



Newfoundland Forestry Companies

ATTESTATION OF

No. 8370

Name Albert Hutchings Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Albert Hutchings</u> |
| 2. What is your full Address? | 2. <u>Whitbourne</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>24</u> Years <u>1</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Labourer</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. What is your Religion? | 9. <u>C of E</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 Albert Hutchings 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.

Albert Hutchings SIGNATURE OF RECRUIT.
Geo. S. Hutchings Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I Albert Hutchings 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 12 day of Oct 1917

Signature of Attesting Officer J. J. Peadar

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 Oct 12/1917
 Place St John's } Approving Officer. J. J. Peadar

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 Albert Hutchings
 Apparent age 24 years 1 months. Height 5 feet 10 1/2 inches
 Chest Measurement { Girth when fully expanded _____ inches
 Range of expansion _____ inches
 Distinctive marks One Scar Left arm Dark hair
Brown Eyes

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Ambrose Hutchings
Whitbourne | 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 Dept	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>St. Louis.</u>	<u>Apr. 12/1918</u>							
Total Service forfeited as above.....									
Total Service towards Engagement to _____ (date of discharge) _____ years _____ days									
Pensions " _____ [" "] " " "									

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

MEDICAL HISTORY

OF

Surname Hutchings Christian Name Albert

Table I.—GENERAL TABLE.

Birthplace:—Parish Whitbourne County Nfld.

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>12</u> day of <u>Oct</u> 191 <u>7</u>	on	day of	191
	at <u>Headquarters</u>	at	at	at
Declared Age	<u>24</u> years <u>1 Mos</u> days	years	days	days
Trade or Occupation .....	.....	.....	.....	.....
Height	<u>5</u> feet <u>10 1/2</u> inches	feet	inches	inches
Weight	<u>155</u> lbs.	lbs.	lbs.	lbs.
Chest Measurement {	Girth when fully expanded....	inches	inches	inches
	Range of Expansion	inches	inches	inches
Physical Development .....	.....	.....	.....	.....
Vaccination Marks {	Arm .....	.....	.....	.....
	Number .....	.....	.....	.....
When Vaccinated .....	.....	.....	.....	.....
Vision	R. E.—V=	.....	R. E.—V=	.....
	L. E.—V=	.....	L. E.—V=	.....
(a) Marks indicating congenital peculiarities or previous disease	(a) .....	.....	(a) .....	.....
	(b) Slight defects but not sufficient to cause rejection	(b)	(b) .....	.....
Approved by (Signature)	<u>Lammie Paterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at	at	at	at
	on	on	on	on
	day of	day of	day of	day of
	191	191	191	191
Joined on Enlistment	Corps. <u>Nfld Forestry</u>	Regtl. No. <u>8370</u>	Corps.	Regtl. No.
	<u>Company</u>	.....	.....	.....
Transferred to .....	.....	.....	.....	.....
Became non-effective by	on	on	on	on
	day of	day of	day of	day of
	191	191	191	191
[Signature]	.....	.....	.....	.....
[Rank]	.....	.....	.....	.....

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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the course of syphilis, admissions and nature of treatment or
	Day	Month	Year	Day	Month	Year			
<i>St. John's H.S.</i>	<i>14</i>	<i>12</i>	<i>17</i>	<i>30</i>	<i>1</i>	<i>18</i>	<i>Gonorrhoea.</i>	<i>48</i>	<i>Rec. Remission. 06</i>

pital or to the sick list in case of Warrant Officers treated in quarters.

Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

Rec. Quinine. H. Santal. Pot. Permanganate irrigations. Negative smears on discharge. A.T. [Signature]

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.

Date	Brief Details, and Signature
6-11-17	Vacc. <i>SA</i>

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

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O.'S AND MEN

MEDICAL HISTORY OF AN INVALID

ST John's N.B. DATE 8/3/1918.
1. (a) Unit Newfoundland Troop (b) Regimental No. P 3770 (c) Rank Pte.
(d) Surname Hitchens (e) Christian name Albert.
2. Age last birthday 24 Date of birth 1st 7, 1894
3. Enlisted at St John's, Newfoundland on Oct 12, 1917.

4. Personal description -
(a) Height 5ft 10 1/2 (b) Weight 160 (c) Complexion Fair.
(d) Colour of hair Black (e) Colour of eyes Grey (f) Identification marks
2nd

5. Address after discharge (for the use of the Board of Pension Commissioners)
W Lillbourne, Nfld.

6. Former trade or occupation
Brewman

7. (a) Service	Years	Days
	PERIODS	
	From	To
None other		

(b) Has he been overseas? No

8. Present disease or disability (use authorized nomenclature if possible) (1) Left hydrocele.

(2) Hemorrhoids.

(a) Date of origin (1) congenital (2) 1916 (b) Place of origin At home.

