



Newfoundland Forestry Companies

ATTESTATION OF

No. F 208 Name Charles F Mitchell Corps

Questions to be put to the Recruit before Enlistment

- | | |
|--|---------------------------------------|
| 1. What is your name? | 1. <u>Charles F Mitchell</u> |
| 2. What is your full Address? | 2. <u>John Beach B. of St. John's</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>18</u> Years <u>9</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Lumberman</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, Charles F Mitchell 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.

Charles F Mitchell SIGNATURE OF RECRUIT.

Charles F Mitchell Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Charles F Mitchell 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 20th day of May 1917

Signature of Attesting Officer M Sullivan Mayor

† 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

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

Name Charles F Mitchell
 Apparent age 18 years 9 months. Height 6 feet 1 inches
 Chest Measurement { Girth when fully expanded _____ inches weight 160 lbs
 Range of expansion _____ inches
 Distinctive marks Dark Brown Hair Brown eyes

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs Ellen Dennis
John Beach | Relationship Mother
Byrd Glass Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
<u>Discharged Feb 14 1919</u>									
Total Service forfeited as above.....									

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

S E C O N D B O A R D .

Form Z179 N. M. D.

Report of Medical Board.

Station	St. John's, Nfld.	Date	MARCH 21ST. 1919.
No. and Rank	8208 PTE.	Age	22 Height 6FT.
Name	MITCHELL CHAS. F.	Complexion	FAIR
Unit	Royal Newfoundland	Eyes	BROWN Hair BLACK.
Address	BAY OF ISLDS.		
Former Trade			
Enlisted at	ST. JOHN'S. 25/5/17.	(The Board will please note how the soldier's appearance corresponds with above description).	
Disease or Disability	Original OTORRHOEA.		

Subsequent

Present Condition (Compare with previous Board)

NO DISCHARGE FROM EARS THROAT WELL.

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

NIL.

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

Recommendation of Medical Board

All

NIL.

DIS. FROM HP.

Members of Board

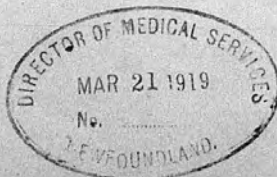
N.S. FRASER.....

(SGD) CLUNY MACPHERSON. MAJOR.

J.S. TAIT.....

L.PATERSON. MAJOR.

Approving Medical Officer.



Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S, Nfld.

Fold Here

JAN 5 1922

1921.

The accompanying ~~Victory Medal~~ or British War Medal
is/are forwarded herewith to

Chas. F. Mitchell

in respect of his service as No. 8208 Rank pte.

Name Chas. F. Mitchell

~~Royal Nfld. Forestry~~
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received British War Medal

Signature Charles F Mitchell

Date Jan 14 1922

Address ~~Chas F Mitchell~~

John Beach Bay of Island [P.T.O.]



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 **Charles Mitchell**

Regiment from which discharged *Royal Newfoundland*

Regimental number **8208**

Intended address **BAY OF ISLDS.**

Height on discharge **6** Feet

Color of hair on discharge **BLACK**

Complexion **FAIR**

Color of eyes **BROWN**

Descriptive Marks **////////**

Figure on discharge **MEDIUM**

Christian name of Father **////////**

Christian name of Mother **HELEN**

Wife's maiden name in full **////////**

Date and place of marriage **////////**

Christian names of children **////////**

Place and date of soldier's birth **BAY OF ISLDS. SEPT. 29th. 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)

(Rank) **Pte.**

Station **ST. JOHN'S**

Date **JAN. 16th. 1919**

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.



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.

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

Name in full **Charles Mitchell**

Regiment from which discharged, *Royal Newfoundland*

Regimental number **8208**

Intended address **BAY OF ISLDS.**

Height on discharge **6 Feet**

Color of hair on discharge **BLACK**

Complexion **FAIR**

Color of eyes **BROWN**

Descriptive Marks **////////**

Figure on discharge **MEDIUM**

Christian name of Father **////////**

Christian name of Mother **HELEN**

Wife's maiden name in full **////////**

Date and place of marriage **////////**

Christian names of children **////////**

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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. 8208 Rank Pvt. Name Chas. W. Mitchell
 Intended place of residence... Bay of Islands, St. John's
 2. Occupation Lumberman
 Classification of soldier B Medical Category 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.
 Place St. John's Date JAN 31 1919
W. Bowley 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. John's 31-1-19
Chas. W. Mitchell
 Signature of soldier
W. Bowley Capt.
 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 Jan 29th 1919
St. John's
Chas. W. Mitchell
 Signature of soldier
W. Bowley Capt.
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 25.5.17 No of days on Military
 Discharged from service 31-1-19 per 800 days Service 645 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 31 1919
R. H. Lait 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, Nfld Date February 14/1919
W. Bowley Capt.
 Officer i/c Records
 The Royal Newfoundland Regiment

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W. Bowley 1054

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 8308 Rank Pl. Name Mitchell Chas F
 Date of Enlistment 25.5.17 Address Johns Beach District St George
 Occupation Lumber Classification for Discharge B Medical Category E
 Recommendation S.M.B. permanently unfit Disability Rating Aggravated 20% G.M.M. 2
Requires Treatment
 Passed to Demobilization Officer with following documents:—

N.F. P 3a	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 25-1-19
W. H. C. Call
 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 29.1.19
W. H. C. Call

2. Clothing.

Certified that Clothing Regulations have been complied with:

 (a) Clothing Allowance payable \$5.00
Joseph J. Snow

(b) Clothing Supplied

Date 31-1-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *mil stayn home*
 at *Bay St Louis* and Release Certificate No. *966* issued.

Date *31-1-19*

CAS Dick's 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 *28-2-19*

Date *31-1-19*

W. H. Capt.
 Depot Paymaster.

Discharge approved for *31. 1. 19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	1	B 268	1	B 121	1	N.F. Med.	D.F. 1	1	<i>SWM B</i>
E 178		W 3494		B 122		Board 1st	" 2	2	
B 178a		D 400A	1	B 1915		do 2nd	" 3		
B 179	1	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 *31. 1. 19*

CAS Dick's Capt.
 Demobilization Officer.

APPROVED,

Documents as above forwarded to:-
 Officer in Records.
 Board of Pension Commissioners.
 with following additional documents.

JAN 31 1919

Date

R. H. Jait
 O. C. Discharge Depot.

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

Date *2 July 19*

[Signature]
[Signature]