



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4603 Name Edward Carver Corps R. I.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Edward Carver</u> |
| 2. What is your full Address? | 2. <u>Britt Island, N.I.</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>18</u> Years <u>6</u> Months |
| 5. What is your Trade or Calling? | 5. <u>mechanic</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, Edward Carver 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 22-4-15 SIGNATURE OF RECRUIT.
 Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Edward Carver 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 22 day of April 1915
 Signature of Attesting Officer St John

†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 } 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 Edwarda Karen
 Apparent age 18 years 6 months. Height _____ feet _____ inches
 Chest Measurement { Girth when fully expanded 35 inches
 Range of expansion 25 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mary Karen
Bell Island | Relationship Mother

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 Re-serve not allowed to reckon towards G. C. Pny		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. 4603 Name Edward Edward Corps R. G.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Edward Edward</u> |
| 2. What is your full Address? | 2. <u>Bell Island, C.B.</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>18</u> Years <u>6</u> Months |
| 5. What is your Trade or Calling? | 5. <u>machinist's helper</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, Edward Edward 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.

Edward Edward SIGNATURE OF RECRUIT.

James Arklie, L/C Signature of Witness.

Edward Edward OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St John's on this 22 day of April 1918.

Geo Hartney 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 compiled 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 Edwards Barew
 Apparent age 18 years 6 months. Height feet inches
 Chest Measurement { Girth when fully expanded 35 inches
 Range of expansion 2 1/2 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mary Barew
Bell Island | Relationship mother

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 limit of engagement reckons from <u>22-4-18</u>									
Joined at <u>John's</u> on <u>April 22-1918</u>									
Detached to John's Jan 1919									
Granted leave without pay from <u>8-9-18</u> to <u>1-10-18</u>									
Demobilization <u>John's</u> <u>8-1-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 8-1-1919 [date of discharge] years 240 days
 " " Pensions " " " " " " " " " " " "

C.R. 4603

Extract of Daily Orders Part II, Depot, St. John's, dated
Jan. 8th 1919.

Demobilization.

The discharge of the undernoted on demobilization has been confirmed
by the Officer i/s Records on noted date.

4603 Pte. Edward Garew.

Discharged 8-1-19

C.R.

4603

Extract from Daily Orders Part 11 Unit the Royal Bfld. Regt.,
St. John's, Dec. 12th, 1918.

The Undernoted man discharges on Demobilization has been
approved by C.G. Discharge Depot from noted date.
He is removed from Depot strength to Discharge Depot pending
confirmation by Officer i/c Records.

4603 Pte. Edward Carew.

11-12-18.

C.R. 4603

Extract from Daily Orders part 11, from Unit The Royal Nfld.
Regt. St. John's, dated April 23, 1918.

#4603 Pte. Edward Carew.

Attested for General Service with the Royal Nfld. Regt. with
effect from 22/4/18.

Carew, Ed.

4603

Ray Sept.

January 8th., 1919.

#4603 Pte. Edward Carew,

Bell Island, C.B.

Dear Sir:-

Please find enclosed "Discharge
Certificate No. 238."

Yours faithfully,

Captain,
Paymaster & Officer i/c Records.

Enc' 1 1.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4603 Rank Pte Name Ed Carew
 Intended place of residence Bell Island
2. Occupation Mechanic
 Classification of soldier A Medical Category A-11
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 DEC 10 1918 Ed Carew
 Date 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 Edward Carew
Dec. 10-12-18
 Signature of soldier
C. B. Dick Hall
 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 Edward Carew
10-12-18
 Signature of soldier
H. Peters
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 22-4-18 No of days on Military
 Discharged from service 11-12-18 plus 28 days Service 262

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 R. H. Dent Capt.
 Date DEC 11 1918
 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. M. Bowley Capt.
 Date January 8/1919
A. D. 2079/238
 Officer i/c Records
 The Royal Newfoundland Regiment

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. H603 Rank Plt Name Jensen - G.S.
 Date of Enlistment 22. 11. 18 Address Bell's District St. John's
 Occupation Mechanic Classification for Discharge A Medical Category AII
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. Pj36	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	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	/		" 6	
B 179c	B 120	M 93				

Date 9. 1. 18 W. H. C. O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable. \$65.00
 (b) Clothing Supplied Joseph H. [Signature]

Date 10-12-18 O i/c. Re-clothing.....

