



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5581 Name Walter Harris Corps C of E

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

- |  |                          |
|--|--------------------------|
| 1. What is your name? .....  | 1. <u>Walter Harris</u>  |
| 2. What is your full Address? .....  | 2. <u>Hermitage Cove</u> |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>            |
| 4. What is your age? .....   | 4. <u>19</u> Years ..... |
| 5. What is your Trade or Calling? .....  | 5. <u>Shipman</u> Months |
| 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, Walter Harris 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.

Walter Harris SIGNATURE OF RECRUIT.  
P. R. Power Signature of Witness.

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

I, Walter Harris 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 1 day of June 1918  
P. R. Power Signature of Attesting Officer

### †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.....  
 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 Walter Harris  
 Apparent age 19 years        months. Height 5 feet 2 1/2 inches  
 Chest Measurement { Girth when fully expanded 35 inches  
 { Range of expansion 4 inches  
 Distinctive marks       

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Harris  
Hermitage 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 " \_\_\_\_\_ [ " " ] \_\_\_\_\_ " \_\_\_\_\_ "



# THE ROYAL NEWFOUNDLAND REGIMENT

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- |  |                                |
|--|--------------------------------|
| 1. What is your name? .....  | 1. <u>Walter Harris</u> .....  |
| 2. What is your full Address? .....  | 2. <u>Hermitage Cove</u> ..... |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u> .....            |
| 4. What is your age? .....   | 4. <u>19</u> Years .....       |
| 5. What is your Trade or Calling? .....  | 5. <u>Fisherman</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 Walter Harris 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.

Walter Harris SIGNATURE OF RECRUIT.

Pte. R. Power Signature of Witness.

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

I Walter Harris 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 explained 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 June day of 1918.

Robt Dickson Lieut. Signature of Attesting Officer

### †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.....1918 .....

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

2581

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

Name Walter Harris  
 Apparent age 19 years        months. Height 5 feet 2 1/2 inches  
 Chest Measurement { Girth when fully expanded 35 inches  
                           Range of expansion 4 inches  
 Distinctive marks                           

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Harris  
Hermitage 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	Regt. 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>1-6-18</u>									
Joined at <u>Mun's</u> on <u>June 1-1918</u>									
<u>Discharged Feb 21<sup>st</sup> 1919.</u>									
<u>Admitted to S.D. Hospital 13.7.18</u>									
<u>Discharged do do to Gosport 6-8-18</u>									
<u>Discharged to Field Street 27.9.18</u>									
<u>Demobilisation</u>									
<u>at Mun's 21-2-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>21-2-1919</u> (date of discharge) ~ years <u>266</u> days									
" " Previous " " " " " " " " " " " "									

C.R. 5581

Extract from Daily Orders part II, Depot St. John's  
dated Feb. 25th. 1919.

The discharge of the undernoted on demobilization  
have been CONFIRMED by Officer I/c Roserison  
21-2-19.

#5581 Pte. Walford Harris.

CR 5581

Extract from Daily Orders part 11, Deppt St. John's  
Jan. 24th, 1919.

The Discharges of the undernoted on demobilization have  
been ~~CONFIRMED~~ by Officer i/c Records on 24-1-19.

5581 Pte. Walter Harris.

C.R. 5581

Extract from Daily Orders part 11 Depot St. John's dated Sept. 30/1918

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#5581 Pte. W. Harris

Discharged from 21 Field Street 27-9-18.

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CR 5581

Extract from Daily Orders Part 11 Unit The Royal  
Nfld. Regt. St. John's, dated August 9, 1918.

5581, Pte. Harris, W.

Discharged from M.I.D. hospital, and admitted to Donovans,  
6/8/1918.



Form No. —

C.R. 5581



# NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. \_\_\_\_\_ Sent by \_\_\_\_\_ Rec'd by \_\_\_\_\_ Check \_\_\_\_\_

No. \_\_\_\_\_

Place from \_\_\_\_\_

To \_\_\_\_\_

*Hermitage*  
*Lieut Col. Russell*  
*Nfld Regt*



*Is 5581 pte Walter  
Harris Sick please  
wire his condition*

*John Harris*

*~~From~~  
5581 Pte Walter Harris  
now ~~at~~ a Convalescent*

C.R. 5581  
Counter No.

# 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 **St. John's**

Line Number	Recd	By	Sent	by	Check

Dated **August 12, 1918.**

**John Harris, Hermitage.**

Req to inform you that your son No.5581

Pto. Walter Harris is now Convalescent.

