



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5110 Name Wilson Green Corps Infantry

Questions to be put to the Recruit before Enlistment.

1. What is your name? Wilson Green
2. What is your full Address? Deep Bight, St. John's
3. Are you a British Subject? Yes
4. What is your age? 19 Years Months
5. What is your Trade or Calling? Gasfitterman
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? } 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? Yes

I, Wilson Green 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.

Wilson Green SIGNATURE OF RECRUIT.

17/5/18 J. Raymond Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me at on this 17 day of May 1918.

Signature of Attesting Officer Asst. 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 17 1918

Place St. John's } 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)

C.R.

511/6

Extract from Daily Orders part II, Unit the Royal Wfld.
Regiment dated July 9th, 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records on 5-7-19.

#5110 Pte. Wilson Greene.

C.R. 5110

Extract from Daily Orders Part 11 Unit The Royal WFLD.
Regt. St. John's, June 11th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by C.O. Discharge Dept with effect from 21-6-19

5110 Pte. Wilson Greche.

C.R. 5110

Extract from Daily Orders Part II Depot, St. John's,

Date

10-6-19.

5110 Pte Wilson Greene.

Reported at Headquarters 1-6-19. ex "Corsican"
which sailed Liverpool May 22/1919.

C.R. 5110

Extract from Nominal Roll from 1st. Battalion
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left
Rouen Camps 22/4/19, embarked at Havre 22/4/19,
disembarked at Southampton 23/4/19 and reached
Hazeley Down Camp 23/4/19.

#5110 Pte. W. Greene.

C.R. 5110

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

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

#5110 Pte. Wilson Green.

C.R. 5110

Extract from Daily Orders part 11, from Unit The Royal
Hfld. Regt. St. John's, dated May 18th, 1918.

#5110 Pte. W. Green.

Attested for General Service with the Royal Hfld. Regt.
from 17.5.18

W Larrid

C.R. 5110

21

2

~~P. 20~~

Medical Report on an Invalid.

Station Hazeley Down.Date 1-5-19

1. Unit Royal Newfoundland.
2. Regimental No. 5110.
3. Rank Pte.
4. Name Green W.
5. Age last birthday 20.
6. Enlisted { on May 17. 1918
at St. Johns
7. Former Trade } Fisherman.
or Occupation }
- 7A. If with previous service in Army, state—
(a) Former Unit;
(b) Regimental No.;
(c) Date of Discharge;
(d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. ni
10. Place of origin of disability. ni
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. ni

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is— ni
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

He complains of indigestion

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

u

15. Was a Court of Inquiry held on the injury?

u

- If so—
- (a) When?
 - (b) Where?
 - (c) Opinion?

16. Was an operation performed? If so, what?

u

17. If not, was an operation advised and declined?

u

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

u

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

u

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

Repatriation

Major

Dr. Jones

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station *Hazley Down*

Officer in charge of Hospital.

Date *1-5-19.*

*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.

† Delete this word if no exceptions are to be made.

Green, W

5110

Hay Sept.

July 5, 1919

#5110 Pte. Wilson Green,

Deep Bight, T.B.

Dear Sir:-

Please find enclosed Discharge

Certificate No. 2625.

Yours truly

Captain
Raymaster & O.i/c Records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3110 Rank P6 Name Wilson Green

Intended place of residence Lab. Bight

2. Occupation Soldier

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

Date ST. JOHN'S JUN 7 1919 *J. M. West*
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date

ST. JOHN'S JUN 7 1919 *W. Green*
 Signature of soldier
Amelcorston
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date

ST. JOHN'S JUN 7 1919 *W. Green*
 Signature of soldier
James B. Brennan
 Signature of witness *SP1*

STATEMENT OF SERVICE

7. Enlisted for service 17-5-18 No of days on Military
 Discharged from service 21-6-19 the 14 days Service 415

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S *R. H. S. Capt*

JUN 21 1919 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

Date

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place *J. Lewis* *M. Bowley Capt*

Date July 5/1919 Officer in Charge of Records
 The Royal Newfoundland Regiment

27B2079/2625

The Royal Newfoundland Regiment

Class for Demobilization: 8.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 6.6.19

Regimental No. 5110

Name Greene Wilson Pte

Address Deep River S.B.

Present Medical Category A.i.

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

Members of Board

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

H. H. H.
Senior Medical Officer

H. H. H.
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5110 Rank. Otc Name Wilson Greene
 Date of Enlistment 17/5/18 Address Deep Bright District Imity Bay
 Occupation Fisherman Classification for Discharge E Medical Category A I
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P36	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	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 6/6/19

H. W. H.
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

W. Green

Particulars passed to Vocational Officer for information and action.

