



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5765 Name John T. Crawley Corps RC

Questions to be put to the Recruit before Enlistment.

1. What is your name? John T. Crawley
2. What is your full Address? } Dalywood
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 19 Years Months
5. What is your Trade or Calling? 5. Boat-fitter
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 RC
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, John T. Crawley 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.

John T. Crawley SIGNATURE OF RECRUIT.

P. P. P. P. Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

John T. Crawley 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 Dalywood on this 10th day of July 1915.

Signature of Attesting Officer P. P. P. P.

† 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 Dalywood } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name John S. Crawley
 Apparent age 19 years months. Height 5 feet 2 3/4 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 3 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Patrick Crawley
Holywood | 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. 5465 Name John T. Crawley RC

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? John T. Crawley
- 2. What is your full Address? } Holyrood.
- 3. Are you a British Subject? } Yes
- 4. What is your age? } 19 Years Months
- 5. What is your Trade or Calling? } Bike fitter
- 6. Are you Married? } no
- 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } no
- 8. Are you willing to be vaccinated or re-vaccinated? } Yes
- 9. Are you willing to be enlisted for General Service? } Yes
- 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? } 10. Name) Corps } Yes
- 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

John T. Crawley 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.

John T. Crawley SIGNATURE OF RECRUIT.

Pte. R. Power Signature of Witness.

John T. Crawley OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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 Holyrood on this 13 day of July 1915.

Signature of Attesting Officer P. B. Dicko Lieut.

† 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 July 15/15 1915 } Approving Officer.

Place Holyrood }

† 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

5765

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INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Patrick Crawley
Holyrood | 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 <u>limited</u> engagement reckons from <u>13-7-18</u>									
Joined at <u>St. John's</u> on <u>July 13-1918</u>									
<u>E. Decap. St. John's. Jan. 7/1919</u>									
<u>Special duty 104y work 13-10-18</u>									
<u>Returns to depot 1-11-18</u>									
<u>Demobilization St. John's 7-1-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 7-1-1919 (date of discharge) years 185 days
 " " Pensions " " " " " " " " " " " "

C.R. 5765

Extract from Daily Orders Part 11, UNIT: The Royal Newfoundland Regiment, dated November 2nd 1918.

SPECIAL DUTY.

THE FOLLOWING N.C.O. RETURNED FROM SPECIAL DUTY AT DRY DOCK
1/11/18.

5765 Pte. J. Crawley.

C.R. 5765

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.
Oct. 21, 1918.

THE FOLLOWING MAN PROCEEDED ON SPECIAL DUTY TO DRY DOCK.
15-10-18.

5765 Pte. J. Crawley.

C.R. 5765

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated July 15, 1918

#5765 Pte. John T. Crawley.

Attested for General Service with the Royal Nfld. Regt.

~~8222~~ 13-7-18

C.R. 5765

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's, dated August 20th, 1918.

5765, Pte. J.T. Crawley.

Granted leave without pay from 20-8-18- to 1-10-18.

C.R. 5765

Extract from Daily Orders Part 11 Unit: The Royal
Hid. Regt. St. John's. Dated August 9, 1918.

5765, Pte. J. Crawley,

Returned from leave and reported at Head quarters for
duty from 6-8-18.

C.R. 3-766-

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

Demobilization.

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

5765 Pte. John Crawley

Discharged 7-1-19

C.R. 5765

Extract from Daily Orders Part II Unit The Royal Rifles.

Regt., St. John's, Dec. 11th 1918.

The unmentioned man discharged on ~~status~~ demobilisation has been approved by O.C. Discharge Depot from noted date he is struck off Depot strength and transferred to Discharge Depot pending confirmation by Officer i/c Records.

5765 Pte. John Crawley.

10-12-18.

Crawley, John

5765

Ray Sept

ORIGINAL DIST
BOOKED
January 7th., 1919.

#5765 Pte. John T. Crawley,

Holyrood, C.B.

Dear Sir :-

Please find enclosed "Discharge
Certificate No.167."

Yours faithfully,

Paymaster & O.i/c Captain,
Records.

Enc'l 1.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5765 Rank 1st Lt. Name Crawley John

Intended place of residence Holywood Co.

2. Occupation clerk

Classification of soldier C Medical Category A11

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 7 1918

Date DEC 7 1918 H. H. Caplan
Comanding 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 John Crawley
Signature of soldier

7.12.18 C. S. Duke Lt. 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 Dec 7 1918 John Crawley
Signature of soldier

St John's J. Raymond Lt.
Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 13.7.18 No of days on Military

Discharged from service Dec 10 1918 Service 185 days

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 Ret Lt. Capt.
Officer Commanding Discharge Depot
The Royal Newfoundland Regiment.

