



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5332 Name William H. [unclear] Corps Artillery

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

1. What is your name? ..... 1. William H. [unclear]
2. What is your full Address? ..... } 2. [unclear] [unclear] [unclear]
3. Are you a British Subject? ..... 3. [unclear]
4. What is your age? ..... 4. 21 Years ..... Months
5. What is your Trade or Calling? ..... 5. [unclear]
6. Are you Married? ..... 6. [unclear]
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? } 7. [unclear]
8. Are you willing to be vaccinated or re-vaccinated? ..... } 8. [unclear]
9. Are you willing to be enlisted for General Service? ..... 9. [unclear]
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

I, [unclear], 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.

Signature of Witness.

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

I, [unclear], 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 22 day of May, 1915.

Signature of Attesting Officer [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 .....

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

Date [unclear] 1915

Place [unclear]

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 William Halpford  
 Apparent age 21 years — months. Height 5 feet 6 1/2 inches  
 Chest Measurement { Girth when fully expanded 36 inches  
 Range of expansion 3 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Jessie Halpford  
Acacia Hill Street B Relationship Sister

### 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 Re-serve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
Total Service forfeited as above.....									
Total Service towards Engagement to _____ [date of discharge] _____ years _____ days									
" " Pensions " _____ [ " " ] _____ " _____ "									



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5332 Name William Hallyard Corps Infantry

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

- 1. What is your name? ..... 1. William Hallyard
- 2. What is your full Address? ..... 2. School St. Conception Bay
- 3. Are you a British Subject? ..... 3. yes
- 4. What is your age? ..... 4. 21 Yrs ..... Months
- 5. What is your Trade or Calling? ..... 5. farmer
- 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

I, William Hallyard, 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.

11  
22-5-18

William Hallyard SIGNATURE OF RECRUIT.  
W. Lough Signature of Witness.

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

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

### CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 22nd day of May, 1918.

Signature of Attesting Officer Edwards

### CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been compiled with. I accordingly approve, and appoint him to the: .....

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

Date May 22, 1918  
Place St. John's } Approving Officer.

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

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



DESCRIPTIVE REPORT ON ENLISTMENT

5332

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

Name William Halfyard  
 Apparent age 21 years — months. Height 5 feet 6½ inches  
 Chest Measurement { Girth when fully expanded 36 inches  
 Range of expansion 3 inches  
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Josiah Halfyard  
1001 E. 1st St. B. 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 L'epot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Re-serve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards which engagement reckons from <u>22-5-18</u>									<u>Lance Cpl. 17 79</u>
Joined at <u>1st Regt</u> on <u>May 22-1918</u>									
Discharged <u>July 6-1919</u>									
<u>Camp 1st Regt, S. 1st Battalion of Halifax N.S.</u>					<u>22-7-18</u>				
<u>Camp 1st Regt, S. 1st Battalion of Halifax N.S.</u>					<u>22-11-18</u>				
<u>1st Regt, S. 1st Battalion of Halifax N.S.</u>					<u>22-7-19</u>				
<u>1st Regt, S. 1st Battalion of Halifax N.S.</u>					<u>1-6-1919</u>				
<u>Demobilization 1st Regt</u>					<u>8-7-1919</u>				

Total Service forfeited as above.....

Total Service towards Engagement to 8-7-1919 (date of discharge) 1 years 48 days  
 Pensions



C.R. 5332

Extract from Daily Orders Part 11 Unit The Royal Wfld. Regt  
France 21-4-19.

**Promotions.**

5332 Pte. W. Halfyard

to be L/Cpl. 17-4-19.

CF 5332

**Extract from Daily Orders Part 11 Unit The Royal Wfld.**

**St. John's, 11-7-19.**

**The discharge of the undernoted on demobilisation has been**

**CONFIRMED by Officer i/c Records from 8-7-19.**

5332 L/Cpl. Wm. Halfyard.

C.F. 5332

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt. St. John's, June 25th, 1919.

The discharge of the undernoted on demobilization has been  
APPROVED by O.C. Discharge B<sup>th</sup> pot with effect from 24-6-19.

5332 L/Cpl. WM. Hayward.



C.R. 5332

Extract from Daily Orders Part A1 Depot, St. John's,

Date June 18th 1919.

Reported at Headquarters

ex "Corsican"

which sailed Liverpool May 22/1919.

5332, L/C. W. Halfyard.

Reported at Headquarters 1/6/19.

ex "Corsican"

which sailed Liverpool May 22/1919.