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 21-941 to his home at Bell Island and Release Certificate No. 252 issued.

Date 10-12-18

OSDicks Capt.
Demobilisation 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 8-1-19

Date 10-12-18

Holley Capt.
Depot Paymaster.

Discharge approved for Dec 11th 1918

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	1	N.F. Med.	D.F. 1	1	
F 178	W 3494	B 122		Board 1st	" 2	1	Form B
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	1	do 4th	" 5		
B 179b	B 103	ME 2	1		" 6		
B 179c	B 120	M 93					

Date 10-12-18

OSDicks Capt.
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Date DEC 11 1918

R.H. Latimer
O. C. Discharge Depot.

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

Date Dec. 12/1918

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

MEDICAL HISTORY

Surname Parew OF Christian Name Edward

Table I.—GENERAL TABLE.

Birthplace:—Parish Bell Island County Nfld.

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>22nd</u> day of <u>April</u> 191 <u>8</u>		on _____ day of _____ 191	
	at <u>St John's Nfld.</u>		at _____	
Declared Age	<u>18$\frac{1}{2}$</u> years <u>4</u> days		years	days
Trade or Occupation	<u>Machinist's Helper</u>			
Height	<u>5</u> feet <u>5</u> inches		feet	inches
Weight	<u>135</u> lbs.			lbs.
Chest Measurement	Girth when fully expanded... <u>35</u> inches			inches
	Range of Expansion... <u>2$\frac{1}{2}$</u> inches			inches
Physical Development				
Vaccination Marks	Arms			
	Number			
When Vaccinated				
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)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at <u>St John's, Nfld.</u>		at _____	
	on <u>22nd</u> day of <u>April</u> 191 <u>8</u>		on _____ day of _____ 191	
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	<u>The Royal Nfld. Regt. 4603</u>			
Transferred to				
Became non-effective by				
	on _____ day of _____ 191		on _____ day of _____ 191	
[Signature]				
[Rank]				



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 **Edward Carew**

Regiment from which discharged *1st. Newfoundland*

Regimental number **4603**

Intended address **Bell Island**

Height on discharge **5** Feet **5**

Color of hair on discharge **Red**

Complexion **Fair**

Color of eyes **Grey**

Descriptive Marks

Figure on discharge

Christian name of Father

Christian name of Mother **Mary**

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth.

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

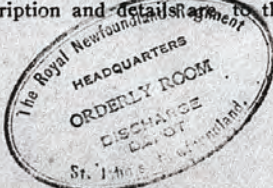
(Soldier's signature in full)

(Rank)

Station

Date

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

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 Mechanic

Edward Casew

Signature of Man.

Orville Mapp

Signature of the Vocational Officer or his Representative.

Reg. No. *4603*

Place *St John's*

Date *10/12/18*

191

C

St John's

Demobilization Form 1

The Royal Newfoundland Regiment

Class for Demobilization:—
A

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

NOV 29 1918

Date

Regimental No. 4603

Name *Carroll Edward Rte.*

Address *Bee Island B*

Present Medical Category *A II*

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

Members of Board { *R.H. Sutcliffe*
O.C. Discharge Depot.

W. Parsons
Senior Medical Officer

S.W. Burdett
M. O. Depot



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Edward Carew, Regl. No. 4603

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

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
7013	Mother	Mrs Mary Carew	Wabuna Mines Bell Island	60
Total Allotment, \$				60

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.) [Signature]
 Officer Commanding
 Company

(Sig.) E. Carew
 (Rank) Private

Princes Park
Aug 27 1918



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 *Edward Carver*

aged *18 & 6 months* conducted at *Head Quarters*

Date: *April 22 / 18.* Recruiting Officer:

NO OF TEST

FINDING

4603

- 1 *no*
- 2 *no*
- 3 *no*
- 4 *no*
- 5 *no*
- 6 *no*
- 7 *yes*
- 8 *yes*
- 9 *no*
- 10 *n*
- 11 *n*
- 12 *n*
- 13 *n*
- 14 *n*
- 15 *n*
- 16 *n*
- 17 *n*
- 18 *n*
- 19 *6/6 Bolt*
- 20 *n*
- 21 *n*
- 22 *n*
- 23 *n*
- 24 *n*
- 25 *n*
- 26 *n*
- 27 *n*
- 28 *n*
- 29 *n*
- 30 *n*
- 31 *n*
- 32 *n*
- 33 *n*
- 34 *5 ft 5 in*
- 35 *135*
- 36 *32 1/2 - 35*
- 37 *n*
- 38 *Mother Mary Bell Island*
- 39 *Mother & two children*

