

ATTESTATION OF

## THE ROYAL NEWFOUNDLAND REGIMENT

No. 53/4 Name alphonous Hala Corps RC	
Questions to be put to the Recruit before Enlistment.	NAME OF
I. What is your name?	
2. What is your full Address?	
3. Are you a British Subject? 3.	
4. What is your age?	SET IN
5. What is your Trade or Calling? 5 5.	
6. Are you Married? 6	
7. Have you ever served in any Branch of His Ma jesty's Forces, naval or military, if so,* which? 7.	
8. Are you willing to be vaccinated or re-vac- 8.	
9. Are you willing to be enlisted for General Service? · · 9.	
10. Did you receive a Notice, and do you understand tis meaning. and who gave it to you?	
11. Are you willing to serve upon the conditions as embedded in the roll of service to be signed by you if you are accepted?	
made by me as the above questions are true and that I am willing to fulfil the magagements rade.  2 2 / 5 / 8	
OLD OATH TO BUTAKEN BY AECRUIT ON ATTESTATION.	
Ido 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 dany ended.	,
as replied to, and the said recruit has made and signed the declaration and taken the oath before me at	
Senature of Attesting Officer LANDUKS hieuf	
†CERTIFICATE OF APPROVING OFFICER.	
I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the re-	
quired forms appear to have been complied with. I accordingly approve, and appoint him to the:	
If emisted by special authority, such will be attached to the original attestation.	SELLER
Date	100000
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.	

	ESCRIPTIVE RE				5314
Name Alphonsu	o Haloh				
Apparent age 23	years mont			ر ح	eet 3 1/2 inches
Chest Measurement {	th when fully expand	5	inch uches	les	
Distinctive marks	8 4 48 5 50				
Name and Address of nex	NFORMATION S	UPPLIED	BY RE	CRUIT	
Red Head	and CB	Relation	ship 7	all	•
	Particula	ars as to Ma	rriage		Committee of the state of the s
	me of Woman to whom marrie (c) Present address. (a	d, and whether sp n Initials of Office	er verifying en	r. (ω) Place and wrv.	
(a)	(b)		(6)	20	5" (4 <b>d</b> ) (5" )
	Particul	ars as to Ch	ildren	Solution 1	The second second
Christian Names		19	E	Date and Pla	ce of Birth
	STATEMENT	OF THE	SERVIC	CES	17 /40 (1 and 1)
			Service not allowed to reckon	The state of the s	Structure of Officers conti
Corps in Rgt. or Promotion Casua	, Reductions, lties, &c.	Dates	for fixing the rate of pension  Years Days	Service in Reserve not allowed to reckon towards G. C. Pay Years Days	Signature of Officers certi- fying correctness of entries
Service towards lighted engagement	on Moay	1 122-19	18		
allsexanger	July 11	1919		3	
Contacke St &	his SS lost	melle	Hal	by N.	2 18.
Entaka for Bo	1. 20 18 Lu	entark	Jan Straw	e 25-N-	18. 1.11
pin Bath 5	1-1919. Trans	ew for	Power	12 20	Coming Newholer 28
La Roefoundland	for denotic	allo	22.5-19	Cleru	w Mas. 1-6-19
	Demolik	1 for	11	Fins	1-4-1919
	7				
Total Service forfeited as	above	€5 (1-5) £3 <sup>®</sup> /		- 1 j	
Total Service towards Engagement to	11-7-1919	[date of dischar	]	nrs # 8 days	

Extract from Daily Orders Part 11 Royal Newfoundland Regiment Depot St. John's dated 17-7-19. Depot St. John's.

The discharge of the undernoted on demobilization has been CONFIRMED by Officer i/c Records from noted data 8-7-19.

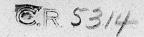
5314, Pte. Alphonsus, Hatch.

C.R. 5314

Extract from Daily Orders Part 11 Unit The Royal Hild. Regt. St. John's, June 22th, 1919

The discharge of the undernoted on demobilization has been APPROVED by O.C. Discharge depot with effect from 87-6-19.

5314 Pte. A. Hatch.



Extrast from Mominal Roll from 1st. Battalion Royal Nawfoundland Regiment dated 30-4-19.