(c) Cause* Embolism.
*(Here include original disease or injury)

If further space is needed for this or other answer, use page 4

9. Present condition. (Important to be a full description of the present disabling condition or conditions).

Left hydrocele as large as an egg at present.
Has hemorrhoids which bleed once or twice a day.

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 11) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

10. History :

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

none other

11. What is the extent (state in percentages) of the disability in earning a livelihood in the untrained labour market? If there is more than one disabling condition, estimate the disability, due to each, and that due to all combined.

(1) 50%

(2) 100%

12. Did the disability arise on or off duty? before enlistment

13. Was a Court of Inquiry held? No

14. If the disabling condition had its origin before enlistment, has it been aggravated on service? No

If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? No

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Permanent

17. Treatment (Case reports, general or special, should be secured and attached where possible).

nil

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

No

19. Can the former trade or occupation be resumed? Yes

20. Recommendations # P 3770 Pte Albert Hutchings
Chempoundland Somerset Regt. to be placed in
Category C.

Allocauley Capt
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

I, the undersigned, have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

Albert Hutchings
Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

21. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticized.

yes

22. Is the soldier fit for

- | | | |
|---|---------------------------|------------|
| (a) General service, | (Category A) (Yes or No). | <i>no</i> |
| (b) Service abroad, not general service, | (" B) (Yes or No). | <i>no</i> |
| (c) Home service, (Canada only), | (" C) (Yes or No). | <i>no</i> |
| (d) Temporarily unfit, | (" D) (Yes or No). | <i>no</i> |
| (e) Unfit for service in Categories A, B and C, | (" E) (Yes or No). | <i>yes</i> |

23. It is certified that the soldier

(a) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration).

(b) Does not require treatment.

(c) Should pass under his own control.

(d) ~~Should not pass under his own control.~~

(Strike out condition not applicable).

24. It is recommended that the soldier be discharged. (When not for discharge add special recommendation).

*That 83770 Pte Robert Hushings
Wfld. Forestry Regt be placed in Cat E
Both disabilities are of pre enlistment
origin and man ought not to have been
taken on strength*

A. E. Love President
J. J. Dunlop Members.
H. Clarke

STATION *St John NB*

DATE *8/3/18*

APPROVED BY

MAR 1 2 1918

DATE

A. D. W. G.
Assistant Director of Medical Services.
M. D. NO. 7

APPROVED BY

DATE

Director-General of Medical Services.

No 8370

Name Hutchings A.

15-12-17

Date	Particulars	Ch. No.	Dr.	Cr.	Bal.
Dec 31	By Pay 16 days @ $1\frac{10}{100}$			17 60	17 60
Jan 31	do 31 " do			34 10	51 70
Feb 28	do 28 " do			30 80	82 50
Mar 31	do 31 " do			34 10	116 60
	Refund of passage from Canada to St John			6 75	123 35
Apr 13	By Pay 13 days @ $1\frac{10}{100}$			14 30	137 65
	Bonus			13 70	151 35
	Clothing			25 00	176 35
	Balance			57 75	234 10
Dec 31	To allotment		9 60		224 50
Jan 31	" "		18 60		205 90
Feb 28	" "		16 80		189 10
Mar 31	" "		18 60		170 50
30	To Pay	1047	15 00		155 50
	To advance at St John no		20 00		135 50
Apr 1	To Pay	1053	20 00		115 50
15	" "	1111	57 75		57 75
	To Hospital Stoppages 14 days @ 50%		24 00		23 75
	To Bal.	1120	23 75		
	W. 3 Praduk				
	-Thl-				
			234 10	234 10	0

By A. Hutchings Sst

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... .. Class _____

6. Campaigns, Medals and Decorations

Certificate of education

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

(Place) _____

(Date) _____ Commanding _____ Battrn. _____ Regiment.

8. *Certificate to be signed by the soldier on discharge.*

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) St John's Wood

Albert Butchings (Signature of Soldier.)

(Date) 13/4/18

C. G. Oakes (Signature of Witness.)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. *Additional certificate in the case of a soldier who takes his discharge at his own request.*

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

(Signature of Soldier.)

10. *Statement of service.*

Service towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.

Further service " " _____ (the date of confirmation of discharge) " " _____

Total " " _____

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for _____ (date)

(Place) _____

Signature

(Date) _____

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated and signed by the soldier.)

No Reservations!

Albert Huttings

C. C. Oke SSM

C.R. 8370

Extract from Daily Orders part II, Depot St. John's
dated 12-12-17 (Forestry).

The undermentioned embarked for Overseas on the S. S. Florizel
on Dec. 11th. 1917.

8370 Pte. A. Hutchings.

CR. 8370

Extract from Draft of Newfoundland Forestry Co., Embarked S.S. FLORIAN
December 11th 1918. *D. L.*

#8370 Pte. A. Hutchings