer for information and action.

Date ....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable .....

(b) ~~Clothing Supplied~~ ..... Capt.

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

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R. 1497 to his home at Green Hill and Release Certificate No. 2348 issued.

Date 6-6-19 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 4-7-19

Date 6-6-19 H. Mewburt
Depot Paymaster.

Discharge approved for 20-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P	36		B 268		B 121		N.F. Med		D.F. 1		1		
B 178		W 2494		B 122		Board 1st		" 2		1		
B 178a		D 400A		B 1915		do 2nd		" 3		2 Form B		
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 6-6-19 J. A. Snow Capt.
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

JUN 20 1919

Date R. H. Tait Capt.
O. C. Discharge Depot.

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

Date June 11 1919 G. A. Owen Lieut

Reg. No. 4627. Rank Pte Name Brace, H

Attested Address Greens N.S.

Allotment Allottee

Date of Allotment Returned from Overseas 29.5.19.

Returned on S.S. Corsican Cause Analfange

9.6.19.		marginally noted man has been granted permission to marry miss Priscilla Gilbert, of Chance Cove, N.B.	
5-6-19		PASSED TO DEMOBILIZATION OFFICER	
20-6-19		DISCHARGE APPROVED AT DEMOBILISATION	

FORM K

No. 4288 a.

1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Hayward Brace, Regl. No. 4617

hereby agree, until further notification by me, and in similar official form to make an Allotment of ..... Dollars and Fifty 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 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4055	Father	James Brace	Greens Harbour, Trinity Bay	
			Total Allotment, $	50¢

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

Sig.) Mosley for

Officer Commanding B Company

St Johns

May 29th 1918

(Sig.) Hayward Brace

(Rank) Pte

FORM K

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Officer Commanding B Company

St Johns

May 29th 1918

(Sig.) Hayward Brace

(Rank) Pte

FORM K[24]

Nº 4288

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Sig.) Wolley p-

Officer Commanding B Company

St John's

May 29th 1918

(S) Hayward Brace

(Rank) Pte

For God. For King & For Country

Y.M.C.A.

PATRON
Y.M.C.A. NATIONAL COUNCIL.
H.M. THE KING.

Y·M·C·A

H.M. FORCES ON ACTIVE SERVICE

Y.M.C.A.

PATRON
MILITARY CAMP DEPT.
H.R.H. DUKE OF CONNAUGHT.

3895

22 MAY 1918

Reply to..... Company..... Bar..... Reg..... 191

Stationed at.....

Dear Sir,-

Just a word about my money. I was at the Bank and it wasent there, they had not received any telegram from Hearts Content, so I told them when it would come to send it to the Pay Office and you would send it home to me & oblig

Yours truly
Rt H. Brace

Mr Cormick

Mo?

Was you mind down.

4617

TO ECONOMISE PAPER PLEASE WRITE — ON OTHER SIDE IF REQUIRED. —

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.
4617	Pte	Brace H	$3.50	H Brace

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

Date July 1/18

H Brace

July 4,1919

#4617 Pte Hayward Brace,

Green's Harbor,T.B.

Dear Sir:-

Please find enclosed Discharge

Certificate No.2600.

Yours truly

Captain,
Paymaster & O. i/c Records.

C. R. C. Form B.
25-10-18-5000

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

H. Brace
Signature of Man.

Reg. No.

J. A. Snow Capt.
Signature of the Vocational Officer or his Representative.

Place St. Johns

Date 6-6-19. 191

July 5,1919

##4617 Pte.Hayward Brace,

Green's Harborm T.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

Paymaster & O.i/cRecords Captain

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..Hayward Surname.....

3.Rank.....Pte.....4.Regtl.No..H617.....

5.Address in full to which future payments of gratuity are to be forwarded..Greens Harbour Trinity Bay.....

.....

6.Date of enlistment in the Regiment..April 23.1918.....

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

.....not applicable.....

8.Relationship of such dependents....not applicable.

9.Address in full of such dependents...not applicable

.....

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.....not applicable.....

.....

.....

12.Give total length of time which you served on active service, whether in Nfld.or Overseas....One year ~~and~~ one month and 14 days.....1¾.....

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.
.....not applicable.....
.....
.....

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?.....no.....

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.....not applicable.....

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?....not applicable.....

19. Are you now serving in the Regt.?.....no.....If not give?- (a) date of discharge June 6. 1919. (b) Reason for discharge.....
.....Demobilized.....
.....

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.....a. no. B. 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: Maynard Brace

Place of Residence: Green Hr. Trinity Bay

Declared before me at: St John's

This 6th day of June 19..19....

Robert Alsop

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

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

Certified correct.

Paymaster

FORM K

No. 4288

1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Hayward Brace, Regl. No. 4617

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Sig.) [illegible] for

Officer Commanding B Company

St Johns

May 29th 1918

(Sig.) Haynard Brace

(Rank) Pte