



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3970 Name Charles Greening Corps C

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Charles Greening</u> |
| 2. What is your full Address? | 2. <u>St. John's</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>20</u> Years <u>0</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Engineer</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 <u>Charles Greening</u>
Corps <u>C</u> |
| 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, Charles Greening, 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.

SIGNATURE OF RECRUIT.

Charles Greening
Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Charles Greening, 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 13 day of Oct 1915

Signature of Attesting Officer W. J. St. John's

† 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 that.....

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

Date.....1915

Place.....

} Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Charles Greening
 Apparent age 18 years 4 months. Height 5 feet 6 inches
 Chest Measurement { Girth when fully expanded 34 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Wm Greening
Belle Island | 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 " _____ [" "] _____ " _____									

3970



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3970 Name Chesley Greening Corps D of E

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Chesley Greening</u> |
| 2. What is your full Address? | 2. <u>Belle Island</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>18</u> Years <u>8</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Engineer</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... | 10. { Name |
| | { Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, Chesley Greening.....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.

Chesley Greening.....SIGNATURE OF RECRUIT.

13-10-17 Brandon Samson.....Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Chesley Greening.....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. Johns on this 13 day of Oct 1917

Signature of Attesting Officer W. J. [Signature]

†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.....191..... } Approving Officer.
Place.....

† 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

3970

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

Name Shesley Greening
 Apparent age 18 years 8 months. Height 5 feet 6 inches
 Chest Measurement { Girth when fully expanded 34 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Alex Greening
Belle Island | 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, etc.	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>13-10-17</u>									
Joined at <u>St John's</u> in <u>October 13-17</u>									
<u>Discharged June 19/19</u>									
		<u>Embarked at St John's St. Lawrence 11th</u>		<u>Embarked for St. L. 31st</u>					
		<u>Spencer Bayles France 31-8-18</u>		<u>James Batten 5-9-18</u>			<u>Shanley 31/6</u>		
		<u>Lewis St. Hill 3rd Battalion 35</u>		<u>Gen. Staff Captain St. O. 1st</u>			<u>See to Relief</u>		
		<u>Queen 18-11-18</u>		<u>Ground Staff 27-11-18</u>			<u>Transfer from Queen 22-4-19</u>		
		<u>Arrives Winchester 23rd</u>		<u>6 Mts for disability from 22-5-19</u>			<u>Arrives St. L. 6th</u>		
		<u>10 months for disability from St. John's 29-6-19</u>							
Total Service forfeited as above.....									

Total Service towards Engagement to 29-6-19 (date of discharge) 1 years 260 days
 " " Pensions " " " " " " " "

C.R. 3970

Extra et from Daily Orders Part 11 Unit The Royal Nfld.
Regt. By Lt. Col. T.G. Mathias, D.S.O. Commanding 1st
Bn. 5-11-16

The u/m has been evacuated and is struck off the strength
of the Unit.

3970 The. C. Greehing.

B Coy.

C.R. 3970

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.

3970, Pte. C. Greening.

C.R. 3970

Bell Island

Oct. 17th 1919

Minister of Militia

Sir:-

Please send me my
issue of war service
ribbon and oblige.

3970 Co. M. C. Greening
Dalana Mines
Bell Island

C.B.

Riband posted
Oct. 18/19 J.

C.R. 397⁰

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's, July 7th, 1919.

The discharge of the Undernoted on demobilization has been
CONFIRMED ^u_b by Officer i/c Records from 29-5-19.

3970 Pte. Chesley Greening.

Extract from Daily Orders Part II Unit The Royal New-
foundland Regiment. St. John's, July 7th 1919.

The discharge of the undernoted on demobilization
has been APPROVED by O.C. Discharge Depot with effect
from 5-7-19.

3970, Pte. Ches. Greening.

C.R. 3970

Extract from Daily Orders Part 11 Depot, St. John's,

Date June 18th 1919.

3970, Pte. C. Greening.

Reported at Headquarters 1/6/19.

RE "Corsican"

which sailed Liverpool May 22/1919.

C.R. 3970

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.

#3970 Pte. C. Greening.

C.R. 3970

Extract from Casualties of sick and wounded N.C.O's and men
of the Expeditionary Force - France, dated 30th Nov. 1918. List
No. H.A.32191.

