



4 THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No 4 953

Name Roman Chipman Corps Coff B

Questions to be put to the Recruit before Enlistment.

1. What is your name? ..... 1. Roman Chipman
2. What is your full Address? ..... 2. Spanaway Bay
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. Fireman
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, Roman Chipman 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.  
 10-5-18 Roman Chipman SIGNATURE OF RECRUIT.  
Spanaway Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Roman Chipman 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 answered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at .....  
 on this 10 day of May 1915.  
Chadwick Lieut 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 May 10 1915  
 Place Spanaway 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

4983

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

Name Thomas Chipman  
 Apparent age 10 years \_\_\_\_\_ months. Height 5 feet 6 1/2 inches  
 Chest Measurement { Girth when fully expanded 35 inches  
 Range of expansion 3 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Solomon Chipman  
Spaniards 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 L'epot	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 final engagement reckons from <u>10-5-1918</u>									<u>Leave Capt 20-7-18</u> <u>Disapt 22-5-1919</u>
Joined at <u>St. John's</u> on <u>10-1918</u>									
<u>Discharged August 4/1919</u>									
(32)									
<u>Countersign St. John's S.S. Columbus to Halifax N.S. 22-7-1918</u> <u>To embark for demobilization 24-6-1919</u> <u>Arrived to embarkment 1-7-1919</u> <u>Demobilization St. John's 1-8-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>4-8-1919</u> (date of discharge)					1		87		days
Pensions									

C.R. 4983

Extract from Daily Orders Part II Royal Newfoundland  
Regiment Depot St. John's dated Aug. 12th 1919.

The discharge of the undernoted on demobilisation has  
been CONFIRMED by officer i/c Records from noted date

~~8-8-19~~

4983, Cpl. N. Chipman.

C.R. 4983

Extract from Daily Orders Part II Royal Newfoundland  
Regiment Depot St. John's dated July 22nd 1919.

The discharge of the undernoted on demobilization has been  
APPROVED by U.C. Discharge Depot with effect from following  
date

~~1919~~  
21-7-19

4983, Cpl. N. Chipman.

C.R. 4983

Extract from Daily Orders part II, Unit the Royal  
Newfoundland Regiment by Lieut. Col. D.J. Barton  
D.S.O. Officer Commanding the 2nd, Battalion dated 22-<sup>5</sup>3-19.

To be Acting Corporal.

#4983 L/Cpl. H. Whipham.

C.R. 4983

Extract from Daily Orders Regt. 1st The Royal Field.  
Regt. St. John's, July 3rd, 1919.

4983 Cpl. Chipman, N.

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

C.N. 4983

Extract from Daily Orders part 11, from Unit The Royal  
Hfld. Reg. St. John's, dated July 25, 1918.

The following man embarked for overseas on H.M.S.  
"Columbells" July 28, 1918.

#4983 Pte. Norman Chipman.

C.R. 4983

Extract from Daily Orders part 11, from Unit The Royal  
Hid. Regt. St. John's, dated July 25, 1918.

#4983 Pte. N. Chipman.

*L/cpl.*

to be Acting Sergeant from July 25, 1918.



Extract from Daily Orders part 11, from Unit The Royal  
Hfld. Regt. St. John's, dated May 13, 1918.

#4983 Etc. N. Chipman.

Attested for General Service with the Royal Hflds.  
Regt from 10.5.18 to report 24.5.18.

Reg. No. 4983 Rank Pto Name Shipman, Norman.

Attested 10-5-18 Address Spaniards Bay, C.B.

Allotment 60 Allotee Mrs Salomon Shipman (Mother)

Date of Allotment 1-8-18 Returned from Overseas B

Embarked for Overseas JUL 22 1918 Cause

12/5/18 Vacc	1 <sup>st</sup> Inoc 6 7/18	2 <sup>nd</sup> Inoc 15-7-18
At. S. from	25-5-18 to 26-5-18	Reported for Duty 4-6-18

A Chipman

C.R. 4983

~~1880~~

**NOTE.**—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class F, 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* 7. Former Trade or Occupation *Stoker*
2. Regt. No. *49 B.* 3. Rank..... *Corporal* 8a. If the soldier claims previous service in Army, he should state—
4. Name ..... *Chapman, Norman* (a) Former Regts. or Corps; with Regt. Nos.
- (Surname) (Christian Names)
5. Age last birthday.....
6. Posted for duty on ..... at..... in category (or grade).....
8. If the disability is an injury was it caused
- (a) in action (b) on field service
- (c) on duty (d) off duty?
9. If a Court of Inquiry was held on an injury state:—
- (a) When (d) Particulars of Pension or Gratuity (if any)
- (b) Where
- (c) Opinion of Court