The undermentioned of the 1st.Bettalien left Rough Carrs 82/4/19, embarked at Mayre 22/4/19, disembarked at Southampton 28/4/19 and reached Hazeley Down Camp 23/4/19.

#5314 Pte. A. Hatch

C.R. 5314

Extract from Beminal Roll of Draft No. 56, from the 2nd., Battalion of the Newfoundland Regiment, Winehester to the 1st., Battalion of the Regiment, B. E. F., Embarked Southampton 23/11/18.

#5314 Pte. A/ Hatch.

Extract from Daily Orders part 11.from Unit The Royal Hild. Regt.St.John's.dated May 23.1928

#5314 Pte. Alphosus Hatch.

Attested for General Service with the Royal Rfld.Regt. from 22.6.18

Extract from Daily Orders mert 11, from Unit The Royal Bild Rogt St. John's dated July 25, 1916.

The following men embarked for everseas on H.H.S. "Columbolla" July 22,1918.

#5314 Pte .Alphomso Hatch.

a Hakk C.R. 5314 Perso

Note.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvia.), 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 F., or F. (T), of the Reserve in Lasses 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, 294 Hospital, Chelsea, S.W. 3.

# Medical Report on a Soldier Boarded Prior to Discharge or

Transfer to Class W., W. (1), P., o	or P. (1), of the Reserve.
1. Unit and Corps. Royal Newfoundland 2. Regtl. No. S. 3.14 3. Rank. Jele	7. Former Trade or Occupation } Jisherman 7a. If the soldier claims previous service in Army, he should state—
4. Name Hatch alfhonsa (Surname)  5. Age last birthday 2.4	(a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday2.4	
6. Posted for duty on May 21/18. at. 21. Jahrn 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
  - (c) Opinion of Court

is seen by the Officer in charge of the case.

- (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

#### 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.

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.
- 12. Place of origin of disability.
- 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.

				( ) ( ) ( ) ( ) ( ) ( )	(b) aggregated by
1		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.	<ol> <li>Serious negligence or misconduct o man's part.</li> </ol>	n the		
1	4 (a). I	If not due to any of these causes, specific condition do you attribute	to what }	n	
cases such 1 ial injur- eye, ear, ind throat, littles, &c., ialist's re- is to be ed with og raphs possible; n cases of action the position be stated.	5. What	t is his present condition?  (A note should be made as to Weight in when it is likely to afford evidence of gress of the disability.)		decuple	inie?
		s an operation performed? If so, when a	and what	m	
	17. If no	ot, was an operation advised and declin	ed?		
	te di se	the case of loss or decay of teeth,—Is the eeth the result of wounds, injury or irectly attributable to active service or ervice under such conditions that dent nent was unobtainable?	disease through	h.,	
	n S h w	e particulars of any other disabilities exist to in themselves sufficient to cause in tate whether or not they are attributa have been aggravated by service during the var, and if so, to what or by what specific conditions?	validing. ble to or e present	in	Ariston)
				Refe	
	20. Do	you recommend—			
		(a) Discharge as permanently unfit?		18	wini
		(b) Change to United Kingdom?		Maci	
	No	otc—(b) is only applicable to soldiers inv Foreign Stations.	ratided at	1	Capt Ran
	Station	. Hazeley bown		Medical Officer in	
	Date	201.1			
	it is due	Loss of teeth on or immediately after active to some other cause	service, sho	ould be attributed thereto,	unless there is evidence that

Nº 4682



## 1ST. NEWFOUNDLAND REGIMENT

## ALLOTMENTS

Allotment begins  Identity Certificate No.  NAME (in full)  ADDRESS  AAM (each  AAM (eac	ount person
325 Father Mr Palnich Hatch Red Head Cove Bay de Verde	6
Bag de Verd	
	-
	-
	-
	<del> </del>
	$\vdash$
4674	
Total Allotment, S	

N.F.P./79.

### NEWFOUND LAND CONTINGENT

From:

Chief Paymaster & 0.i/c Records Newfoundland Contingent, Pay & Record Office, 58, Victoria Street London, S.W. 1 officer Commanding, 2/Bn Royal Nfld. Regt.

Winchester.

7th November 1918

Subject: 5314, Pte. A. Hatch,

With reference to the following telegram (9591) from the Hon-Minister of Militia, received

Pay to 5351 Hatch £4:0:0

Draft £ 4:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

A A Municipal May.