J. R. Bennett,

Minister of Militia.

C.H. 5581

Extract from Daily Orders part 11, from Unit The Royal  
Nfld. Regt. St. John's, dated July 15, 1918.

‡5581 Pte. W. Harris.

Admitted to M.I.D. Barracks Hospital 15-7-18

CR 5581

Extract from Daily Orders part II, from Unit 100 Royal Mfld.  
Regt. St. John's, dated June 5th, 1926.

#5581 Pte. W. Harris.

Attested for General Service with the Royal Mfld. Regt.  
from 1.6.18

Harris, W.

5581

Hay sept.

February 21st., 1919

#5581 Pte. Walter Harris,  
Hermitage,  
Fortune Dist.

Dear Sir:-

Please find enclosed "Discharge  
Certificate No. 950."

Yours truly,

Captain,  
Paymaster & O i/c Records

Enc'l 1.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5581 Rank Pvt Name Walter Hamer

Intended place of residence Hermitage, Fortuna Street

2. Occupation Footman

Classification of soldier C Medical Category A 71

3. The above named man is discharged in consequence of DEMobilIZATION

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 JAN 20 1919 Walter Hamer  
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 Walter Hamer

20-1-19 Signature of soldier

W. Bowley Capt.  
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 Walter Hamer

Jan 28th 1919 Signature of soldier

J. D. ...  
Signature of witness

## STATEMENT OF SERVICE

7. Enlisted for service 1.6.18 No of days on Military

Discharged from service 24.1.19 plus 28 days Service 266 days

## APPROVAL OF DISCHARGE

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

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

Date JAN 24 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. W. Bowley Capt.

Date February 21, 1919 Officer in Charge  
The Royal Newfoundland Regiment

A. J. B. 20/1/19

30  
31  
31  
30  
31  
30  
31  
31  
21  
566

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5581 Rank PT4 Name Harris Walker  
 Date of Enlistment 16.13 Address Hermitage District Fortune  
 Occupation Fisherman Classification for Discharge 2 Medical Category 1E  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N.F. Pj36.....	B 268.....	B 121.....	1	N.F. Med.....	D.F. 1.....	1
B 178.....	W 3494.....	B 122.....		Board 1st.....	" 2.....	
B 178a.....	1. D 400A.....	1. B 1915.....	2	do 2nd.....	" 3.....	3
B 179.....	D 400B.....	Form L.....		do 3rd.....	" 4.....	
B 179a.....	D 400C.....	Form K.....	1	do 4th.....	" 5.....	
B 179b.....	B 103.....	ME 2.....		" 6.....	" 6.....	
B 179c.....	B 120.....	M 93.....	1			

Date 20.12.15.....

*M. M. Call*  
O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

*Harris Walker*

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~~..... *Joseph H. Brown*

Date 20-1-19.....

O i/c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R 530 to his home  
 at Hemel Hempstead and Release Certificate No. 819 issued.  
 Date 20-1-19 C. B. Dicks 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 21-2-19  
 Date 20-1-19 W. H. M. Cap.  
 Depot Paymaster.

Discharge approved for 24.1.19

Forwarded with following documents to O.C Discharge Depot.

N.F. P[36	B 268	B 121	1	N.F. Med.	D.F. 1	1	
F 178	W 3494	B 122		Board 1st.	" 2	1	271 m B
B 178a	D 400A	B 1915	2	do 2nd.	" 3	3	
B 179	D 400B	Form L		do 3rd.	" 4		
B 179a	D 400C	Form K	1	do 4th.	" 5		
B 179b	B 103	ME 2			" 6		
B 179c	B 120	M 93	1				

Date 21.1.19 C. B. Dicks Capt.  
 Demobilization Officer

APPROVED.

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

**JAN 24 1919**

Date ..... R. H. J. Capt.  
 O. C. Discharge Depot.

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

Date .....

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

# MEDICAL HISTORY

Surname Harris OF St John Christian Name

Table I.—GENERAL TABLE.