**NOTE.**—The foregoing particulars are to be filled in and A.F.B. 179 a (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

### Statement of Case.

**NOTE.**—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability. *Nil*
12. Place of origin of disability. *Nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *Nil*

14. State whether the disabilities are
- |   | (a) attributable to | (b) aggravated by |
|---|---------------------|-------------------|
| (i.) Service during the present war                         | .....               | .....             |
| (ii.) Previous active service                               | .....               | .....             |
| (iii.) Climate in pre-war service                           | .....               | .....             |
| (iv.) Ordinary military service before the war              | .....               | .....             |
| (v.) Serious negligence or misconduct on the<br>man's part. | } .....             | } .....           |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it?

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?  
(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

*Re Complaints of no Disabilities*

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. \*In the case of loss or decay of teeth.—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—
- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

*Repatriation*

Station *L. Hazley Down*.....

Date *1/1/19*.....

*W.E. Proctor* *Paper*  
Medical Officer in charge of case.

\* 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

FORM K

No 6547



ENTERED.
PAY LEDGETS
NUM. ROLL
ALLOT. INDEX
.. REGISTE
EXAMINED

## THE ROYAL NEWFOUNDLAND REGIMENT

### ALLOTMENTS

I, Norman Chipman, Regl. No. 4983  
 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 <sup>and</sup><sub>or</sub> Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup><sub>or</sub> Persons  
 concerned, viz.:

Allotment begins 1-8-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
6545	Mother	Mrs Solomon (Julia) Chipman	Spauvards Bay	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.) A. L. Summers Lt  
 Officer Commanding  
13 Company

(Sig.) Norman Chipman  
 (Rank) Pte

St Johns  
July 18 1918



N.F.P./79.

No. 3612/559

FROM: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,  
2nd/Btn. Royal Nfld. Regiment  
Winchester

6th March 1919 191

March 5<sup>th</sup> 1919

4983. L/C Chipman N.

Receipt hereunder.

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

"Pay to- 4983. Chipman

J. P. Barton LIEUT. COLONEL,  
OFFICER COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

£2. 2. 0.

Cheque £ 4. 2. 0. is enclosed for payment to this Soldier.

Kindly obtain his receipt hereon.

Received the sum of Two Pounds  
Two Shillings in respect of telegraphic remittance from the Minister of militia.

J. B. Anderson  
Chief Paymaster & O. i/c Records.

Herman Chipman  
No 4983 Rank L. Cpl.  
Witness M. Roberts

No. 20101/2274.

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

Chief Paymaster & C. & R. Records,  
Newfoundland Contingent,  
Pay & Record Office,  
53, Victoria Street,  
London, S.W. 1.

065775  
No: 53, VICTORIA ST.,  
2nd. Bn. R. Newfoundland Regt.,  
7th. Hazley Down Camp,  
Winchester.  
PAY & RECORD

5th. December, 1918

Subject: 4983. L/Cpl. N. Chipman.

With reference to the following telegram (10478) from the Hon. Minister of Militia, received

Pay to 4983 Chipman - £6:3:0

Draft £ 6:3:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

*H. H. Marsden*  
Chief Paymaster & C. & R. Records.

Dear 10th 1918

Receipt hereunder.

*Chipman*

LIEUT. COLONEL,  
COMMANDING 2nd Bn. ROYAL NEWFOUNDLAND REGT.  
Royal Newfoundland Regiment.

Received the sum of Six pounds  
three shillings in account of  
cable remittance from Newfoundland.

*N. Chipman*  
No. 4983 Rank L/C.

Witness *P. W. ...*



Chipman, R

4983

Ray Sept

August 11, 1919

Mr. Norman Chipman,  
Spaniards Bay, C.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,

Captain & Paymaster.

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..... *Roman* ..... 2. Surname..... *Chipman*
3. Rank..... *Cpl* ..... 4. Regtl. No..... *4983* ..... J.....
5. Address in full to which future payments of gratuity are to be forwarded..... *Spawards Bay, C B* .....
6. Date of enlistment in the Regiment..... *May 10/18* .....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....  
.....
8. Relationship of such dependents.....  
.....
9. Address in full of such dependents.....  
.....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....
11. Were you on active service only in Mfld. If so, give dates and particulars of such service..... *Overseas* .....
12. Give total length of time which you served on active service whether in Mfld. or Overseas..... *From May 10/18 to July 19/19* .....

