



# Newfoundland Forestry Companies

## ATTESTATION OF

No. *5424* Name *William Hibbs* Corps .....

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

- |  |  |
|--|--|
| 1. What is your name? .....  | <i>William Hibbs</i> .....               |
| 2. What is your full Address? .....  | 2. <i>53 Cabot St.</i> .....             |
| 3. Are you a British Subject? .....  | 3. <i>yes</i> .....                      |
| 4. What is your age? .....   | 4. <i>42</i> Years <i>—</i> Months ..... |
| 5. What is your Trade or Calling? .....  | 5. <i>Labourer</i> .....                 |
| 6. Are you Married? .....  | 6. <i>yes</i> .....                      |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                       | 7. <i>no</i> .....                       |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <i>yes</i> .....                      |
| 9. What is your Religion? .....  | 9. <i>R. C.</i> .....                    |
| 10. Are you willing to serve upon the conditions as embodied in this roll of service as applied to Forestry Companies? ..... | 10. <i>yes</i> { Name .....              |
|  | { Corps .....                            |

*William Hibbs* ..... 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.

*William Hibbs* ..... SIGNATURE OF RECRUIT.

*Geo. Thompson* ..... Signature of Witness.

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

I, *William Hibbs* ..... 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..... on this *12* day of *Nov* ..... 1917

Signature of Attesting Officer *J. J. Kennedy*

### †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 *Nov 12/17* 1917 ..... Approving Officer.  
Place *Dept St John* *J. J. Kennedy*

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 Hibbs  
 Apparent age 42 years — months. Height 5 feet 6 inches  
 Weight 135 inches  
 Chest Measurement { Girth when fully expanded \_\_\_\_\_ inches  
 Range of expansion \_\_\_\_\_ inches  
 Distinctive marks One Navel left Arm.  
Light Grey Hair Blue Eyes

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Annie Hibbs  
53 Babot St | Relationship Wife

### 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.

<u>Annie Pittman St Johnston</u>	<u>53 Babot St</u>		(d)
<u>Spinster</u>	<u>1914</u>		

### 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 " _____ [ " " ] " " " " " " " " " " " "									



# Newfoundland Forestry Companies

## ATTESTATION OF

No. SH24 Name William Hibbs Corps .....

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- |  |  |
|--|--|
| 1. What is your name? .....  | 1. <u>William Hibbs</u> .....            |
| 2. What is your full Address? .....  | 2. <u>53 Cabot St.</u> .....             |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u> .....                      |
| 4. What is your age? .....   | 4. <u>42</u> Years <u>—</u> Months ..... |
| 5. What is your Trade or Calling? .....  | 5. <u>Laborer</u> .....                  |
| 6. Are you Married? .....  | 6. <u>Yes</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. What is your Religion? .....  | 9. <u>R.C.</u> .....                     |
| 10. Are you willing to serve upon the conditions as embodied in this roll of service as applied to Forestry Companies? ..... | 10. <u>Yes</u> { Name .....              |
|  | { Corps .....                            |

I William Hibbs ..... 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.

William Hibbs ..... SIGNATURE OF RECRUIT.

Geo. Bushing ..... Signature of Witness.

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

I William Hibbs ..... 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 .....

on this 12 day of Nov 1917

Signature of Attesting Officer J. J. Kennedy

### †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 Nov 1917 1917 .....

Place Depot S. T. John ..... 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) .....

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 Apparent age 42 years — months. Height 5 feet 6 inches  
 Weight 135 inches  
 Chest Measurement { Girth when fully expanded \_\_\_\_\_ inches  
 Range of expansion \_\_\_\_\_ inches  
 Distinctive marks One Nasal Left Arm  
Light Grey Hair Blue Eyes

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Annie Hibbs  
53 Cabot St | Relationship Wife

### 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.

<u>Annie Pittman</u>	<u>St Johnston St</u>	<u>53 Cabot St</u>	
<u>Spinster</u>	<u>1914</u>		

### 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</u>					<u>February 1919</u>				
Total Service forfeited as above.....									

Total Service towards Engagement to \_\_\_\_\_ [date of discharge] \_\_\_\_\_ years \_\_\_\_\_ days  
 " " Pensions " \_\_\_\_\_ [ " " ] \_\_\_\_\_ " \_\_\_\_\_ "

**Medical Report on an Invalid.**Station HAZELEY DOWN CAMPDate 5/12/18

1 Unit **NEWFOUNDLAND FORESTRY** 5. Age last birthday **45 /**  
 2. Regimental No. **8424** 6. Enlisted { on **12/11/17**  
 3. Rank **PRIVATE** { at **ST. JOHN'S NFLD.**  
 4. Name **HIBBS WILLIAM** 7. Former Trade { **LABOURER**  
 or Occupation {

**8. Disability.****DEFECTIVE VISION AND DEBILITY****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.

10. Place of origin of disability.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

**DEFECTIVE VISION DUE TO VASCULARIZATION OF CORNEA AND CORNEAL NEBULA LEFT EYE. CORNEAL NEBULA RIGHT EYE**

12. (a) Give your opinion as to the causation of the disability.

(b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 8).

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.*

**GENERAL APPEARANCE FAIR. HAS NOT LOST WEIGHT. HE STATES THAT PREVIOUS TO JOINING UP SIGHT OF LEFT EYE WAS POOR BUT NOW HAS BECOME WORSE. VISION OF RIGHT EYE NOW BECOMING DEFECTIVE COMPLAINS OF INABILITY TO DO STRENUOUS WORK OWING TO DEBILITY AND INCREASING AGE**

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

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

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

If so—(a) When?

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

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

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?

19. Do you recommend

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

**(SGD) J.B.O'BREILLY, CAPT. R.A.M.C.**

Officer in medical charge of case.

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

Station \_\_\_\_\_

Officer in charge of Hospital.

Date \_\_\_\_\_

\* 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.

## Opinion of the Medical Board.

**Notes.**—(i) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

(ii) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165. Pay Warrant, 1913).

(iv) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.

**NO**

(b) If due to one of these causes, to what specific conditions do the Board attribute it?

**LOOKS VERY LIKE COMMENCING CATARACT WHICH WOULD BE DUE TO HIS AGE**

21. Has the disability been aggravated by

(a) Intemperance?

**NO**

(b) Misconduct?

**NO**

(c) Any of the conditions mentioned in Question 20, and if so which?

22. Is the disability permanent?

23. If not permanent, what is its probable minimum duration?

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

In defining the extent of his inability to earn a livelihood, estimate it at  $\frac{1}{4}$ ,  $\frac{1}{2}$ ,  $\frac{3}{4}$ , or total incapacity.

**NIL**

24a. Is the man suffering from a disability which would obviously, as far as you can judge, cause him to be rejected by an Approved Society under the National Insurance Act?

25. If an operation was advised and declined, was the refusal unreasonable?

26. Do the Board recommend

(a) Discharge as permanently unfit, or

**YES**

(b) Change to England?

Signatures:—

(SGD) N. S. FRASER

President.

Station ST. JOHN'S

J. SINCLAIR TAIT

Members.

Date JAN. 8TH., 1919

L. PATERSON, Major

Station

(Sgd) CLUNY MACPHERSON, MAJOR.

Administrative Medical Officer.

Date

JAN 8 1919

No. ....

NEWFOUNDLAND.



# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Number of Sheet First

Forms  
B. 121  
39

Regiment of Infantry Forestry Companies

Signature of O. C. Company \_\_\_\_\_

Regimental No. and Name		Enlistment		Trade		Good Conduct Badges, Service pay or proficiency pay	
No.	<u>81217 William Higgs</u>	Age on	112	years	-		months
Joined		Date	Place and Date of Enlistment	with Colours	33		years.
Joined		Date	with Reserve	36	years.		Religion
Joined		Date			Place of Birth		R.C.
Joined		Date			Place of Birth	<u>St John's</u>	

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>Kennecott Station</u>	<u>21/1/16</u>	<u>PR</u>		<u>Stealing from Company</u>	<u>Pl. Higgs Sgt. Higgs</u>	<u>four days detention</u>		<u>Major the S. Bellie</u>	
				<u>Demobilized St John's 7-19</u>					

To be carried over



# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 8424 Rank Pte Name Hibbs del.  
 Date of Enlistment 1.3.11.17 Address St John's District St John's  
 Occupation laboured Classification for Discharge B Medical Category 1  
 Recommendation S.M.B. permanently unfit Disability Rating Nil  
 Passed to Demobilization Officer with following documents:—

N.F. P. <u>3094</u>	1.	B 268	B 121	1.	N.F. Med.	D.F. 1.	
B 178		W 3494	B 122		Board 1st	" 2.	
B 178a	1.	D 400A	B 1915		do 2nd	" 3.	ex
B 179	2.	D 400B	Form L		do 3rd	" 4.	
B 179a		D 400C	Form K		do 4th	" 5.	
B 179b	1.	B 103	ME 2		<u>3463A</u> 1.	" 6.	
B 179c	1.	B 120	M 93		<u>3463B</u> 1.		

Date 11.1.19

W. D. Miles Capt.  
O.C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment

I am not in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date 20.1.19

W. D. Miles Capt.

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied Joseph H. Lawrence

Date 23-1-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 762 to his home at ..... and Release Certificate No. 936 issued.

Date 23-1-19

C. B. Diko 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 23-1-19

Shorley Capt  
Depot Paymaster.

Discharge approved for 24-1-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 294	1	B 268		B 121	1	N.F. Med	D.F. 1	+	
B 173		W 3494		B 122		Board 1st	" 2	1	for B
B 178a	1	D 400A	1	B 1915		do 2nd	" 3	2	
B 179	1	D 400B		Form L		do 3rd	" 4		
B 179a		D 400C		Form K		do 4th	" 5		
B 179b	1	B 103		ME 2		<u>3463A</u>	" 6	1	
B 179c	1	B 120		M 93		<u>B</u>		1	

Date 23-1-19

C. B. Diko 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. Sait Capt  
O. C. Discharge Depot.

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

Date 23/1/19

[Signature]  
[Signature]



## 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 **HIBBS WILLIAM**

Regiment from which discharged *1st. Newfoundland*

Regimental number **8424**

Intended address **CABOT STREET**

Height on discharge **5** Feet **4**

Color of hair on discharge **DARK**

Complexion **DARK**

Color of eyes **GREY**

Descriptive Marks

Figure on discharge

Christian name of Father **JOHN**

Christian name of Mother **MARY**

Wife's maiden name in full **ANNIE PITTMAN**

Date and place of marriage **ST. JOHN'S**

Christian names of children

Place and date of soldier's birth. **ST. JOHN'S**

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 HIBBS**

(Rank) **PTE**

Station **ST. JOHN'S** Date **6/1/19**

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.

Station

Date

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 8424 Rank Private Name Abbs, W  
 Intended place of residence Cadet St St. Johns

2. Occupation Labourer  
 Classification of soldier B Medical Category C

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 JAN 23 1919  
 Date .....

W. Howley Capt  
 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 and date St Johns 23-1-19  
 Signature of soldier W. Max Abbs  
 Signature of witness R. H. Sait Capt

### 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 23-1-19  
 Signature of soldier W. Max Abbs  
 Signature of witness R. H. Sait Capt

### STATEMENT OF SERVICE

7. Enlisted for service 13. 11. 17 No of days on Military  
 Discharged from service 24 1-19 Plus 28 days Service 466 days

### 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 JAN 24 1919  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment. R. H. Sait Capt

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed  
 Place St Johns, Nfld  
 Date February 7/1919  
 Officer i/c Records  
 The Royal Newfoundland Regiment W. Howley, Capt

W. Max Abbs 2079/1012

19.  
31  
31  
7  
88