



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5908 Name Siméon Cull Corps Meth

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---------------------------------------|
| 1. What is your name? | 1. <u>Siméon Cull</u> |
| 2. What is your full Address? | 2. <u>Barred Islands 4090</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>29</u> years Months |
| 5. What is your Trade or Calling? | 5. <u>clerk</u> |
| 6. Are you Married? | 6. <u>no</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>no</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. Name
Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>yes</u> |

I, Siméon Cull 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.

Siméon Cull SIGNATURE OF RECRUIT.
Plat A P Moulton Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St John on this 5th day of August 1918

Signature of Attesting Officer C. B. Dickson 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 compiled with. I accordingly approve, and appoint him to the rank of private.

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

Date 6-8-18 1918

Place St John } 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 James Cull

Apparent age 20 years months. Height 5 feet 3 inches

Chest Measurement { Girth when fully expanded 34 inches
 Range of expansion 3 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin James Cull
Bard Islands Fogo | Relationship Father

Particulars as to Marriage

<small>(a) Christian and Surname of Woman to whom married, and whether spinster or widow.</small>		<small>(b) Place and date of marriage.</small>	
<small>(c) Present address.</small>		<small>(d) Initials of Officer verifying entry.</small>	
<small>(a)</small>	<small>(b)</small>	<small>(c)</small>	<small>(d)</small>

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. 5908 Name Simson Cull Corps Meth

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---------------------------------------|
| 1. What is your name? | 1. <u>Simson Cull</u> |
| 2. What is your full Address? | 2. <u>Barred Islands 4090</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>20</u> Years Months |
| 5. What is your Trade or Calling? | 5. <u>clerk</u> |
| 6. Are you Married? | 6. <u>no</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>no</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning. and who gave it to you? | 10. Name
Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>yes</u> |

I, Simson Cull 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.

Simson Cull SIGNATURE OF RECRUIT.
P. A. Moulton Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
The above questions were then read to the Recruit in my presence.
I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St John's on this 6th day of August 1918
Signature of Attesting Officer C. S. Dickson 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 6-8-18 191
Place } Approving Officer. Honey

† 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

5908

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

Name Brimson Cull

Apparent age 20 years months. Height 5 feet 3 inches

Chest Measurement { Girth when fully expanded 34 inches
Range of expansion 3 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin James Cull
Bard Islands Fogo | Relationship Father

Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
(c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>5-8-18</u>									
Joined at <u>St John's</u> on <u>August 5-1918</u>									
<u>Discharged St John's Jan 7/1919</u>									
<u>Admitted Barracks Hospital</u> <u>18-9-18</u>									
<u>Loss eyes do do</u> <u>30-9-18</u>									
<u>Demobilisation</u> <u>St John's</u> <u>7-1-1919</u>									

Total Service forfeited as above.....

Total Service towards Engagement to 7-1-1919 [date of discharge] years 156 days

" " Pensions " " " " " " " "

C.R. 5908

~~Extract~~ from Daily Orders Part 11 Unit The Royal Nfdl.
Regt., St. John's, Dec. 11th, 1918.

The undernoted man discharges on Demobilization 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.

5908 Pte. Simeon Cull.

10-12-18.

C.R. 5908

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

Hospital.

5908 Pte. S. Gull

Discharged from Barracks Hospital 30/9/18.

C.R. 5908

Extract from Daily Orders Part 11 Unit The Royal Welch
Regt., St. John's, Sept. 19/18.

5908 Pte. S. Call.

Admitted to Barracks Hospital 18-9-18.

C.R. 5-908

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

Demobilization.

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

5908 Pte. Simeon Cull

Discharged 7-1-19

C.R. 5908

Extract from Daily Orders part 11 from Unit The Royal
Wfld. Regt., St. John's, dated August 9, 1918.

5908, Pte Simeon Cull.

Attested for General service with the Royal Wfld. Regt.,
from 5-8-18.

Call S

5908

Ray Sept.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5908 Rank Plt Name Full - Simon
 Date of Enlistment 1-8-18 Address Barnes Falls District Sogo
 Occupation Fisherman Classification for Discharge F Medical Category AI
 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 6.12.18
 O. C. Discharge Depot. W. H. C. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Simon Bull.

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. Snow [Signature].....

Date 7-12-18.....

i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R 99*.....to his home at *Joe Balto Aruv*..... and Release Certificate No. *176*..... issued.

Date *7-12-18*.....

CS Druks 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 *7-1-19*.....

Date *7-12-18*.....

W Bowley Capt
Depot Paymaster.

Discharge approved for *Dec 10th 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
F 178	W 3494	B 122	✓ 1	Board 1st	" 2	✓ 1
R 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*.....

CS Druks Capt
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 J Tait Capt
O. C. Discharge Depot.

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

Date *Dec. 11/1918*.....

W Bowley Capt
Wyc R

Reg. No. 5908 Rank Pte Name C. W. Bineon
Attested 5-8-18 Address Banded Island
Allotment 60 Allottee James Bull (Father)
Date of Allotment 1-9-18 Returned from Overseas
Embarked for Overseas Cause

Vacc 9-18-18, 1st inoc 26-8-18, 2nd 11th 19th 3rd 14-10-18

4. leave 1-9-18 to 9-9-18. Ret 15-9-18.

18-9-18. Admitted to Banded Island.

30-9-18 Discharged from " "

6-12-18.

PASSED TO DEMOBILIZATION OFFICER

10-12-18

DISCHARGE APPROVED ON DEMOBILISATION.

January 7th, 1919.

#5908 Pte. Simeon Cull,

Barr'd Islands,

Fogo Dist.

Dear Sir:.

Please find enclosed "Discharge
Certificate No.136."

Yours faithfully,

Captain,
Paymaster & O.I/c Records.

Enc'l 1.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5908 Rank PL Name Simon Cull
 Intended place of residence Parrot Islands
 2. Occupation Fisherman
 Classification of soldier C Medical Category A.II
 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 W. Bowley Capt
 Date DEC 7 1918 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 Johns Simon Cull
7-12-18 Signature of soldier
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 Johns Simon Cull
7-12-18 Signature of soldier
Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 5-8-18 No of days on Military
 Discharged from service 10-12-18 plus 28 days Service 156

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 R. H. Gant Capt
DEC 10 1918 Officer Commanding Discharge Depot
The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place St Johns, Nfld W. Bowley Capt
 Date January 7 1919 Officer i/c Records
A. 48-2069/156 The Royal Newfoundland Regiment

27
30
31
30
31
7
156

W. M. L. S.

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. *5908* Rank *Plt* Name *Full - Simon*
 Date of Enlistment *1-8-74* Address *Burns Falls* District *Loge*
 Occupation *Fisherman* Classification for Discharge *f* Medical Category *AE*
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P136	B 268	B 121	<i>1</i>	N.F. Med	D.F. 1	<i>1</i>
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	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>			

Date *6-12-18*

W. M. L. S.
O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

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

Simon Cull

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. Snow*

Date *7-12-18*

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R99* to his home
 at *Joe Balts Ave.* and Release Certificate No. *176* issued.

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

Date *7-12-18* *AS Dukes Capt*
 Depot Paymaster.

Discharge approved for *Dec 10th 1918*

Forwarded with following documents to O.C Discharge Depot.

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

Date *9.12.18* *AS Dukes Capt*
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:—
 Officer i/c Records.
 Board of Pension Commissioners.
 with following additional documents.

Date *DEC 10 1918* *RJK Capt*
 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

OF

Surname

Cull

Christian Name

Simon

Table I.—GENERAL TABLE

Birthplace:—Parish

Barndale

County

Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	5	Aug		191
at	<i>St John's</i>		at	
Declared Age	20	years		days
Trade or Occupation	<i>Yesterman</i>			
Height	5	feet	3	inches
Weight	<i>114</i>		lbs.	ll s.
Chest Measurement	Girth when fully expanded		34	inches
	Range of Expansion		3	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
When Vaccinated				
Vision	R.E.—V=	<i>6/10</i>	R.E.—V=	
	L.E.—V=	<i>6/10</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>Amund Aberson</i>			
(Rank)	<i>Major</i>		Medical Officer	
Enlisted	at	<i>St John's</i>	at	
	on	5	day of	Aug
				191
Joined on Enlistment	Corps	<i>Royal</i>	Regtl. No.	<i>5908</i>
		<i>W.F.D.</i>		
Transferred to	<i>Regt</i>			
Became non-effective by	on	day of	191	on
(Signature)				
(Rank)				



Descriptive Return of a Soldier Discharged on Account of Disability

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

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

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

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

Name in full **Simeon Cull**
 Regiment from which discharged *1st. Newfoundland*
 Regimental number **I 5908**
 Intended address **Barred Islands**

Height on discharge **5** Feet **3**

Color of hair on discharge **Red**

Complexion **Fair**

Color of eyes **Blue**

Descriptive Marks

Figure on discharge

Christian name of Father **James**

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

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 at Fishing

Simon Cull

Signature of Man.

W. D. H. Capt.

Signature of the Vocational Officer or his Representative.

Reg. No. *5908*

Place *St. John's*

Date *7/2/18* 191

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. *5908*

Name *Cull, Jimson Pte*

Address *Barned Isles.*

..... *Fogobise*

Present Medical Category..... *A^{II}*

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

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

J. Paterson
Senior Medical Officer

J. W. Burden
M. O. Depot



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Simon Call, Regl. No. 5908

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 Sept 1st 1918.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
6665	Father	James Call	Band 255 290 D.S.	.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.) [Signature]
 Officer Commanding
 Company
Royal N. Fl.
Aug 15th 1918

(Sig.) Simon Call
 (Rank) Private



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Simon Cull, Regt. No. 5908

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 Sept 1st 1918.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>6665</u>	<u>Father</u>	<u>James Cull</u>	<u>Canada Sts.</u> <u>St. J. Dis.</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.) [Signature]
 Officer Commanding
 Company

Royal Nfld Regt
July 15th 1918

(Sig.) Simon Cull
 (Rank) Pte

ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at Headquarters on Aug 5 1918

1. Name Simon Cull.

Age (a) Declared 20
(b) Apparent

2. Do you know of anything wrong with you? No.

What severe illnesses have you had? None.

5908

Eyes. Blue
Comp. Red.
Marks —

3. Height 5-3

Weight 114

4. Eyesight (a) Left 6/6

(b) Right 6/6

5. Physical Defects (Examine after strenuous exercise) ~

6. Examination of Lungs ~

Measurement (a) Expiration 31 (b) Inspiration 34

7. Examination of Heart ~

8. Examination of Urine ✓

9. Examination of Mouth—(Defective Speech)

- Teeth
- Throat
- Nose
- Ears—(Otorrhea)
- (Deafness)

} ~

10. Have you been successfully vaccinated, and when? No.

11. Name and address of next of kin Father James Barral Sldls. Hq

REMARKS—

A11

G.W. Burden
Archie
Medical Examiners

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of Royal Newfoundland

Number of Sheet One
Signature of O. C. Company C. B. Dicks
Lieut.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>5908</u>	Age on	<u>20</u> years <u>11</u> months	<u>Clerk</u>	
Joined	Date	Place and Date of Enlistment	<u>St John's</u> <u>Aug 5-18</u>	Religion	
Joined	Date			<u>Meth.</u>	
Joined	Date	Period of	} with Colours <u>156</u> years. with Reserve <u>365</u> years.	Place of Birth	<u>Barid Islands Fogo.</u>
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>7-19</u>			

To be carried over.