Chief Paymaster & O. 1/c Records.

Receipt hereunderh

Receipt hereunder

COMMANDING 2ND BN. ROYAL REVENUINDLAND REGT.
Officer Commdg. 220 Batt'n,
Royal Newfoundland Regiment.

Received the sum of tour

pounds on account of

cable remittance from Newfoundland.

No. 53/4 Rank Private

itness Od. L. Carte

Statch, S 5314

Aay Loepl

July 11,1919

#5314 Pte.Alphonsus Hatch,

Red Head Cove, B.D.V.

Dear Sir:-

Please find enclosed Discharge Certificate #3937
Yours truly

Faymaster & U.i/c Rec rds

## The Koval Mfld. Kegiment

#### DEMOBILIZATION

No.3314 Rank

Name Kakh

Warned for demobilization on

JUN 2 1919

May 9, 1919

Mr. Patrick J. Hatch, Red Head Cove.

Dear Sir:

I beg to acknowledge receipt of your letter of April 28th.enclosing cheques to the amount of \$52.20, not \$51.20 as stated in your letter, and as requested I have cabled £10 to 5314. Pté.A. Hatch. made up as follows:

£10 - \$48.66

Cost of message .50

I therefore return herewith \$3.94-being the difference.

Kindly acknowledge receipt of same.

Yours trulge

May 9, 1919

Mr. Patrick J. Hatch, Red Head Cove.

Dear Sir:

I beg to acknowledge receipt of your letter of April 28th.enclosing cheques to the amount of \$52.20, not \$51.20 as stated in your letter, and as requested I have cabled £10 to 5314. Ptc.A. Hatch, made up as follows:

£10 - \$48.66

Cost of message .50

I therefore return herewith \$3.04-being the difference.

Kindly acknowledge receipt of

same.

Yours trulge

# The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

I. No. 5'314 Rank Ple Name Hotels a
Intended place of residence. Red Head Core. B. D.V.
2. Occupation . Tisherman
Classification of soldier
3. The above named man is discharged in consequence of . <b>DEMOBILIZATION.</b>
Eligible for War Service Gratulty
4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
Place JUN 26 1918.  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 JUN 2 6 1919 A Hatch Signature of Softier A
GT. JOHN'S 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 JUN 2 6 1919  Signature of soldier  Signature of witness  Signature of witness
STATEMENT OF SERVICE
7. Enlisted for service 22-3-18 No of days on Military
Discharged from service. 2-7-6-19. PLUS 14 DAYS Service .41.6
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.
Officer Commanding Discharge Depot The Royal Newfoundland Regiment.  Date JUN 27 1919
9. The discharge of above mentioned soldier is hereby confirmed. Mouley leaft  Place of gluids life of the Royal New Agundiand Regiment
a4132079/2937

# The Royal Pewfoundland Regiment

ization:	Report of Demobilization Travelling Board, held on soldier for discharge.	
and the second s		
Discharge Depot: Headquarters Th	e Royal Newfoundland Regiment	
	Date 25-6-19	
Regimental No 5314		
Name Hatch (	2. Rank 1/te	
Address Red H	ead Cove B. D. V.	
Present Medical Category 47		
	(a) Immediate discharge	
Recommen	$ \frac{\text{ded for :}}{\text{(b)}} \frac{\text{(a) Immediate discharge}}{\text{Medical Board}} $	
	RH Last Major	
	O.C. Discharge Depot.	
	Wateron	
Member	rs of Board Senior Medical Officer	
	30 Borden	

