



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5147 Name Sidney J. Foster Corps Malt.

Questions to be put to the Recruit before Enlistment.

1. What is your name? Sidney J. Foster
2. What is your full Address? } 100 Bank Street
3. Are you a British Subject? } Yes
4. What is your age? 4. 19 Years 1 Months
5. What is your Trade or Calling? 5. Clerk
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 Sidney J. Foster
Corps Malt.
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

Sidney J. Foster 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.

Sidney J. Foster SIGNATURE OF RECRUIT.

18.5.18 Frank G. Gurney Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

Sidney J. Foster 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 18 day of May 1918

Signature of Attesting Officer ESDicks 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.....
If enlisted by special authority, such will be attached to the original attestation.

Date May 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.

5147

Name Sageony J. Foster
 Apparent age 19 years — months. Height 5 feet 6 1/2 inches
 Chest Measurement { Girth when fully expanded 35 inches
 { Range of expansion 3 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin James Foster
San Jose, S. M. Bulacan 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>18-5-18</u>									
Joined at <u>Albans</u> on <u>18-19-18</u>									
<u>Discharged August 6/1919</u>									
Exchanged <u>Albans S. M. Bulacan</u> to <u>Halifax No. 22 7/8</u>									
To <u>enfranchisement</u> 24-6-1919									
Order to <u>enfranchisement</u> 1-7-1919									
<u>Demobilization Albans 6-8-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>6-8-1919</u> (date of discharge) <u>1</u> years <u>81</u> days									
Pensions " " " " " " " " " " " "									

C.R. 5147

Extract from Daily Orders Part 11 Unit The Royal Wfld. Regt.
St. John's, Aug. 16th, 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by officer i/c Records from 2-8-19.

5147 Pte. J. Foster.

C.R. 5147

Extract from Daily Orders Part 11 Unit the Royal Wfld. Regt.
St. John's, July 14th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot with effect from 23-7-19

5147 Pte. J. Foster.

C.R. 5147

Extract from Daily Orders Part XL Grant The Royal Field. Regt.
St. John's, July 24th, 1919.

5147 Pts. J.S. Foster.

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

C.R.

5147

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

The following man embarked for overseas on H.M.S.
"Columbella" July 22, 1918.

#5147 Pte. Sydney Foster.

Extract from Daily Orders part II, 2nd Unit The Royal
Hild. Regt, St. John's, dated May 20, 1918.

#5147 Pte. Sidney Foster.

Attended for General Service with the Royal Hild. Regt.
from 18.5.18.

S. J. Foster

C.R.

5147

~~S. J. Foster~~

SIGNALLER'S RECORD SHEET.

Rgtl. No. 5147 Rank Pte Name & Initial Foster, J.
 Unit Royal Newfoundland Regt

STANDARD TESTS. (Details overleaf.)

No.	Map Reading		Electrical Instrument		Signal Training	
	Date	Officer's Sig.	Date	Officer's Sig.	Date	Officer's Sig.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						

*Qualified in all Standard Tests
 Whitty Capt.*

CLASSIFICATION TESTS.

Instrument	Flag	Buzzer	Lamp	Shutter	Semaphore	Date
Sending ...	100%	99%	99%	100%	%	
Reading ...	96%	100%	98%	99%	%	

* R.A. Signallers only.

Classified as 1st Class Signaller at Agarley Down Camp
 Date 9/12/18 Signature of Classifying Officer Whitty Capt.
 Reclassified as _____ Class Signaller at _____
 Date _____ Signature of Classifying Officer _____

Courses

Other qualifications

NOTE.—This Sheet is to be used as an Office Record during training, and on completion pasted in the Signaller's A.B. 64.

MAP READING. STANDARD TESTS.

- | No. of Test. | DESCRIPTION OF TEST. |
|--------------|---|
| 1. | Point out on a map the conventional signs of objects enumerated. |
| 2. | From a map to point out on the ground points and objects selected on the map, and <i>vice versa</i> . |
| 3. | Measure shortest distance from point A to B on a map according to scale. |
| 4. | Set a map without a compass (a) by the ground.
(b) by the sun and stars. |
| 5. | Describe a point on a squared map by means of a map reference, and <i>vice versa</i> . |
| 6. | Measure on a map the distance from one point to another by road. |
| 7. | Set a map by compass. |
| 8. | Determine if a point A is visible from point B by studying contours, but without drawing a section. |
| 9. | Take a bearing with a protractor off a map. |
| 10. | Convert a magnetic bearing into true bearing, and <i>vice versa</i> . |
| 11. | Take a bearing with a compass and measure it on a map with protractor. |

SIGNAL TRAINING. STANDARD TESTS.

1. Accept a message including counting and filling in preamble.
2. Fill in Sent Column on message form.
3. Fill in Signal Register.
4. Fill in Received Column on message form.
5. Send and receive a verbal message on the telephone.
6. Call up with (a) flag, known and unknown station.
(b) buzzer.
(c) ringing phone.
7. Put through a call on a 4 plus 3 switch unit.
8. VISUAL. Carry out duties of reader. (For R.A. Signallers includes Semaphore.)
9. " " " caller. " " "
10. " " " writer. " " "
11. " " " answerer. " " "
12. " " " answer-reader. " " "
13. " " " sender. " " "
14. LUCAS LAMP. Set up and align.
15. " Replace cells.
16. " Connect up cells.
17. " Trace the electric circuit with a view to locating a fault.
18. " Change a bulb.
19. " Change nightshades.
20. " Test flexible cord.
21. TELESCOPE. Set up on stand and align.
22. " Focus on a blue flag unreadable to the unaided eye and read a message.
23. HELIOGRAPH. Set up and align with vane.
24. " Change to duplex and align.
25. " Regulate the heat.

ELECTRICAL INSTRUMENTS TESTS.

- | | |
|--|--|
| <p style="text-align: center;">CELLS.</p> <ol style="list-style-type: none"> 1. Render active. 2. Connect in series and parallel. <p style="text-align: center;">TELEPHONE D. III.</p> <ol style="list-style-type: none"> 3. Connect and insert cells and cell connections. 4. Test instrument. 5. Localise and remedy the following faults:—
(a) Adjustment of buzzer.
(b) Dirty key contact.
(c) Dirty Pressel switch contact.
(d) Receiver discs and washers.
(e) Microphone capsule. 6. Connect up earth return, metallic return, and use of condenser terminal. <p style="text-align: center;">FULLERPHONE.</p> <ol style="list-style-type: none"> 7. Connect and insert cells and cell connections. 8. Test instrument. 9. Localise and remedy the following faults:—
(a) Adjust No. 1 or (A) contact of armature.
(b) Adjust No. 2 or (B) contact of armature.
(c) Dirty contacts. <p style="text-align: center;">VIBRATOR, R.A.</p> <ol style="list-style-type: none"> *10. Connect up hand set and cell connections. *11. Test instrument. *12. Localise and remedy the following faults:—
(a) Adjustment of buzzer.
(b) Dirty key contact.
(c) Dirty Pressel switch contact.
(d) Receiver disc and washers.
(e) Microphone capsule. 13. Connect up earth and metallic return. | <p style="text-align: center;">MISCELLANEOUS.</p> <ol style="list-style-type: none"> 14. Connect up Fullerphone and Telephone on same circuit so that they may be used at the same time without interruption. 15. 4 plus 3 Buzzer Unit. Connect up. <p style="text-align: center;">LINEMAN'S DUTIES.</p> <ol style="list-style-type: none"> 16. Identify lines by labels. 17. Draw and explain a simple circuit diagram. 18. Draw and explain a simple route diagram. 19. Make a reef knot, barrel hitch and clove hitch. 20. Joint and insulate (a) D. II. } Single or
(b) D. III. } Twisted.
(c) D. V. }
(d) D. twin Mk. III. 21. Make simple joint in enamelled wire or single airline. 22. Lay cable (a) in open country.
(b) in trenches. 23. Tap in on (a) metallic circuit,
(b) earth circuit,
and determine on which side the fault is. 24. Test with Q. and I. detector—
(a) coils;
(b) a circuit, for disconnection earth and contact;
(c) in order to pick up wires in a rope. |
|--|--|

* R.A. only.

This space to be pasted in A.B. 64.

No. 8136/1554

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2nd Batt. Ryl. Nfld. Regiment
Winchester. Hants.

30th May 1919

5147 Pte. S.J. Foster

With reference to the following telegram from the Minister of Militia / / 19 (210):

"Pay to- 5147 S.J. Foster
£5. 3. 0.

Cheque 5. 3. 0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

A. J. Foster
Chief Paymaster & O. 1/c records.

P.D. 100097
N.F.P. 100097

June 2nd 1919.

Receipt hereunder.

A. J. Foster
OFFICER COMMANDING, NEWFOUNDLAND REGT.
LIEUT. COLONEL.

Received the sum of Five pounds
Three shillings in respect of telegraphic remittance from the Minister of Militia.

A. J. Foster
No. 5147 Rank Private
Witness: W. Barnes

No. 18522/2058

N.F.P./79.

065210
8/11

NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,
2/Bn Royal Nfld. Regt.
Winchester.

16th November 1918 B

Subject: 5147, Pte. S. J. Foster

With reference to the following telegram (9818) from the Hon. Minister of Militia, received

pay/to/
5147 Foster £6:3:0

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

M. Hunt

Chief Paymaster & O. i/c Records.

November 20 1918

Receipt hereunder.

W. Kearney

Officer Commdg. Batt'n
Royal Newfoundland Regiment

Received the sum of Six

Pounds 3/- on account of
cable remittance from Newfoundland.

J. Foster

No. 5147 Rank Pte
2930 Pte 5147

No. 21494/2453/P&A

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,
2nd. Bn R. Newfoundland Regt.
Hazeley Down Camp,
Winchester



27th. December, 1918.

30-12-1918

Subject: 5147. Pte. S. J. Foster.

With reference to the following telegram (11119) from the Hon. Minister of Militia, received

Receipt hereunder.

P. Maunde
LIEUT. COLONEL,
Officer Commanding, ~~2nd. Bn R. Newfoundland Regt.~~
Royal Newfoundland Regiment.

Pay to 5147 Foster - £8:4:0

Draft £8:4:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Received the sum of Eight Pounds & 4 Shillings on account of cable remittance from Newfoundland.

P. Maunde
Chief Paymaster & O. i/c Records.

J. Foster
No. 5147 Rank Pte

Witness A. Maunde

(Signature)

No. 2180/318.

06 7133/4

H.F.P./79.

From. NEWFOUNDLAND CONTINGENT

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

Officer Commanding,
8th Bn. Ry. Mil. Regt.
Winchester.

6th February 1919

February 10th 1919

5147. Pte Foster. S.

With reference to the following telegram from the Minister of Militia / / (5)

Receipt hereunder.

D. J. Beech LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commdg. 2nd Batt'n.

"Pay to 5147. Foster.

£10.6.0.

Cheque £10.6.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Received the sum of Ten Pounds

54 Shillings in respect of telegraphic remittance from the Minister of Militia.

[Signature]
Chief Paymaster & O. i/c Records.

S. Foster
No. 5147 Rank Private
Witness W. Rockett

B

No. 4615/673

5 064935

N.F.P./79.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2/Bn. Royal Newfoundland Regiment,
Hazley Down Camp,
28 March 1919
Winchester.

24th March 1919

March 25 1919

5147 Pte. Foster S. J.

With reference to the following
telegram from the Minister of
Militia / / (89)

Receipt hereunder
K. H. B.
J. LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.,
Officer Commdg. 2nd Batt'n.

"Pay to- 5147 Foster
£4. 2. 0.

Cheque £4. 2. 0. is enclosed.
for payment to this Soldier.
Kindly obtain his receipt
hereon.

Received the sum of Four pounds
S. J. Foster in respect of
telegraphic remittance from the
Minister of Militia.

A. A. Minwell Maj.
Chief Paymaster & O. i/c Records.

S. J. Foster
No. 5147 Rank Private
Witness *C. H. B.*

No. 6811/1111

From: NEWFOUNDLAND CONTINGENT

Chief Paymaster & Q. 1/c Records,
Newfoundland Contingent,
Pay & Record Office,
68, Victoria Street,
London S.W. 1.

To: Officer Commanding,
2nd Bn Royal Newfoundland Regiment.
Winchester.



9th May 1919

May 10th 1919

5147 Pte Foster, S.J.

Receipt hereunder.

With reference to the following telegram from the Minister of Militia (19 (176) :

D. A. Pearce **LIEUT. COLONEL,**
COMMANDING 2ND BN ROYAL NEWFOUNDLAND REGT.
R. N. K.

"Pay to- 5147 Foster
£6:3:0:

Received the sum of £6:3:0
three Pounds in respect of
telegraphic remittance from the
Minister of Militia.

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

S. J. Foster
No. 5147 Rank Private
Witness: *M. Rockett*

S. J. Foster
Chief Paymaster & Q. 1/c Records.

Hester, Joseph

5147

Hay, Joseph.

August 6th 1919.

#5147. Pte. J. Foster
Lascie, St. Barbe.

Dear Sir:

Enclosed please find Discharge Certificate
3410

Yours truly,

Capt. C. I. Records.

RS/.

August 6th 1919.

#5147, Pte. J. Foster
Lascie, St. Barbe.

Dear Sir:

Enclosed please find Discharge Certificate
3410

Yours truly,

Capt.^{com} O.i/c Records.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5147 Rank P6 Name Foster J
 Intended place of residence La Sere

2. Occupation clerk
 Classification of soldier E Medical Category A1

3. The above named man is discharged in consequence of
DEMobilIZATION
Eligible for War Service Gratuity

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

Place, ST. JOHN'S
 Date JUL 9 1919

[Signature]
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S
 Date JUL 9 - 1919

[Signature]
 Signature of soldier

[Signature]
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place, ST. JOHN'S
 Date JUL 9 - 1919

[Signature]
 Signature of soldier

[Signature]
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 18-51-18 No. of days on Military Service 236
 Discharged from service 23-7-19 Plus 14 days Service 445

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
 Date JUL 23 1919

[Signature]
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

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

Place, ST. JOHN'S
 Date August 6/1919

[Signature]
 Officer in Charge
 The Royal Newfoundland Regiment

[Handwritten note] 14 30 31 6 81
 Order B 209 91 3410

The Royal Newfoundland Regiment

Class for Demobilization

76

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *8.7.19*

Regimental No. ... *5147*

Name *Foster Joseph*

Address *La Scie*

Present Medical Category *Ai*

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

Members of Board {

..... *R. J. Last Major*
O.C. Discharge Depot.

..... *S. Paterson*
Senior Medical Officer

..... *G. W. Burden*
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5147 Rank Plt Name Foster J
 Date of Enlistment 19518 Address La Bay J District St. Barbe
 Occupation Meat Classification for Discharge R Medical Category A I
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

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

Date 8-7-19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

J. Foster

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

(b) Clothing Supplied

Date 9-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 9872 to his home at LaSalle and Release Certificate No. 3349 issued.

Date 9-7-19 J.A. Howcroft
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 6-8-19

Date 9-7-19 H. M. H.
Depot Paymaster.

Discharge approved for 23-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	/	N.F. Med.	D.F. 1	/
F 178	W 3494	B 122	/	Board 1st	" 2	/
F 178a	D 400A	B 1915	/	do 2nd	" 3	2 Form B
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 9-7-19 J.A. Howcroft
Demobilization Officer.

APPROVED.

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

with following additional documents. **Eligible for War Service Gratuity**

Date JUL 23 1919 H. R. Coote
O. C. Discharge Depot.

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

Date

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

MEDICAL HISTORY

OF

Surname Foades

Christian Name Smarey

Table I.—GENERAL TABLE.

Birthplace:—Parish S. St. John's County Nfld.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	18	May		191
	at	S. John's	at	
Declared Age	19	years		days
Trade or Occupation	Clerk			
Height	5	feet		inches
		6 1/2		
Weight	128	lbs.		lbs.
Chest Measurement	Girth when fully expanded		35	inches
	Range of Expansion		3	inches
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				
Approved by (Signature)	<u>James Paterson</u>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	S. John's	at	
	on	18 day of May	on	day of 191
Joined on Enlistment	Corps.	The Royal	Corps	
	Regtl. No.	2147	Regtl. No.	
Transferred to	Nfld. Regt.			
Became non-effective by	on	day of	on	day of
(Signature)		191		191
(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 *Joseph Foster*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5747*

Intended address *Le Scie*

Height on discharge *5* Feet *7*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks
Figure on discharge *Medium*

Christian name of Father *James*

Christian name of Mother *Patience*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Le Scie, 24 Aug, 1899*

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) *Joseph S. Foster*

P/Lt
(Rank)

Station **ST. JOHN'S**

Date *5-7-19*

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



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

Station

Date

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.
 In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps. *Royal Northumberland Lancers* } Former Trade or Occupation } *Clerk*
2. Regtl. No. *5147* 3. Rank... *P.L.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Foster* *W. J. J. J.* (a) Former Regts. or Corps ;
 (Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday... *20*
6. Posted for duty on..... at.....
 in category (or grade).....
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty ? (b) Date of Discharge ;
 (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
 (a) When (d) Particulars of Pension or Gratuity
 (b) Where (if any)
 (c) Opinion of Court

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

Statement of Case.

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

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

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

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i) Service during the present war | ✓ | |
| (ii) Previous active service.. .. . | ✓ | |
| (iii) Climate in pre-war service | ✓ | |
| (iv) Ordinary military service before the war | ✓ | |
| (v.) Serious negligence or misconduct on the man's part. } | ✓ | |

14 (a). If not due to any of these causes, to what specific condition do you attribute it ? }

No complains of no disability

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

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

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

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

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

repatriation

A. E. Bremner . Capt. Rame
 Medical Officer in charge of case.

Station Hazeley Down

Date 14/19

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

Civil Re-establishment Committee



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

To resume former Occupation.

J. Foster

Signature of Man.

Reg. No. 3142

J. H. Shawcraft

Signature of the Vocational Officer or his Representative.

Place

St. Johns

Date

9-7-18.

191

August 15, 1919

Mr. Sidney J. Foster,
LaSalle,
French SHORE.

Dear Sir:-

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

Yours, truly

Captain & Paymaster.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

1. Christian name *Sidney J.*..... 2. Surname *Foster*.....
3. Rank... *Private*..... 4. Regtl. No. *5147*.....
5. Address in full to which future payments of gratuity are to be forwarded. *Lacie's French Shore*.....
6. Date of enlistment in the Regiment. *15th May. 1918*.....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. *None*.....
8. Relationship of such dependents. *—*.....
9. Address in full of such dependents. *—*.....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No*.....
11. Were you on active service only in Hfld. If so, give dates and particulars of such service. *England*.....
12. Give total length of time which you served on active service, whether in Hfld. or Overseas. *13 Months*.....
..... 1. *1*.....

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers. *No*

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid. *None*

15. Have you been issued with a War Service Badge? *No*

16. Have you, during the present war, served in the Imperial Forces. *No*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *No*

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

(b) If so, was such reversion in consequence of misconduct or inefficiency? *No*

19. Are you now serving in the Rest? *No* If not give:- (a) Date of discharge. *9th July 1919* (b) Reason for discharge.

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service. *No*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee. *No*

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.

Signature of Applicant: *Sidney J. Foster*
 Place of Residence: *Losie French Shore*
 Declared before me at: *St Johns*
 This *10th* day of *July* 19*19*....

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

Wm James J.P.

POST DISCHARGE PAY.					
Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.		Net amount due
.....
.....
Certified correct.					Registrar

C.R. 5147

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

I certify that I have received an issue of 2 inches
of Riband of British War Medal 1914-1919.

Name *A. J. Foster*.....

Date *Dec 20th 19*

Place *Grand Falls*

OCT 15 1921

1921.

The accompanying ~~Victory Medal and/or~~ British War Medal
is/are forwarded herewith to

Sidney J. Foster

in respect of his service as No. 5147 Rank Pte.

Name S.J. Foster

Royal Nfld. Regt.

~~Nfld. Forestry Corps.~~

Receipt of the same should be acknowledged hereon.

Received _____

Signature

Sidney J. Foster

Date

Nov 8th 1921

Address

La Scie

[P.T.O.]

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5147 Rank Plt Name John J
 Date of Enlistment 1915 Address La. Bay St District St. Barbe
 Occupation Merchant Classification for Discharge R Medical Category AI
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 8-7-19 L. [Signature]
 O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

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

Copies 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 [Signature]

Date 9-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 9872 to his home at LaSalle and Release Certificate No. 3349 issued.

Date 9-7-19 J. A. Lowe 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 1-8-19

Date 1-7-19 H. W. H.
Depot Paymaster.

Discharge approved for 23-7-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 9-7-19 J. A. Lowe Capt
Demobilization Officer.

APPROVED.

Documents as above forwarded to—

Officer in Charge Records,
Board of Pension Commissioners.

with following additional documents. **Eligible for War Service Gratuity**

Date JUL 23 1919 J. R. Cooper Capt
O. C. Discharge Depot.

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

Date July 21 19

Reg. No. *5147* Rank *76* Name *Foster, S. J.*

Attested: Address *La Vie*

Allotment Allottee ..

Date of Allotment Returned from Overseas *JUL 1 1919*

Returned on S S. *Cassandra* Cause *Discharge*

9 4 19
23 7 19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION.

C.R. 6747
Army Form Bz 17A

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi.) of King's Regulations, and in cases of discharge under para. 392 (vii.) of King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.
In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps. *Royal P. (Imperial) Cav.* Former Trade or Occupation } *Clerk*
2. Regtl. No. *5147* 3. Rank..... 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
4. Name *Foster* *A. J. O'Neary*
(Surname) (Christian Names)
5. Age last birthday: *20*.....
6. Posted for duty on..... at.....
in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
(a) When (d) Particulars of Pension or Gratuity
(b) Where (if any)
(c) Opinion of Court

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

Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability.
12. Place of origin of disability.
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

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

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

15. What is his present condition ?

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

The complaint of his disability

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

20. Do you recommend—

- (a) Discharge as permanently unfit ?
- (b) Change to United Kingdom ?

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

Repatriation

W. S. Percumier, Capt. R.A.M.C.
 Medical Officer in charge of case.

Station ... *Hazley, D.O. 202*

Date ... *2/14/19*

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