



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 11464 Name Byron James Corps RC

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Byron James
2. What is your full Address? 2. St. John's, Nfld.
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 18 Years Months
5. What is your Trade or Calling? 5. None
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, Byron James 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.

..... SIGNATURE OF RECRUIT.

..... Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Byron James 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..... day of..... 191

Signature of Attesting Officer

† 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 1915
Place St. John's } Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.
‡ Here insert the "Corps" for which the Recruit has been enlisted.

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name).....re-enlisted in the (Regiment).....on the (Date).....

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name James Thompson

Apparent age 18 years 7 months. Height 5 feet 7 inches

Chest Measurement { Girth when fully expanded 33 inches
Range of expansion 4 inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin James Thompson | Relationship Halter

Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.			
(c) Present address. (d) Initials of Officer verifying entry.			
(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
Total Service forfeited as above.....									
Total Service towards Engagement to _____ [date of discharge] _____ years _____ days									
" " Pensions " _____ (" ") _____ " _____ "									



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4444 Name Byrne James Corps RC.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>James Byrne</u> |
| 2. What is your full Address? | 2. <u>General Rd Sighn</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>18</u> Years <u>7</u> Months |
| 5. What is your Trade or Calling? | 5. <u>clerk</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, James Byrne 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.

.....SIGNATURE OF RECRUIT.

John King.....Signature of Witness.

James Byrne 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 stated as replied to, and the said recruit has made and signed the declaration and taken the oath before me at Sighn on this 15 day of April 1918.

Signature of Attesting Officer George Leary Magd

†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 compiled with. I accordingly approve, and appoint him to the.....

If enlisted by special authority, such will be attached to the original attestation.

Date April 15 1918

Place St Johns } 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).....

Report 15-5-18

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name James Byrne.
Apparent age 18 years 7 months. Height 5 feet 7 inches
Chest Measurement { Girth when fully expanded 33 inches
Range of expansion 4 inches
Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin J. Garrett Byrne
Topsail Rd. Relationship Father
Particulars as to Marriage

Table with 4 columns: (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.

Table with 2 columns: Christian Names, Date and Place of Birth. Particulars as to Children.

STATEMENT OF THE SERVICES

Main service record table with columns: 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. Includes handwritten entries: 'Discharged Feb 28 1919' and 'Demobilized Feb 28 1919'. Total Service towards Engagement to 28-2-1919, 320 days.

C.R. 4444.

Extract from Daily Orders part II, Depot St. John's dated 12-4-19

The discharge of the u/m on demobilization has been CONFIRMED
by O₂ i /c Records on ~~12-4-19~~.

28-2-19

#4444 Pte. Jas. Byrne.

C.R. 4444

Extract from Daily Orders Part 11 Unit The Royal
Nfld. Regt. April 2nd, 1919.

The Discharge of the Undernoted has been APPROVED
by O.C. Discharge Depot from noted date.

4444 Pte. Jas, Byrne

31-1.19.

C.R. 4444

Extract from Daily Orders part 11, from Unit the Royal
Newfoundland Regiment, St. John's, dated April 16, 1918

#4444 Pte. J. Byne

Attested For General Service with the Royal Newfoundland
Regiment, from 15/4/18. to report 15/5/18.

Byrne, J

4444

Hay Sept

April 11, 1919

#4444 Pte. James Byrne,

Waterford Bridge Road,

City.

Dear Sir:-

Please find enclosed "Discharge Certificate
No. 1844."

Yourstruly

Paymaster & O.i/c Records ^{Captain}

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4444 Rank Pte Name Byrne, Jas.
 Intended place of residence Waterford Bridge Road
 2. Occupation boiler
 Classification of soldier A Medical Category AT

3. The above named man is discharged in consequence of.... DEMOBILIZATION.....

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
 Place
 Date MAR. 3 1919
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.
 Place and date ST. JOHN'S
3. 3. 19
 Signature of soldier Jas. Byrne
 Signature of witness R. Spinks Capt.

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
3-3-16
 Signature of soldier Jas. Byrne
 Signature of witness W. A. Cato Capt.

STATEMENT OF SERVICE

7. Enlisted for service 15-4-18 No of days on Military
 Discharged from service 31-5-19 Plus 28 days Service 320 ~~357~~

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place St. John's
 Date 31. 1. 19
 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 February 26/1919
 Officer in Charge
 The Royal Newfoundland Regiment

as B 107 9/1844

16
31
30
31
31
20
31
20
31
31
28
20

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 1721146 Rank..... Name Byrne James
 Date of Enlistment 15-4-18 Address..... District.....
 Occupation clerk Classification for Discharge A1 Medical Category A II
 Recommendation S.M.B. Disability Rating.....