Extract from Daily Orders Part A1 Depot, St. John's.

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

C.R. 5332

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

#53332 L/Cpl. W. Halfyard.

C.R. 5332

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

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

#5332 Pte. William Halyfard.



Extract from Daily Orders part 11, from Unit The Royal  
Nfld. Regt. Sr. John's, dated May 23, 1918.

#5332 Pte. William Halfyard.

Attestee for General Service with the Royal Nfld. Regt.  
from 22.5.18.

C.R. 5331

Extract from Nominal Roll of ~~first~~ Draft No. 86, from the 2nd.,  
Battalion of the Newfoundland Regiment to the 1st., Battalion  
of the Newfoundland Regiment F. E. F.,  
Embarked Southampton 23/11/18.

#5332 Pte. W. Halfyard.

W Halfyard

C.R. 5332

1810



## Medical Report on an Invalid.

Station Mozeley BarronDate 30/4/19

1. Unit Royal Newfoundland
2. Regimental No. 0332.
3. Rank L. Cpl.
4. Name Halbyard W.
5. Age last birthday 22.
6. Enlisted  $\left\{ \begin{array}{l} \text{on} \\ \text{at} \end{array} \right.$  22-5-18  
St John's
7. Former Trade or Occupation Fisherman.
- 7A. If with previous service in Army, state—  
(a) Former Unit;  
(b) Regimental No.;  
(c) Date of Discharge;  
(d) Cause of Discharge.

**8. Disability in respect of which invaliding is Proposed.***(Other disabilities should be reported upon in answer to question No. 19).*Statement of Case.

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

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

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

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

13. What is his present condition?

*no complaint of no disability*

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

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

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

*na*

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

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

*na*

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

*na*

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

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

*na*

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

*na*

20. Do you recommend—

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

*Preparation*

*W. H. Mason*  
*W. H. Mason*  
 \_\_\_\_\_  
 Officer in medical charge of case

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

*except †*

Station *Wazey Down*

\_\_\_\_\_  
Officer in charge of Hospital.

Date *30/4/19*

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

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

4856/711

2/Bn. Royal Newfoundland Regt.,  
Hazeley Down Camp,  
Winchester.

27th March

9

5333 Pte. Edgecombe G.

99

5333 Edgecombe

£5. 3. 0.

5. 3. 0. ✓



No. 18519/2045.

N.F.P./79.

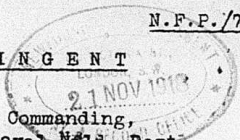
NEWFOUNDLAND CONTINGENT

From:

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

To:

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



16th November 1918

Nov. 18th 1918

Subject: 5332, Pte. W. Halfyard

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

Receipt hereunder.

Pay to 5332 Halfyard £3:2:0

LIEUT. COLONEL,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
Officer Commanding 2nd Battalion,  
Royal Newfoundland Regiment.

Draft £ 3:2:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Received the sum of Three pounds two shillings on account of cable remittance from Newfoundland.

*W. B. Hunt*

W. Halfyard

Chief Paymaster & O. 1/c Records.

No. 5332 Rank Pte.

Witness

A. L. Caster, Pte.





Halfyard, W<sup>d</sup>

5332

Ray Sept.



July 8, 1919

#5332 L/C. William Halfyard,

Ochre Pit Cove, C.B.

Dear Sir:-

Please find enclosed Discharge Certificate

No. 2311

Yours truly

Captain  
Raymaster & O.i/c Records

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5332 Rank. 4/C Name. Halfyard Wm  
 Intended place of residence. Ochoa Pitt Cove

2. Occupation Fisherman  
 Classification of soldier. 2 Medical Category AI

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 23 1919

*W. M. [Signature]*  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S

Date JUN 23 1919

*William Halfyard*  
 Signature of soldier

*J. A. [Signature]*  
 Signature of witness

### CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place, ST. JOHN'S

Date 23-6-19

*William Halfyard*  
 Signature of soldier

*W. J. [Signature]*  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service. 22.5.18 No. of days on Military  
 Discharged from service. 24.6.19 Plus 14 days Service. 413

### APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUN 24 1919

*R. H. [Signature]*  
 Officer i/c Discharge Depot  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

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

Place, ST. JOHN'S

Date July 8/1919

*M. Howley [Signature]*  
 Officer i/c Records  
 The Royal Newfoundland Regiment

*A. B. 2079/211*



# 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 23.6.19

Regimental No 5332

Name Waldyard H<sup>m</sup> Rank

Address Oberon Hill Cott

Present Medical Category A1

Recommended for: (a) Immediate discharge  
(b) Standard Medical Board

Members of Board

B. H. Jast Major  
O.C. Discharge Depot.

H. H. H. H.  
Senior Medical Officer

W. B. B.  
M. O. Depot

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 5332 Rank LC Name Halfyard Wm  
 Date of Enlistment 22.5.18 Address Oche Pt. Cove District Bay A/I  
 Occupation Lieutenant Classification for Discharge B Medical Category A I  
 Recommendation S. M. B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

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 23.6.19 O. C. Discharge Depot.