Date ~~6/7/19~~

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. \$60.00

(b) ~~Clothing~~ Supplied

Alm. G. ...

Date 7-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R. 1577* to his home at *Deep Right* and Release Certificate No. *24B* issued.

Date *7-6-19* *J.A. Snow 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 *3-7-19*

Date *7-6-19* *J.A. Snow Capt*
Depot Paymaster.

Discharge approved for..... *21-6-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 288	B 121	N.F. Med	D.F. 1	
B 178	W 3494	B 122	Board 1st	" 2	<i>2 Form B</i>
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 *7-6-19* *J.A. Snow Capt*
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

JUN 21 1919

Date *R.H. Sait Capt.*
O. C. Discharge Depot.

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

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 resume former Occupation

W Green

Signature of Man.

Reg. No.

5110

J. H. Knowlton
Signature of the Vocational Officer or his Representative.

Place

St Johns

Date

JUN 7 1919

191

Medical Report on an Invalid.

Station Hazley D. CampDate 1. 2. 19

1. Unit Royal Newfld
2. Regimental No. 5110
3. Rank Pvt
4. Name Green W.
5. Age last birthday 20
6. Enlisted { on May 17, 1918
at St. John
7. Former Trade or Occupation } Fisherman
- 7A. If with previous service in Army, state—
(a) Former Unit;
(b) Regimental No.;
(c) Date of Discharge;
(d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

nilStatement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. nil
10. Place of origin of disability.
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3). nil
- (b) constitutional or hereditary, and not aggravated by service during the present war. nil
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

Reception of no disabilities

14. If the disability is an injury, was it caused—

na

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

na

If so—(a) When?

- (b) Where?
- (c) Opinion?

16. Was an operation performed? If so, what?

na

17. If not, was an operation advised and declined?

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

na

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

na

Repatriation

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

Wicks

Major Stone

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station *Hazley D. Camp*

Officer in charge of Hospital.

Date *1. 8. 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.

† Delete this word if no exceptions are to be made.



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

Wilson Greene

Regiment from which discharged

Royal Newfoundland

Regimental number

5110

Intended address

Deep Bay St. J.D.

Height on discharge

5 Feet *6*

Color of hair on discharge

Black

Complexion

Fair

Color of eyes

Blue,

Descriptive Marks

— medium

Figure on discharge

Christian name of Father

Charles

Christian name of Mother

Mary

Wife's maiden name in full

—

Date and place of marriage

—

Christian names of children

—

Place and date of soldier's birth

Deep Bay, 18th March, 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)

*Wilson Greene**Pl.*

(Rank)

Station **ST. JOHN'S.**

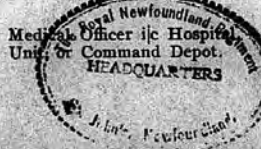
Date

5-6-19

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.

Station

Date



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

MEDICAL HISTORY

OF

Surname Green

Christian Name Wilson

Table I.—GENERAL TABLE.

Birthplace:—Parish Deep River 2B.

County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	at	<u>17</u> day of <u>May</u> 191 <u>8</u>	at	day of 191
Declared Age...		<u>19</u> years — days		years days
Trade or Occupation		<u>Fisherman</u>		
Height		<u>5</u> feet <u>6</u> inches		feet inches
Weight		<u>137</u> lbs.		lbs
Chest Measurement	Girth when fully expanded...	<u>37</u> inches		inches
		Range of Expansion... <u>1</u> inches		inches
Physical Development...				
Vaccination Marks	Right	Left	Right	Left
	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V=	<u>6/8</u>	R.E.—V=	
	L.E.—V=	<u>6/6</u>	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)	<u>Samuel Peterson</u>			
(Rank)				
		Medical Officer.		Medical Officer.
Enlisted	at	<u>St. John's</u>	at	
	on	<u>17</u> day of <u>May</u> 191 <u>8</u>	on	day of 191
		Corps. Regtl. No.		Corps. Regtl. No.
Joined on Enlistment...		<u>The Royal 5110</u>		
		<u>Nfld Regt</u>		
Transferred to..				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

Casualty Form - Active Service.