*try out
of
out*

Signature of Medical Examiner:

Geo Borden

*amount for last day
7013*

ROYAL NEWFOUNDLAND REGIMENT
(Separation Allowance Branch)

NOTICE: 1380 deducted Sept. (leave without pay) - 23 days.
THIS STATUTORY DECLARATION is to be filled in correctly in every detail and a complete reply must be given to each question.

Each statement is considered as being made on Oath, and the Form is to be signed before a ~~Magistrate~~ Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to:

Disched. 8-1-19.
THE PAYMASYER,
Separation Allowance Branch,
St. John's, Nfld.

1. Name in full of soldier. Rank. Regt. or Unit. Regt. no.
Edward Carew *Newfoundland Reg.* *H603*

2. Age of soldier. Married or single.
18 yrs and 10 months *Single*

3. Name in full of mother. Age. Occupation. Permanent address.
Mary Ellen Carew 46 *Bull Island*

4. Give name of your husband. Age. Occupation. Where employed.
Patrick Carew 49 when died *Mine* *Sydney*

5. If your husband is not supporting you state the reason.

6. If your husband is a chronic invalid and totally incapacitated, state nature of malady. (A Medical Certificate must be enclosed with this document stating from what date husband has been totally incapacitated and for how long incapacity is likely to continue.)
Account taken for bereavement commencing Sep. 1st 1918.

If you are a widow, state date and place of death of your husband.
Broad Cove Bonaville Bay July 20 1910

8. Have you married again since death of above husband
no

9. Names of your other children. Address in full. Age. occupation. Married or single.
Winifred Carew 13 yrs

AS

10. State amount earned (a) Yourself *only 2.00 per month*
(b) Your husband.
-
11. State amount and source of any other income
none
-
12. State value of real property belonging to you and your husband
none
-
13. State value of personal property belonging to you and your husband
none
-
14. If husband is dead state value of real and personal property left by him. *nothing*
-
15. Actual amount contributed by soldier during the year prior to enlistment.
Don't know exactly from 45⁰⁰ to 70⁰⁰ per month
-
16. Was this amount contributed weekly or monthly. *monthly*
-
17. Did this amount include payment of son's board, etc. *Yes*
-
18. State your son's trade or occupation prior to enlistment. *none*
-
19. State amount of his wages per week.
-
20. State name and address of his last employer. *Mrs. Scoria Steel and Coal Co. St. W.*
-
21. State amount of monthly support from son since enlistment *nothing*
-
22. State amount of allotment received by you from son monthly. *none*
-
23. State from what date did you receive allotment.
-
24. Actual amount contributed by other children. Weekly. Monthly.
nothing
-
25. Are any of these children in the employ of you or husband? *n*
-
26. If not receiving support from other children, state cause. Explain fully. *to young*
-
27. With whom are you residing at present? *living in shack with daughter*

28. Have you made a previous claim for Separation Allowance? If not, why? Give particulars

Made claim for allotment from Son last week

29. Are you already in receipt of Separation Allowance from any source? If so, how much?

nothing

30. Are you in receipt of any payment from any Patriotic Fund? If so, how much?

no

31. Was the soldier at the time of his enlistment an employee of the Mfld. Government

no

32. I in what capacity and in what place?

33. Is he in receipt of a salary as much while serving in the 1st. Mfld. Regt. If, so, How much.

I herewith make this solemn declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath and in virtue of the Evidence Act.

Signature of applicant..... *Mary Ellen Green*

Place of residence..... *Bell Island C.B.*

Declared and subscribed before me at *Bell Island*

this..... *14th* day of *June* 191*8*

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace. } *C. J. Taylor J.P.*

J. J. M. Grant J.P.

This application must be signed by two responsible parties, one of whom must be a clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge and belief, after careful investigation, the above statements are correct, and the above soldier first mentioned, is the sole support of the applicant.

Signature of Clergyman.....

