



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 1205 Name Allen Greenham Corps P.S.

### Questions to be put to the Recruit before Enlistment.

- |  |                                       |
|--|---------------------------------------|
| 1. What is your name? .....  | 1. <u>Allen Greenham</u> .....        |
| 2. What is your full Address? .....  | 2. <u>Compton</u> .....               |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u> .....                   |
| 4. What is your age? .....   | 4. <u>18</u> Years ..... Months ..... |
| 5. What is your Trade or Calling? .....  | 5. <u>Journalist</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 .....<br>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, Allen Greenham 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.

Allen Greenham SIGNATURE OF RECRUIT.  
James S. [unclear] Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Allen Greenham 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 Compton on this 11th day of Dec 1915  
Signature of Attesting Officer H. J. [unclear]

### †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 1st Regt P.S.  
If enlisted by special authority, such will be attached to the original attestation.  
Date 11/12/15 1915  
Place Compton } Approving Officer. [Signature]

† 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 Allen Jerchow  
 Apparent age 19 years - months. Height 5 feet 5 1/2 inches  
 Chest Measurement { Girth when fully expanded 37 1/2 inches wt-133  
 Range of expansion 3 inches  
 Distinctive marks 3  
Hair Brown eyes dark-complexion fair

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin William Jerchow  
Comfort Cove | Relationship Father  
 Particulars as to Marriage

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

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

### Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
Total Service forfeited as above.....									

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



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4205 Name Allen Greenham Corps Pa.

### Questions to be put to the Recruit before Enlistment.

1. What is your name? ..... 1. Allen Greenham
2. What is your full Address? ..... 2. Corps St.
3. Are you a British Subject? ..... 3. Over N.D.S.
4. What is your age? ..... 4. 18 Years ..... Months
5. What is your Trade or Calling? ..... 5. Joiner
6. Are you Married? ..... 6. no
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? } 7. no
8. Are you willing to be vaccinated or re-vaccinated? ..... 8. yes
9. Are you willing to be enlisted for General Service? ..... 9. yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... } 10. { Name .....  
Corps .....
11. Are you willing to serve upon the conditions as embodied in the roll of service\* to be signed by you if you are accepted? ..... } 11. yes

THE DURATION OF THE WAR

I, Allen Greenham 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.

Allen Greenham SIGNATURE OF RECRUIT.

James S. Wright Signature of Witness.

8/1/17

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Allen Greenham 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 Grand Falls on this 1st day of Dec 1917

Signature of Attesting Officer H. J. Fitzgerald, Sm.

### † 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 21/1/17 1917 ..... } Approving Officer.  
Place St. John's ..... }

† 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 Allen Grecham  
 Apparent age 19 years     months. Height 5 feet 5 1/2 inches  
 Chest Measurement { Girth when fully expanded 37 1/2 inches wt-133  
                           Range of expansion 3 inches  
 Distinctive marks Hair Brown Eyes dark-complexion fair

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin William Grecham  
Comfort Cove | Relationship Father  
H. D. Boas 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>1-12-17</u>									
Joined at <u>St. John's</u> on <u>December 1-1917</u>									
<u>Discharged July 9, 1919</u>									
<u>Embarked St. John's N. S. Herald to Halifax N.S. 29/18.</u>									
<u>Embarked for S. S. A. 31-8-18. Joined Base Dept 2-9-18</u>									<u>Joined Bethel Bethel</u>
<u>Signy 5-9-18. transferred from Queen 22-4-19. Arrived Newfoundland 23-4-19</u>									
<u>to Newfoundland for demobilization 22-5-19. Arrived Newfoundland 1-6-19.</u>									
<u>Demobilization St. John's 9-7-19</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 9-7-19 (date of discharge) 1 years 223 days  
 " " Pensions " 1 " 1 "     "     "

C.R. 4205

Extract from Daily Orders Part II Unit Royal Newfoundland  
Regiment, Depot St. John's , dated 12-7-19.

The discharge of the undernoted on demobilization  
has been CONFIRMED by Officer i/c Records from  
noted date <sup>9</sup>12-7-19.

4205, Pte. A. Greenham

C.R. 4205

Extract from O.R.D.E.R.S. by Lt. Col. G. Mathias, D.S.O.,  
Commanding 1st Battalion Royal Newfoundland Regiment,  
dated 5/9/18.