### PARTICULARS FOR DEMobilIZATION

#### 1. Civil Re-Establishment.

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

William Halfyard

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 Shaw & Co

Date 23-6-19

O. i.c. Re-clothing \_\_\_\_\_

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. 1897 to his home at Dehu pet cone and Release Certificate No. 2962 issued.

Date 23-6-19

*J.A. Snow left*  
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 8-7-19

Date 23-6-19

*J. H. Newsitt*  
Depot Paymaster.

Discharged approved for 94-6-19

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

N.F. P136	B 288	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 23-6-19

*J.A. Snow left*  
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 24 1919

*R.H. Salt left*  
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.

*William Hayward*  
Signature of Man.

*J. A. Snowball*  
Signature of the Vocational Officer or his Representative.

Reg. No. 5332.

Place **ST. JOHN'S**

Date **23-6-09** 191



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

# MEDICAL HISTORY

Surname Haefyars OF Christian Name Mr William H.

Table I.—GENERAL TABLE.

Birthplace:—Parish Ocho Pit Cove Bior. County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	on	22 day of Nfld 1918	on	day of 191
	at	S. John	at	
Declared Age	24	years		days
Trade or Occupation	fisherman.			
Height	5	feet 6 1/4		inches
Weight	146	lbs.		lbs.
Chest Measurement	Girth when fully expanded	36		inches
	Range of Expansion	3		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/			
When Vaccinated				
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/36	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)	L. Arnold Peterson			
(Rank)	Maj			
	Medical Officer.		Medical Officer.	
Enlisted	at	S. John	at	
	on	22 day of May 1918	on	day of 191
		Corps.		Corps
		Regtl.-No.		Regtl. No.
Joined on Enlistment	The Royal Nfld Regt 5332			
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				







## Descriptive Return of a Soldier Discharged on Account of Disability

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

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

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

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

Name in full *William Halfyard*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5332*

Intended address *Cochre Pit bar. C. B*

Height on discharge *5* Feet *9*

Color of hair on discharge *Dark Brown*

Complexion *Fair*

Color of eyes *Brown*

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

Figure on discharge *Tall*

Christian name of Father *Joshua*

Christian name of Mother *Rosina*

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

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

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

Place and date of soldier's birth *Cochre Pit bar. Sept 19. 1896*

Nature and locality of civil employment required \_\_\_\_\_

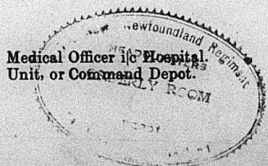
I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full) *William Halfyard* *S/lt*  
(Rank)

Station \_\_\_\_\_ Date *23-6-19*

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 \_\_\_\_\_



Medical Report on an Invalid.Station Hazeley Down Camp  
Date Dec. 4 19

1. Unit Royal Newfld
2. Regimental No. 5732
3. Rank Ltjpl
4. Name Halfyard W.
5. Age last birthday 22
6. Enlisted { on 22. 5. 15  
at St John
7. Former Trade or Occupation { Fisherman
- 7A. If with previous service in Army, state—  
(a) Former Unit;  
(b) Regimental No.;  
(c) Date of Discharge;  
(d) Cause of Discharge.

**8. Disability in respect of which invaliding is Proposed.***(Other disabilities should be reported upon in answer to question No. 19).**me*Statement of Case.

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

9. Date of origin of disability. *me*
10. Place of origin of disability. *he*
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. *me*
12. Give your opinion as to the causation of the disability, stating whether in your opinion it is— *he*
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

13. What is his present condition?

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

Decomposed & no disability

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

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

u

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

If so—(a) When?

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

u

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

u

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

u

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

u

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

u

Repatriation

20. Do you recommend—

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

None

Major J. J. Jones

Officer in medical charge of case.

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

Station H. D. Camp

Officer in charge of Hospital.

Date 30.4.19

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

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

July 11, 1919

#5332 L/C. William Halfyard,

Ochre Pit Cove, B.D. V.