Passed to Demobilization Officer with following documents:—

N.F. P36.....	B 268.....	B 121.....	1	N.F. Med.....	D.F. 1.....	1
B 178.....	W 3494.....	B 122.....		Board 1st.....	" 2.....	
B 178a.....	1 D 400A.....	1 B 1915.....	2	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.....	1		" 6.....	
B 179c.....	B 120.....	M 93.....				

Date..... 3-3-19.....

H. Mews H.
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

James Byrne

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..... Joseph A. Lawford

Date..... 3-3-19.....

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. _____ to his home at _____ and Release Certificate No. 1337 issued.

Date 3-3-19 Asdikes 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 28-2-19

Date 3-3-19 28-2-19 H. News H.
for Depot Paymaster.

SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACCT.

Discharge approved for 3-B 19 31-1-19
Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	1	N.F. Med	D.F. 1	1	Form B
B 178	W 3494	B 122		Board 1st	" 2	1	
B 178a	D 400A	B 1915	2	do 2nd	" 3	2	
B 179	D 400B	Form L		do 3rd	" 4		
B 179a	D 400C	Form K	1	do 4th	" 5		
B 179b	B 103	ME 2			" 6		
B 179c	B 120	M 93					

Date 1.2.19 Asdikes Capt
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

~~Eligible for War Service Gratuity~~

Date 31.1.19 R.H. Sait Capt.
O. C. Discharge Depot.

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

Date

The Royal Newfoundland Regiment

Class for Demobilization:

A. 1

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

3.3.19

Regimental No.

444

Name

James Byrne

Address

St. John's

Present Medical Category

A. 1

Recommended for:—

(a) Immediate discharge

(b) Standing Medical Board

Members of Board

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

J. P. ...
Senior Medical Officer

W. ...
M. O. Depot

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

MEDICAL HISTORY

OF

Surname Byrne Christian Name James

Table I.—GENERAL TABLE

Birthplace:—Parish St John County Newfoundland

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>15th</u> day of <u>April</u> 191 <u>8</u>		on _____ day of _____ 191 <u> </u>	
	at <u>St John</u>		at _____	
Declared Age	<u>18</u> years — _____ days		_____ years _____ days	
Trade or Occupation	<u>6 Clerk</u>		_____	
Height	<u>5</u> feet <u>7</u> inches		_____ feet _____ inches	
Weight	<u>128</u> lbs.		_____ lbs.	
Chest Measurement	Girth when fully expanded... <u>33</u> inches		_____ inches	
	Range of Expansion... <u>4</u> inches		_____ inches	
Physical Development	_____		_____	
Vaccination Marks	Arms _____		Arms _____	
	Number... <u>2 Scarps</u>		Number... _____	
When Vaccinated	<u>12/7/22</u>		_____	
Vision	R. E.—V= <u>6/6</u>		R. E.—V=_____	
	L. E.—V= <u>6/6</u>		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)	<u>Lammie Paterson</u>		_____	
(Rank)	_____		_____	
Enlisted	at <u>St John</u>		at _____	
	on <u>15th</u> day of <u>April</u> 191 <u>8</u>		on _____ day of _____ 191 <u> </u>	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>The Royal Newfoundland</u>		_____	
Transferred to	_____		_____	
Became non-effective by	_____		_____	
(Signature)	_____		_____	
(Rank)	_____		_____	

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 work as office clerk.

James H. Byrne
Signature of Man.

Reg. No. *4444*

Charles C. ...
Signature of the Vocational Officer or his Representative.