The following arrived to-day and is posted to the following  
Company.

B. COMPANY.

4205, Pte. A. Greenham.



C.R. 4205

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

The discharge of the undernpted on demobilization has been  
APPROVED by O.C? Discharge Depos with effect from 25-6-19.

4205 Pte. A. Greeham.

# NEWFOUNDLAND POSTAL TELEGRAPHS.



## Cable Connection with all the World

### All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender \_\_\_\_\_ Address Dept of Militia

Line Number	Rcd	By	Sent	by	Check

Dated **June 16, 1919**  
 To **John Rose,**  
**Lewisport Campbellton, N.D.B.**

In answer to your wire of the 14th inst,  
 4205  
 beg to inform you that Pte./ Allan Greenham arrived by  
 Corsican but 4206 Pte. Stephen H. Rose did not.

A.E. Hickman  
 Minister of Militia



NEWFOUNDLAND POSTAL TELEGRAPHS

CABLE CONNECTION WITH ALL PARTS OF THE WORLD



CR 4205

16/ No.

Line No. Sent by Rec'd by Check

Lewisporte 14

Place from

Min of Militia

To



Did 4206 pte Stephen H  
Rose and pte Allan  
Greenham come by Corsican  
Please reply Campbellton

John Rose

4205 Allan Greenham

C.R. 4205

EXtract from Daily Orders Part 11 Unit The Royal Nfld. Regt.  
St. John's, June 14th, 1919.

4205 Pte. Greeham, A.

Reported at Headquarters 1-6-19 Ex "Corsican" which sailed  
Liverpool 22-5-19.

C.R.

4205

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.

#4205 Pte. A. Greenham



C.R. 4205

Extract from Nominal Roll Draft # 51, to ~~SURREY~~ B.E.F.

Embarked Folkestone 31-8-18.

4205 Pte. Greenham A.

C.R. 4205

Extract from Menial Roll Draft "H" company embarked  
S.S. "Florissel" Jan 29th, 1918.

4205 Pte. Greenham A.

C.R. 4205'

~~Extract~~ Extract from Daily Orders Part 11 Unit the  
Royal Nfld. Regt. St. John's, Dec.4th/17.

4205 Pte. A. Greenham.

Attested at Grand Fall with effect Dec.1st/17 reported  
to Hdq's on Dec.3rd/17.



A Greenham

CP.

4205

~~SRD~~

**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 Newfoundland* 7. Former Trade or Occupation } *Featherman*  
 2. Regtl. No. *4205* 3. Rank *plc* 7a. If the soldier claims previous service in Army, he should state—  
 4. Name *Greenham* *allan* (a) Former Regts. or Corps ;  
 (Surname) (Christian Names) with Regtl. Nos.  
 5. Age last birthday *18*  
 6. Posted for duty on *Dec 1/17* at *St. Johns*  
 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? } *Na*

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.)*

*No complain of no disabilities*

16. Was an operation performed? If so, when and what was its nature? *Na*
17. If not, was an operation advised and declined? *Na*
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? *Na*
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? *Na*

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*

*ADAMS*

Station *Hazely Camp*

Date *230 H 19*

*JSP Knight*  
 Medical Officer in charge of case.

\* 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



FORM K

No. 4554



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, A Greenham, Regl. No. 4205  
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 <sup>and</sup> <sub>or</sub> Persons, such payment to be made on proof  
of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> <sub>or</sub> Persons  
concerned, viz :

Allotment begins January 1/18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3467	Wife	A Greenham	Compton Cove	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.) Stanley J. ...

Officer Commanding Company

(S) A Greenham

(Rank) Pr.

S. J. ...  
Dec. 25 1917

## FORM K

N<sup>o</sup> 4554

## 1st. NEWFOUNDLAND REGIMENT

## ALLOTMENTS

I, A Greenham, Regl. No. 4205  
 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 <sup>and</sup> <sub>or</sub> Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> <sub>or</sub> Persons  
 concerned, viz :

Allotment begins January 1/18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3467	Wife	A Greenham	Comfort Cove	60
Total Allotment, \$				60

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.) W. H. ...