M. O. Depot

# The Koyal Pewfoundland Regiment

AR DEMOBILIZATION OF
Reg. No. 5311 Rank Haror M. Name Harris M.
Date of Enlistment 22. 5 18 Address Red Fred Con District DA 7
Occupation Hickory Classification for Discharge Medical Category
Recommendation S. M. B. Disability Rating
The Continue of the Continue o
Passed to Demobilization Officer with following documents:
N.F. 1   16
B 178 W 3494 B 122 B Board 1st. 2 3 B B B B D D 400A B B 1915 D do 2nd 3 3 3
B 178a D 400A B 1915 do 2nd
B 179a A. D 400C
В 179ь В 103 МЕ 2 " 6 " 6
B 179c
E TIMUSH
Date 25 6.19 O. C. Discharge Depot.
Date
PARTICULARS FOR DEMOBILIZATION
PARTICULARS FOR DEMOBILIZATION
PARTICULARS FOR DEMOBILIZATION  1. Civil Re-Establishment.
PARTICULARS FOR DEMOBILIZATION  1. Civil Re-Establishment.  I am
PARTICULARS FOR DEMOBILIZATION  1. Civil Re-Establishment.
PARTICULARS FOR DEMOBILIZATION  1. Civil Re-Establishment.  I amin a position to resume civilian occupation.
PARTICULARS FOR DEMOBILIZATION  1. Civil Re-Establishment.  I am
PARTICULARS FOR DEMOBILIZATION  1. Civil Re-Establishment.  I am
PARTICULARS FOR DEMOBILIZATION  1. Civil Re-Establishment.  I am
PARTICULARS FOR DEMOBILIZATION  1. Civil Re-Establishment.  I am
PARTICULARS FOR DEMOBILIZATION  1. Civil Re-Establishment.  I am
PARTICULARS FOR DEMOBILIZATION  1. Civil Re-Establishment.  I am
PARTICULARS FOR DEMOBILIZATION  1. Civil Re-Establishment.  I am

3. Transportation and Release Certificate.				
The above named has been provided with Travelling Warrants No. 9.799 to his home				
at Red Head bowl and Release Certificate No. 3.048				
Date O MON AND WO MAN Self-				
Date 25-6-19 Demobilization Officer				
4. Pay and Allowances.				
The herein named soldier's accounts have been correctly balanced and all matters in con-				
nection therewith settled. He has received pay and allowances to// 7 14.				
Date 26-6-19 ## ##				
Depot aymaster.				
Discharged approved for 17 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 B Board 1st " 2 1				
B 178a D 400A B 1915 do 2nd " 3 3 form B B 179 D 400B Form L do 3rd " 4				
B 179a				
B170c B 120 M 93				
01 1 10 10 10 10 11				
Date 26-6-19 JA how loft				
O. C. Discharge Depot.				
APPROVED.				
Documents as above forwarded to:—				
Officer ilc Records. Board of Pension Commissioners.				
with following additional documents.				
Eligible for War Service Gratuity				
11IN 97 1910 - DIA				
Date MAJOR.				
O. C. Discharge Depot.				
Received the above noted documents from O. C. Discharge Depot.				
Addition and the control of the cont				
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.

1 State	
TTWCI (	Signature of Man.
1 1 1 Reg. No. 3	5.514
L'A man cold,	
Signature of the Vocational Officer of his Representative.	
Place ST. JOHN'S.	
Date JUN 2 6 1919 191	

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

### MEDICAL HISTORY

S	urn	n	me	

Haten,

Christian Name Olphonus

J	Table	I.—GENE	ERAL TABLE		
Birthplace:—Parish	en 1 dea	r four	2, But Count	y Ufl	'a
	-1	SPECIAL R	ESERVE		ULAR ARMY
	( on 5	Veday of	may 1919	on	day of 191
Examined	at /	Dr 10.	Kup	at	
Declared Age	/ 2	3. years	days		years days
Trade or Occupation		I ishe	man.		
Height ···· ·	5	feet	3 14. tuches		feet inches
Weight		125	1bs.		1bs.
Chest Girth when fully expanded. Measure-		33	inches		inches
		3.	inches		inches
Physical Development					
(Arm	: R	ght	Left	Right	Left
Vaccination Marks Number					
When Vaccinated		1			
Vision	$$ $R E - \nabla = $ $L E - V = $	- 6/12	druk	R.E.—V=	
	2		J 7-1.		
	(a)			(a)	
(a) Marks indicating congenital pecuarities or previous disease					
arities or previous disease					
	(6)			(b)	
(b) Slight defects but not sufficient					
cause rejection					
Approved by (Signatu	1		1.		•
	7.	rond o	eteran		
(Ran	ik)	372	Medical Officer.		Medical Officer.
	at Se	John	P	at	
Enlisted	·· { on	VV day of	may 1918	on	day of 191
	(n)	rps.	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment	the	agae	raul		
	Afle	ikeja	5314.		
Transferred to	{  ′				
Became non-effective by			1	. # F	
(Signat	on ture)	day of	191	on	day of 191
	ink)				
(%)					F
			and the second		[P.T.O.