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

.....  
..... *No.* .....

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. *No*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *No*

(b) If so, was such reversion in consequence of misconduct or inefficiency?.....

19. Are you now serving in the Res? *No* If not give:- (a) Date of discharge *1st July 1919* (b) Reason for discharge *Disability*

..... *Dear Sir* .....

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.

..... *No* .....

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. *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.

*Norman Chipman*

Signature of Applicant:

Place of Residence:

Declared before me at:

This

*Spaniards Bay C. B.*  
*M. John's, Nfld.*  
*19th* day of *July* 19*17*...

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

*John M. Cooney*

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependents.	War Service Gratuity.	Net amount due
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

Certified correct.

Paymaster

August 4th 1919.

#4983, Opl. N. Chipman,  
Spaniard's Bay.

Dear Sir:

Enclosed please find Discharge Certificate # 3584.

Yours truly,

Capt. & Paymaster.

RS/.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4983 Rank Cpl Name Chipman R.  
 Intended place of residence Spaniards Bay
2. Occupation Fisherman  
 Classification of soldier E Medical Category A 1
3. The above named man is discharged in consequence of

### DEMOBILIZATION Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place, ST. JOHN'S

Date JUL 19 1919

*Mrs H.*  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S

Date JUL 19 1919

*R. Chipman*  
 Signature of soldier  
*M. Stoen*  
 Signature of witness

### CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place, ST. JOHN'S

Date JUL 19 1919

*R. Chipman*  
 Signature of soldier  
*J. A. Schuman*  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 10 - 3 - 18 No. of days on Military  
 Discharged from service JUL 21 1919 Plus 14 days Service 402

### APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.

Place, ST. JOHN'S

Date JUL 21 1919

*R. Cooper 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

Date August 4/1919

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

202191 3824

# The Royal Newfoundland Regiment

Class for Demobilization: 6

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date July 18/19

Regimental No. 4953

Name Shipman R.

Address Spaniards Bay

Present Medical Category A1

Recommended for: (a) Immediate discharge

(b) Standing Medical Board

Members of Board

N.R. Lodge Capt.  
C. Discharge Depot.

L.P. Adams  
Senior Medical Officer

W.B. Burden  
M.O. Depot



# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 2983 Rank Platoon Name Chipman  
 Date of Enlistment 10 18 Address Paradise Bay District St. John's  
 Occupation Soldier Classification for Discharge 1 Medical Category A-1  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1
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 18 July 49

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 \$6.00

(b) Clothing Supplied \_\_\_\_\_

Date 19 July 49

O. i.c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2482... to his home at Spaniards Bay and Release Certificate No. 3746... issued.

Date 19-7-19 Ambleton  
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 4-8-19

Date 19-7-19 Ambleton  
Depot Paymaster.

Discharge approved for 21-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1
E 178	W 3494	B 122	Board 1st.	" 2
B 178a	D 400A	B 1915	do 2nd.	" 3
B 179	D 400B	Form L.	do 3rd.	" 4
B 179a	D 400C	Form K.	do 4th.	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 19-7-19 Ambleton  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.  
Board of Pénson Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date JUL 21 1919

L. R. COOPER, CAPT.

O. C. Discharge Depot.

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

Date .....

## Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume former Occupation.

*A Chipman*

Signature of Man.

*A M Clouston*

Reg. No. 4983

Signature of the Vocational Officer or his Representative.

Place

*St John*

Date

*19-7-18*

191

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

## MEDICAL HISTORY

Surname ChapmanOF  
Christian Name Norman

Table I.—GENERAL TABLE.

Birthplace:—Parish Spaniards Bay County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined .....	10	May		191
Declared Age .....	at	28 years	at	years
Trade or Occupation .....	Fisherman			days
Height .....	5	feet 4 1/2		inches
Weight .....		135		lbs.
Chest Measurement {	Girth when fully expanded .....	36 1/2		inches
	Range of Expansion .....	4 1/2		inches
Physical Development .....				
Vaccination Marks {	Right	Left	Right	Left
	Arm .....			
When Vaccinated .....				
Vision .....	L.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)	<u>Lamont Paterson</u>			
(Rank)	Major			
Enlisted .....	at	10 day of May	at	day of
Joined on Enlistment .....	on	10 day of May	on	day of
Transferred to .....	Corps.	Regtl. No.	Corps	Regtl. No.
Became non-effective by .....	The Royal Nfld 983			
(Signature)	<u>W. H. H. H.</u>			
(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 *Norman Chipman*

Regiment from which discharged **Royal Newfoundland**

Regimental number *4983*

Intended address *Stanards Bay*

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 *Norman*

Christian name of Mother *Julia*

Wife's maiden name in full \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Christian names of children \_\_\_\_\_

Place and date of soldier's birth *Stanards Bay July 9<sup>th</sup> 1898*

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) *Norman Chipman*

*Plt*  
(Rank)

Station **ST. JOHN'S.**

Date *17-7-19*

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.