Regiment or Corps 1st Newfoundland
 Rank Pte Surname Green Christian Name W.
 Religion Methodist Age on Enlistment 19 years months
 Enlisted (a) 7/5/18 Terms of Service (a) Duration Service reckons from (a) 7/5/18
 Date of promotion to present rank Date of appointment to lance rank
 Extended Re-engaged Qualification (b)
 or Corps Trade and Rate
 Occupation Fisherman Signature of Officer W. Long Capt

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B-213, Army Form A-36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B-213, Army Form A-36, or other official documents
Date	From whom received				
		Embarked			
		Disembarked		28 NOV 1918	
		Joined Date		JAN 1919	
		Arrived in UK		23/4/19	

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Scholes-Smith, & Co. (17791). Wt. W 1887-F 1154. 1,000,000. 608. D & S. Form B/103. (E. 1256.)

Next of Kin: Father: Dep Bishop: Trinity Bldg: N. St. L. D.

No. 5110

Name

Green, W

Sqn., Batty.,
or Company

D.

St. Newfoundland

Date of
enlistment

17/5/18

O.C.
Rank

Sgt

Service of
Proficiency Pay

12/18

Date of last entry in
Company Conduct SheetNo. and date
of last drinkPeriod not reckoning toward
freedom from entry wife

Sheet No.

Signature O.C.
Company, etc.

27/1/19

Character
Company

10019

Army Form B. 127.

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
Field	8.4.19	Pte		Def. 5/10/18	Leah & Shaw	Pay for same	8.4.19	Major Kemar	

(P.T.O.)

July 16, 1919

#5110 Pte. Wilson Greene,
Deep Bight, T.B.

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.

Christian name *Wilson* 2. Surname *Greene*

3. Rank *Pte* 4. Regtl. No. *5110*

5. Address in full to which future payments of gratuity are to be forwarded. *Deep Right St B*

6. Date of enlistment in the Regiment. *Sept 17/18*

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

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?

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

12. Give total length of time which you served on active service, whether in Nfld. or Overseas. *From Sept 17/18 to June 7/19*

..... 1. 3

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.

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?

19. Are you now serving in the Post? If not give - (a) date of discharge

June 7/19
Temporary

(b) Reason for discharge
Demobilization

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.

France, Belgium & Germany -
from November 1918 to April 1919

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.

Wilson Green

Signature of Applicant:

Place of Residence:

Declared before me at:

This

7th

day of

June

1919

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

John W. Carthy

POST DISCHARGE PAY.

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

Receipt for Army Book 64

No. 5110 Name Green

To Certify that I have received the AB 64 of the above
named soldier.

Name Wilson Green

Date 10-8-20

Place Deep Right

N.B. For completion and return to the Department of Militia
insert in corner of envelope "AB 64"

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
30Number of Sheet one

Regiment of

Royal Newfoundland

Signature of O. C. Company

ESDicks Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<u>5110 James Wilson</u>	Age on	<u>19</u> years / months	<u>Fisherman</u>		
Joined		Date	<u>St. John's</u>	Religion		
Joined		Date	<u>17.5.18</u>	<u>Method.</u>		
Joined		Date	Period of	with Colours <u>60</u> years.	Place of Birth	
Joined	Date		with Reserve <u>36</u> years.	<u>Deep Bay, N. B.</u>		

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order discharging with trial	By whom awarded	REMARKS
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Demobilized St John's 5⁷/19

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5110 Rank Pte Name Wilson Greene
 Date of Enlistment 17/5/18 Address Deep Bright District Amity Bay
 Occupation Fisherman Classification for Discharge E Medical Category I
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	1	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122	1	Board 1st	" 2	
B 178a	D 400A	B 1915	1	do 2nd	" 3	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 6/6/19

[Signature]
 for O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

i. Civil Re-Establishment.

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

W. Green

Particulars passed to Vocational Officer for information and action.

Date 7/6/19

a. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. *[Signature]*

(b) Clothing Supplied *[Signature]*

Date 7-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *B. 1577* to his home at *Deep Bight* and Release Certificate No. *245* issued.

Date *7-6-19* *J. J. Shaw*
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 *5-7-19*

Date *7-1-19* *J. J. Shaw*
Depot Paymaster.

Discharge approved for *25-6-19*

Forwarded with following documents to O.C Discharge Depot.

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

Date *7-6-19* *J. J. Shaw*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Charge Records.
Board of Pension Commissioners.

with following additional documents.

REGISTRAR GENERAL SERVICE CIVILITY

Date *1919* *R.H. [Signature]*
O. C. Discharge Depot.

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

Date *June 14/1919* *[Signature]*

Reg. No. 5710 Rank Sgt Name Thomas W.
Attested Address Deep Right, I.B.
Allotment No. Allottee
Date of Allotment Returned from Overseas 1-6-19
Returned on S.S. Corisco Cause Discharge

6619
21-6-19

PASSED TO DEMOBILIZATION OFFICER

DATE WAS APPROVED BY DEMOBILIZATION