



OCT 1 1916
RECORD OFFICE

First Newfoundland Regiment

ATTESTATION PAPER

Regimental No. 1320

Name in full Robert Chipman Age 22
 Address Spaniards Bay, St. B.
 Married Single Height 5ft 5 Weight 136
 Color Dark Hair Brown Eyes Blue
 Other distinguishing marks Tattoo on left arm.
 Nearest relative Father (Edward)
 Address Spaniards Bay, St. B.
 Dependents None
 Occupation Fisherman Present Wage \$4000 per year
 Previous service _____
 Decorations _____
 General Remarks _____
 Date of Enlistment March 18/15

I, Robert Chipman, do sincerely promise and swear that I will be faithful and bear true allegiance to His Majesty, and that I will faithfully serve His Majesty in any place where I may be needed (or in the Colony of Newfoundland, as the case may be), against all His enemies and opposers whatsoever, according to the conditions of my service.

Robert Chipman

Declared before me this 31st day
 of March 1914
Wm. L. [Signature]



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 *Robert Chipman*

Regiment from which discharged *1st. Newfoundland*

Regimental number *1320.*

Intended address *Spawood Bay.*

Height on discharge *5* Feet *5⁺*

Color of hair on discharge *Brown*

Complexion *Fair*

Color of eyes *Blue*

Figure on discharge *medium*

Christian name of Father *Edward.*

Christian name of Mother *Deed.*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth. *Spawood Bay, 6 Feb. 1893.*

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) *Robert Chipman*

(Rank) *Lt Col*

Station *St Johns* Date *Jan 4th 1917*

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.

Stoburden Lt.

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

Station *St. Johns Nf.*

Date *Jan. 4. 1916.*

C.R. 1320

Extract of Cablegram received from London,
dated 5/7/16.

#1320 Pte. Chipman. ✓

Gunshot wound right arm.

in Wandsworth July 3rd.

C.R. 320

SICK & WOUNDED N.C.Os & MEN OF THE EXPEDITIONARY FORCE - MEDITERRANEAN.HAMILTON RECORD OFFICE.

LIST NO.H.6859.

19995 Pte. Percival.G. 1/K.O.S.B. Haemorrhoids.....Dis.to Duty ex Gov.H.Suez 6th March.16.

TERRITORIAL FORCE HAMILTON RECORD OFFICE.

LIST NO.H.6859.

3315 Pte. Lawson, I. 1/6 R.Scots. Bronchitis.....Adm.16 Sty.H.Matruh 5th March 16.
 3312 Pte. Sneddon, E. 1/6 -do- Nephritis. -do-
 2419 Pte. Bennett, D. 1/6 -do- Bronchitis. -do-
 2845 Pte. Dutton, C. 1/6 -do- Dysentery. -do-
 26171 Pte. Smart, G. 1/4 -do- Dis.to duty ex 31 Gen.H.Port Said, 7th March 16.
 ?376 Cpl. Reid, J. 1/5 R. S. F. Acute Appendicitis. Adm.31 Gen.H.Port Said ex 15 Sty.H.9th March 16.
 ?783 Pte. Burrows, W. 1/8 Scot.Rifs. P.O.U.O. -do- -do-
 ?642 L/C. Hogg, W. 5/High.L.I. -do- -do-
 ?813 Pte. Wighton, J. 1/5 -do- Synovitis Knee. -do- -do-
 ?417 Pte. Angus, H. 1/6 -do- V. D. G. -do- -do-
 ?971 Pte. Raoside, F. 1/5 -do- V. D. G. & V. D. S. C. -do- -do-
 ?1794 Pte. Purves, J. 1/4 R.Scots. Conjunctivitis & Iritis. -do- -do-
 ?519 Cpl. Nathieson, A. 1/6 High.L.I. Cut Tendon L Index Finger. -do- -do-

TERRITORIAL FORCE PERTH RECORD OFFICE.

LIST NO.H.6859.

9560 Pte. Lill, S. 1/5 A.&S.Highrs.Dis.to Duty ex 31 Gen.H.Port Said 7th March 16.
 420 Pte. Lang, R. 1/5 -do- Bursitis of Tendons..Adm.31 Gen.H.Port Said ex 15 Sty.H.9th March 16.
 Achillis.

TERRITORIAL FORCE LONDON RECORD OFFICE.

LIST NO.H.6859.

2501 Pte. Harrington, W.F. City of London: Sep.Ulcer Leg.....Dis.to Duty ex 16 Sty.H.Matruh 5th March 16.
 170 Sjt. Senst, M. H.A.C.B.Bty. Appendicitis Chronic..Adm.RCH.Giza Cairo 6th March 16.
 406 Gnr. du Roveray, R. -do- Myalgia.Dis.to Base Dtls.ex Grand Con.H.Heleuan
 9th March 16.

NEWFOUNDLAND CONTINGENT.

LIST NO.H.6859.

X 1320 Pte. Chipman, R. 1/Newfoundland R. Anal Abscess.....Dis.to Duty ex Gov.H.Seuz 6th March 16.

Casualty Form—Active Service.