3970 Pte. Greening, O.

Influenza.....Ad. 10 Gen. Dep. Result 15 Nov. 18.

C.R. 3970

Extract from list of sick and wounded N.C.O's and men of the
Expeditionary Force - France. Dated Nov.29th. List No.
H.A.32003.

3970 Pte.Greening, G.

Dis to Reinf Rouen ex 10 Con.Dep.18 Nov/18.....Influenza.

C.R. 3970

Extract from List of Sick and Wounded N.C.Os. and Men of the
Expeditionary Force - France, dated 22 Nov. 1918.

List No: H.A. 31757.

3970 Pte. C. Greening

1 R. Nfld..... Influenza.

Adm. 7 Con. Dep. Boulogne 13th Nov. 1918.

C.R. 3970

xtract from War Office List No. H. A. 31237

ADMITTED 35 GEN .HOSP. CALAIS 2nd., October 1918.

#3970 Pte. G. Greening

P. U.O.

C.R. 3970

Form 4

Newfoundland Postal Telegraphs



People 6 SERVICE MESSAGE

Time received by Time sent by

From

Mr of Militia

*Following from Bell Island
message of August 27th
signed Alexander Greening
10th text 3970 Militia
Dept writes Greening acknowledge
ment. Notes figures as 3796
and requests us advise
you of the error and make*

Form 4

Newfoundland Postal Telegraphs



From _____ **SERVICE MESSAGE**

Time received _____ by _____ Time sent _____ by _____

From

To

the figures read 3970.

Postal

C.R. 3970

Extract from Nominal Roll Draft # 51, to ~~XXXXXX~~ B.E.F.,
Embarked Folkestone 31-8-18.

3970 Pte. Greening A.

C.R. 3970

Extract from Nominal Roll Embarked St. John's for Overseas,
per S.S. "Florizel" Dec.11,1917.

#3970 PTE. C. GREENING.

C. Greening

C.R. 3970

P.R.O.

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 Fusiliers (Law)* Former Trade or Occupation } *Engineer*
2. Regt. No. *3970* 3. Rank. *Plt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Greening, Chasley* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regt. Nos.
5. Age last birthday. *19*
6. Posted for duty on *13.10.17* at *A. J. J. J.* 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 (b) Where (d) Particulars of Pension or Gratuity (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. *he*
12. Place of origin of disability. *he*
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. *he*

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 injury, ear, eye, ear, nose and throat, disabilities, etc., a specialist's report is to be attached with radiographs when 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.)

decompens for disability

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
Sgt W E Brown
1102

Cap Rame

Station *Hazley Brown*
 Date *29/1/19*

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

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

Sir:-

Please charge the amounts set opposite my name to my account and pay it to the M.T.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
3870 3970	Plt	Greening. C.	\$2.50	

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

Date

June 26th 1918

C. Greening

14036/444.

1st.Bn. Royal Newfoundland Rgt.
B. E. F. FRANCE.

September 2nd. 8

3970.Pte. C. Greening.

7733

"Pay to 3970 Pte.C. Greening 25:2:0.

Open 4004



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, W. Sheeringa, Regl. No. 3970, hereby agree, until further notification by me, and in similar official form to make an Allotment of Sixty Dollars and Sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and} _{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and} _{or} Persons concerned, viz.:

Allotment begins November 1917

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>3013</u>	<u>Tablet</u>	<u>W. Sheeringa</u>	<u>Bell Island 613</u>	<u>60</u>
			Total Allotment, \$	<u>60</u>

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.) W. Sheeringa
 Officer Commanding
 Company
St. John's
Nov 6 1917

(Sig.) W. Sheeringa
 (Rank) Capt

Greening, C

3970

Hay Sept.

July 4, 1919

#3970 Pts. Chesley Greening,

Bell Island, C.B.

Dear Sir:-

Please find enclosed Discharge Certificate

No. 2652.