Officer Commanding

Company

Dec. 25 1917

(S)

A Greenham

(Rank)

Priv.

TO, - The Chief Paymaster,  
Royal Newfoundland Regiment,  
53 Victoria Street,  
London, S.W.

Sir:-

Please charge the amounts set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.  
Commencing on the 1st July 1918.

Regtl. No.	Rank	Name	Amount	Signature
4905	Pte.	Greenham. A	£2.50	

I have the honour to be, Sir,  
~~Yours faithfully,~~  
Your obedient servant.

A Greenham

Date

28 6-18



Greenham, A

4205

Ray Sept.

July 11, 1919

#4205 Pte. Allen Greham,

Comfort Cove, N.D.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 & Officer i/c Records.

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... *Allen* ..... *Greenham*

3. Rank... *Private* ..... 4. Regtl. No... *4205* .....

5. Address in full to which future payments of gratuity are to be forwarded... *Compton Cove, N. B. Bay* .....

6. Date of enlistment in the Regiment... *December 1, 1917* .....

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

..... *Not applicable* .....

8. Relationship of such dependents... *Not applicable* .....

9. Address in full of such dependents... *Not applicable* .....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *Not applicable*

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

12. Give total length of time which you served on active service, whether in Nfld. or Overseas... *18 months* .....

..... *18* .....



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

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid..... *No* .....

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

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

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled..... *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?..... *not applicable* .....

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

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 & Germany June 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.

Signature of Applicant: *Allen Greenham*  
 Place of Residence: *Comfort Cove N.S.W.*  
 Declared before me at: *St John*  
 This *ninth* day of *June* 19*17*....

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

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

July 29, 1919

#4205 Pte. Allen Greenham.

Comfort Cove,

Twillingate.

Dear Sir:-

Please find enclosed Discharge  
Certificate No. 2563.

Yours truly

Captain  
Paymaster & Officer i/c Records.



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4205 Rank Pte Name Greenham, A  
 Intended place of residence Comfort Cove, Twillingate  
 2. Occupation Lumberman  
 Classification of soldier E Medical Category A<sup>1</sup>

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 JUN 11 1919  
 Date ST. JOHN'S  
 Comanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.  
 Place and date ST. JOHN'S  
JUN 11 1919  
 Signature of soldier A Greenham  
 Signature of witness J A Snow Capt.

### 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 11 1919  
 Signature of soldier A Greenham  
 Signature of witness James W. Newman Sjt

### STATEMENT OF SERVICE

7. Enlisted for service 1-12-17 No of days on Military  
 Discharged from service JUN 25 1919 plus 14 days Service 586

### 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  
 Date JUN 25 1919  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.  
 Place St John's, Nfld  
 Date July 9, 1919  
 Officer in Charge of Records  
 The Royal Newfoundland Regiment

297079/2563

31  
31  
28  
31  
30  
31  
30  
31  
31  
W1

# 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*

*A. Greenham*  
Signature of Man.

Reg. No. *4705*

*J. P. Shaw*  
Signature of the Vocational Officer or his Representative.

Place *R- Johns*

Date *JUN 0 1918 JUN 9 1918* 191

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4202 Rank Plt Name Greenham G.  
 Date of Enlistment 1-12-17 Address Comfort Cove District Wellington  
 Occupation Lumberman Classification for Discharge E Medical Category A1  
 Recommendation S. M. B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N. F. 1/36	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	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 10-6-19 ..... for O. C. Discharge Depot.

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date.....

### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable Also

(b) Clothing Supplied Ambloust

Date 11-6-19.....

O. i. c. Re-clothing



**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. P. 1730 to his home at Compton, Cal. and Release Certificate No. 2622 issued.

Date 11-6-19

*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 9-27-19

Date 11-6-19

*J. H. Mours Lt.*  
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 3194	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
B179c	B 120	M 93		

*2 Form B*

Date 11-6-19

*J.A. Snow Capt.*  
O. C. Discharge Depot.

**APPROVED.**

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

with following additional documents.

**Eligible for War Service Gratuity**  
JUN 25 1919

Date .....

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

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

Date .....

# The Royal Newfoundland Regiment

Class for Demobilization:—

6.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

10.6.19

Regimental No 4205.