124

Regiment or Corps Newfoundland
 Regimental No. CR 1330 Rank Pte Name Chipman R
 Enlisted (a) Nov 18/15 Terms of Service (a) 1 year Service reckons from (a) Nov 18/15
 Date of promotion to } Date of appointment } Numerical position on }
 present rank } to lance rank } roll of N.C.Os. }
 Extended _____ Re-engaged _____ Qualification (b) _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked St. John's, Nfld.		30/4/15.	
		Disembarked Alexandria		1/9/15.	
		Embarked for Gallipoli		13/9/15.	
8/2/16. 11/3/16	Govt. Hosp., Admitted, Abscess Suez. Mund. <u>James M.</u>		Govt. Hosp., Suez.	26/1/16.	R 1586.
	Embarked Port Suez		Mund.	6/3/16	B 213.
	Disembarked MARSEILLES By Y.A. G.W. for one trans 8 Stratford. G.W. R.A. Ann		C.B.S.	14/3/16. 22/3/16.	B O 11968.
			Winnipeg	2.7.16	HA 539
	Transferred to England		S. Stratford Winnipeg	3.7.16	
				3 JUL 1916	W 3083.

All Clerk
CAPTAIN.
FOR OFFICER INFANTRY RECORDS
G.M.Q. 3rd ECHELON.

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) e.g., Signaller, Shoehing Smith, etc., etc., also special qualifications in technical Corps duties.

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

MEDICAL HISTORY

Surname Chipman OF Christian Name Robert

Table 1.—GENERAL TABLE.

Birthplace:—Parish Spaniards Bay County C. B.

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined	20	March 191		191
	at	St Johns	at	
Declared Age	22	years		days
Trade or Occupation	Fisherman			
Height	5	feet 5		inches
Weight	136 lbs.			lbs.
Chest Measurement	Girth when fully expanded...			inches
	Range of expansion...			inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
When Vaccinated	never			
Vision	R.E.—V==	9	R.E.—V==	
	L.E.—V==		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)	<i>W. Paterson</i>			
(Rank)	Capt.			
	Medical Officer.			Medical Officer.
Enlisted	at	St Johns	at	
	on	18 day of March 191	on	day of 191
	Corps.		Corps.	
	Regtl. No.	1320	Regtl. No.	
Joined on Enlistment	12th 75th			
Transferred to				
Became non-effective by				
	on	day of 191	on	day of 191
(Signature)				
(Rank)				

Table II.—Only for admissions to hospital or to the sick list in the case of Warrant Officers treated in quarters

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
3 RD LONDON GENERAL HOSPITAL WANDSWORTH	3	7	76	7	9	16	S.I.W. VIII 4. R. Numerous	67	pen fracture. Disfracturing S.I.W. R-arm; fracture of R. humerus. Piece of metal seen well also per for of scapula. ^{through scapula} Wound into R. scapula (scapula). Mild wound further aspect of R. arm. In hand ad apex of swelling fold. Vaccine treatment. Wounds healed. Justified.	H. McShane. Capt. R. H. M. T.

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

Date	Brief Details, and Signature

TABLE IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation.	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
St Johns 77					



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

Date

St. John Wf.
Jan. 4, 1917

- | | |
|----------------------------------|---|
| 1. Unit <i>1st. Newfoundland</i> | 5. Age last birthday. <i>23.</i> |
| 2. Regimental No. <i>1320.</i> | 6. Enlisted on <i>18 Mar. 1915</i> |
| 3. Rank. <i>Lance Corp.</i> | at <i>St. John Wf.</i> |
| 4. Name. <i>Chipman Robert.</i> | 7. Former trade or occupation <i>Fisherman.</i> |
| 8. Disability | |

Severe G. S. W. Rt. Shoulder.
with fracture of humerus

9. History

France July 1, 1916

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 Condition fair
Wounds Healed. Arm
stiff as timber.*

11. Was sanatorium advised and refused?
operation

12. Do you recommend discharge as permanently unfit?

Yes.

Signature

J. W. Borden

Rank or Qualification

Leut

Remarks if any by Officer in Charge 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 *may* be considered as ~~aggravated by~~ due to
- (a) Service during this war.
 - (b) ~~Climate.~~
 - (c) ~~Ordinary Military Service~~

Remarks if any:—

Suffering from nervous shock & some impairment in use of arm. Not likely to make an efficient Soldier again

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

Remarks if any:—

1/2 for six months

15. The refusal of ~~operation~~ ^{sanatorium} is:—

- (a) Reasonable. ✓
- (b) Unreasonable.

Remarks if any:—

16. We recommend ~~retention in~~ ^{discharge from} the Army

Remarks if any:—

Signatures. *A. S. Fraser* President
L. B. Peterson Major

W. J.

Place *St. Johns*

Date *Jan 5th 1917*

APPROVED

Station,

Date



Clay Macpherson Major
Administrative Medical Officer.

C.R. / 3 20

Extr ct of Casualties received from Pay & Record
Office, London, dated July 5, 1916.

#1320 L/Cpl. R. Chipman. ✓

Gunshot wound right arm.

t 3rd London, General Hospital, Wandsworth.
July 3, 1916.

C.R. 1320

Extract of Casualties received from Pay & Record Office,
London, dated July 31, 1916.

(Extract from Army Form B 213, from O.C. 1st. Nfld. Regt.
dated 11/7/16.)