Place

St. John's

Date

3/3/19

191



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 *James Byrne*
 Regiment from which discharged *Royal Newfoundland*
 Regimental number *1744*
 Intended address *Waterford Bridge Road*
 Height on discharge *5 Feet 7*
 Color of hair on discharge *Blonde Light*
 Complexion *Fair*
 Color of eyes *Grey*
 Descriptive Marks
 Figure on discharge *Heavier*
 Christian name of Father *Garrett*
 Christian name of Mother *Annie*
 Wife's maiden name in full _____
 Date and place of marriage _____
 Christian names of children _____
 Place and date of soldier's birth *St Johns 17-9-1899*
 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) *James B. Byrne* *Ho*
(Rank)
 Station *St Johns* Date *3-3-19*

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 _____



This Form is to be used in connection with Pamph. M. E. (1)
N. F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of *James Byrne*
aged *16 yrs.* conducted at *Head Quarter*
Date: *April 15/15.* Recruiting Officer:

NO OF TEST	FINDING
1	<i>no</i>
2	<i>no</i>
3	<i>no</i>
4	<i>no</i>
5	<i>no</i>
6	<i>no</i>
7	<i>yes</i>
8	<i>yes</i>
9	<i>about five yrs ago he had Phenomia</i>
10	<i>n</i>
11	<i>n</i>
12	<i>n</i>
13	<i>n</i>
14	<i>n</i>
15	<i>n</i>
16	<i>n</i>
17	<i>n</i>
18	<i>n</i>
19	<i>n 6/6 Both</i>
20	<i>n</i>
21	<i>n</i>
22	<i>n</i>
23	<i>n</i>
24	<i>n</i>
25	<i>n</i>
26	<i>n</i>
27	<i>n</i>
28	<i>n</i>
29	<i>n</i>
30	<i>n</i>
31	<i>n</i>
32	<i>n</i>
33	<i>yes 12 yrs ago 2 scars left arm</i>
34	<i>5 78 700</i>
35	<i>128 105</i>
36	<i>29-33</i>
37	<i>n</i>
38	<i>Bathway Garrett Toprail rd St Johns</i>
39	<i>holbrook</i>

Handwritten marks: four vertical lines with horizontal strokes, resembling '4444'.

JM Signature of Medical Examiner: *W. Borden*

St. John's, June 21st / 18
(Date)

1st Newfoundland Regiment
BILLETING ACCOUNT

To Pte. J. Byrne

Billeting soldiers as undermentioned

from May 22nd / 18 to June 21st / 18

4444 - Pte. J. Byrne 25 80
Quarters 2 days

J. Byrne

Certified correct for \$25.80

A. J.

Asst. District Officer
Billing Officer

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

The Royal Rifle

Number of Sheets

one

Signature of O. C. Company

G. James

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>10101 James Byrne</i>	Age on	<i>18</i> years <i>0</i> months	<i>Clerke</i>	
Joined	Date	Place and Date of Enlistment	<i>St. John's</i> <i>18-18</i>	Religion	
Joined	Date	Period of } with Colours <i>320</i> years. with Reserve <i>360</i> years.	<i>R.C.</i>	Place of Birth	
Joined	Date				

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
									<i>Demobilized St. John's, 28 ²/₁₉</i>

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

4444

DEMOBILIZATION OF

Reg. No. 47144 Rank Pt. Name James Byrne
 Date of Enlistment 15-4-18 Address St. John's District St. John's
 Occupation Clerk Classification for Discharge H.A. Medical Category H.II
 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.....
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 3-3-19 H. Mews Pt.
in O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

James Byrne

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable £6.00
- (b) Clothing Supplied Joseph A. Snowford

Date 3-3-19 O i/c. Re-clothing: _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. _____ to his home
 at _____ and Release Certificate No. 1337 issued.

Date 3-3-19 Chadwick 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 28-2-10

Date 3-3-19 28-2-10 H. News H.
 Depot Paymaster.

SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACCT.

Discharge approved for 31-1-19 31-1-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	1	N.F. Med	D.F. 1	1	Sotomb
F 178	W 3494	B 122		Board 1st	" 2	1	
F 178a	D 400A	B 1915	2	do 2nd	" 3	2	
B 179	D 400B	Form L		do 3rd	" 4		
B 179a	D 400C	Form K		do 4th	" 5		
B 179b	B 103	ME 2	1		" 6		
B 179c	B 120	M 93					

Date 1.2.19 Chadwick 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 31.1.19 R.H. Jait Capt.
 O. C. Discharge Depot.

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

Date Capt 3/1/19 Proved
20/1/19

Reg. No. 4444 Rank Private Name Byrne Jas.
Attested 15.4.18 Address Waterloo Bridge Rd
Allotment B Allottee P Co
Date of Allotment _____ Returned from Overseas _____
Embarked for Overseas _____ Cause _____

15-5-18 Case 1/16 3-10-18
To Report 15.5.18

MAR 2 1919 PASSED TO DEMOBILIZATION OFFICE

31.3.19 **DISCHARGE APPROVED ON DEMOBILISATION.**