



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4496 Name Ernest William Corps Infantry

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. William Ernest
2. What is your full Address? 2. 106 1/2 Pittman St
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 26 Years Months
5. What is your Trade or Calling? 5. None
6. Are you Married? 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? 7. No
8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
9. Are you willing to be enlisted for General Service? 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 10. Name Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 11. Yes

I, 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.

J. F. ... SIGNATURE OF RECRUIT.
William Ernest Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
 The above questions were then read to the Recruit in my presence.
 I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at on this day of 1915
 Signature of Attesting Officer W. ...

† CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the
 If enlisted by special authority, such will be attached to the original attestation.
 Date ... 1915
 Place } Approving Officer.

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

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

1-5-1915

- DESCRIPTIVE REPORT ON ENLISTMENT

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

Name *Ernest William*

Apparent age *18* years _____ months _____ Height _____ feet _____ inches

Chest Measurement { Girth when fully expanded *37* inches
 Range of expansion *4* inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin *Mr. Stanley Jones*
1067-2 Pleasant St. | 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									
Joined at _____ on _____									
Total Service forfeited as above.....									
Total Service towards Engagement to _____ [date of discharge] _____ years _____ days									
" " Pensions " _____ [" "] " " "									



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4496 Name Ernest William Corps Recht

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. William Erane
2. What is your full Address? 2. 106 1/2 Pleasant St
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. Clark
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, William Erane 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.

W. Erane SIGNATURE OF RECRUIT.
J. Daymond Signature of Witness.

OATH TO BE TAKEN BY RECRUIT-ON ATTESTATION.

I, William Erane 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 recorded as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St John's on this 19 day of April 1918.

Signature of Attesting Officer W. Jamesheut

CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been compiled with. I accordingly approve, and appoint him to the
If enlisted by special authority, such will be attached to the original attestation.

Date April 19, 1918
Place St John's
Signature of Approving Officer W. Jamesheut Approving Officer.

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

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

Report 1-5-18

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Brian William
 Apparent age 18 years months Height feet inches
 Chest Measurement { Girth when fully expanded 37 inches
 Range of expansion 4 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mr. Stanley Crane
106 1/2 Pleasant St | 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 limited engagement reckons from _____									
Joined at _____ on _____									
<div style="font-size: 2em; font-family: cursive;">Discharged: <u>Albino Jan. 14/1919.</u></div>									
Total Service forfeited as above.....									

Total Service towards Engagement to _____ [date of discharge] _____ years _____ days
 " " Pensions " [" "] " " "

C.R. 4496

Extract of Daily Orders Part II, Depot St. John's, dated
Jan. 15th 1919.

Discharge confirmed on demobilization

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

4496 L/c Wm. Crane

Discharged 14-1-19

C.R. 4496

Extract from Daily Orders Part II Unit the Royal Wfld.
Regt., St. John's, Dec. 19th, 1918.

The undernoted man discharges on Demobilization has been approved ~~me~~ by O.C. Discharge Depot from noted date. He is removed from Depot Strength to Discharge Depot pending confirmation by Officer i/c Records.

4496 L/C. W. Crane.

17-12-18.

C.R. 4496

Extract from Daily Orders Part 11 Unit The Royal Wild. Regt.
St. John's, dated August, 14, 1918.

4496 Pte. W. Crane.

To be L/Cpl. from 14-8-18.

C.R. 4496

Extract from Daily Orders part 11, from Unit The Royal
Newfoundland Regiment, St. John's, dated April 20, 1918.

#4496 Pte. W. Crane.

Attested for General Service with the Royal Nfld. Regt.
from 19/4/18 to report. 1/5/18.

Crane, W^d

4496

Hay Sept.

January 14th., 1919

#4496 ~~E~~Corpl. William Crane,
#106 Pleasant Street,
City.

Dear Sir:-

Please find enclosed "Discharge
Certificate No.474."

Yours faithfully,

Paymaster & O.i/c Records.
Captain.