Name Greenham, Allan. Rank

Address Bonford Cove. N.W.B.

Present Medical Category

A 7

Recommended for:— (a) Immediate discharge

(b) ~~Standard Medical Board~~

Members of Board

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

Paterson  
Senior Medical Officer

W. Burdett  
M.O. Depot

# Confidential Information

## For the use of the Civil Re-establishment Committee.

Report No.	Class	No. of C.R.C. File	No. of H. Q. File
Name <u>Greenham A</u> No. <u>4205</u> Rank <u>P6</u> R. N. R. or Regiment			
Home Address <u>Compt. Cove</u> City Address			
Age <u>18</u> Height <u>5</u> ft. <u>8</u> ins. Complexion <u>Fair</u> Eyes <u>Blue</u> Hair <u>Light</u> Character			
Date of enlistment <u>1-12-17</u> Where enlisted <u>ST. JOHN'S</u> Where seen service <u>France</u>			
Ship returned by <u>Barman</u> Date of return <u>JUN 1 1919</u> How Long <u>1 yr 6 mos</u>			
Birthplace <u>Compt. Cove</u> Date of discharge <u>JUN 15 1919</u> Religion <u>S. A.</u>			
Name and address next of kin <u>Father - William - Compt. Cove</u>			
Cause of disability			
Condition which prevents the soldier from earning a full livelihood			

Degree of incapacity (Please state in fractions) Eng. Board ..... Newfoundland Board .....

Probable duration of incapacity .....

Is final disability likely to prevent return to previous occupation? .....

Recommendation of Newfoundland Board .....

Members of Board .....

### INFORMATION TO BE FURNISHED BY SAILOR OR SOLDIER.

DEPENDENTS	NAME	AGE	WHERE-IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2					
3					
4					
5					

Occupation prior to enlistment Lumberman

Regular trade or profession .....

Average earnings previous to enlistment \$ 7.00 <sup>rs</sup> Any other income .....

Name and address of last employer See

If in receipt of sick benefits or other insurance—name of society ..... Amt. per mo. \$ .....

At what age left school? 14 What grade, standard, &c., was he in? Standard

Has he had any further education since leaving school, if so what? .....

Whether given Vocational Training while in Hospital in England. If so, what subjects? .....

If unable to follow previous occupation, name preference .....

References .....

Witness James O'Brien I declare that the above statement is correct.

Date JUN 11 1919 OP Signature A. Greenham

Recommendation by Interviewer as to classes likely to be of use, and general remarks:

PENSION—Class ..... Amount per month, \$ ..... Period granted for ..... Dating from .....

First Payment date .....



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

# MEDICAL HISTORY

OF

Surname Graham



Christian Name Allan

Table I.—GENERAL TABLE.

Birthplace:—Parish Comford Co. N.D. Co. County Tyfid

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>1<sup>st</sup></u> day of <u>Dec</u> 191 <u>7</u>	at <u>Graugh Falls</u>	on _____ day of _____ 191 <u>1</u>	at _____
Declared Age	<u>18</u> years _____ days		_____ years _____ days	
Trade or Occupation	<u>Labourer</u>			
Height	<u>5</u> feet <u>7</u> inches		_____ feet _____ inches	
Weight	<u>130</u> lbs.			_____ lbs.
Chest Measurement	Grith when fully expanded ... <u>36</u> inches			_____ inches
	Range of Expansion .. <u>4</u> inches			_____ inches
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V= <u>6/6</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>Liam O'Riordan</u>			
(Rank)	<u>Major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>Graugh Falls</u>		at _____	
	on <u>1<sup>st</sup></u> day of <u>Dec</u> 191 <u>7</u>		on _____ day of _____ 191 <u>1</u>	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>1<sup>st</sup> Tyfid Regt.</u>	<u>H205</u>		
Transferred to				
Became non-effective by	on _____ day of _____ 191 <u>1</u>		on _____ day of _____ 191 <u>1</u>	
(Signature)				
(Rank)				

Table II.—Only for admission to hospital or to the sick list in case of Warrant Officers treated in quarters.