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.

Brief Details, and Signatures

Date		
23-5-18.	Vace. So	
13-6-18	TAB 18	
20-6-18	FABL 10	
27-7-18	T. A.B. ) 18	
		7/: 1 7
		It is her by cordified that this soldier
		has been b fore a Transling M dice!
		Board and bus been of worked as
		for hischergeon inmobilisa-
		tion. Medical category Alin
		25-6-19 Ally XIF
		Date of T.M.B.  Discharge Discharge Loof-distribution
		<b>1</b>

### 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
•				9-(	

Note.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvl. or xvia.), King's Regulations, and in cases of discharge under para. 392 (xl.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class Pt. or Pt. 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

I ransfer to	Class W., W. (1),	r., or r. (1), or the Reserve.
1. Unit and Corps	Kofal Newfoundla	7. Former Trade or Occupation
2. Regtl. No. 3.3.4.	3. Rank	7a. If the soldier claims previous service in Army, he should state—
4. Name (Surname)	th Whons	(a) Former Regts. or Corps;
5. Age last birthday	24	
6. Posted for duty on	May 21/18 at SV JOH	ms.
in category (or gr	rade)	
8. If the disability is an	n 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
  - (c) Opinion of Court

- (d) Particulars of Pension or Gratuity (if any)

Nore.—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 veneral 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.
- 12. Place of origin of disability.
- 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.



			waste series.				a)
	14.	State 1	whether the disabilities are	e		(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 w	ar		
		(v.)	Serious negligence or mi man's part.	sconduct on	the }	······	
	14	(a). If	not due to any of thes specific condition do you			he.	
In all cases such as facial injuries, eye, ear. nose and throat, disabilities, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.	15.	What	is his present condition? (A note should be made as to when it is likely to afford gress of the disability.)			Keenf	leins & 20 asitality.
7					_	1	
	16.	Was as	n operation performed? If its nature?	f so, when an	d what	ha	
	17.	If not,	, was an operation advised	and declined	1?	na	
	18.	teet dire	e case of loss or decay of te th the result of wounds, ectly attributable to active vice under such conditions at was unobtainable?	injury or service or t	disease hrough	Za	
	19.	not Sta hav	particulars of any other disa in themselves sufficient t te whether or not they are we been aggravated by servic r, and if so, to what or by w ditions?	o cause inva e attributable e during the	aliding. e to or present	7.e	
	•					the state of the s	
			•				·
	00	D	,				Mil to
	20.		u recommend—	64 3			patrial-
			a) Discharge as permanent				C7.
			<ul> <li>b) Change to United Kingd</li> <li>(b) is only applicable to s</li> <li>Foreign Stations.</li> </ul>		ided at	0.	Repatriation
	Sta	ARCH.	lazely D. Lamp J. J. G. ss of teeth on or immediately	after active so	) <u> (</u>	Medical Officer	
	it i	s due to	some other cause			and 25 decirolated chereto,	, ameas there is evidence that



# 意》 NEWFOUNDLAND POSTAL TELEGRAPHS.

Line No. 2 & Sent by Rov'd by Off Check Por Place from Red Head Cove To the Bounde 25 Min. of Militia. remit 49 16 to cover cost of \$10 to 5314 Hatet Glease lable ten pounds Private alphonsus Hatch 5314 Hageley Camp winchester England. Send no lost will send Money. Patrick Hatch.

No enquiry respecting this Message will be attended to without the production of this paper.

# NEWFOUNDLAND POSTAL TELEGRAPHS.



## CABLE CONNECTION WITH ALL THE WORLD.

## 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.

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, non-delivery, delay, or error shall have occurred. The N.P. T. that the transmission of the proposes of these Conditions at any point where, in the course of the transmist of the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transmission by deemed to have entirely cased to the 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 bedoing 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. 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.) Paymaster Address St. John's. Signature of Sender Line Number Red Sent Check Dated. April 25th. 1919 To\_PatrickHatch. Red Head Cove. BAY DE VERDE. Remit 49.16. to cover cost of 210 No 5314 for paymaster.

July 12,1919

#5314 Pte. 41phonsus Hatch.

Red Head Cove, C.B.