Date DEC 10 1918

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place St John's Nfld M. Bowley Capt.
Officer i/c Records

Date January 7 1919
The Royal Newfoundland Regiment

2079/167

19
21
30
31
31
7
179



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 **John Crawley**
 Regiment from which discharged *1st. Newfoundland*
 Regimental number **5765**
 Intended address **Holyrood**
 Height on discharge **5** Feet **3 $\frac{3}{4}$**
 Color of hair on discharge **Brown**
 Complexion **Fair**
 Color of eyes **Blue**
 Descriptive Marks
 Figure on discharge
 Christian name of Father **Patrick**
 Christian name of Mother
 Wife's maiden name in full
 Date and place of marriage
 Christian names of children
 Place and date of soldier's birth.
 Nature and locality of civil employment required

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full)

(Rank)

Station

Date

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



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

Station

Date

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5765 Rank Pte Name Crawley John
 Date of Enlistment 13. 7. 18 Address Staley road District St. John's
 Occupation Printer Classification for Discharge C Medical Category A II
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P/36	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			" 6	
B 179c	B 120	M 93	1			

Date 7-12-18

John Crawley Capt.
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

John Crawley

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$6.00

(b) Clothing Supplied Joseph H Snowling

Date 7-12-18

O. i. c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. P 118 to his home at Keeyan and Release Certificate No. 196 issued.

Date 7-12-18 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 7-1-19

Date 7-12-18 Stobley Cash
Depot Paymaster.

Discharge approved for Dec 10 1918

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	Sum B
B 178	W 3494	B 122		Board 1st	" 2	1	
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			" 6		
B 179c	B 120	M 93	1				

Date 9.12.18 Ernie Cash
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

DEC 10 1918

Date R.H. [Signature]
O. C. Discharge Depot.

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

Date Dec 11/1918

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

MEDICAL HISTORY

Surname

Lorawley

OF

Christian Name

John J.

Table I.—GENERAL TABLE

Birthplace :—Parish

Holyrook, Ctd.

County

Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	13 th day of <i>July</i> 191 <i>8</i>	<i>St. John's</i>	day of	191
Declared Age	19 years	days	years	days
Trade or Occupation	<i>Pipe fitter.</i>			
Height	5 feet	<i>8 3/4</i> inches	feet	inches
Weight	125	lbs.		lbs.
Chest Measurement {	Girth when fully expanded	36 inches		inches
	Range of Expansion	3		inches
Physical Development				
Vaccination Marks {	Right	Left	Right	Left
	<i>1 Scar.</i>			
When Vaccinated	<i>3 months ago.</i>			
Vision	R.E.—V=	<i>6/6</i>	R.E.—V=	
	L.E.—V=	<i>6/9</i>	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>L. Amundson</i>			
(Rank)		Medical Officer		Medical Officer
Enlisted	at	<i>St. John's.</i>	at	
	on	13 th day of <i>July</i> 191 <i>8</i>	on	day of 191
Joined on Enlistment	Corps	<i>Royal Nfld. Regiment.</i>	Corps	
	Regtl. No.	<i>5765</i>	Regtl. No.	
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

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 Signatures
18-7-18	Yacc 4P
8-11-18	Lab. 1P
8-11-10-18	bo 1P
	<p style="text-align: right;"> <small>Discharge Depot-Howland</small> <small>Assistant Adjutant</small> <small>Captain</small> D. P. T. M. B. </p> <p style="text-align: center;"> <i>It is hereby certified that this soldier has been before a Travelling Medical Board and has been classified as C for Discharge on Demobilisa- tion. Medical category A II</i> </p> <p style="text-align: center;"> <i>29-11-18</i> </p>

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

Discharge Depot-Howland
Assistant Adjutant
Captain
D. P. T. M. B.

St. John's

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The Royal Newfoundland Regiment

Class for Demobilization:—
C

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date NOV 29 1918

Regimental No. *5761*

Name *Crawley John Pte*

Address *Holywood,*

..... *Leon Bay*

Present Medical Category..... *A II*

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

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

L.P. Paterson
Senior Medical Officer

D.W. Burden
M. O. Depot

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 black

John Crawley

Signature of Man.

Charles A. Call

Reg. No. 5765

Signature of the Vocational Officer or his Representative.

Place *St. Johns*

Date *7/12/18*

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THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, *John J. Crawley*, Regl. No. *5765* hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and *7 1/2* 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*

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>4866</i>	<i>Mother</i>	<i>Margaret Crawley</i>	<i>Holywood</i>	<i>50</i>
Total Allotment, \$				<i>50</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.) *H. G. Jones*
 Officer Commanding
S. Johns Company
July 15 1918

(Sig.) *John J. Crawley*
 (Rank) *Pte*



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, John T. Crowley, Regl. No. 5765,
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and Fifty 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

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4866	Mother	Maragret Crowley	Holyrood	50
			Total Allotment, \$	50

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.) H. G. James 2/1st Lieut

Officer Commanding
F Company

(Sig.) John T. Crowley

(Rank) Plt

St. John's
July 16 1918

ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at Headquarters on JUL 13 1918 1918

1. Name John P. Crawley Age (a) Declared 19
 (b) Apparent
2. Do you know of anything wrong with you? Trouble with heart.

What severe illnesses have you had? None.

Eyes Blue
Comp. Fair
Mark. —

5765 ✓

3. Height 5-2 3/4 Weight 125
4. Eyesight (a) Left 4/9 (b) Right 4/6
5. Physical Defects (Examine after strenuous exercise) n

6. Examination of Lungs n
- Measurement (a) Expiration 133 (b) Inspiration 36

7. Examination of Heart n

8. Examination of Urine

9. Examination of Mouth—(Defective Speech)
- Teeth
 - Throat
 - Nose
 - Ears—(Otorrhea)
 - (Deafness)
- } n

10. Have you been successfully vaccinated and when? Yes about 3 months ago. H. Com.
11. Name and address of next of kin Father Patrick Holywood.

REMARKS—

A 11

St. J. Burden
Archie Gant
Medical Examiners.

Hollywood

July 9th 18

Mr. J. Crawley,
Dear Sir,

You are required to report on Thursday morning the 11th inst., to Major Montgomerie Department of Militia, Water Street, St. John's who will arrange with you your Medical Examination in the City of St. John's, near where I understand you are at present occupied, as a Laborer. Major Montgomerie to whom you will show this letter will recon for any travelling and Board Expenses incurred by you and will have you examined promptly.

Yours Sincerely

R. Dwyer, J.P.

John J. Crawley, Hollywood, Commissioner.
Report for Service 1263.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of The Royal Newfoundland

Number of Sheet One
Signature of O. C. Company W.D. Dickson / Lieut.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>John G. Lawley</u>	Age on	19. years months	<u>Pipe fitter.</u>	
<u>5765</u>		Place and Date of Enlistment	<u>Seymour, 13-9-18.</u>	Religion <u>R.C.</u>	
Joined	Date	Period of	} with Colours <u>179</u> years. } with Reserve <u>365</u> years.	Place of Birth <u>Holywood, Co. D.</u>	
Joined	Date				
Joined	Date				
Joined	Date				

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized</u>	<u>St John's</u>	<u>7</u>	<u>1/19</u>		

To be carried over.

The Royal Newfoundland Regiment

9 5765

DEMOBILIZATION OF

Reg. No. *5765* Rank *Pte* Name *Crawley John*
 Date of Enlistment *13 7 18* Address *Holyrood* District *St. John's*
 Occupation *Pipe Fitter* Classification for Discharge *C* Medical Category *A II*
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

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

W. C. Crawley Capt.
 G. C. Discharge Depot.

Date *7-12-18*

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

John. Crawley.

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~~ *Joseph H. Snowling*

Date *7-12-18*

O i/c. Re-clothing.

DEC 10 1918

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R 118* to his home at *Keeywood* and Release Certificate No. *196* issued.

Date *7-12-18*
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 *7-1-19*

Date *7-12-18*
W. Bowley Capt
Depot Paymaster.

Discharge approved for *Dec 10 1918*

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	<i>Serm B</i>
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.....	✓		" 6.....		
B 179c.....	B 120.....	M 93.....	✓ 1				

Date *9-12-18*
C. S. Dicks Capt
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—
Officer in Charge Records
Board of Pension Commissioners.

with following additional documents.

DEC 10 1918

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

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

Date *Dec 11/1918*
W. Bowley Capt
O.C. *Dr - 51-5*

Reg. No. 5765 Rank Pte Name Brawley John
 Attested 13-7-18 Address Holywood
 Allotment 50 Allottee Margaret Brawley (Mother)
 Date of Allotment 1-8-18 Returned from Overseas.....
 Embarked for Overseas..... Cause.....

19-7-18 Vac Rel 6-8-18 1st Groe 11¹⁰/₁₂
 P.L. 29-7-18 to 4-8-18, Granted extension
 without pay from 20-9-18 to 1-10-18.
 15-10-14 Special bulg by book. Returned 1-11-18.
 2nd Innoc 9-11-18

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION.