



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4432 Name Chap Reg Corps CAF

### Questions to be put to the Recruit before Enlistment.

- |   |  |
|---|--|
| 1. What is your name? .....<br>2. What is your full Address? .....<br>3. Are you a British Subject? .....<br>4. What is your age? .....<br>5. What is your Trade or Calling? .....<br>6. Are you Married? .....<br>7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? }<br>8. Are you willing to be vaccinated or re-vaccinated? ..... }<br>9. Are you willing to be enlisted for General Service? .. | 1. <u>Reginald Chate</u> .....<br>2. <u>Post Office St Johns</u> .....<br>3. <u>yes</u> .....<br>4. <u>25</u> Years <u>0</u> Months .....<br>5. <u>farmer</u> .....<br>6. <u>no</u> .....<br>7. <u>no</u> .....<br>8. <u>yes</u> .....<br>9. <u>yes</u> .....<br>10. Name .....<br>Corps .....<br>11. <u>yes</u> ..... |
|---|--|

I, Reginald Chate 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.

Reginald Chate SIGNATURE OF RECRUIT.

..... Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Reginald Chate 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 Johns on this 15 day of April 1918.

Signature of Attesting Officer [Signature]

### †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 [Post].

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

Date 15 April 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) .....





# H FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. H422 Name Chafe Reg. Corps Co R

### Questions to be put to the Recruit before Enlistment.

- |  |  |
|--|--|
| 1. What is your name? .....  | 1. <u>Reginald Chafe</u> .....           |
| 2. What is your full Address? .....  | 2. <u>Goulds St. Johns.</u> .....        |
| 3. Are you a British Subject? .....  | 3. <u>yes</u> .....                      |
| 4. What is your age? .....   | 4. <u>15</u> Years <u>4</u> Months ..... |
| 5. What is your Trade or Calling? .....  | 5. <u>gunner</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, Reginald Chafe 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.

Reggie Chafe SIGNATURE OF RECRUIT.  
Frank Gunner Signature of Witness.

A  
15.4.18

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Reginald Chafe 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 Johns on this 15 day of April 1918

Signature of Attesting Officer Georg. L. Barty, Major

### †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 St Johns

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).....

Recd. May 10 1918

# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Reginald Clafe  
 Apparent age 18 years — months. Height 5 feet 6 1/2 inches  
 Chest Measurement { Girth when fully expanded 37 inches  
 Range of expansion 5 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Allen Clafe  
Goulds, St Johns. | 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 <u>15-4-18</u>									
Joined at <u>St Johns</u> on <u>April 15-1918</u>									
<u>Detached to John's Nov 7/1918.</u>									
<u>To report for duty 1-5-1918.</u>									
<u>Special duty Home defense Kelly Ht. 14-9-18.</u>									
<u>Returned to Headquarters 2-10-18</u>									
<u>Discharged medically Sept 7/18</u>									
<u>No Overseas Service.</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 7-11-1918 (date of discharge) — years 207 days  
 " " Pensions " " " " " " " " " " " "

C.R. 4422

Extract from Daily Orders part 11, Depot. St. John's dated Nov. 31st.  
1918.

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4422 Pte. Reg. Chafe.

Having been found medically unfit is discharged from

BC.

7-11-18.

C.R. 4422

Extract from Medical Board held on Thursday October 25th., 1918.  
From the Director of Medical Service to O. C. Depot.

THE FOLLOWING WERE THE FINDINGS.

4422 Pte. R. B. CHAFF

RECOMMENDED DISCHARGE - PERMANENTLY UNFIT.

C.R. 4422

Extract of Daily Orders, Part 11, Unit: The Royal Newfoundland Regiment,  
dated Oct. 2nd 1918.

THE FOLLOWING RETURNED FROM SPECIAL DUTY AT PETTY HARBOUR:

4422 Pte. R. Chafe.

C 4422

Extract from Daily Orders part 11 Depot St. John's dated Sep. 16/1918.

4422 Pte. R. Chafe

The above mentioned soldier proceeded on Special Duty to Petty  
Harbour 14-9-18



C.R. 4422

Extract from Daily Orders Part 11 Unit The Royal Nfld.

Regt. St. John's, dated August 15th, 1918.

4422 Pte. R. Chafe.

Granted leave from 15-8-18 to 5-9-18.

C.R. 4422

Extract from Daily Orders part 11, from Unit The Royal  
Newfoundland Regiment, dated April 16, 1918.

#4422 Pte. R. Chafe.

Attended for General Service with The Royal Newfoundland  
Regiment 15/4/18 to report 1/5/18.

Chafe, Reg.

4422

Aug Sept.

## 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:

*Return to former work - farm with father.*

*Reginald, Chape*

Signature of Man.

*W. S. McCall.*

Signature of the Vocational Officer or his Representative.

Reg. No.

*4422*

Place

*A. J. Hill*

Date

*6-26-*

191*8*.

**Certificate to be signed by the soldier on discharge.**

---

I hereby acknowledge that I have received all my pay  
and allowance (including clothing allowance), and all just demands  
up to the present date.

Date Nov. 22<sup>th</sup> 1918

Sig. of Soldier

Reginald Chase

Place Goulds

Sig. of Witness

Emmanuel Williams



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

# MEDICAL HISTORY

Surname Rafe OF Christian Name Reginald

Table I.—GENERAL TABLE.

Birthplace:—Parish Truelove County Newfoundland

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	at	on	at
Examined	15 <sup>th</sup> day of April 1918	S. Johns	day of	191
Declared Age	18 years	days	years	days
Trade or Occupation	Farmer			
Height	5 feet 6 1/2 inches		feet	inches
Weight	135 lbs.		lbs.	lbs.
Chest Measurement	Girth when fully expanded...	37 inches		inches
	Range of Expansion...	5 inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm	1 Scar		
	Number	97 = 290		
When Vaccinated				
Vision	R.E.—V=	6/20	R.E.—V=	
	L.E.—V=	6/20	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)				
(Rank)				
Enlisted	at	S. Johns	at	
	on	15 <sup>th</sup> day of April 1918	on	day of 191
Joined on Enlistment	Corps.	The Royal W. Artillery	Corps.	
	Regtl. No.	4422	Regtl. No.	
Transferred to				
Became non-effective by				
[Signature]	on	day of 191	on	day of 191
[Rank]				







Department of Militia, Newfoundland.  
Medical Department.

*Medical Report on an Invalid.*

NOTES:—

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

*Statement of Case*

Station **St. John's, Nfld.,**.....  
Date **Oct. 14th., 1918**.....

1. Unit **1st. Newfoundland**
2. Regimental No. **4422**
3. Rank. **Private** at **St. John's**
4. Name. **CHAPE, REGINALD B.**
5. Age last birthday, **18**
6. Enlisted on **April 15th., 1918**
7. Former trade or occupation **Farmer**
8. Disability

**INCONTINENCE OF URINE**

9. History **Since early childhood has been unable to retain urine. Continually wetting his own clothes and bed clothes. (This statement has been verified by medical orderly)**

10. What is his present condition?

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

General health good. Feels well but for trouble with urine. During day feels pain on accumulation of urine and has to immediately micturate or wet clothes. Continuously every night suffers from incontinence of urine. (Has received treatment for past three months and no improvement)

11. Was sanatorium advised and refused?  
      operation

12. Do you recommend discharge as permanently unfit? **Yes**

Signature (Sgd) J. R. O'REILLY, .....

Rank or Qualification **Capt. R. A. M. C.** .....

Remarks if any by Officer in Hospital.

Place .....

Signature .....

Date .....

Rank .....

# Opinion of the Medical Board.

In para. 13, the President should write "may" or "cannot" at x  
Erase inapplicable words.

13. For pension purposes, the disability x **cannot** be considered as aggravated by:—  
due to

(a) Service during this war. (b) Climate. (c) Ordinary Military Service  
Remarks if any:—

14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

**Yes**

15. At present his capacity for earning a full livelihood in the general labor market is lessened by:—  
(Here the president should write in Total, 4-5, 3-5, 2-5, 1-5).

Remarks if any:—

**NIL**

16. Is the disability permanent?

17. Has the disability been aggravated by (a) Intemperance **No** (b) Misconduct **No**

18. The refusal of operation is:— (a) Reasonable.  
sanatorium (b) Unreasonable.

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to

{ General Hospital,  
Naval and Military Con-  
valescent Hospital,  
Jensen Tuberculosis Camp.

20. We recommend discharge from the Army **Permanently Unfit**  
~~re-employment in~~

Remarks if any:—

(Sgd) **N. S. FRASER**

President

**J. SINCLAIR TAIT**

Signatures.

**L. PATERSON, Major**

Place **St. John's, Nfld.,**

Date **Oct. 24th., 1918**

APPROVED

Station

Date



(Sgd) **CLUNY MACPHERSON, Major**

Administrative Medical Officer.



## 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 *Chafe, Reginald, Bulley*  
 Regiment from which discharged *1st. Newfoundland*  
 Regimental number *4422*  
 Intended address *Goulds, St. John's West.*  
 Height on discharge *5* Feet *8"*  
 Color of hair on discharge *Dark Brown*  
 Complexion *Fair*  
 Color of eye *Brown*  
 Descriptive Marks   
 Figure on discharge *Medium*  
 Christian name of Father *Allan*  
 Christian name of Mother *Agnes*  
 Wife's maiden name in full *—*  
 Date and place of marriage *—*  
 Christian names of children *—*

Place and date of soldier's birth. *Goulds, March 31, 1900*

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)

Station *St. John's.* *Reginald B Chafe* (Rank) *pte*  
 Date *Oct 12<sup>th</sup> 1915*

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.

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

Station *St. John's, Nfld.*

Date

*Oct. 12/15*



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 Reginald Chase  
aged 19 yrs conducted at Head Quarters  
Date: April 15/18 Recruiting Officer:

NO OF TEST FINDING

- 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  $\frac{6}{20}$  left.  $\frac{6}{20}$  R.
- 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 Yes 9 yrs ago seen left arm
- 34  $\frac{5}{9}$  left
- 35 155 lb.
- 36 32-37
- 37
- 38 Father Allan Goulds St Johns
- 39 nobody

4422.

JM

Signature of Medical Examiner:

Sturden





# The Royal Newfoundland Regiment

## REPORT OF HEADQUARTERS TRAVELLING BOARD HELD ON SOLDIER ON REGIMENTAL STRENGTH

Depot: Headquarters, Royal Newfoundland Regiment

Date 14<sup>th</sup> Oct 1916

Regimental No. 4422

Name Capt R. H. Lait

Address Soules, St. John's West

Disease or Disability

Finding of last Standing Medical Board,

held on \_\_\_\_\_ 19\_\_\_\_

Present Condition

Recommendation S. M. 73

Category

Members  
of  
Board

R. H. Lait Capt.  
O. C. Depot

H. Parsons  
D. D. M. S.

J. Sheehy Capt.  
Ramsay  
M. O. Depot







Due Mrs Cyril Chafe  
79 Pleasant St.

1 Weeks Board \$6.00  
for Reginald Chafe. No 4422. before  
going to (Barracks)

Due since 1st week of May. \$10.00  
(May 1<sup>st</sup> to 7<sup>th</sup>)

Mrs Chafe.  
79 Pleasant St.  
Sep. 16<sup>th</sup> 1918

NO.	4137	EW
ISSUED		
PAY LEDGER		
GEN LEDGER		

To Paymaster

Being to ~~cancel~~ ~~cancel~~ this man being taken for another  
man of same name this bill was not certified earlier. I had  
Pte Chafe report here & he explains the matter better. He has  
been absent from the City on an outpost guard.

Correct for \$10.00



ROYAL NEWFOUNDLAND REGIMENT,  
St. John's, Nfld.

9-10-18.