Dear Sir:-

Referring to your application I enclose chaque for Seventy dollars (\$70.00), being amount of first pa ment due you on account of the War Service Gratuity.

Yours truly

Paymaster & 0.1/c Records.

# DEPARTMENT OF MILLIPIA. 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 Tagre must be no blanks and no declaration and questions are not applicable, the moras 'FOT APPLICABLE' must be wratten out. On completion this Declaration is to be returned to MHE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST JOHN'S. alphorns 5. Address in full to which future payments of Actuaty are forwarded. ( Claurisus Haleh Hey de verde Rietiel. 6. Date of enlistment in the Regiment. May ! 7. Name of dependent, if any, to when Separation Allowence is being issued, or was being issued, introdictory pater to your discharge..... Margerel Vacale 8. Relationship of such dependents..... Moother 9. Adoptess in full of such agrandants. Mayner- Valety Red Head Cove, Hayde verds -10. is said dependent, now, or was said dependent at my time in receipt of Soperation Alleumes on account of enother subject. M.O.... 11, Were you on active service only in Mild, II sagive lates and Wovernder 18 - Belginin Hed 18.9 12, gave total length of time which you served on active service, whether in 1919 or oversees. From May 22 w

13. Have you had more than one enlishment? If so, give particulars
of discharge and re-enlistments, and under what regimental numbers.
of discharge and re-child and the
of Post Discharge pay or
almosty received any payment of for
14. Have you arroady reserved to so, state amount you and your dependents
and by whom peid
War Sarriag Badge
demine the present Wer, served in the
te +1 od to receive of the ve you
of Post Discharge Pay from the Impelial 1929
so, state mount received, or to which you are entitled
18. Did you revert Overseas to a rank lower than the substantive
renk held by you on your arrival in England?
rank held by you on your arrival in suggestion of Misconduct or
(b) If so, was such reversion in consequence
inefficiency?
inefficiency?
16 / Vully 19th) Rosson for al schill go.
With the first of
t any time serve at the front in an actual the day
attentions of places, and dates of such actes
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21.(2) Are you receiving treatment from the Wivil Re-Establishment
21.(2) Are you receiving treatment from and cllowences from
Com.(b) If so are you in receipt of full pay and allowances from
that Committee the conscientiously believing it to
And I rake this solenn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if and under oath.

Signature of Applicants Alphonous Haya wale
Place of Residence: Revogue Live, Maya wale Declared before ne at: At frim der of frue 191.9 .... This 26 to Signature of Barrister of the . Supreme Court, Stipendiary Hegis-trate; Notary Public, Justice of the Peace, or Commissioner of affidevites POST DISCENDE PAY. Not amount Date paid will boid Wan Service Soldier Dependent Wen Service due Paymostor Cortified correct. Property of the Alexander

FORM K

Nº 4682



# 1st. NEWFOUNDLAND REGIMENT

### **ALLOTMENTS**

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	Name (in full)		ADDRESS		OUNT person
385	Father	mo Palrich Har	tch Red	Head Cove		6
			Bay	de Vereli		
		•				
				4		
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,						
				Total Allotment, \$		
51	his form must be c gned by the Officer equired payments o	ompleted by the Officer Comm Commanding Company and n application.	anding Company	z signed by the Well-	teer, co	unt ke t

ST. JOHN'S, Jane 26 19

# Royal Newfoundland Regiment.

Billeting Account	To It. a	Halch
Billeting Soldiers as a from firm 1 st	undermentioned  19 to Jame 23 4/19	
5314 /4	t. a Hatch	23 80
	ACCOUNT  CH. NO 2492 INITABLE  INO. LEDGER INITALS  PAY LEDGER INITALS	
Certified correct for \$	My Sommules  Billeting Officer.	

