



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5433 Name Herbert Hines Corps 1st

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

- |  |  |
|--|--|
| 1. What is your name? .....  | 1. <u>Herbert Hines</u>                  |
| 2. What is your full Address? .....  | 2. <u>Herring Head</u><br><u>N.D. 10</u> |
| 3. Are you a British Subject? .....  | 3. ....                                  |
| 4. What is your age? .....   | 4. <u>30</u> Years .. Months             |
| 5. What is your Trade or Calling? .....  | 5. <u>Postman</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 ..<br>) 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, Herbert Hines 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.

Herbert Hines SIGNATURE OF RECRUIT.

J. R. Payne Signature of Witness.

Herbert Hines OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.  
I, Herbert Hines 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 correctly as replied to, and the said recruit has made and signed the declaration and taken the oath before me at .....

on this 24 day of May 1914  
Signature of Attesting Officer W. Dicks Serjeant

### †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.....191..... } Approving Officer.  
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.

\* 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

5433

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

Name Sergeant Hines  
 Apparent age 20 years \_\_\_\_\_ months. Height 5 feet 3 inches  
 Chest Measurement { Girth when fully expanded 37 inches  
 Range of expansion 4 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Robert Hines  
Serving Recs N.D.B. | Relationship Father.

### Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.  
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

### Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or 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>24-5-18</u>									
Joined at <u>St. John's</u> on <u>May 24-1918</u>									
<u>Discharged Aug 11 1919</u>									
<u>Embarked St. John's S.S. Columbia to Halifax N.S. 22-7-18</u>									
<u>Applied for demobilization 24-6-19</u>									
<u>Received field 1-7-1919</u>									
<u>Demobilization St. John's 7-8-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>7-8-1919</u> (date of discharge)									
" " Pensions " " " " " "									

C.R. 5433

Extract from Daily Orders East 11 Unit The Royal Nfld. Regt.  
St. John's, July 16th, 1919.

The discharge of the undernoted on demobilization has been  
APPROVED by C.C. Discharge Depot with effect from ~~24-7-19~~

24-7-19.

5433 Pte. H.Hines.

C.R. 5433.

Extract from Daily Orders Part 11 Unit The Royal WFLA.  
Regt. St. John's, Aug. 16th, 1919.

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

5433, Pte. H. Hynes.



C.R. 5433

Extract from Daily Orders Dayroll Unit 9th Royal Nfld.

Regt. St. John's, July 26th, 1919.

5433 Pte. H.Hynes.

Reported at Headquarters 1-7-19 on "Cassandra" which  
sailed Glasgow June 24th, 1919.

C.R. 5433

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

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

#5433 Pte. Hubert Haynes.

C.R. 5433

Extract from Daily Orders part 11, from Unit The Royal  
Nfld. Regt. st. John's, dated May 27, 1918.

#5433 Pte. H. Hines.

Attested for General Service with the Royal Nfld. Regt.  
from 24.5.18

H. Hines

5433

P. & B. Co.



No. 3186/477.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,  
127 Bn. Ryl Nfld Regt.  
Manchester.

25th February 1919

*March 3rd* 1919

5433. Pte Hynes. H.

With reference to the following  
telegram from the Minister of  
Militia / / ( 44 )

Receipt hereunder.

"Pay to- 5433. Hynes.

£2. 1. 0.

Cheque £ 2. 1. 0. is enclosed.  
for payment to this Soldier.  
Kindly obtain his receipt  
hereon.

Received the sum of Two pounds

one shilling in respect of  
telegraphic remittance from the  
Minister of Militia.

*M.P. Hunt*

*H. Hines*

Chief Paymaster & O. i/c Records.

No. 5433 Rank Plt.

Witness

*M. Rockett*

B

*2. H*  
*to*  
**LIEUT. COLONEL.**  
**ROYAL NEWFOUNDLAND REGT.**  
**127 Bn. Ryl Nfld Regt.**



No. 21632/2515/P.&.A

*066 4551*

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

To: *[Signature]*  
Officer Commanding,  
2/Bn. Royal Nfld. Regt.,  
Hazeley Down Camp,  
Winchester.

30th December, 1918

2-1-1919

Subject: 5433 Pte. H. Hines,

With reference to the following telegram (11296) from the Hon. Minister of Militia, received

Receipt hereunder.

*[Signature]*

LIEUT. COLONEL,

OFFICER COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

"Pay to 5433 Pte. H. Hines, £2.1.0.

Received the sum of Two

Pounds one shilling on account of cable remittance from Newfoundland.