Birthplace:—Parish Hermitage, St. John's County Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	1 <sup>st</sup>	June		191
	at	St John's	at	
Declared Age...	19	years		days
Trade or Occupation	Fisherman			
Height	5	feet 2 1/2	feet	inches
Weight	123	lbs.		lbs.
Chest Measurement	Girth when fully expanded...			
	Range of Expansion...			
	35	inches		inches
		1/2		inches
Physical Development...				
Vaccination Marks	Right	Left	Right	Left
	/		/	
When Vaccinated				
Vision	R.E.—V=	6/9	R.E.—V=	
	L.R.—V=	6/9	L.R.—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)	Lammie Paterson			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	St John's	at	
	on	1 <sup>st</sup> day of June 1918	on	day of 191
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment...	Royal Mps. Regiment.			
	5581			
Transferred to...	/			
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

Table II.—Only for admission to hospital or to the sick

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on syphilis, admissions of treatment
	Day	Month	Year	Day	Month	Year			
W. J. D. Hospital	13	7	18	6	8	18	Mumps. + measles.	23	
Winnona	6	5	18	25	9	18	Cerebral.	54	

Report in case of Warrant Officers treated in quarters.

the cause, nature or treatment of the case likely to be of interest or of future use. In case of readmissions to hospitals 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

*Boherty Capt. Rant*

*Boherty Capt. Rant*



## 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 work at Fishing

W

Walter Harris

Signature of Man.

Reg. No. 5581

C. A. Dicks Capt

Signature of the Vocational Officer or his Representative.

Place

St. John's

Date

20/1/19

191

Fortune

80

400 A

# The Royal Newfoundland Regiment

Class for Demobilization:—  
C

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date ..... NOV 29 1918 .....

Regimental No. 5381.

Name *Harris Walter* .....

Address *Hermitage Bay* .....

*Fort St. John's Bay St. J.* .....

Present Medical Category *A II* .....

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

Members of Board { *R.H. Tait Capt.* .....  
O.C. Discharge Depot.

*L. Paterson* .....  
Senior Medical Officer

*Geo Burdett* .....  
M. O. Depot



## 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 *Harris Walter*  
 Regiment from which discharged *1st. Newfoundland*  
 Regimental number *5581*  
 Intended address *Hermitage, Hermitage Bay*

Height on discharge                      Feet  
 Color of hair on discharge              *Dark*  
 Complexion                                  *Fair*  
 Color of eyes                                *Brown*  
 Descriptive Marks                        *vaccination, one scar lft arm*  
 Figure on discharge                       *Normal*  
 Christian name of Father                *John*  
 Christian name of Mother               *Susie*  
 Wife's maiden name in full  
 Date and place of marriage  
 Christian names of children

Place and date of soldier's birth. *Oct. 24th. 1897, Hermitage*  
 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) *Walter Harris*

(Rank) *Pte*

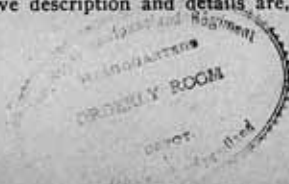
Station

Date

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



*[Signature]*  
 Medical Officer i/c Hospital  
 Unit, or Command Depot





# NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 74 Sent by Hermitage Rec'd by \_\_\_\_\_ Check \_\_\_\_\_ No. \_\_\_\_\_

Place from Capt & family



Steamer is westward  
Chance to return yet

3581  
- Mr Walter Harris  
7 Co. I.

R.S.M.  
To Note of Return  
J.H.

No 6341



## THE ROYAL NEWFOUNDLAND REGIMENT

### ALLOTMENTS

I, Walter Harris, Regl. No. 5581  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
— Dollars and — 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 August 15/18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4721	<input checked="" type="checkbox"/>	Walter Harris	Thorncliffe Row St. John's	50
Total Allotment, \$			5	50

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.) W. G. James  
 Officer Commanding  
 Company  
St. John's  
Aug 8 18

(Sig.) \_\_\_\_\_  
 (Rank) \_\_\_\_\_

FORM K

No. 6341



## THE ROYAL NEWFOUNDLAND REGIMENT

## ALLOTMENTS

I, Walter Harris, Regl. No. 5581.

hereby agree, until further notification by me, and in similar official form to make an Allotment of  
 Dollars and Fifty Cents, per diem, from my Pay,  
 to, and for the benefit of the undermentioned Person <sup>and</sup> or Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> or Persons  
 concerned, viz.:

Allotment begins

August 7<sup>th</sup> / 18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4728	Father	John Harris	Hermitage Cove H.B.	50 <sup>c</sup>
			Total Allotment, \$	50 <sup>c</sup>

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.)

Officer Commanding

F Company

St. John's  
July 8<sup>th</sup>

1918

(Sig.) Walter Harris(Rank) Pte.