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
	10	MAR	1918	11	4	18	Measles	32	Recovered. Discharged to duty	H. G. Lawson Capt R.A.M.C.
	20	MAY	1918	5	6	18	Mumps	16	Treatment. Isolation. Sect. Med. Recovered. Discharged to duty	H. G. Lawson Capt R.A.M.C.







## 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 *Allan Greenham*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4205*

Intended address *Comfort Cove, N.S.B.*

Height on discharge *5* Feet *8*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks \_\_\_\_\_

Figure on discharge *medium*

Christian name of Father *William*

Christian name of Mother *Mary Ann*

Wife's maiden name in full \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Christian names of children \_\_\_\_\_

Place and date of soldier's birth *Comfort Cove, April 16<sup>th</sup> 1901*

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)

*Allan Greenham Pte*

(Rank)

Station

**ST. JOHN'S.**

Date

*9.6.19*

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



**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 Newfoundland*
2. Regtl. No. *4205* 3. Rank. *Pte*
4. Name *Greenham* *Allan*  
(Surname) (Christian Names)
5. Age last birthday. *18*
6. Posted for duty on *Dec 1/17* at *St Johns*  
 in category (or grade).....
7. Former Trade or Occupation } *Fisherman*
- 7a. If the soldier claims previous service in Army, he should state—  
 (a) Former Regts. or Corps; with Regtl. Nos.  
 (b) Date of Discharge;  
 (c) Cause of Discharge.  
 (d) Particulars of Pension or Gratuity (if any)
8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty?
9. If a Court of Inquiry was held on an injury state:—  
 (a) When  
 (b) Where  
 (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*

**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 Newfoundland* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *4205* 3. Rank. *Pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Greenham* *Allan*  
 (Surname) (Christian Names)
5. Age last birthday. *18*
6. Posted for duty on *Dec 1/17* at *St Johns*  
 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 (if any)  
 (b) Where  
 (c) Opinion of Court

**NOTE.**—The foregoing particulars are to be filled in and A.F.B. 179 a (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? } *na.*

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., 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.)*

*Accomplish for disabled*

16. Was an operation performed? If so, when and what was its nature? *na*
17. If not, was an operation advised and declined? *na*
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? *na*
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? *na*

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*

*Mr. P. H. ...*  
*Mr. ...*  
*Capt R. G. M. C.*

Station *Hazely D. Camp* .. .. .

Date *30-4-19* .. .. .

Medical Officer in charge of case.

\* 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

The Royal Mld. Regiment

DEMOBILIZATION

No. 4207 Rank

Name

Wheeler ✓

Warned for demobilization on

JUN 11 1919



Army Form B. 103.

Regimental Number *4205*

**Casualty Form—Active Service.**

Regiment or Corps *Royal Newfoundland*

*1-12-1899*

Rank *Pte* Surname *Greenham* Christian Name *Allen*

Religion *J. A.* Age on Enlistment *18* years *—* months

Enlisted (a) *1-12-17* Terms of Service (a) *Duration* Service reckons from (a) *1-12-17*

Date of promotion to present rank..... Date of appointment to lance rank.....

Extended { ..... } Re-engaged { ..... } Qualification (b).....  
or Corps Trade and rate.....

Occupation *Lumberman* *W. D. Dora Capt* Signature of Officer.

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				
<i>76. 8. 18</i>	<i>M. J. C. P. Greenham</i>	<i>AI</i>	Embarked ...	<i>31 AUG 1918</i>	
			Disembarked	<i>31 AUG 1918</i>	
			ARRIVED I. B. D.	<i>2 SEP 1918</i>	
			Joined Battalion	<i>5 SEP 1918</i>	
			Arrived in England	<i>20/4/19</i>	

*Int*

Next of Kin: *Father: W. Greenham Comfort Cove N.D. Bay Nfld*

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) Signaller, Shoeing-Smith, &c.  
 W. 5527—M2093 1000m 7/17 (25686) C. P. & S., Ltd. Forms B./103 E/1555. [P.T.O.]