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..... *William* ..... 2. Surname..... *Stacyard*  
*PC* ..... 3. Rank..... ..... 4. Regtl. No..... *5302*  
5. Address in full to which future payments of gratuity are to be forwarded..... *Debre Pet Cove, R. Nfld.*  
.....  
6. Date of enlistment in the Regiment..... *May 20/18*  
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....  
.....  
8. Relationship of such dependents.....  
.....  
9. Address in full of such dependents.....  
.....  
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....  
11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... *Overseas*  
.....  
.....  
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *From May 20/18 to June 20th. 1919.*..... 1.

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

..... *No* .....

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.

..... *No* .....

15. Have you been issued with a War Service Badge?.....

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

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.

..... *No* .....

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

(b) If so, was such reversion in consequence of Misconduct or inefficiency?.....

19. Are you now serving in the Res?..... *No* If not give- (a) Date of discharge..... *1 June 1919*

(b) Reason for discharge..... *Re-education*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service....

..... *No* .....

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

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



*William Haefyard*

Signature of Applicant:

Place of Residence:

Declared before me at:

This

day of

*Behre Pit Cove, B. det.*  
*M. Johns, N. Fed.*  
*June 1919...*  
*John M. Carthy*

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

POST DISCHARGE PAY.

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

N<sup>o</sup> 6035



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, *William Halfyard*, Regl. No *5332*

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 *July 15 18*

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>4538</i>	<i>Mother</i>	<i>Mr Joshua (Sorena) Halfyard</i>	<i>Osborn P.O. Cove B. D. Verre</i>	<i>60</i>
Total Allotment, \$				<i>60</i>

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.) *Squalson Lieut*  
Officer Commanding  
*E* Company  
*A. John*  
*Jun 26 1918*

(Sig.) *William Halfyard*  
(Rank) *P6*

ST. JOHN'S, June 23 / 19

# Royal Newfoundland Regiment.

Billeting Account,

To L/C. W. Halcyard

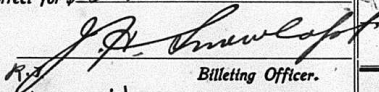
Billeting Soldiers as undermentioned

from June 1<sup>st</sup> / 19 to June 24<sup>th</sup> / 19

5332 - L/C. W. Halcyard 24 90

ACCOUNT	
CH. NO.	24792
IND. LEDGER	
PAY LEDGER	
GEN. LEDGER	

Certified correct for \$ 24. 90

  
 J. A. Newleft  
 Billeting Officer.  
 W. Halcyard

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of Royal Newfound

Number of Sheet 010

Signature of O. C. Company Asst. Comdant

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.		Age on	21 years	months	
5332 <u>Halfpenny Wm</u>		Place and Date of Enlistment		Trade <u>Fisherman</u>	
Joined _____ Date _____		22.5.18		Religion <u>Method</u>	
Joined _____ Date _____		Period of } with Colours <u>1<sup>1</sup>/<sub>2</sub></u> years.		Place of Birth <u>Chine Pitt Cove CB</u>	
Joined _____ Date _____					

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized</u>	<u>St John's 8/79</u>				

To be carried over.



25332

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5337 Rank Lt Name Halfyard Wm  
 Date of Enlistment 22.5.18 Address Ochoe Pt. Cove District Bay St  
 Occupation Lieutenant Classification for Discharge 2 Medical Category AI  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_  
 Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
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 23.6.19 \_\_\_\_\_  
 \_\_\_\_\_ O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

William Halfyard

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \_\_\_\_\_
- (b) Clothing Supplied \_\_\_\_\_

Date 23-6-19 \_\_\_\_\_ O i/c. Re-clothing

### 3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 6.1897 to his home at Adhe piteone and Release Certificate No. 2962 issued.

Date 23-6-19 *J.A. Shaw left*  
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 23-6-19

Date 23-6-19 *J.A. Shaw left*  
Depot Paymaster.

Discharge approved for 24-6-19  
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 23-6-19 *J.A. Shaw left*  
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 24 1919 *R.H. Sait Capt.*  
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.  
Date July 1919 *Records*



Reg. No. 5332 Rank LC. Name Obafunmi W. Oba

Attested ..... Address behind Pit Lane

Allotment ..... Allottee .....

Date of Allotment ..... Returned from Overseas 29-5-19

Returned on S.S. Corsican Cause Discharge

20.6.19

**PASSED TO DEMOBILIZATION OFFICER**

24.6.19

**DISCHARGE APPROVED ON DEMOBILISATION.**