



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5754 Name Michael Melvin Corps R.C.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---|
| 1. What is your name? | 1. <u>Michael Melvin</u> |
| 2. What is your full Address? | 2. <u>La Manche</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>19</u> Years <u>5</u> Months |
| 5. What is your Trade or Calling? | 5. <u>no</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>Yes</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. |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. } Name
Corps <u>Yes</u> |
| 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, Michael Melvin 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.

Michael Melvin SIGNATURE OF RECRUIT.

St. John Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Michael Melvin 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 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 11 day of July 1915.

C. P. Dinko Lieut Signature of Attesting Officer

† 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 Rank

If enlisted by special authority, such will be attached to the original attestation.

Date July 12/15 1915 }
Place St. John's } Approving Officer. W. J. H.

† 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 Michael Melvin
 Apparent age 19 years months. Height 5 feet 7 1/4 inches
 Chest Measurement { Girth when fully expanded 35 1/2 inches
 { Range of expansion 3 1/2 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Thomas Melvin
La Manche | Relationship Father
Ferryland Dist. 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 _____									
Total Service forfeited as above.....									

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



THE ROYAL NEWFOUNDLAND REGIMENT

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No. 5754 Name Michael Melvin *KB*

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- | | |
|--|--|
| 1. What is your name? | 1. <u>Michael Melvin</u> |
| 2. What is your full Address? | 2. <u>La Manche</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>19</u> Years <u>5</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</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
Corps <u>Yes</u> |
| 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, Michael Melvin 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.

Michael Melvin SIGNATURE OF RECRUIT.
P. H. Power Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Michael Melvin 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 duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me on this 11 day of July 1915.

Signature of Attesting Officer P. H. Power *Attest*

† 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 July 12/15 1915
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C.R. 5754

Extract of DAILY ORDERS, PART II, Depot St. John's,
dated February 27th/19.

The discharge of the undernoted on Demobilization has been
CONFIRMED by Officer i/c Records on noted date.

#5754 Pte. Michael ^Melvin.

26/2/19.

C.R. 5754

Extract from Daily Orders part 11, Depot St. John's dated Feb. 5th. 1919

The discharge of the undersigned on mobilization have been APPROVED
by C. C. Discharge Depot on 20th Feb.

5754 Pte. Ml. Melvin.

CP 5754

Extract from Daily Orders 20th 21 Unit The Royal Rifles.
Regt. St. John's, dated August 19, 1918.

5754. Pte. M. Nellin.

Granted extension of leave without pay to Oct. 15th, 1918.

C.R. 5754

Extract from Daily Orders Part 11 Depot St. John's #126
Dated July 12th 1918.

#5754 Pte. Ml. Melvin.

ATTESTED FOR GENERAL SERVICE WITH THE ROYAL NEWFOUNDLAND
REGIMENT FROM 8-7-18.

Melvin, M

5754

Hay Dept

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5754 Rank Rtk Name Melvin - Michael
 Intended place of residence Lamarche
 2. Occupation Fisherman
 Classification of soldier A Medical Category A 5

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.
ENLISTED under the MILITARY SERVICE ACT
 Place and granted leave without pay. Atkinley Capt
 Date 31-1-19 **NOT ELIGIBLE for PAY and ALLOWANCES** 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.
ENLISTED under the MILITARY SERVICE ACT
 Place and date and granted leave without pay. Signature of soldier
NOT ELIGIBLE for PAY and ALLOWANCES 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 Signature of soldier
NOT APPLICABLE. Signature of witness
 Granted Leave without pay at his own request after
 cessation to continue in civilian occupation

STATEMENT OF SERVICE

7. Enlisted for service 11-7-18 No of days on Military
 Discharged from service February 13-7-19 Service None 2 Days

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge of Records, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place ST. JOHN'S R. H. Sait Capt
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.
 Date FEB 1 1919

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place St. John's, Nfld. M. Bowley Capt
 Officer in Charge of Records
 The Royal Newfoundland Regiment.
 Date February 26, 1919

Handwritten: 2079/1056

February 26, 1919

#5754 Pte. Michael Melvin,

LaMarche,

Barryland Dist.

Dear Sir:p

Please find enclosed "Discharge
Certificate No.1056."

Yours truly,

Paymaster & C. I. /c Records
Capt.

Enc #1 1.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5754 Rank Pte Name Melvin - Michael
 Date of Enlistment 11.7.18 Address Lamarche District Plac
 Occupation Fisherman Classification for Discharge A Medical Category AE
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. P 36.....	B 268.....	B 121.....	N.F. Med.....	D.F. 1.....
B 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 17.12.18 O. C. Discharge Depot. _____

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

NOT APPLICABLE.

Granted Leave without pay at his own request after attestation to continue in civilian occupation

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable.....
 (b) Clothing Supplied

**ENLISTED under the MILITARY SERVICE ACT
 and granted leave without pay.
 NOT ELIGIBLE for PAY and ALLOWANCES**

Date..... O. i/c. Re-clothing.....

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 968 to his home at and Release Certificate No. issued.

Date 1-2-19

Asst. Dir. Capt.
Demobilization Officer

4. Pay and Allowances.

The herein named **ENLISTED DOCUMENTS UNDER THE MILITARY SERVICE ACT** has been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to

NOT ELIGIBLE for PAY and ALLOWANCES.

Date

Depot Paymaster.

Discharge approved for 1-2-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36.....	B 268.....	B 121.....	1	N.F. Med.....	D.F. 1.....	
B 178.....	W 3494.....	B 122.....		Board 1st.....	" 2.....	1
B 178a.....	1 D 400A.....	B 1915.....	2	do 2nd.....	" 3.....	2
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.....	1			

Date 17.17.19

Asst. Dir. Capt.
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

FEB 1 1919

Date

T.R.H. Sait Capt.
O. C. Discharge Depot.