#1320 L/Cpl. R. Chipman. ✓

Wounded in Action 1/7/16.

C.R. 1320

Extract from Nominal Roll of Sick and Wounded from France,
admitted 3rd., London General Hospital, London, dated
July 3rd., 1918.6

#1320 L/C. R. Chipman.

G.S.W.R. AFM.

BC.

Extract from Nominal Roll Co.1st.Bn.Nfld.Regt.

C.R. 1320

Embarked, at Devenport for Active Service 20-8-15

Disembarked Alexandria, 31-8-15, Proceeded to Abbassia,
Cairo, same date, Embarked ~~for~~ Alexandria for Gallipoli
13-9-15.

1320 Pte. R. Chipman.

CR 1320

Extract from Roll of Officers and N. C. O's
and men discharged from the Royal Newfoundland
Regiment.

<u>Regt #</u>	<u>rank</u>	<u>name</u>	<u>date</u>	<u>reason.</u>
1320	Pte.	Chipman Rob.	19/1/17	Med. Unfit.

10519

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 20th. 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... *Robert* 2. Surname... *Chapman*

3. Rank... *Lance Corporal* 4. Regtl. No. *1320*

5. Address in full to which future payments of gratuity are to be forwarded... *3. Ashburton place*

..... *Cambridge Mass. U.S.A.*

6. Date of enlistment in the Regiment... *18th March 1915*

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

received an allotment of eighteen dollars per month out of my pay while in the army

8. Relationship of such dependents... *Edward Chapman*

9. Address in full of such dependents... *Spencers Bay*

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No*

11. Were you on active service only in Nfld, If so, give dates and particulars of such service... *Enlisted in L. company on the*

18th day of March 1915 arrived in Scotland on the 4th of May 1915

transferred to P. company for active service in Gallipoli

12. Give total length of time which you served on active service, whether in Nfld. or Overseas. *Served on active service from May 1915 until October 1916 Overseas*

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

Enlisted on the 12th March 1915 in st. John M. I. L. D. in M. I. L. D. Regt. Discharged on the 19th Jan 1917. Regimental No. 1320.

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.

the only money I have received is my pension and twenty five dollars for a suit of clothes when I was discharged.

15. Have you been issued with a War Service Badge? *yes*

16. Have you, during the present war, served in the Imperial Forces?

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?

any gratuity I have not received. Not entitled to the full amount of what ever is coming to me.

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? *not applicable*

19. Are you now serving in the Regt.? *No* If not give:- (a) Date of discharge.

Jan 19th 1917. (b) Reason for discharge... being no longer physically fit for war service on account of wounds received in action.

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.

Landed 20th 1915. Evacuated 7th of January 1916. I fought all through the Standerell's campaign with the front M. I. L. D. Regt. then went to Egypt from there to France. I got wounded in the first Battle of Ypres.

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.

Am receiving treatment from private doctors here in Boston in my own expense which is right to do. 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.

by the Committee

Signature of Applicant: *Robert Chynow*
 Place of Residence: *3 Ashburton-pl. Cambridge Mass*
 Declared before me at:

This *29* day of *May* 19*19*
Samuel W. Pitt Notary Public
 Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of affidavits. *Jan 19 1923*

POST DISCHARGE PAY.				
Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	<i>4 mos.</i>	<i>250 00</i>
.....
.....
Certified Correct.			Paymaster.	

Signature of Applicant: *Robert Shigman*
 Place of Residence: *3 Ashburton pl. Cambridge Mass*
 Declared before me at:

This *29* day of *May* 19*19*
Samuel W. Hill Notary Public
 Signature of Barrister of the
 Supreme Court, Stipendiary Magis-
 trate, Notary Public, Justice of the
 Peace, or Commissioner of affidavits.
Ex. Comm. 1919
Jan 19 1923

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....
.....
.....
Certified Correct.			Paymaster.	

C.R. 1340

NEWFOUNDLAND CONTINGENT

Extract of Casualty List received from P.&R.O.

July 10th. 1916.

1320, L/C. R. Chipman. ✓

1/ Newfoundland R. GEN. R. Farm.

Adm. & Sty. Hqs.

Winareux 3rd July 1916

C.R. 1320

Extract of Casualties received from Pay & Record Office,
London, dated July 11, 1916.

#1320 L/Cpl. R. Chipman. ✓

To Eng. per HS. "Jan Breydel" ex 8 Sty. Hosp. 3rd July 1916.
Gunshot wound Right Arm Frac. Humerus.

10)

C.R. 1320

Extract from Nominal Roll Embarked St. John's for Overseas, per
S:S. "Stephano" April 22, 1915.

1320 Pte. Chipman Robt.

R 1320

Extract from list of men of the Royal Newfoundland Regiment discharged on various dates.

#1320 Pte. Robert Chipman, discharged Jan. 19th 1917,
Medically unfit

C.R. 1320

Extract of Casualty List received from P.&R.O.
September 8th 1916.

1320, L/Cpl. R. Chipman. ✓

Discharged from Hospital and granted furlough from
7/9/16, to 16/9/16. Fit for light Duty Class B.
~~Light Duty~~ Likely to be fit for service overseas
within 3 months.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C.
 (535) W13871/604 400m 2/15-1 93 58

Forms
B. 121.
29.