Names of Witnesses Remarks The state of the s the second secon the commenced areas of the second contractions ..... the first and the control of the con annon annon annon Leannin annon ann Ann Leannin ann an ann ann to the control of the Management of the control of the con and the control of the second of the second of the second and the state of t and the second s and the second s manifestation of the control of the Company of the second s 

		Casualty/Form-Active	Service.		-
VI.	Regi	ment or Corps . / lwhoun			
Rank J	Le Surname		stian Name	Ú.	
Religion	Fd. (	atholic Age on En	listment 23	vears	month
Enlisted (a)	22/5/18 T	erms of Service (a) Duration	Service recko	ns from (	22/5/18
		rank Date of ap	pointment to la	nce rank	
·	· \	( ) 0-1:0 .	ion (b)		
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Occupation.	p 1021005 1100	<u> </u>	The state of the s	Sig	nature of Office
	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	Remarks Taken from Army Form
Date	From whom received	B.213, Army Form A.36, or in other official documents, The authority to be quoted in each case.	Place of Casualty	Casualty	B.213, Army Form A.36, or other official documents
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## Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Regiment of KeRmal Nyca Number of Sheet One Signature of O. C. Company DADicks / B 121. 39. Good Conduct Badges, Service pay or proficiency pay Regimental Number and Name Enlistment Place and Date le Joined Date Joined Date with Colours / 48 years. Place of Birth Toined Date Toined Date Date of award or of order dispensing with trial Name of Date of Rank OFFENCE Place Punishment awarded By whom awarded REMARKS Offence Witnesses

To be carried over.

15314

Demobilization Form 3

# The Koyal Pewfoundland Kegiment

Reg. No. 53/H Rank Hatel A Name Hately A
Date of Enlistment 22. 5 18 Address Red Had Core District BA 7
Occupation Licheman Classification for Discharge Medical Category
Recommendation S.M.B. Disability Rating
Passed to Demobilization Officer with following documents:—
N.F. P 36
PARTICULARS FOR DEMOBILIZATION
1. Civil Re-Establishment.  I amin a position to resume civilian occupation.  A Hatch
Particulars passed to Vocational Officer for information and action.
Particulars passed to Vocational Officer for information and action.  Date
Particulars passed to Vocational Officer for information and action.

3. Transportation and Release Certificate.
The above named has been provided with Travelling Warrants No
Date
4. Pay and Allowances.
The herein named soldier's accounts have been correctly balanced and all matters in cor
nection therewith settled. He has received pay and allowances to
Date Depot Paymaster.
Discharge approved for
N.F. P 36 B 268 B 121 N.F. Med D.F. 1
B 178 W 3494 B 122
B 178a D 400A B 1915 do 2nd " 3 3 F R
B 179 D 400B Form L do 3rd "4 D 400C Form K do 4th "5
B 179a D 400C Form K do 4th 5
B179c B 120 M 93
Date 96-6-19 JA Inw 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
# JUN 21 1319
Date WAJON
O. C. Discharge Depot.
Received the above noted documents from O. C. Discharge Don't
1 Mach attill
Date July 10/19 Jos Detroit

14 Rank Ple Name Hatch a. Allotment...... ...... Allottee . 



### 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

This section should be completed in the Hospital at which a man is attending at the time of his examianis section should be completed in the Hospital as which is man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Ober 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 occuring in the description subsequent to the date of admission to pension should be noted in red ink.
Name in full Alphonsus Hatth,
Regiment from which discharged Royal Dewfoundland
Regimental number 53,4
Intended address Red Shead Cove B. de V.
Height on discharge 3 Feet 6
Color of hair on discharge Blask
Complexion Lai
Oolor of eyes Alue
Descriptive Marks
Figure on discharge Medium
Christian name of Father
Christian name of Mother Margaret.
Wife's maiden name in full
Date and place of marriage
Christian names of children  Place and date of soldier's birth Red. Head Cove, 14 May, 1895.
Ad Head love, 1 very, 1893
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)  Apphonesus Hatch  (Rank)
(Rank)

(Soldier's signature in fuli) Station Of John's

246-19

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.

Medical Officer i|c Hospital. • Unit, or Command Depot.

W. Handal J. Dear Sir My be hasn't claimed S.A. flease L'Aow agrotice in the let me have paper concerning Claims for Legaration alowonce and Kat Claims Should be Len what do this much than Kindly explain the matter to new yours of Linearly Entelyhousus Hate 

Feb. 27th, 1920

No. 5314 Pte. Alphonsus Hatch Red. Head Cove

Dear Sir:-

with reference to your letter of Feb. 13th will you please state their elationship of the person who will be claiming Separation Allowance on your account.

On receipt of your reply I will have the claim forwarded.

Yours faithfully.

Lieut.-Col.,

Chief Staff Officer.