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

Date

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

MEDICAL HISTORY

OF

Surname

Melvin

Christian Name

Michael

Table I—GENERAL TABLE

Birthplace :—Parish

La Manche, St. John's County Newfoundland

SPECIAL RESERVE

REGULAR ARMY

Examined	on <i>11th</i> day of <i>July</i> 191 <i>8</i>	on	day of	191		
	at <i>St. John's</i>	at				
Declared Age	<i>19</i> years	days	years	days		
Trade or Occupation	<i>Shannon</i>					
Height	<i>5</i> feet <i>7 1/4</i> inches		feet	inches		
Weight	<i>120</i> lbs.			lbs.		
Chest Measurement {	Girth when fully expanded	<i>35 1/2</i> inches		inches		
	Range of Expansion	<i>3</i> inches		inches		
Physical Development						
Vaccination Marks {	Right	Left	Right	Left		
	<i>—</i>	<i>—</i>				
When Vaccinated						
Vision	R.E.—V=	<i>6/6</i>	R.E.—V=			
	L.E.—V=	<i>6/6</i>	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)	<i>L. M. Peterson</i>					
(Rank)		Medical Officer		Medical Officer		
Enlisted	at <i>St. John's</i>	at				
	on <i>11th</i> day of <i>July</i> 191 <i>8</i>	on	day of	191		
Joined on Enlistment	Corps	Regtl. No.	Corps	Regtl. No.		
	<i>Royal West Regiment</i>	<i>59th</i>				
Transferred to						
Became non-effective by	on	day of	191	on	day of	191
(Signature)						
(Rank)						

ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at N.S. on July 11 1911

1. Name Melvin, Michael Age (a) Declared 19
(b) Apparent

2. Do you know of anything wrong with you? Rheumatism

What severe illnesses have you had? no

*Comp. Gait
Cyst. Blue
Mark*

3. Height 5' 7 1/4"
4. Eyesight (a) Left 5/6
5. Physical Defects (Examine after strenuous exercise)

Weight 129
(b) Right 6/6

57554

6. Examination of Lungs

Measurement

(a) Expiration 32

(b) Inspiration 35 1/2

7. Examination of Heart

8. Examination of Urine

9. Examination of Mouth--(Defective Speech)

Teeth

Throat

Nose

Ears--(Otorrhea)

(Deafness)

10. Have you been successfully vaccinated, and when? No

11. Name and address of next of kin Thomas. LeManche.

REMARKS--

A 11

*Rabron
Archibald*

Medical Examiners.

Board of Governors

Hon. Geo. Shea, M.L.C., Chairman
Jesse Whiteway, Esq.
John Fenelon, Esq.
Mark Chaplin, Esq.
H. M. Mosdell, Esq., M.B.
J. F. Davey, Esq.



Office of the Board of Governors

St. John's General Hospital
St. John's, Newfoundland

May 3 rs 1922

XXXX

Lieut C.C.Oke

Secretary Board of Pension Commissioners.

Dear Sir:-

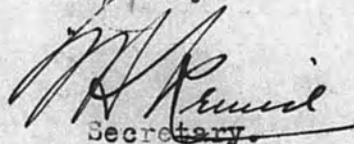
Michale Melvin of La Manche has received treatment at the General Hospital, and states that he is a returned soldier, and that his fees should be paid by your Department.

I informed him that, as he had ~~been~~ not been sent by your Deptmt., that he would have to pay the bill (\$16.00) himself.

He gave his bill to Mr P.F.Moore, member for that District, who informed him that he need not pay.

Please give me your definate pronouncement on this case, so that I may get after Melvin, who is well able to pay.

Yours truly


Secretary.

May 5th/32.

W. H. Rennie, Esq. M.B.E.,
Secretary, Board of Governors,
St. John's General Hospital,
City.

Dear Sir:-

Your communication of May 3rd respecting Michael
Helvin of La Manche to hand.

With reference to the cost of treatment for this
man, I would state that we are not responsible as
we did not order him to Hospital, neither is he
suffering from a disability due to service. I might
also state that the action you took in this matter
is quite correct and Helvin should pay for his own
treatment.

Yours faithfully,

Secretary.

CCO/EBD.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5754 Rank Pte Name Melvin - Michael
 Date of Enlistment 11.7.18 Address Lamarche District Plac.
 Occupation Fisherman Classification for Discharge A Medical Category AI
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P/36.....	B 268.....	B 121.....	N.F. Med.....	D.F. 1.....
B 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 17.12.18

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

i. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable.....

(b) Clothing Supplied

Date.....

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. to his home
at and Release Certificate No. 968 issued.

Date 1-2-19

W. D. ... 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

Date

Depot Paymaster.

Discharge approved for 1-2-19

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 17.12.18

W. D. ... Capt
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

FEB 1 1919

Date

O. C. Discharge Depot.

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

Date Feb 3/19

W. D. ...
Officer i/c Records

Reg. No. 5714 Rank 1st Lt Name Melvin Michael
Attested 11-7-18 Address La Mancha Maryland
Allotment..... Allottee.....
Date of Allotment..... Returned from Overseas.....
Embarked for Overseas..... Cause.....

Granted leave W. D. from 11-7-18 to 20-8-18.
Granted extension to 15-10-18. Returned 29-11-18.

1-2-19
1-2-19

ISSUED TO DEMOBILIZATION OFFICER
DISCHARGE APPROVED BY DISCHARGE OFFICER