Regiment of *First Newfoundland*

WEDGWOOD & CO. LTD.
 11, VICTORIA ST.,
 LONDON, W.1.
 OCT 2 1918
 Number of Sheet *1*
 Signature of O. C. Company *[Signature]*
*Sumner
Capt.*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay
No.	<i>1370</i> <i>Shepherd Robert</i>	Age on	<i>22</i> years <i>0</i> months	<i>Fisherman</i>	
Joined		Date	Place and Date of Enlistment	Religion	
Joined		Date	<i>H. John's 18.5.15</i>	<i>C. of G.</i>	
Joined		Date			Period of
Joined	Date	with Colours	<i>30⁸</i> years.		
Joined	Date	with Reserve	<i>36⁶</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>Pts</i>		<i>Medically Unfit</i>	<i>H. John's</i>	<i>19/17</i>			

To be carried over

CR 1320

August 17th 1920 .

Secretary,

Board of Pension Commissioners.

1320 Ex.L/C. Robt. Chipman.

Sir:

Please find attached letter from the above mentioned soldier. This would appear to come under your Department. I would be glad if you would correspond with him direct.

Yours faithfully,

Lieut.Col.

Chief Staff Officer.

C.R. 1320

August 17th 1920.

Robert Chipman Esq.,
3 Ashburton Place,
Cambridge. Mass.

Dear Sir:

I am in receipt of your letter of August 11th,
and have forwarded same to the Board of Pension
Commissioners, and have asked them to correspond with
you direct.

Yours faithfully,

Lieut.Col.
Chief Staff Officer.

C.R. 1320

CIRCULAR LETTER

St. John's,

March 13th 1919.

Riband of 1914-15 Star.

Please complete the following claim and return it to this Department. If possible, call at Room No. 5 for your issue.

W. J. Rowdell

Lieut. Colonel.

Chief Staff Officer.

CLAIM FOR ISSUE OF RIBAND

of 1914-15 STAR.

Department of Militia,

St. John's.

I hereby make claim for issue of Riband of 1914-15 Star.

I certify that I am entitled to this issue, having served on* in *N. F. I. D. Regt.* from *March 18th 1915* to *January 19th 1915*.

(Date) *April 8th* (NO) *1320* (Rank) *2nd Lt.* (Name) *Robert Chipman*
(Place) *26 Essex St. Cambridge Mass. U.S.A*

*Fill in theatre of War where you served in Gallipoli, Mudros, Lemnos, or Western Egyptian Frontier.

Served in Gallipoli from 19th of September 1915 the Regiment landed there until the evacuation 7th of January 1916 then to Mudros, Lemnos, and Egyptian frontier from there to France.

(Ribbon posted to him 19-4-19)

C.R.

1320

Robert Chipman was attested for General Service
with the NEWFOUNDLAND REGIMENT on March 18th 1915.
Regimental No. **1320** was allotted to Pte **Robt. Chipman**

AUTHORITY:

Record Desk

Dept. of Militia,

March 25th. 1919.

C.R. 1320

RECEIPT FOR ISSUE OF
RIBAND OF 1914-15 STAR.

I certify that I have received an issue
of 3 inches of Riband of 1914-15 Star.

Name *Robert Shipman*

Date *May 8th 1919*

Place *3 Ashburton pl. Cambridge Mass*

Please sign this and return to Department of Militia.

G.

16th August, 1916.

Dear Sir,

On the 5th August I cabled the Record Office of the First Newfoundland Regiment, London, for news concerning No. 1320, Private Robert Chipman, and I am to-day in receipt of a reply to the effect that he is progressing favourably.

Yours faithfully,

Colonial Secretary.

Mr. Edward Chipman,
Spaniard's Bay.

66

Copy of Message sent to Record Office, London, on the
5th August, 1916.

Report by telegraph present condition of 1157 Costello
1420 Sheppard 1320 Chipman 1340 Dawson Relatives anxious
for news of 1028 Carew 1244 Kelly 1127 England 1166 Heath
474 Dooley Is H. Company still Ayr.

COLONIAL SECRETARY.

338p

66

NEWFOUNDLAND POSTAL TELEGRAPHS.

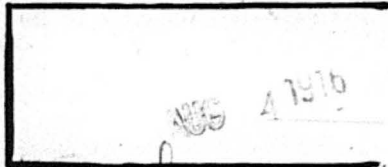
CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 40 Sent by Am Rec'd by In Check RA No. _____

Place from Spaniards Bay

To R Bennett

Col Seely
St Johns



please ascertain condition
lance corporal Robert
Chipman third London
General hospital.

Mrs Edward Chipman

NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 578 Sent by _____ Rec'd by _____ Check _____ No. _____

Place from Spinnards

To _____

Buy 15 D 4
2.1 1916
21

Gen J R Bennett
Col. Secty

please ascertain condition
private Robert Chipman
no 1320 wounded rows
Third London General
Hospital Sunderland
Mrs Edward Chipman

6

COPY OF TELEGRAM.

Dated

July 5, 1916.

To

Mr. Ed. Chipman,
Spaniards Bay.

Regret to inform you that the Record Office,
London, officially reports No. 1320, Private Robert
Chipman, is at Third London General Hospital, Wandsworth,
suffering from gunshot wound right arm.

Upon receipt of further information I shall immediately wire you and trust that the next report will be of his convalescence.

J. R. BENNETT,

Colonial Secretary.

G.

66

27th April, 1916.

Dear Sir,

I beg to inform you that a report has this day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that No. 1320 Private Robt. Chipman had been suffering from Anal Abscess at Govt. Hospital, Suez, and was discharged to duty on March 6th.

This information has been received by mail.

Yours faithfully,

Colonial Secretary.

Mr. Edward Chipman,
Spaniard's Bay.

Despatching
Office
Stamp

NEWKID BIRMEN
1916
S. EAST

No. 295

From London

Registered Letter Addressed

C.R. 1320

*1320 to 2/1/1916
26 ...
...*

Arrival
Office
Stamp

R5621

Received by ...

E. Chipman .

1320.

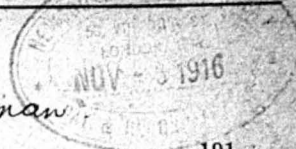
P. H. P. G.

Per. S/S. Corcoran 9¹⁰/₁₆.

PAY LIST. *Sept 30 to Oct 9* 1916. Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps *2/1 Newfoundland Regt.*
 No. *1320* Rank *2/Corp.* Name *Chipman*
 Died (a) at *Furlough* on the *9th* of *October* 1916.
 Deserted at *Furlough* on the *9th* of *October* 1916.



I Certify to the correctness of above in every particular.

 { Commanding Squadron, Troop,
 Battery or Company.

STATEMENT OF ACCOUNT.

[Form 1.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month	1	0	0	Balance Cr. last month <i>17/9/16</i>	1	5	5 ²
	Cash issues (Date of each issue to be stated)				Pay <i>22</i> days at <i>1⁰⁵</i> from <i>18/9/16 to 9/10/16</i>	4	14	11 ²
	£ s. d. <i>6/10 1916</i> 10 0 <i>9/10 " 16</i> 1 0 0 " "				Proficiency, Service or good conduct pay <i>22</i> days at <i>10</i> from <i>18/9/16 to 9/10/16</i>	9	0	2 ¹
					Messing allowance days at from _____ to			
					Kit allowance			
		1	10	0	Amount produced by the sale of Effects from Form 2			
	Consolidated stoppage		11		Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
	<i>allotment 22 dya @ 6s*</i> <i>1320</i>	2	14	3	Deferred Pay or Gratuity			
	Balance due by the Paymaster	1	4	2 ¹	Balance due to the Paymaster			
		£	6	9	4 ¹ / ₂			

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ 6 9 4¹/₂ is correctly chargeable against the Public (a).

NEWFOUNDLAND CONTINGENT.

Dated at *NEWFOUNDLAND CONTINGENT*
 this *55, VICTORIA ST.,*
Gay of
LONDON, S.W.

191

Paymaster.

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to the Office with Army Form B. 2090 or Army Form O. 1815.
 (b) Words in *italics* to be struck out when there is no debtor balance.

PAY LIST. *Sept. 30* to *October 6* 191*6*. Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps *2/1 New Zealand Reg.*
 No. *1820* Rank *Plat 1* Name *Chipman*
 Died (a) at _____ on the _____ of _____ 191*6*.
 Deserted at *Fulmpt.* on the *9th* of *October* 191*6*.

I Certify to the correctness of above in every particular.

_____ } Commanding Squadron, Troop,
 Battery or Company.

STATEMENT OF ACCOUNT. [FORM 1.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month.....	1	0	0	Balance Cr. last month.....	1	0	10 1/2
	Cash issues (Date of each issue to be stated)				Pay <i>24</i> days at <i>1.00</i> from <i>1/9</i> to <i>3/10</i> <i>14</i> <i>9</i> = <i>27.60</i>			<i>5</i> <i>13</i> <i>5</i>
					Proficiency, Service or good conduct pay			
					days at _____ from _____ to _____			
					Messing allowance _____ days at _____			
					from _____ to _____			
					Clothing and kit allowance			
					Amount produced by the sale of Necessaries			
					Personal Clothing and Effects from Form 2...			
	Consolidated stoppage			<i>11</i>	Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
	<i>Allocation 24 Days @ 60</i> <i>\$14.40</i>	<i>2</i>	<i>19</i>	<i>2</i>	Deferred Pay or Gratuity.....			
	Balance due by the Paymaster	<i>1</i>	<i>4</i>	<i>2 1/2</i>	Balance due to the Paymaster.....			
		£	<i>6</i>	<i>14</i>		£	<i>6</i>	<i>14</i>
				<i>3 1/2</i>				<i>3 1/2</i>

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ _____ is correctly chargeable against the Public.

Dated at _____ day of _____ 191*6*.

NEWFOUNDLAND CONTINGENT.
[Signature]
 PAYMASTER & OFFICER IN CHARGE RECORDS

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 2090 or Army Form O. 1815.
 (b) Words in italics to be struck out when there is no debtor balance.

CHECKED.
[Signature]

Corsican 9th
Sailed per S.S. "Corsican" 9th 10

Army Form O. 1625

PAY LIST. Sep^r 30th to October 9th 1916. Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps *7th Newfoundland Reg^t*
 No. *1320* Rank *2nd Lt* Name *Chipman*
 Died^(a) at _____ on the _____ of _____ 191 ____
 Deserted at *Furlough* on the *9th* of *October* 1916.

I Certify to the correctness of above in every particular.

R.S. Russell
Capt } Commanding Squadron, Troop,
 Battery or Company. *H*

STATEMENT OF ACCOUNT.

[FORM 1.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month	1	0	0	Balance Cr. last month	17	9	11 1/2
	Cash issues (Date of each issue to be stated)				Pay 22 days at 10 ^s from <i>17th 10</i> to <i>9th 16</i>	14	11	
		£	s.	d.	Proficiency, Service or good conduct pay			
	<i>6. 10. 1916</i>	10	0		<i>22 days at 10^s from <i>17th 10</i> to <i>9th 16</i></i>	9	0	1/2
	<i>9. 10. "</i>	1	0		Messing allowance _____ days at _____			
	<i>" "</i>				from _____ to _____			
	<i>" "</i>				Clothing and kit allowance			
		1	10	0	Amount produced by the sale of Necessaries			
	Consolidated stoppage			11	Personal Clothing and Effects from Form 2...			
	<i>Statement 22 Days C 60</i>	2	14	3	Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
	<i>#13.20</i>				Deferred Pay or Gratuity			
	Balance due by the Paymaster	1	14	2 1/2	Balance due to the Paymaster			
		£	27	9 1/2		£	69	4 1/2

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ _____ is correctly chargeable against the Public^(b).

Dated at _____ day of _____ 191 ____
 this _____ day of _____ 191 ____
 NEWFOUNDLAND CONTINGENT
 Paymaster.

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 2090 or Army Form O. 1815.
 (b) Words in Italics to be struck out when there is no debtor balance.

CHECKED.

INVALID SOLDIER.

WALLEN'S HIGHLAND REGIMENT

1320 L.P. Chipman

3 Severe B.S.W. Rt. Shoulder.

J. Wilson
Lt. Rank

4.10.16



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, *Robert Chipman*, Regl. No. *1300*
 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. :

Identity Certificate	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>1109A</i>	<i>Father</i>	<i>Edward Chipman</i>		<i>60</i>
		<i>Spencer Roney</i>		
Total Allotment, \$				<i>60</i>

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.) *[Signature]*
 (Rank) *private*

April 12 1915

Admitted ~~13~~ 7.16

Army Form W. 3016.

No. _____

Date Sept 7th 1916

(1) To the Officer i/c Records,

58 Victoria St
S.W. (Station).

(2) The Officer Commanding,

Infld. Contingent
Aug (Station).

(3) The Paymaster,

58 Victoria St.
S.W. (Station).

Regimental No. 1320

Rank and Name. Lt. Chapman. R.

Regiment or Corps 1st Infld. Contingent

has been granted a furlough from Sept 7th to Sept 16th

His address while on leave will be:—

58 Victoria St. S.W

This man has been furnished with a warrant to Victoria and given an advance of £1 (one pound)

I consider he is fit for ~~Light~~ Light duty. and likely to be fit for service overseas within 3 months.

Horace Tagan Capt R.A.M.C.(F)

Officer in charge Registrar, R.A.M.C.T.,
3rd London General Hospital, Hospital,
WANDSWORTH, S. W.

(Station).

* Strike out that which is inapplicable.

Four copies to be made, and one copy sent to each Officer mentioned above and one copy filed in the office.

✓

Chipman, J

1320

Sept 1891

STATEMENT OF ACCOUNT

No. 1920

Name Chapman Robert

July 65

Date	Particulars	Ch. No.	Dr.	Cr.	Bal.
Oct 9	Balance due by P.M. L. 1-4-35			5 88	5 88
31	Pay to date			27 80	33 68
Nov 30	" " "			57 00	90 68
Dec 31	" " "			58 90	149 58
1917				3	
Jan 1	" " "			36 10	185 68
	Overland Clothing			25 00	210 68
	Bonus			13 30	223 98
	Ration allowance			4 86	228 84
					3
October	To Pay	32	15 00		212 84
Nov 28	" "	54	30 00		182 84
Oct 23	" "		1 00		182 84
24	" "		1 00		184 84
31	To Allotment 22 days @ 61¢		13 20		167 64
Nov 30	To Pay Allotment		18 00		150 64
Oct 27	To Equipment No 891		1 50		149 14
Dec 2	To Pay	58	15 00		134 14
31	To allotment 31 days @ 60¢		18 60		115 54
27	To Pay	80	30 00		85 54
Jan 6	" "	90	10 00		75 54
19	" "	100	70 68		4 86
			223 98	228 84	4 86

Signed A. J. Swaney S.M.

STATEMENT OF ACCOUNT

No. 1320

Name Chapman Robert

Date	Particulars	Ch.No.	Dr.		Cr.		Bal.		
	Brought forward		223	98	228	84	4	86	
	War Service Gratuity 4 mos @ 70 $\frac{00}{100}$				280	00	284	86	
	Bonus								
March 1	20 Pay		13	30			29	86	
April 1	" "	10519	70	00			208	86	
May 1	" "	13477	70	00			138	86	
June 1	" "	17857	70	00			68	86	
		21291	56	70			4	86	
			3						
			503	98	508	84	4	86	
								<i>Balance</i>	

Signed J. J. [Signature]

8
11
1920

Pu S. Corsican

Army Form O. 1625.