No. 4205 Name *Greenham A.* Sqn., Batty., or Company } *Royal Newfoundland* Date of enlistment } *1-12-17* G.C. Badges } *1st* Service or Proficiency Pay } *1st*

Date of last entry in Company Conduct Sheet } No. and date of last drunk } Period not reckoning towards freedom from extra fine } Sheet No. } *1* Signature O.C. } *W. E. Good* Character } *good*

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
<i>Review</i>	<i>25/3/19</i>	<i>Pte</i>		<i>Deficient of Breach Lower Fore</i>	<i>22nd Lancers</i>	<i>Admonished</i>	<i>29/3/19</i>	<i>Battal Surgeon</i>	<i>Paid for Review 1/0 3/4 &amp; 7</i>

Army Form B. 192.

Captain Howley Department Mullis Dear Sir I am greenham of  
 Comptrolleer and Bay to Tell you that I have been gone over the Sea  
 to fight for King and Country and home and Lovell's ones and for  
 you to <sup>his</sup> Private greenham sends Letter to his mother saying he havent  
 Received no Letters and other things all this long while his mother  
 sent him a Case three or four weeks ago and he havent got yet Dear  
 I want to know what is the matter that he dont get the Letters or any  
 things else that is sent him Sir Expect there some thing wrong  
 some where in this matter and sence you are over some of this  
 Department I humbly ask you to try and hunt up those things  
 and find out where the Cases are to and them on to the Boys  
 as soon as you can I think Sir that <sup>they</sup> are worthy of more Consider  
 ation than they get he ought to get what he sent him before  
 this date that is as in it. but perhaps some thing is in the way  
 that they cant get what is sent I hope Dear Sir you will do your best  
 to find out matters and forward the Cases or any thing that sent  
 him we love him and all the Boys that have gone over to fight for  
 you and me and all Please do your Best and the Lord will Reward  
 you

I remain your humble servant William Greenham

Compt Cont

May 29 1918



Receipt for Army Book 64

No. .... *405* Name. *Greenham* .....

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

Name. *Allen Greenham* .....

Date. *30.7.20* .....

Place. *Comfort Cove. A.P.B.* .....

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.  
39.

Regiment of 1<sup>st</sup> Newfoundland

Number of Sheets One  
Signature of O. C. Company [Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.		Age on	18 years - months	<u>Soldier</u>	
<u>1205</u>	<u>Greenham A.</u>	Place and Date of Enlistment } <u>Grand Falls 1-12-17</u>		Religion	
Joined	Date	Period of } with Colours <u>223</u> years. with Reserve <u>365</u> years.		<u>S. A.</u>	
Joined	Date			Place of Birth	
Joined	Date				

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
				<i>Demobilized St. Johns, 9/79</i>					

To be carried over

Δ 4705

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4205 Rank Plt Name Greenham G.  
 Date of Enlistment 1-12-17 Address Comforter District Wellington  
 Occupation Lumberman Classification for Discharge F Medical Category FF  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. 1/36	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	3
B 178b	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 10-6-19 for O. C. Discharge Depot. *[Signature]*

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am \_\_\_\_\_ in a position to resume civilian occupation. A Greenham

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$6.00 *[Signature]*

(b) Clothing Supplied \_\_\_\_\_ *[Signature]*

Date 11-6-19

O i/c. Re-clothing



**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. R. 1730 to his home at Quincy, Ill. and Release Certificate No. 2622 issued.

Date 11-6-19 *J.A. Shawcraft*  
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 9-1-19

Date 4-1-19 *H. J. [unclear]*  
Depot Paymaster.

Discharge approved for 25-6-19  
Forwarded with following documents to O.C. Discharge Depot.

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
B179c	B 120	M 93		

*2 Form B*

Date 11-6-19 *J.A. Shawcraft*  
O. C. Discharge Depot.

**APPROVED.**

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

with following additional documents.

**Eligible for War Service Gratuity**

Date JUN 25 1919 *R.H. Sait Capt.*  
O. C. Discharge Depot.

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

Date June 20/19 *J. Melvick*  
for O.C. Records

Reg. No. *4205* Rank *Plt* Name *Greenham, A*  
Attested ..... Address *Compost Cove*  
Allotment ..... Allottee .....  
Date of Allotment ..... Returned from Overseas *29.5.19.*  
Returned on S.S. *Comman* Cause *Discharge*

*10-6-19*  
*25-6-19*

PASSED TO DEMOBILIZATION OFFICE

DISCHARGE APPROVED ON DEMOBILIZATION