

M. G. Johns



Newfoundland Forestry Companies

ATTESTATION OF

No. *SH 33* Name *Walter Hewitt* Corps

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. *Walter Hewitt*
- 2. What is your full Address? 2. *Jacksons Arms*
White Bay
- 3. Are you a British Subject? 3. *Yes*
- 4. What is your age? 4. *18* Years *1* Months
- 5. What is your Trade or Calling? 5. *Lumberman*
- 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. What is your Religion? 9. *C of E*
- 10. Are you willing to serve upon the conditions as embodied in this roll of service as applied to Forestry Companies? } 10. { Name
Corps

I, *Walter Hewitt* 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 Hewitt SIGNATURE OF RECRUIT.
Des Hutchings Signature of Witness.

2/15/17

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, *Walter Hewitt* 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 serve His Majesty, His Heirs and Successors, in the United Kingdom, 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 *15* day of *Nov* 1917

Signature of Attesting Officer *J. J. O'Keefe*

CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the *1st* if enlisted by special authority, such will be attached to the original attestation.

Date *Nov 15* 1917
Place *Dept of St. John's* } Approving Officer. *J. J. O'Keefe*

† 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 Hewitt

Apparent age _____ years _____ months. Height 5 feet 4 3/4 inches

Chest Measurement { Girth when fully expanded _____ inches
 Range of expansion _____ inches

Weight 99 lbs

Distinctive marks Light Hair Blue Eyes

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin James Hewitt

Jacksons Ave | 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 _____									
<u>Discharged by Order Oct. 29/1918</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to _____ (date of discharge) _____ years _____ days

" " Pensions " _____ [" "] _____ " _____ "

Report of Medical Board.

Station	St. John's, Nfld.	Date	APRIL 16th., 1919.	
No. and Rank	8433 - PRIVATE	Age	18	Height 5'4½"
Name	HEWETT WALTER	Complexion	FAIR	
Unit	Royal Newfoundland	Eyes	LIGHT BLUE	Hair AUBURN
Address	JACKSONS ARM. WHITE BAY			
Former Trade	LUMBERMAN			
Enlisted at	ST. JOHN'S	On	15/11/17	
Disease or Disability	Original	PULMONARY TUBERCULOSIS		

(The Board will please note how the soldier's appearance corresponds with above description).

Subsequent

Present Condition (Compare with previous Board)

Weight 126½ Lbs. No Cough. Feeling well. No accompaniments in Lungs.

THE ENTIRE DISABILITY: To what extent is his capacity lessened at present for earning a livelihood in the general labour market?

PENSIONABLE DISABILITY: To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his disability due to or incurred during service?

Recommendation of Medical Board **60%.**

Remain in Jensen Camp.

Members of Board

N.S. FRASER.....

(SGD) CLUNY MACPHERSON..... MAJOR.

J.S. TAIT.....

L. PATERSON. MAJOR.

Approving Medical Officer.



Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Form
B 121
39

Number of Sheet Two

Regiment of Wald Forestry Companies

Signature of O. C. Company J. R. Bondy, capt.

Regimental No. and Name		Enlistment	Trade
No.	<u>Walter Stewart</u>	Age on <u>18</u> years <u>1</u> months	<u>Lumberman</u>
<u>8433</u>		Place and Date of Enlistment <u>St. John's</u>	Religion <u>Cof. C.</u>
Joined	Date	Period of <u>349</u> years. with Reserve <u>365</u> years.	Place of Birth <u>Logy</u>
Joined	Date		
Joined	Date		

Good Conduct Badges, Service pay or proficiency pay

Place	Date of Offence	Rank	Cases of drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Medically unfit St John's 29th 10</u>					

COPIES SENT

No. 1

DATE SENT 29 SEP 1948

To be carried over.

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 Commissioners of Chelsea Hospital.

Statement A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and 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, to be completed by the Officer i/c Records when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W.

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

A Name in full *Hewitt Walter Forestry*
Regiment from which discharged *Forestry*
Regimental Number *8433*
Where born (Parish, Town and County), and when *7090 nfld*
Intended address *Jackson arm white Bay*
Height on discharge *5 Feet 4 1/2* Inches
Colour of Hair on discharge *Auburn* **Colour of Eyes** *Light Blue*
Descriptive marks *Scar above Rt eyebrow* **Complexion** *Fair Pale*
Figure on discharge *Slender*
Christian name of Father *James*
Christian name of Mother *Lilly*
Wife's Maiden name in full
Date and Place of Marriage } *Bachelor*
Christian Names of Children
Nature and locality of civil employment desired *Light work of any sort Jackson arm*

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) *Sgt. Walter Hewitt*

Station *Dunkeld* **(Rank)** *Rte* **Date** *5/8/18*

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.

Sgt. S.D. Fairweather Medical Officer i/c
Capt. R. A. M. Hospital.

Station *Nfld Forestry Dunkeld* **Date** *5/8/18*

B Period of Service and in what Corps ...	Regiment	Years	Days	All Service Abroad with Stations	
				Years	Days
				India	
				S. Africa	
Disallowed					
Service towards Pension					
Date inclusive to which pay has been issued	Sum due on account of advance of pension)				
Sums due on account of public debts ...)				

Rank on Discharge
Character (as on Certificate of discharge)
Where born, and on what date
Date and Place of first Enlistment
Trade on Enlistment
Cause of Discharge
Number of G.C. Badges
Wounds, and Actions in which received

Medals

Other distinguishing marks

I certify that the above details of service and other particulars are, to the best of my knowledge, correct.

Station _____ **Officer in Charge**
Date _____ **Records.**

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. <u>8433</u>	Army Rank <u>Private</u>															
Name <u>Bewitt Walter</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>																
Corps <u>Newfoundland Forestry Corps.</u>																
Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>																
Date of discharge _____																
Place of discharge _____																
1. Description at the time of discharge.																
Age <u>18</u> years <u>1</u> months Height <u>5-</u> feet <u>4 1/2</u> inches Chest measurement { girth when fully expanded _____ ins. { range of expansion _____ ins. Complexion <u>Fair, pale</u> Eyes <u>Light blue</u> Hair <u>Auburn</u> Trade _____ Intended place of residence (To be given as fully as practicable) { <u>Jackson Arm</u> { <u>White Bay</u> { <u>Newfoundland</u>	Descriptive marks. <p style="font-size: 1.2em; margin-top: 10px;"><i>Scar above Lt eye brow.</i></p> <table border="1" style="float: right; margin-top: 10px;"> <thead> <tr> <th colspan="3" style="text-align: center;">COPIES SENT</th> </tr> <tr> <th>To</th> <th>No.</th> <th>DATE</th> </tr> </thead> <tbody> <tr> <td>M. of M.</td> <td><u>13272/152</u></td> <td><u>28 SEP 1918</u></td> </tr> <tr> <td>O.C. 1st BR.</td> <td></td> <td></td> </tr> <tr> <td>O.C. 2nd BR.</td> <td></td> <td></td> </tr> </tbody> </table>	COPIES SENT			To	No.	DATE	M. of M.	<u>13272/152</u>	<u>28 SEP 1918</u>	O.C. 1st BR.			O.C. 2nd BR.		
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(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)																
2. The above-named man is discharged in consequence of _____ _____ _____																
(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)																
3. Military character:— _____																
4. Character awarded in accordance with King's Regulations:— _____ _____ _____ _____ _____																
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 480 was awarded in this case.																
_____ Initials of Commanding Officer.																
Army Form B. 2088 has been issued to* _____																

To be filled in on the soldier quitting the Colours.