Yours truly

Captain,
Paymaster & O.i/c Records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3970 Rank Pvt. Name Greenup G.
 Intended place of residence Mill Rd
2. Occupation Engineer
 Classification of soldier E Medical Category A 1
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 JUN 14 1919
- 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 14 1919
- Signature of soldier
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
- Place and Date ST. JOHN'S
JUN 14 1919
- Signature of soldier
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 13-10-17 No of days on Military
 Discharged from service 13-6-19 plus 14 days Service 625

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
JUN 15 1919
- Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.
- Date

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed
- Place St. John's, Nfld
June 29/1919
- Officer in Charge of Records
 The Royal Newfoundland Regiment
- Date

July 5, 1919

#3970 Rte. Chesley Greening,

Bell Island, C.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
Wynmaster & Co. i/c Records.

602

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... *Chester* 2. Surname... *Granning*

3. Rank... *Pte* 4. Regt. No... *3970*

5. Address in full to which future payments of gratuity are to be forwarded... *Bell Islands CB*

6. Date of enlistment in the Regiment... *August 15 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... *do*

9. Address in full of such dependents... *do*

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 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... *Twenty two months and 2 weeks*

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

not applicable

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.

\$68.79 Clothing Etc

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 Regt.? *no* If not give - (a) date of discharge. *June 29/19*

(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 and Germany

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.

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: *Charles Grooming*
 Place of Residence: *Belle Isle, C.B.*
 Declared before me at: *St. Johns Afd*
 This *14* day of *June* 19*19*

Signature of Barrister of the
 Supreme Court, Stipendiary Magistrate,
 Notary Public, Justice of the Peace,
 or Commissioner of Affidavits.
John M. Carthy

POST DISCHARGE PAY.		War Service	Net amount
Date paid	Full Paid	Classify.	due
Soldier.	Dependent.		
.....
.....
Certified correct.			Paymaster

Signature of Applicant:
 Place of Residence:
 Declared before me at:
 This

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

POST DISCHARGE PAY.		War Service	Net amount
Date paid	Full Paid	Classify.	due
Soldier.	Dependent.		
.....
.....
Certified correct.			Paymaster

Signature of Applicant:
 Place of Residence:
 Declared before me at:
 This

Paymaster

The Royal Newfoundland Regiment

Class for Demobilization:

Ej

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

11.6.19

Regimental No *3970*

Name

Greening Chesley Rank *Pte*

Address

Bell Island

Present Medical Category *A'*

Recommended for:—

(a) Immediate discharge

(b) Standard Medical Board

Members of Board

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

W. Robinson
Senior Medical Officer

J. W. Burden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3970 Rank PTE Name Greening L
 Date of Enlistment 13 10 17 Address Bell Falls District Selkirk
 Occupation Engineer Classification for Discharge 6 Medical Category A.I.
 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 3194	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 4004	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 14.6.19 O. C. Discharge Depot. J. H. H. H.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

L. Greening

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable #60.00
- (b) Clothing Supplied _____

Amelunth

Date 14-6-19 O. i.c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. to his home
at and Release Certificate No. issued.

Date 14-6-19 *J.A. Snowball*
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 29-6-19

Date 14-6-19 *J.A. Snowball*
Depot Paymaster.

Discharged approved for 15-6-19
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 Ist.	" 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		

3 Form B

Date 14-6-19 *J.A. Snowball*
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:-
Officer in Records,
Board of Pension Commissioners,
with following additional documents.

*Eligible for War Service Gratuity
R.H. Start Capt.*

Date JUN 15 1919
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.

Signature of Man.

Reg. No. *C. Greening*

J. A. Snow Capt.
Signature of the Vocational Officer or his Representative.

Place *St Johns*

Date *14-6-19*

191

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

MEDICAL HISTORY

OF

Surname Greening Christian Name Phesley

Table I.—GENERAL TABLE.

Birthplace:—Parish Belle Island County _____

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>13</u> day of <u>Oct</u> 191 <u>7</u>		on _____ day of _____ 191	
	at <u>Headquarters</u>		at _____	
Declared Age	<u>18</u> years <u>8</u> days		years	days
Trade or Occupation	<u>Engineer</u>			
Height	<u>5</u> feet <u>6</u> inches		feet	inches
Weight	<u>114</u> lbs.			lbs.
Chest Measurement	Girth when fully expanded... <u>34</u> inches			inches
	Range of Expansion... <u>4</u> inches			inches
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V= <u>6/12</u>		R.E.—V=	
	L.E.—V= <u>6/9</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)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at <u>St Johns 9, J</u>		at _____	
	on <u>13</u> day of <u>Oct</u> 191 <u>7</u>		on _____ day of _____ 191	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
Transferred to	<u>1st Regt. 3970</u>			
	<u>Reg</u>			
Became non-effective by	on _____ day of _____ 191		on _____ day of _____ 191	
(Signature)				
(Rank)				