# THE ROYAL NEWFOUNDLAND REGIMENT

## ALLOTMENTS

I, Walter Harris, Regl. No. 5581

hereby agree, until further notification by me, and in similar official form to make an Allotment of \_\_\_\_\_ Dollars and fifty 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 August 1st / 18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4728	Father	John Harris	Hermitage Cove H.B.	50 <sup>c</sup>
			Total Allotment, \$	50 <sup>c</sup>

**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.) *H. G. James*  
 Officer Commanding  
 F (Company)  
St. Johns  
July 8<sup>th</sup> 1918

(Sig.) *Walter Harris*  
 (Rank) Hte.

## ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at

Headquarters June 1/18

1. Name

Walter Harris

Age (a) Declared 19

(b) Apparent

2. Do you know of anything wrong with you?

Rupture about 6 years ago

What severe illnesses have you had?

None

3. Height 5 ft 2 1/2

Weight 123

4. Eyesight (a) Left 4/9

(b) Right 6/9

5. Physical Defects (Examine after strenuous exercise) n

no hernia

6. Examination of Lungs n

Measurement

(a) Expiration

31

(b) Inspiration

35

7. Examination of Heart n

8. Examination of Urine ✓

9. Examination of Mouth—(Defective Speech)

Teeth

Throat

Nose

Ears—(Otorrhea)

(Deafness)

10. Have you been successfully vaccinated, and when? No

11. Name and address of next of kin

Father John Hermitage Cove St. John's

REMARKS--

A II

T. W. Borden  
Archibald

Medical Examiners.

## Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Form  
B 121.  
29.

Regiment of

*Royal Newfoundland*

Number of Sheet

*One*

Signature of O. C. Company

*P. Dicks Lieut*

Regimental Number and Name		Enlistment		Type	Good Conduct Badges, Service pay or proficiency pay				
No.		Age on	years	months					
5581	<i>Walter Harris</i>		19		<i>J. J. Harris</i>				
Joined	Date	Place and Date of Enlistment	<i>St John's 16-18</i>		Religion				
Joined	Date	Period of		with Colours	years	Place of Birth			
Joined	Date			with Reserve	years	<i>Herby</i>			
Place	Date of Offence	Rank	Cause of Discharge	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order discharging with trial	By whom awarded	REMARKS
				<i>Demobilized</i>	<i>St John's</i>		<i>21</i>	<i>19</i>	

To be carried over.

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5581 Rank PT4 Name Harris Walker  
 Date of Enlistment 1.6.18 Address Hermitage District Fortune  
 Occupation Fisherman Classification for Discharge F Medical Category A5  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

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

Date 20.12.54 ..... Walter Harris  
 O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

**1. Civil Re-Establishment.**

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

Walter Harris

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 Joseph H. Snowling

Date 20-1-19 ..... O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 2530 to his home at Permitia and Release Certificate No. 819 issued.

Date 20-1-19

Cpt. Dickes 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 21-2-19

Date 20-1-19

W. M. Miley Capt.  
Depot Paymaster.

Discharge approved for 24.1.19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 368	B 121	1	N.F. Med.	D.F. 1	1	
E 178	W 3494	B 122		Board 1st.	" 2	1	5-1-19
B 178a	D 400A	B 1915	2	do 2nd.	" 3	2	
B 179	D 400B	Form L		do 3rd.	" 4		
B 179a	D 400C	Form K	1	do 4th.	" 5		
B 179b	B 103	ME 2			" 6		
B 179c	B 120	M 93	1				

Date 21. 1. 19

Cpt. Dickes Capt.  
Demobilization Officer.

APPROVED.

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

**JAN 24 1919**

Date .....

R. J. J. J. J.  
O. C. Discharge Depot.

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

Date Jan 25 1919

[Signature]  
[Signature]



Reg. No. 5581 Rank Pte Name Harris, Walter J  
Attested 1-6-18 Address Hermitage 7609  
Allotment 50 Allottee John Harris (Father)  
Date of Allotment 1-8-18 Returned from Overseas  
Embarked for Overseas Cause

3-6-18 Vac 13 9/18 St. Joe. Ind. 11-7-18 5<sup>20</sup> 25-10-18  
46 23-6-18 to 3-7-18  
13-7-18 Admitted to M. B. S. Hospital  
6-8-18 Dischd from do Admitted to Donovan  
29-9-18 Discharged from 71 Field St.

DEC 20 1918 PASSED TO DEMOBILIZATION OFFICER

24-1-19 DISCHARGE APPROVED ON DEMOBILIZATION.