OCT 12 1916

PAY LIST. Sept. 20th to October 6th 1916. Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps *7th Newfoundland Regt*
No. *1320* Rank *Lt Col* Name *Chipman*
Died^(a) at _____ on the _____ of 191 ____
Deserted at *Furlough* on the *9th* of *October* 1916

I Certify to the correctness of above in every particular.

R. Rowse Capt. { Commanding Squadron, Troop, Battery or Company.

STATEMENT OF ACCOUNT.

[FORM 1.]

Date.	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month	1	0	0	Balance Cr. last month <i>15/9 1907</i>	1	0	<i>10 1/2</i>
	Cash issues (Date of each issue to be stated)				Pay <i>24</i> days at <i>1.15</i> from <i>11/9</i> to <i>9/10</i>	<i>5</i>	<i>13</i>	<i>5</i>
					Proficiency, Service or good conduct pay = <i>27.60</i>			
					days at _____ from _____ to _____			
					Messing allowance _____ days at _____			
					from _____ to _____			
					Clothing and kit allowance			
					Amount produced by the sale of Necessaries			
					Personal Clothing and Effects from Form 2...			
					Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
					Deferred Pay or Gratuity			
					Balance due to the Paymaster.....			
	Consolidated stoppage.....			11				
	<i>Allocation 24 Days @ 20</i> <i># 174.40</i>			<i>2 19 20</i>				
	Balance due by the Paymaster			<i>1 14 2 1/2</i>				
		£		<i>6 14 3 1/2</i>		£		<i>6 14 3 1/2</i>

I hereby Certify that the above account is correct in every particular, and that the ~~debtor balance of £~~ is correctly chargeable against the Public.

Dated at _____ day of _____ 191 ____

NEWFOUNDLAND CONTINGENT. *R. Rowse* Paymaster. PAYMASTER & OFFICER I/C RECORDS

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 2090 or Army Form O. 1815.
(b) Words in Italics to be struck out when there is no debtor balance.

CHECKED. *[Signature]*

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

Place Spaniard's Bay, C.B.

Robert Chapman Signature of soldier

Date January 19th, 1917

J. L. Goss Witness

FORM I

To be used by the Quartermaster's Department for replacement issues of lost articles, and to accompany monthly Pay Lists.



1ST NEWFOUNDLAND REGIMENT

No. **891**

KIT AND EQUIPMENT ISSUES ON PAYMENT.

Name *R. Chipman*

Regimental No. *1370*

Charged per Pay List for month of _____ Company _____

Item No.	Articles	Quantity	Price		Item No.	Articles	Quantity	Price	
			\$	c				\$	c
1	Braces Pairs				26	Knife Clasp			
2	Boots "				27	Mug			
3	Boot Laces "				28	Plate			
4	Brush Hair				29	Spoon			
5	Brush Tooth				30	Bandolier			
6	Brush Clothes				31	Belt			
7	Blankets				32	Haversack			
8	Cap Service	<i>1</i>	<i>150</i>		33	Identification Badge			
9	Cap Sleeping				34	Pull-through			
10	Cholera Belt				35	Rifle			
11	Drawers Pairs				36	Side Arms			
12	Great Coat				37	Water Bottle			
13	Hat or Helmet				38	Trenching Tools			
14	Housewife				39	Dubbin			
15	Kit Bag				40	Vaseline			
16	Mittens Pair				41	Cardigan Jacket			
17	Puttees Pair				42	Shoulder Badges			
18	Shirts				43	Cap Badges			
19	Socks Pairs				44	Regm'al Buttons . (large)			
20	Tunic				45	Regm'al Buttons . (small)			
21	Trousers				46				
22	Towels				47				
23	Undervests				48				
24	Fork				49				
25	Knife Food				50				

Charged to his account

I hereby acknowledge to have received the above named articles as charged, and agree to the amount of *me* Dollars *fifty* cents being deducted from my pay.

Signed *Sgt. R. Chipman*

Issued as above
Oct 27 1916
Wm. D. [unclear] B. 2. M. S.
 for Quartermaster.

Entered { Stock Bk. folio No. _____
 " Recap. " " _____
 Ledger " " _____

June 7, 1919

#1320 L/C. Robert Chipman,

#3 Ashbusten Place,

Cambridge, Mass., U.S.A.

Dear Sir:-

Referring to your application
I enclose cheque for Seventy dollars
(\$70.00), being amount of first payment
due you on account of "War Service Gratuity."

Yours truly

Captain
Paymaster & Officer i/c Records.

No 1208



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Robert Chipman, Regl. No. 1390

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.:

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>1092</u>	<u>Father</u>	<u>Edward Chipman</u>		<u>60</u>
		<u>Spaniards Bay</u>		
		<u>April 9/15</u>		
Total Allotment, \$				<u>60</u>

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.

g.) Eric Sheppard
 Officer Commanding
 Company

(Sig.) Robert Chipman
 (Rank) private

April 12 1915



Spaniards Bay
May 3rd 1919
4867

Dear Mr. Maddick
would you kind
send me some war
Service Gratitude forms
As my son is in
America and he wish
for me to get them and
send them on to him
he was in the regt and
served on the Gallipoli
his name is Robert Chipman
Kindly forward me
the forms. And you'll
oblige.