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date	Brief Details, and Signature
6-11-17	Vacc <i>LD</i>
19-10-17	T.A.B. <i>LD</i>
29-10-17	<i>LD</i> } <i>3 LD</i>
3-11-17	<i>LD</i>

NO. & RANK 3970 <i>Pte</i>				DATE OF EXAM: 18.3.18	
NAME <i>Greening G</i>				DATE OF ISSUE: 12.3.18	
CORPS <i>7.525 Regt</i>				OPHTH. CENTRE: 41	
VISION WITHOUT GLS	SPH	CYL	AXIS STEREO SCOTTON	VISION WITH GLS	FRAME NO. (OR MEASUREMENT)
R <i>6/78</i>	-	+2.00	45°	<i>6/9</i>	
L <i>6/24</i>	-	+2.00	106°	<i>6/9</i>	<i>10</i>
SIGNATURE OF M.O. <i>C. Greening</i>			CAPT. A. M. Q.	OFFICIAN'S INITIALS <i>LD</i>	

It is hereby certified that this soldier has been before a Travelling Medical Board, and has been classified as 6 for Discharge on Demobilisation. Medical category A.I.
 Date of T.M.B. 14.6.19
 Declared by *[Signature]* Captain

Table IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation



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

Chesley Greening

Regiment from which discharged

Royal Newfoundland

Regimental number

3970

Intended address

Bell Island

Height on discharge

5 Feet 8

Color of hair on discharge

Dark Brown

Complexion

Fair

Color of eyes

Blue

Descriptive Marks

Scar thumb.

Figure on discharge

medium

Christian name of Father

Alex

Christian name of Mother

Martha

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth

Bell Island, Dec 25, 1900

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)

Chesley Greening

Pte

(Rank)

Station

S. Johns

Date

13-6-19

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. *3970* 3. Rank. *Pte*
4. Name *Brening Chesley*
(Surname) (Christian Names)
5. Age last birthday. *19*
6. Posted for duty on. *13-10-17* at. *St Johns*
in category (or grade).....
7. Former Trade or Occupation } *Engineer*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ; with Regtl. Nos.
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
(d) Date of Discharge ;
(e) Cause of Discharge.
(d) Particulars of Pension or Gratuity (if any)

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 complaint of no disability

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

Station *Bezeley D Camp*

Date *29-4-19*

W.E. Prosser *Capt R.A.M.C.*
 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

Casualty Form—Active Service.

Regiment or Corps..... *Royal Newfoundland* 13-2-1899Rank..... *Pte* Surname..... *Greening* Christian Name..... *Chesley*Religion..... *C of E* Age on Enlistment..... *18* years..... *8* monthsEnlisted (a) ^{13.10.17}..... *13.10.17* Terms of Service (a) *Duration* Service reckons from (a) *13.10.17*

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

Extended { } Re-engaged { } Qualification (b).....
or Corps Trade and rate.....Occupation..... *Engineer* *M Long 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					
26.8.18.	<i>M King</i>	<i>AI</i>	Embarked ...	31 AUG 1918		
			Disembarked	31 AUG 1918		
			ARRIVED	L. B. D.	2 SEP 1918	
			Joined Battalion		5 SEP 1918	
<i>300 cis</i>	<i>to Vero</i>	<i>Edgewood</i>	<i>2/1/18</i>	<i>CB 0792</i>		
<i>35 fus 4p</i>	<i>to Vero</i>	<i>Cadix</i>	<i>2/10/18</i>	<i>A.A. 31287</i>		
<i>D 300</i>	<i>Rejoined unit</i>	<i>4/10/18</i>				
	<i>above de Camp</i>	<i>Rowley</i>	<i>19/1/18</i>	<i>Race</i>		
<i>pm</i>		Joined	Field	27-11-15 E. 213		
		Arrived in UK		23/1/19		
Next of Kin: <i>Father Alex Greening Bell Island S. B. Uged</i>						

(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.

"OPHTHALMIC DEPARTMENT"
Military Hospital,
Winchester.

To. Medical Officer i/c

2nd Royal N. F. Regt.

Sub 15/18


3940. Greening Pl.

Please cause this man to attend here in six days time (Sunday excepted) for spectacle fitting. He should bring with him Army Book 64 and Medical History Sheet for the necessary entries to be made therein.

Glasson issued

22/3/18.

[Signature]


Capt. R.A.M.C.
Ophthalmic Surgeon.

From. Ophthalmic Surgeon, Central Military Hospital

WINCHESTER.

To. Medical Officer in Charge, Regt Royal Regt Coy 1

March 15/18 191

"REPORT OF VISION".

No. 3970 Greening Pte C

Has ...	V.A.	R.E. <u>4/10</u>	With correcting lenses	R.E. <u>4/9 pt</u>
		L.E. <u>4/20</u>		L.E. <u>4/12 pt</u>

My perimetral Collymetria each eye

Slavis ordered

R. A. M. J.

Capt. R.A.M.J.
Ophthalmic Surgeon.

Note..... This report should be attached to this man's Medical History Sheet for future reference please.....

ST. JOHN'S, JUN 13 1919

Royal Newfoundland Regiment.

Billeting Account,

To W. C. Greening

Billeting Soldiers as undermentioned

from June 1st /19 to June 12th /19

3970 W. C. Greening 12 70

ACCOUNT	<u>B. P. M.</u>
CH. NO.	<u>23459</u>
INITIALS	<u>E. W.</u>
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

Certified correct for 12 70

RJ

W. C. Greening
Billeting Officer.
Greening C.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C. 4.
(608) W2017/2124 1000m 4/15s 23 56

Form
B. 121
23.

Regiment of

1st Newfoundland

Number of Sheet

First

Signature of O. C. Company

[Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay		
No.	<i>3970 Sheering L.</i>	Age on	18 years 8 months	Engineer			
Joined	Date	Place and Date of Enlistment	<i>St John's 15-10-17</i>	Religion	<i>Cof. E.</i>		
Joined	Date	Period of	{with Colours 260 years. {with Reserve 365 years.	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>N.S.C.</i>	<i>21-2/18</i>	<i>Pte</i>		<i>Absent from Church Parade</i>	<i>Cpl A Matts</i>	<i>2 days CB.</i>	<i>22-2/18</i>	<i>Capt M.H. Long</i>	<i>M.H.</i>
"	<i>9/2/18</i>	"		<i>Irregular Conduct</i>	<i>Cpl A Matts</i>	<i>3 " "</i>	<i>10/8/18</i>	<i>Capt M.H. Long</i>	<i>M.H.</i>
<i>Demobilized St. John's, 29/1/19</i>									
To be carried over									

Army Form B. 121.

The Royal Newfoundland Regiment

3970

DEMOBILIZATION OF

Reg. No. 3970 Rank Plt Name [Redacted]
 Date of Enlistment 13.10.17 Address Bell Falls District [Redacted]
 Occupation Engineer Classification for Discharge [Redacted] Medical Category [Redacted]
 Recommendation S.M.B. [Redacted] Disability Rating [Redacted]
 Passed to Demobilization Officer with following documents:—

N.F. 136	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 11-6-19for [Redacted] # Mrs. #
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

G. Greening

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. \$60.00(b) Clothing Supplied. [Redacted]Date 14-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. to his home at and Release Certificate No. 2800 issued.

Date 13ell 752a

114-6-19

J.A. Snowball
Demobilization Officer

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

Date 11-1-19

Depot Paymaster.

Discharge approved for 15-6-19

Forwarded with following documents to O.C. Discharge Depot.

N.F. P136	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	W 93		

Form B

Date 14-6-19

J.A. Snowball
O. C. Discharge Depot.

O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:-

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 15 1919

O. C. Discharge Depot.

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

Date Jan 21 1919

Pratt

Reg. No. 3970. Rank. *PLC* Name *Greening, Chesley.*

Attested Address. *Bell Island*

Allotment Allottee

Date of Allotment Returned from Overseas. *29.8.19.*

Returned on S.S. *Lonsican* Cause. *Discharge*

19.8.19
18.8.19

RAISED TO DEMOBILIZATION STATUS
DISCHARGE APPROVED ON DEMOBILISATION