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

Date



**NOTE.**—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class F, 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..... *L. Cpl*
2. Regt. No. *449.83* 3. Rank.....
4. Name *Chapman Norman*  
(Surname) (Christian Names)
5. Age last birthday... *21*.....
6. Posted for duty on..... at.....  
in category (or grade).....
7. Former Trade or Occupation } *Yachtman*
- 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps; with Regt. No.  
(b) Date of Discharge;  
(c) Cause of Discharge.
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 (d) Particulars of Pension or Gratuity (if any)  
(b) Where  
(c) Opinion of Court

**NOTE.**—The foregoing particulars are to be filled in and A.F.B. 179 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*

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? }

*The complaints of his disability*

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?  
*(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)*

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—
- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?
- Note—(b) is only applicable to soldiers invalided at Foreign Stations.

*Repatriation*

*W. E. Proennier, Capt R.A.M.C.*

Medical Officer in charge of case.

Station *Hazley Barr*

Date *4/14/19*

\* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause.



FORM K

No 6547



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Norman Chipman, Regl. No. 4983

hereby agree, until further notification by me, and of 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 <sup>and</sup> or Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> or Persons concerned, viz.:

Allotment begins 1-8-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
6545	Mother	Mrs Solomon (Julia) Chipman	Spaulards Bay	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.) A. G. Summers  
Officer Commanding  
13 Company  
St Johns  
July 18 1918

(Sig.) Norman Chipman  
(Rank) Pte

allotment of 60 loads per day  
commencing Aug 1<sup>st</sup>

Spamards Bay

Aug 21<sup>st</sup> 1818

2224

Mr Hawley Esq.

4983

My son

Pls Mr or an Chipman

is regd. now over 2 mos

and we have received

no pay from ~~the~~ Sifon

as yet. Will you please

look into the matter &

see the reason this month

pay. I would be glad to see

Yours truly

Julia Chipman

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of Royal Newfoundland

Number of Sheet (1)

Signature of O. C. Company C. B. Dicks Lieut.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay <u>Promoted to Corporal 23-7-19</u> <u>Promoted Acting Corporal - 22-1-19. J. W. L. Capt. Long</u>
No.	<u>4983</u>	Age on	<u>18</u> years <u>0</u> months	<u>Interman</u>	
Joined	Date	Place and Date of Enlistment	<u>St. John's</u> <u>10.5.18</u>	Beligion	
Joined	Date	Period of	with Colours <u>3 1/2</u> years. with Reserve <u>3 1/2</u> years.	Place of Birth	
Joined	Date			<u>Colt.</u> <u>Spaniards Bay</u>	

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
									<u>Demobilized St John's 11/19</u>

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment 84983

## DEMOLIBIZATION OF

Reg. No. 4983 Rank Cpl Name Chipman J  
 Date of Enlistment 10-5-18 Address St. John's District St. John's  
 Occupation Fisherman Classification for Discharge 1 Medical Category A1  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1	
B 178	W 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 18.7.19

O. C. Discharge Depot

## PARTICULARS FOR DEMOLIBIZATION

## 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. \$60.00

(b) Clothing Supplied

Date 19-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B2482 to his home at Spaniards Bay and Release Certificate No. 3746 issued.

Date 19-7-19 Ambleton  
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 4-5-19

Date 19-7-19 Ambleton  
Depot Paymaster.

Discharge approved for 21-7-19  
Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1	3 <u>Kamb</u>
F 178	W 3494	B 122	Board 1st	" 2	
F 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 19-7-19 Ambleton  
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 JUL 21 1919 L. R. COOPER, CAPT.  
O. C. Discharge Depot.

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

Date July 1 1919 Ambleton

Reg. No. *1983* Rank *Cpl.* Name *Chipman, M.*  
Attested ..... Address *Spaniards Bay*  
Allotment ..... Allottee .....  
Date of Allotment ..... Returned from Overseas *JUL. 1. 1919*  
Returned on S S *C. Saunders* Cause *Discharge*

*18.7.19* PASSED TO DEMOBILIZATION OFFICER  
*21.7.19* DISCHARGE APPROVED ON DEMOBILISATION.