Edward Chipman

P.S. Spaniards Bay
this said name is his father

26 Essex. St. A.
Cambridge Mass

Capt. J. M. Howley. ¹⁹¹⁹ April 28th

Dear Sir

I am writing
to you for information
concerning my war Service
Gradually. I understand
that all soldiers of the
M. F. I. P. Regt are getting
from four to five months

¹¹
pay being that I have not
been notified. I thought I
would write and ask you
for all particulars concerning
the same

Yours Truly

1370 Robert Chapman

Following is the length of time
I served in the M. F. I. P. Regt
Enlisted on the 18th of March 19.15
Discharged on the 19th of January 19.12

Rank, Lance Corporal

Served in Gallipoli 19.15-

France — 19.16

June 22nd,

7.

Mr. R. Chipman,
Spaniard's Bay.

1320

Dear Sir,-

I enclose herewith cheque for \$4.86, being the amount due you as Ration money due whilst on Furlough in England.

Yours truly,

Lieut.
D/Paymaster

January 31st.1917

Mr. Robert Chipman,
Spaniard's Bay,

Dear Sir:-

I enclose certificate of discharge, dated January 19th 1917, and cheque for \$70.68, in full settlement of pay and allowances to date of discharge, made up as follows:-

Balance of pay	\$32.38
Bonus one week at \$1.25 per day	13.30
Allowance for civilian clothing	26.00
	<hr/>
	70.68
	<hr/>

1320
Please sign the enclosed voucher and also the special form herewith, and return to me.

Yours truly,

Deputy Paymaster

May 9, 1919

Mr. Robert Chipman,
26 Essex Street,
CAMBRIDGE,
Mass.

Dear Sir:

With reference to your letter of April 28th. I enclose herewith form of claim for War Service Gratuity, which kindly have completed before a Solicitor, and returned to this Department, so that your claim may be considered.

Yours truly,

Lieut.
For PAYMASTER.

May 9, 1919

Mr. Edward Chipman,
SPANIARD'S BAY.

Dear Sir:

With reference to your letter of May 3rd. I beg to advise you that I have forwarded a claim for War Service Gratuity, direct to your son, with the request that he have it completed before a Solicitor and return to this Department, so that his claim may be considered.

Yours truly,

Lieut
For Paymaster

1320

December 27th

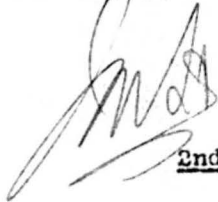
6

L/Cpl. R. Chipman,
Spaniard's Bay.

Dear Sir,-

I enclose herewith Cheque for \$30.00 on account
of pay. Kindly sign the attached voucher in the space provided
for same, and return.

Yours truly,



End. Lieut. & D/Paymaster.

FORM P/D

PAY DEPT

No.



1st NEWFOUNDLAND REGIMENT

VOUCHER

In Acct. with L/Cpl. R. Chipman Voucher No. 27221
Cheque No. 27421

Reg'l A/c No. Name C.B. Folio No.

Date	Req'n No.	Invoice No.	Particulars	Amount
Jān. 20	282		Bonus	\$13 30
			Clothing.	25
			Balance of pay	<u>32 38</u>
				\$70 68

CERTIFICATION
J. M. Rowley
PAYMASTER

Dissect^o Sheet No.
Recap. Sheet No.
Checked by

RECEIPT

January 20th 1917.

Received from the 1st. NEWFOUNDLAND REGIMENT the sum of
Seventy ----- Dollars
and **Sixty Eight** ----- Cents in Payment as above stated.
January 1917.

\$ 70.68
[Sig.] *Robert Chipman*

No.



1st NEWFOUNDLAND REGIMENT

VOUCHER

In Acct. with L/Cpl. R. Chipman. Voucher No. 26841. Cheque No. 26841.

Reg'l A/c No. Name C.B. Folio No.

Table with columns: Date, Reg'n No., Invoice No., Particulars, Amount. Entry: Jan. 8 269 A/c pay \$10

CERTIFICATION

Dissect Sheet No. Recap. Sheet No. 269. Checked by

Signature of Paymaster

PAYMASTER

RECEIPT

January 8th 1917

Received from the 1st. NEWFOUNDLAND REGIMENT the sum of

Ten Dollars

and Cents in Payment as above stated.

January 8th 1917

\$ 10.00

[Sig.] R. Chipman



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Robert Chipman, Regl. No. 1330

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.:

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
1091	Father	Edward Chipman		60
		Spanaway Bay		
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.) Eric Sheppard
 Officer Commanding
 Company

(Sig.) Robert Chipman
 (Rank) private

April 12 1915

C.R. 1320

RECEIPT.

I hereby certify that I have received the 1914-1915

STAR.

No 1320

Name

Lt. R. L. Lymas

Witness.

Chesley Smith

m. p.

Date

25th 6. 1920

Place

97. Austin St Cambridge Mass