Signature of member of Patriotic Fund Committee..... *C. J. Taylor President P.F. Ass.*

Approved 17/11/18
[Handwritten signatures]

No. 7013



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, *Edward Carew*, Regl. No. *4603*
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and *sixty* 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 *Sept 1st 1918.*

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>7013</i>	<i>Mother</i>	<i>Mrs Mary Carew</i>	<i>Wabana Mines Bell Island</i>	<i>60</i>
Total Allotment, \$				<i>60</i>

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

(Sig.)

[Signature]
 Officer Commanding

Company
[Arrow]

Princes Park

Aug 27 191*8.*

(Sig.)

[Signature]
 (Rank) *Private*

The man in question
had leave without pay
for 23 days @ 60, \$13.80 was
deducted from Sept. Leaning
balance of 4²⁰ which was
made up of 18⁶⁰ most
Capt. J. W. Dewling
make by ~~method~~ W. Regan
amt was received ^{by John} Nov.
Cheque for inquiry
Gentleman. WGB

I beg to acquaint you
that I did not get the amt. due
me in September. As you know
on August 27th my son, Edward
Wares made his statement
since then I received but twenty
two dollars and eighty cents.
As you see there is still eighteen
dollars due to me that I am
very much in need of. — also
in payment to the patriotic
money due to me. I filled the
papers given me in June, as you

3195

4603

know and returned them to
you. Since then I have
had no details of it; there
are others who are getting the
later mentioned allowances
and are not half as much
in need of it as I am.
I would not trouble about it
but as I have no other means
of support I am compelled
to look towards at least
what is due to me and
my son is in military service
since April 21st inst I meant to
see you personally but I have
not the required means to
go to the city I humbly beg
your prompt and careful.

Attention to my letter and
subject and pen in

Gratefully and
Respectfully yours

Mrs Mary Carol
Minto
Bell St

Nov 13th
/ 8.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39

Regiment of

Royal Newfoundland

Number of Sheet

one

Signature of O. C. Company

James Hunt

Regimental Number and Name		Enlistment		Trade
No.	<i>1663 Crew 80</i>	Age on	<i>18</i> years <i>6</i> months	<i>Mechanic</i>
Joined	Date	Place and Date of Enlistment	<i>St Johns</i>	Religion
Joined	Date	Period of } with Colours <i>22.4.18</i> years with Reserve <i>262 days</i> years	<i>R.C.</i>	Place of Birth
Joined	Date			

Good Conduct Badges, Service pay or proficiency pay

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</i>	<i>St John's</i>	<i>8-19</i>			

To be carried over

Army Form B. 121.

14603

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. H603 Rank Pte Name Jarvis - G.S.
 Date of Enlistment 22.4.18 Address Bell's Pt District St. John's
 Occupation Mechanic Classification for Discharge A Medical Category ATI
 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 9.12.18 G. W. H. Capps
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Edward Carew

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. Knowlton

Date 10-12-18

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 2152 to his home at Bell Station and Release Certificate No. 2152 issued.

Date 10-12-18

Oppicks 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 8-1-19

Date 10-12-18

Howley Capt.
Depot Paymaster.

Discharge approved for Dec 11th 1918

Forwarded with following documents to O.C Discharge Depot.

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

Date 10. 12. 18

Oppicks Capt.
Demobilization Officer.

APPROVED.

Documents as above forwarded to—

Officer in Charge Records.
Board of Pension Commissioners.

with following additional documents.

Date DEC 11 1918

RH Latcan
O. C. Discharge Depot.

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

Date Dec 12/1918

Howley Capt.
O.C.D.

Reg. No. 4603 Rank Pte Name Carver, Ed.
Attested 22/4/1918 Address Bell Islands
Allotment 60 Allotee Mrs Mary Carver (mother)
Date of Allotment 1-9-18. Returned from Overseas
Embarked for Overseas Cause

Dec 23⁴/₈ - Dec 5⁵/₈ 2 hrs 10⁵/₈
A.L. 30⁷/₈ - 9⁵/₈ Returns from leave 7⁶/₈
S.R. 12-6-18 to 17⁶/₈-18
h. leave 9-9-18 to 1-10-18. (Without pay.)
9-12-18. **PASSED TO DEMOBILIZATION OFFICER**
11-12-18. **DISCHARGE APPROVED ON DEMOBILISATION.**