Enc 1 1.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4496 Rank Lie Name Wm Lorne
 Intended place of residence 106 1/2 Pleasant St

2. Occupation Artist
 Classification of soldier A Medical Category ATI

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

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

Place DEC 17 1918
 Date DEC 17 1918 W. M. Bowley Capt.
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date St. John's
17-12-18
W. Lorne
 Signature of soldier
C. B. Dicks Capt.
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date St. John's
17-12-18
W. Lorne
 Signature of soldier
A. Helen
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 19-4-18 No of days on Military
 Discharged from service 17-12-18 plus 28 day Service 271

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S.
DEC 17 1918
R. H. Lat 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 Nfld.
January 14/1919
W. M. Bowley Capt.
 Officer in Charge
 The Royal Newfoundland Regiment

W. M. Bowley
20/9/1918

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 14496 Rank L/C Name Crane Wm
 Date of Enlistment 19-11-18 Address St John's District St John's
 Occupation Clerk Classification for Discharge A Medical Category A2
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. F36.....	B 268.....	B 121.....	1	N.F. Med.....	D.F. 1.....	1
B 178.....	W 3494.....	B 122.....		Board 1st.....	" 2.....	
B 178a.....	D 400A.....	B 1915.....	2	do 2nd.....	" 3.....	3
B 179.....	D 400B.....	Form L.....		do 3rd.....	" 4.....	
B 179a.....	D 400C.....	Form K.....	1	do 4th.....	" 5.....	
B 179b.....	B 103.....	ME 2.....	1		" 6.....	
B 179c.....	B 120.....	M 93.....				

Date 17-12-18

Wm Crane
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

W Crane

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$100.00

(b) Clothing Supplied Joseph H. Crane

Date 17-12-18

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. File to his home at St Johns and Release Certificate No. 408 issued.

Date 17-12-18

C. D. Dicks Capt.
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 14-1-19

Date 17-11-18

W. Bailey Capt.
Depot Paymaster.

Discharge approved for 17-12-18

Forwarded with following documents to O.C. Discharge Depot.

N.F. Pj36	B 268	B 121	1	N.F. Med.	D.F. 1	1	J. J. Jones
B 178	W 3494	B 122		Board 1st	" 2		
B 178a	D 400A	B 1915	2	do 2nd	" 3	2	
B 179	D 400B	Form L		do 3rd	" 4		
B 179a	D 400C	Form K	1	do 4th	" 5		
B 179b	B 103	ME 2	1		" 6		
B 179c	B 120	M 93					

Date 17-12-18

C. D. Dicks Capt.
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

DEC 17 1918

Date

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

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

Date Dec. 19/1918

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

MEDICAL HISTORY

Surname Crane OF Christian Name William

Table I.—GENERAL TABLE.

Birthplace:—Parish S. Johns County Nfld

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined	19 th	Apr		
at	S. Johns			
Declared Age	18	years		
Trade or Occupation	Student			
Height	5	feet 6 1/2 inches		
Weight	135 1/2	lbs.		
Chest Measure-ment	Girth when fully expanded...			
	37			
	Range of Expansion..			
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/			
When Vaccinated				
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	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)	Lambert Peterson			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	S. Johns	at	
	on	19 th day of Apr	on	
Joined on Enlistment	Corps		Corps	
		The Royal Nfld Regt		
	Regtl. No.	4496	Regtl. No.	
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
[Signature]				
[Rank]				

Civil Re-establishment Committee



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

To work as Clerk

W Crane

Signature of Man.

Reg. No. 4496

Abdulkhaleq

Signature of the Vocational Officer or his Representative.

Place

St John's n. F. L. D.

Date

17/2/18.

191



Descriptive Return of a Soldier Discharged on Account of Disability.