*C. D. Duck*  
Assistant Director of Recruiting

Mrs Cyril E. Chafe.

Nov, 20th, 18.

Pte. R. Chafe,  
Goulds,  
Bay Bulls Road.

Dear Sir,-

I enclose herewith cheque for \$60.60, being the balance of pay due you at date of discharge, also certificate of pay.

I also enclose Certificate of Discharge, dated November 7th, 1908, together with special form which kindly sign and return to this office.

Yours truly,

Capt.  
Paymaster & C. i/c Records.

Enclosures 4.

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 60<sup>60</sup>

Nov 14<sup>th</sup> 1918

Received from the First Newfoundland Regiment  
the sum of Sixty <sup>60</sup> Dollars.  
on account of Pay.  
balance

Ch. No. ....	5604	Initials. ....	EW
Pay Ledger .....	405	Initials. ....	WK
Gen. Ledger .....		Initials .....	

Regtl. No. ....

Rank .....

*[Handwritten signature]*

No. 4422.

Rank PG

Name Clay. R.

## Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Number of Sheets

*one*

Regiment of

*The Royal Wfld*

Signature of O. C. Company

*James Scott*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>Regimental Chafe</i>	Age on	<i>18</i> years <i>7</i> months	<i>Barmer</i>	
Joined		Date	Place and Date of Enlistment	Religion	
Joined		Date		<i>St. Johns</i>	
Joined		Date	Period of	with Colours	
Joined		Date		<i>207</i> years.	<i>St. Johns</i>
			with Reserve	<i>365</i> years.	

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>Discharged Medically Unfit St. Johns 7<sup>th</sup></i>

To be carried over

Army Form B. 121.

Depot 4422

St John's, Nfld.

Nov. 19th, 1918

G. C. Headquarters  
R. Nfld. Regt.

Sir.

The undermentioned men have been discharged on the dates given kindly note and post in Daily Orders Part II.

I have etc.

(sgnd) J. H. HOWEY  
Capt etc.

4556	I/O.	Donerton, B.	2-11-18	Med. Unit
5280	Pte.	Hampden Jones, Louie	1-22-18	Do.
564	"	Hunt, Jas.	Do.	Do.
4646	"	Brown Elijah	Do.	Do.
5284	"	Green, Albert	Do.	Do.
5457	"	Locke, Joe.	Do.	Do.
C - 4428	"	Osife, Reg.	7-22-18	Do.

Reg. No. 4422 - Rank Pte Name Chas. Rees 10  
Attested 15.4.18 Address Goulas  
Allotment 60 Allotee Mrs Agnes Blay (mother)  
Date of Allotment 1-8-18 Returned from Overseas  
Embarked for Overseas Cause

Report 11.5.18

of Inoc. 7.5.18 & 2 Inoc 10.5.18

G.L. 18/8 - 20/8

Reltd. from leave 26.5-18

G.L. 15-8-18 to 5-9-18

3. extension of leave to 12-9-18. Reltd 12-9-18

20-10-18 Headquarters Travelling Board Reqd. Standing M. 13.

24-10-18. Fee Discharge - Permanently - Unfit

14-9-18. Special Duty Petty Harbour, 6.10-1-18

DISCHARGED - MEDICALLY UNFIT 7-11-18 Str 208.



4472 Reginald Chafe

Leave extended from Sept 5<sup>th</sup> -  
to Sept 12<sup>th</sup> - (last time for extension)

RJH Fair App.

Aug. 30<sup>th</sup> - 1918

D  
10/11  
Verned Fair  
30/18

October 25th, 1918.

From Assistant Adjutant,  
Depot.

To Paymaster & Officer I/C Records,  
Militia Department.

4556, L/Crpl. Somerton.  
4422, Pte. Chafe, R.

The marginally noted men were recommended for discharge as permanently unfit by Medical Board, held on Thursday, October 24th. I am sending them herewith for your attention and necessary action, please. Their accounts on Company Pay Sheets have been squared up to and including October 25th. They both have an allotment current of 60/ per day.

WFC