Draft £2.1.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

A. Hines

No. 5433 Rank Pte

Witness H Maunders

*[Signature]*  
Chief Paymaster & O. 1/c Records.

*B*

*A*

18609/2056

2/Bn Royal Nfld. Regt.  
Winchester.

18th November 8  
5436, Pte. C.J.Woolfrey

9894

pay to 5436 Woolfrey £5:3:0

5:3:0

P.S.A



THE ROYAL NEWFOUNDLAND REGIMENT  
ALLOTMENTS

I, Herbert Hines, Regl. No. 5433

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

Allotment begins August

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4467	Mother	Mrs Robert (Summer) Hines	Herring Neck Fishing Gate	60
			Total Allotment, \$	60

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.) Watson Lieut

Officer Commanding  
Company

(Sig.) Herbert X Hines

(Rank) Pte

St Johns

July 2 1918

Hynes, A

5433

Ray Sept.

August 7th 1919.

#5433, Pte. H. Hynes.  
Herring Neck, Twillingate.

Dear Sir:

Enclosed please find Discharge Certificate  
# 3585.

Yours truly,

Capt. &  
Officer i/c Records.

RS/.



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5433 Rank P6 Name Hines H  
 Intended place of residence Herring Gable Tulligob.

2. Occupation Fireman  
 Classification of soldier E Medical Category A<sup>1</sup>

3. The above named man is discharged in consequence of

### DEMOBILIZATION Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place, ST. JOHN'S

Date JUL 10 1919

H. Hines H.  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S

Date JUL 10 1919

H. Hines  
 Signature of soldier

J. Hines  
 Signature of witness

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

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

Place, ST. JOHN'S

Date JUL 10 1919

H. Hines  
 Signature of soldier

James Sheehan  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 24-5-18 No. of days on Military  
 Discharged from service 24-7-19 Plus 14 days Service 441

### 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 JUL 24 1919

K.R. Cooper Capt.  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

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

Place, ST. JOHN'S

Date August 7/1919

M. Bowley Capt.  
 Officer i/c Records  
 The Royal Newfoundland Regiment

and B 20791 2585

8  
10  
31  
7  
26

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5433 Rank RPL Name Henry A. Sweet  
 Date of Enlistment 14 5 18 Address Henry's Neck District SWIFT  
 Occupation Indoctrinated Classification for Discharge 16 Medical Category III  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

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

Date 9.7.19O. C. Discharge Depot. 11th Div

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date .....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with: #60

(a) Clothing Allowance payable. AMB

(b) Clothing Supplied

Date 10-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 82365 to his home at Herringfleet and Release Certificate No. 3398 issued.

Date 10-7-19

J.A. Snowball  
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 7-8-19

Date 10-7-19

J.A. Snowball  
Depot Paymaster.

Discharge approved for 24-7-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 10-7-19

J.A. Snowball  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 24 1919

K.R. Cooper Capt  
O. C. Discharge Depot.

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

Date

# The Royal Newfoundland Regiment

Class for Demobilization

*6.*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date ..... *8.7.19* .....

Regimental No. ... *5433* .....

Name ..... *Hines Herbert* .....

Address ..... *Heming Beck* .....

Present Medical Category ..... *A.1* .....

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

Members of Board {

*R.H. East Major*  
.....  
O.C. Discharge Depot.

*Watson*  
.....  
Senior Medical Officer

*Lee Berdeu*  
.....  
M. O. Depot

## 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,

*H Hynes*

Signature of Man.

*J. H. Snowlett*

Signature of the Vocational Officer or his Representative.

Reg. No. *6433*

Place

*St Johns*

Date

*10-7-19*

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

# MEDICAL HISTORY

OF

Surname Kines

Christian Name Herbert

Table I.—GENERAL TABLE.

Birthplace:—Parish Herring Head Nfld. County Nfld.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	at <u>St John's</u>	<u>27th</u> day of <u>May</u> 191 <u>8</u>	at	191
Declared Age	<u>20</u> years	days	years	days
Trade or Occupation	<u>Fisherman</u>			
Height	<u>5</u> feet	<u>3</u> inches	feet	inches
Weight		<u>137</u> lbs.		lbs.
Chest Measurement	Girth when fully expanded	<u>37</u> inches		inches
	Range of Expansion	<u>4</u> inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	<u>/</u>	<u>/</u>		
When Vaccinated				
Vision	R.E.—V=	<u>6/6</u>	R.E.—V=	
	L.E.—V=	<u>6/6</u>	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease				
(b) Slight defects but not sufficient to cause rejection				
Approved by (Signature)	<u>Lammont Watson</u>			
(Rank)	<u>Major</u>		Medical Officer.	Medical Officer.
Enlisted	at <u>St John's</u>	on <u>27th</u> day of <u>May</u> 191 <u>8</u>	at	191
Joined on Enlistment	Corps.	<u>Royal Nfld</u>	Corps	
	Regtl. No.	<u>1st Bn</u>	Regtl. No.	
Transferred to	<u>Regiment.</u>			
Became non-effective by	on	day of	on	day of
(Signature)		191		191
(Rank)				







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

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

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

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the Office 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 *Harold Hynes*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5433*

Intended address *Herring Neck*

Height on discharge *5* Feet *7*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks *—*

Figure on discharge *Medium*

Christian name of Father *Robert*

Christian name of Mother *Susanna*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Herring Neck 9th Nov, 1897*

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) *Hynes H*

*Pl*  
(Rank)

Station *ST. JOHN'S.*

Date *8-7-19.*

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 of Hospital.  
Unit or Command Depot.

Station

Date

**NOTE.**—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), 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 P., or P. (T), 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 Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps *Royal Artillery* }  
 2. Regtl. No. *57433* 3. Rank *Pte* } *Subaltern*  
 4. Name *James Herbert* }  
 (Surname) (Christian Names)  
 5. Age last birthday *26*.....  
 6. Posted for duty on..... at.....  
 in category (or grade).....  
 7. Former Trade or Occupation }  
 7a. If the soldier claims previous service in Army, he should state—  
 (a) Former Regts. or Corps; with Regtl. Nos.  
 (b) Date of Discharge;  
 (c) Cause of Discharge.  
 8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty?  
 9. If a Court of Inquiry was held on an injury state:—  
 (a) When (d) Particulars of Pension or Gratuity (if any)  
 (b) Where  
 (c) Opinion of Court

**NOTE.**—The foregoing particulars are to be filled in and A.F.B. 179 n (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 venereal 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. *nil*
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. *nil*





August 15, 1919

Mr. Herbert Hynes,  
Herring Neck, N. D. B.

Dear Sir:-

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

Yours truly,

Captain & Paymaster.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration There must be no blanks and no dashes, If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

- Christian name... *Hynes* ..... 2. Surname... *Herbert* .....
3. Rank... *Private* ..... 4. Regtl. No... *5433* .....
5. Address in full to which future payments of gratuity are to be forwarded.....
- ..... *Herring Reefs, N.A.B.* .....
6. Date of enlistment in the Regiment... *24<sup>th</sup> May, 1918* .....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
- ..... *No* .....
8. Relationship of such dependents... *No* .....
9. Address in full of such dependents... *None* .....
- .....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?... *No* .....
11. Were you on active service only in field, if so, give dates and particulars of such service... *No Overseas* .....
- .....
12. Give total length of time which you served on active service, whether in field or Overseas... ~~*Eight*~~ .....
- ..... *fourteen months* .....

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

*no*

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

*no*

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

*no*

16. Have you, during the present war, served in the Imperial Forces?

*no*

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

*no*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?

*no*

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

*no*

19. Are you now serving in the R.C.A.F. If not give? - (a) Date of discharge. *July 24/19* (b) Reason for discharge.

*Remobilization*

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

*no*

*Emp laws*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.

*no*

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

Signature of Applicant: *Hynes Herbert*

Place of Residence:

Declared before me at: *Herring Gables, N.D.B.*

This *10* day of *July* 19*.19*....

Signature of Barrister of the *John M. Clarity*  
Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of affidavits.

POST DISCHARGE PAY.

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







2170

Attachment of 60<sup>0</sup> Aug.  
per day from Mother.

Dear Sir

Herring neck

August 6/18

C Company  
no 5483

I am writing you to say that: your Herbert Hains' mother has asked me to write you to say that she hasn't received any money from him since he enlisted. She also states to me that he is their only support: and if they don't get any thing from him they are not able to support themselves.

would you kindly see that they get a little money from him. as let me know as to why she hasn't received any . . . I remain yours faithfully

Wm Dame  
S. A. Lieut

August 16th. 1918.

William Dawe,  
Lieut. Salvation Army,  
HERRING NECK.

Dear Sir:

With reference to your letter of August 12th. I beg to advise you that Pte. Herbert Haines declared an allotment of 60/- per day in favour of his mother, commencing from August 1st. therefore the first cheque will be posted to her on Sept. 7th. in payment for the month of August, and in future all cheques will be posted from this office on the 7th. of each month in payment for the preceding month.

Yours truly,

Lieut.  
For Paymaster

M.

5433 Hynes

Please make one pay. VV. S. G.

W. J. H.

12/7/19

J.

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 70<sup>00</sup>/<sub>100</sub>

July 12 1919

Received from the First Newfoundland Regiment  
the sum of Seventy Dollars.  
on account of Pay. W.P.G.  
balance

Hynes #1

Ch. No.	2772	Initials	EW
Pay Ledger	196	Initials	WR
Gen. Ledger		Initials	

Regtl. No. Rank

J. C. B.

No. 5433

Rank P6

Name

H. Hynes



Fold Here

**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

**Royal Nfld. Regt.**

**Dept. of Militia,**

**ST. JOHN'S, Nfld.**

HEF  
NO 11  
21  
HEF

Fold Here



OCT 15 1921

1921.

The accompanying ~~Victory Medal~~ and/or British War Medal

is/are forwarded herewith to

**Herbert Hines**

in respect of his service as No. 5433 Rank Pte.

Name H. Hines Royal Nfld. Regt.  
~~and Forestry Corps~~

Receipt of the same should be acknowledged hereon.

Received Medal

Signature Herbert Hines

Date Nov. 12th

Address Herring Gack

[P.T.O.]

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of

Royal Newfoundland

Number of Sheet one  
Signature of O. C. Company W. J. P. Smith *Lieut*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	51433 <i>Hynes Herbert</i>	Age on	20 years	Trade		
			months	<i>Interman</i>		
Joined	Date	Place and Date of Enlistment		Religion		
Joined	Date	<i>St. John's</i>		<i>S.C.</i>		
Joined	Date	Period of	with Colours	Place of Birth		
Joined	Date		with Reserve		years.	<i>Newry West N.B.</i>

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<i>Hazelton Camp</i>	<i>27-8-18</i>	<i>Rt.</i>		<i>Inattention on Parade</i>	<i>C.S.M. White</i>	<i>3 days CB</i>		<i>Capt. M. J. Long</i>	<i>M.H.</i>
				<i>Demobilized</i>	<i>St. John's</i>	<i>7-19</i>			

To be carried over.

# The Royal Newfoundland Regiment 05433

## DEMOBILIZATION OF

Reg. No. 5433 Rank Pvt Name James H. Hynes  
 Date of Enlistment 24.5.18 Address Berring Neck, Lunenburg District 2  
 Occupation Labourer Classification for Discharge 16 Medical Category AI  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_  
 Passed to Demobilization Officer with following documents:—

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

Date 9.7.19

James H. Hynes  
O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

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 \_\_\_\_\_

Date 10-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 92365..... to his home at Hemmingford and Release Certificate No. 3398..... issued.

Date 10-7-19..... J.A. Sawloff  
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 7-8-19.....

Date 10-7-19..... J.A. Sawloff  
Depot Paymaster.

Discharge approved for 24-7-19.....

Forwarded with following documents to O.C Discharge Depot.

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

Date 10-7-19..... J.A. Sawloff  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 24 1919..... H.R. Coombe Capt  
O. C. Discharge Depot.

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

Date July 31, 19..... W. H. T.

Reg. No. *2433* Rank *Pfc* Name *Horns H*  
Attested ..... Address *Herring Neck*  
Allotment..... Allottee ..  
Date of Allotment..... Returned from Overseas *JUL 1* 1919  
Returned on S.S. *Cassandra* Cause *Discharge*

*9-7-19*

**PASSED TO DEMOBILIZATION OFFICER**

*24-7-19*

**DISCHARGE APPROVED ON DEMOBILIZATION:**



NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi.), 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 P., or P. (T), 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 Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps... *Royal Nfld* ..... 7. Former Trade } *Seaman*  
 or Occupation }  
 2. Regtl. No. *5483* 3. Rank... *plc* ..... 7a. If the soldier claims previous service in  
 Army, he should state—  
 4. Name *Hynes* *H* ..... (a) Former Regts. or Corps ;  
 (Surname) (Christian Names) with Regtl. Nos.  
 5. Age last birthday... *31* .....  
 6. Posted for duty on ..... at .....  
 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 (d) Particulars of Pension or Gratuity  
 (b) Where (if any)  
 (c) Opinion of Court

NOTE.—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 venereal 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. *nil*
12. Place of origin of disability. *nil*
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. *nil*

14. State 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.) Serious negligence or misconduct on the man's part. } .. .. . | ✓                   |                   |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

*No complaint of no disability*

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

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—
- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?

*Repatriation*

*Note—(b) is only applicable to soldiers invalided at Foreign Stations.*

*W.E. Procmier. Capt. Name*

Station *Hazley Town*

Medical Officer in charge of case.

Date *2/4/18*

\* 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