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification, depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. I. c. Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full *William Crane*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4496*

Intended address *106 1/2 Pleasant St. S. John's.*

Height on discharge — Feet —

Color of hair on discharge *light*

Complexion *light*

Color of eyes *Blue*

Descriptive Marks

Figure on discharge *good*

Christian name of Father *Stanley*

Christian name of Mother *Sarah*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *S. John's - Jan'y 26th 1890.*

Nature and locality of civil employment required *Royal Artillery (Kent)*

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)

William Crane

(Rank)

Station *Pleasant St. S. John's*

Date *Dec 17 1918*

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.

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

Station

Date

LEAVE OF ABSENCE WITHOUT PAY

In consideration of having been granted leave of absence without pay from the Royal Newfoundland Regiment for I agree to free the Royal Newfoundland Regiment from any responsibility or claim whatsoever, on my behalf, arising during that period of absence without pay on account of my services in the Regiment since attestation.

This leave of absence is subject to my reporting for duty at any time when ordered within the period mentioned.

Date 22-11-18

Signature of soldier W. Crane

Witness R. Edward
Edm

.....

REPORT OF DEPOT MEDICAL OFFICER

Examination on No. 4496 Rank 2nd Lt. Name W Crane

Held Nov 22-1918 at Trinity Point St. John's

This is to certify that the above mentioned soldier has been medically examined and that he suffers from no disability whatsoever on account of Military Service in the Royal Newfoundland Regiment.

J. Paterson

Medical Officer, Depot.

4496 S/c. W. Crane is
granted leave of absence without
pay till further orders.

R H Tait Capt.

Employer. Royal Stores. 22/11/18
Dry Goods

FORM K

Nº 6455



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, *William Brane*, Regl. No. *4496*
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and *sixty* Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person^{and} or Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person^{and} or Persons
 concerned, viz.:

Allotment begins *August 1st 1918.*

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>6455</i>	<i>mother</i>	<i>Sarah Brane</i>	<i>106 1/2 Pleasant St</i>	<i>60</i>
			Total Allotment, \$	<u><i>60</i></u>

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

(Sig.) *L. Murphy*
 Officer Commanding
 Company
 St. Johns Nf
 July 6th 1918

(Sig.) *W. Brane*
 (Rank) *private*



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 William Crane
aged 18 years conducted at Headquarters
Date: April 19/18 Recruiting Officer:

NO OF TEST FINDING

- 1 no
- 2 no
- 3 no
- 4 no
- 5 no
- 6 no
- 7 yes
- 8 yes
- 9 n
- 10 n
- 11 n
- 12 n
- 13 n
- 14 n
- 15 n
- 16 n
- 17 n
- 18 n
- 19 -
- 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 no
- 34 S. 6/4 in)
- 35 105 1/2
- 36 33-37
- 37 n
- 38 Father Stanley 156 1/2 Pleasant St
- 39 no Body

~~W.C.~~

6 R. 6 left

51

Signature of Medical Examiner:

W. Burden

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 question 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.

2. ~~Christian name~~ ^{Surname} *LeRane*..... 1. ~~Surname~~ ^{Christian name} *William*.....
3. Rank..... *Lance Corporal*..... 4. Reg't. No. *4.4.9.6*.....
5. Address in full to which future payments of gratuity are to ~~be~~ forwarded... *1.0.6 1/2 Pleasant Street*.....
St. Johns.....
6. Date of enlistment in the Regiment... *April 19th 1918*.....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
Not Applicable.....
8. Relationship of such dependents... *Not Applicable*.....
9. Address in full of such dependent... *Not Applicable*.....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *Not Applicable*.....
11. Were you on active service only in Nfld. If so, give dates, and particulars of such service... *Two weeks in Petty Harbour June 1918*.....
12. Give total length of time which you served on active service, whether in Nfld, or Overseas... *Two hundred & seventy one days*.....

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

none

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.

not applicable

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?....

not applicable

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

not applicable

19. Are you now serving in the Regt.? ... If not give:- (a) Date of discharge. (b) Reason for discharge.

January 14th 1919.

Remobilization

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

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.

Signature of Applicant: *William Corane.*

Place of Residence: *10 1/2 Pleasant Street.*

Declared before me at: *S^t. John's*

This *14th* day of *March* 19*19*

Wm. O'Connell Curry
Signature of Registrar of the *Not. Pub.*
Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of affidavits.

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	<i>Nil</i>
.....
.....
Certified Correct.			Registrar.	

N^o 6455

THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

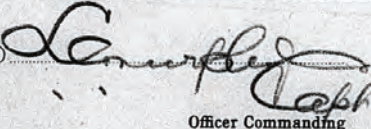
I, William Brane, Regl. No. 4496

hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and sixty Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and} or Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and} or Persons
 concerned, viz.:

Allotment begins August 1st 1918.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
6455	mother	Sarah Brane	106 1/2 Pleasant St.	60
Total Allotment, \$				60

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

(Sig.) 
 Officer Commanding
 C Company

(Sig.) William Brane
 (Rank) private

St. Johns Nf
July 6th 1918

Nº 6455



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, William Brane , Regl. No. 4496

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and} _{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and} _{or} Persons concerned, viz. :

Allotment begins August 1st 1918.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>6455</u>	<u>mother</u>	<u>Sarah Brane</u>	<u>106 1/2 Pleasant St</u>	<u>60</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.

(Sig.) Leunglet
Officer Commanding
Company

(Sig.) William Brane
(Rank) private

St. Johns Rd.
July 6th 1918

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheet 01

Regiment of

Royal Newfoundland

Signature of O. C. Company

James Hunt

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay <i>14-8-18. Promoted to Lt. / p.c.</i>
No.	<i>4496 Wm Crane</i>	Age on	<i>18</i> years — months	<i>Clerk</i>	
Joined	Date	Place and Date of Enlistment	<i>St John's 1914</i>	Religion	
Joined	Date			<i>Meth.</i>	
Joined	Date	Period of	with Colours <i>27</i> years. with Reserve <i>36.5</i> years.	Place of Birth	
Joined	Date			<i>St John's</i>	

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
Demobilized St. John's, 14/19									

To be carried over

Army Form B. 121.

54496

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4496 Rank L/C Name Crane W.M.
 Date of Enlistment 19-4-18 Address St John's District St John's
 Occupation Clerk Classification for Discharge A Medical Category A2
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N.F. P386	B 268	B 121	1	N.F. Med	D.F. 1	1
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	D 400A	B 1915	2	do 2nd	" 3	3
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K	1	do 4th	" 5	
B 179b	B 103	ME 2	1		" 6	
B 179c	B 120	M 93				

W. L. Crane
 O. C. Discharge Depot.

Date 17-12-18

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

W. L. Crane

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$160.00
- (b) Clothing Supplied _____

Joseph H. Crane

Date 17-12-18

O f.c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 711 to his home at St Pauls and Release Certificate No. 408 issued.

Date 17-12-18

C. Dicks Capt.
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 14-1-19

Date 17-11-18

W. Bailey Capt.
Depot Paymaster.

Discharge approved for 17.12.18

Forwarded with following documents to O.C Discharge Depot.

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

Date 17-12-18

C. Dicks Capt.
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Date DEC 17 1918

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

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

Date Dec. 19/1918

W. Bowley Capt.
O.C.P.

Reg. No. 4496. Rank *Plt* Name *Crawford*
Attested 19. 4. 18 Address *City*
Allotment *60* Allotee *Sarah Crane (Mother)*
Date of Allotment *1-8-18* Returned from Overseas
Embarked for Overseas Cause

To Regt. 1. 5. 18 Reported 20/78
1st Inoc 6-7-18. 2nd Inoc 15-7-18.
Promoted Lt Col 14-8-18 3 1 21-8-18
I leave W. P. from 23 11-18. Until recalled.
For the purpose of taking up civil employment at
Royal Warrs by Genl. C. 17-12-18

17-12-18
17-12-18

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION.