



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4554 Name Harold Murphy Corps RC

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Harold Murphy
2. What is your full Address? 2. 20 Bond Street
3. Are you a British Subject? 3. yes
4. What is your age? 4. 18 Years Months
5. What is your Trade or Calling? 5. none
6. Are you Married? 6. no
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. no
8. Are you willing to be vaccinated or re-vaccinated? 8. yes
9. Are you willing to be enlisted for General Service? } 9. yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 10. yes } Name
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. yes

I, 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.

..... SIGNATURE OF RECRUIT.
..... Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, 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 on this day of 1915

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

Date 1915
Place April 22 } 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)

Report 1-5-18



4 THE ROYAL NEWFOUNDLAND REGIMENT 1

ATTESTATION OF

No. 4554 Name Harold Murphy Corps RC

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. Harold Murphy
- 2. What is your full Address? 2. 20 Bickham St
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 18 Years Months
- 5. What is your Trade or Calling? 5. Teacher
- 6. Are you Married? 6. No
- 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. No
- 8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
- 9. Are you willing to be enlisted for General Service? 9. Yes
- 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 10. Name
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. Yes

Report 1-5-18

I, Harold Murphy 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.

Harold Murphy SIGNATURE OF RECRUIT.
Raymond Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.
I, Harold Murphy 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.....

on this 22nd day of April 1918
Signature of Attesting Officer Wm. Churchill

†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 April 27 1918
Place St John's } 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).....

C.R. 4554

Extract from Daily Orders part II, depot St. John's
dated January 20th., 1919.

The discharge of the undernoted on Demobilization have
been APPROVED by O. C. Discharge depot on 16-1-19.

4554 Pte. H. Murphy.

C.R. 4554

Extract from Daily Order: part 11, from Unit The Royal Wfld.
Regt. St. John's, dated April 23, 1918.

#4554 Pte. Harold Murphy.

Attested for General Service with the Royal Wfld. Regt.
from 22/4/18 to report 1/5/18.

Murphy,

H.

4554

May Sept.

February 13th., 1919

#4554 Pte. Harold Murphy,
#20 Buckingham Street,
City.

Dear Sir:-

Please find enclosed "Discharge
Certificate No. 863."

Yours truly,

Captain,
Paymaster & O. i/c Records

En'l 1.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4554 Rank Plt Name Murphy Harold
 Date of Enlistment 22 4 18 Address Sydney District Sydney
 Occupation Plumber Classification for Discharge A Medical Category A II
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

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

Date 16.1.19

Harold Murphy
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

H Murphy

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 Joseph A Snowling

Date 16-1-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *me* to his home at *R. H. [unclear]* and Release Certificate No. *817* issued.

Date *16-1-19*

C. D. [unclear] 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 *13-2-19*

Date *16-1-19*

W. [unclear] Capt
Depot Paymaster.

Discharge approved for *16. 1. 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.	1	<i>Wain B</i>
F 178.	W 3494.	B 122.		Board 1st.	" 2.	2	
F 178a.	D 400A.	B 1915.	2	do 2nd.	" 3.	3	
B 179.	D 400B.	Form L.		do 3rd.	" 4.	4	
B 179a.	D 400C.	Form K.	1	do 4th.	" 5.	5	
B 179b.	B 103.	ME 2.	1		" 6.	6	
B 179c.	B 120.	M 93.					

Date *16. 1. 19*

C. D. [unclear] Capt
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

JAN 16 1919

Date

R. H. [unclear] 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 Murphy Christian Name Harold

Table I.—GENERAL TABLE.

Birthplace:—Parish St John's County Nfld.

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>22nd</u> day of <u>April</u> 191 <u>8</u> at <u>St John's, Nfld.,</u> <u>18</u> years <u>—</u> days		on _____ day of _____ 191____ at _____ _____ years _____ days	
Declared Age				
Trade or Occupation	<u>Teamster</u>			
Height	<u>5</u> feet <u>7 1/4</u> inches		feet _____ inches	
Weight	<u>124</u> lbs.		lbs. _____	
Chest Measurement	Girth when fully expanded... <u>33</u> inches		inches _____	
	Range of Expansion... <u>4</u> inches		inches _____	
Physical Development				
Vaccination Marks	Arma	<u>/</u>		
	Number	<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	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Lamm Patterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St John's, Nfld.,</u> on <u>22nd</u> day of <u>April</u> 191 <u>8</u>		at _____ on _____ day of _____ 191____	
Joined on Enlistment	Corps.	<u>The Royal Nfld Regt.,</u>	Corps.	
	Regtl. No.	<u>4554</u>	Regtl. No.	
Transferred to				
Became non-effective by	on _____ day of _____ 191____		on _____ day of _____ 191____	
(Signature)				
(Rank)				

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
2.5.18.	Nec. 40
7.5.18.	T.A.B. 40
9.9.18	Do 40
21.9.18	Do 40

It is hereby certified that this soldier has been before a Travelling Medical Board and has been classified as A for Discharge on Demobilisation. Medical category A3

29.11.18
Date of T.M.B.

[Signature] Captain
Assistant Adjutant
Discharge Department

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

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 work at coopering

H Murphy

Signature of Man.

Chas Wicks Cap

Reg. No.

4354

Signature of the Vocational Officer or his Representative.

Place

ST. JOHN'S,

Date

Jan 16th

191*9*

c
HOOK

St John's

Demobilization Form 1

The Royal Newfoundland Regiment

Class for Demobilization:—
A

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

NOV 29 1918

Date

Regimental No. 4854

Name *Murphy Harold Ste*

Address *20 Bachelman St St John's*

Present Medical Category *A II*

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

Members of Board {
R. J. Last Capt
O.C. Discharge Depot.
Peterson
Senior Medical Officer
D. W. Borden
M. O. Depot



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 *Harold Murphy*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *4554*
 Intended address *20 Buchanan St. St. John's.*

Height on discharge *5* Feet *8*.
 Color of hair on discharge *Dark*
 Complexion *Dark*
 Color of eyes *Brown*
 Descriptive Marks _____
 Figure on discharge *Thin*
 Christian name of Father *John*
 Christian name of Mother *Deceased*
 Wife's maiden name in full _____
 Date and place of marriage _____
 Christian names of children _____

Place and date of soldier's birth. *Sto. Argence. August 7th 1900.*
 Nature and locality of civil employment required *R.N. Co.*

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) *Harold Murphy*

(Rank) *Pl*

Station *Quince's Rank* Date *Dec 18/18*

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.



L. S. [Signature]
 Medical Officer i/c Hospital Unit, or Command Depot.

Station _____ Date _____



This Form is to be used in connection with Pamph. M. E. (1) N. F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the finding of that test.

Examination of Harold Murphy
aged 18 yrs conducted at Oberea Quarters
Date: April 20/18 Recruiting Officer:

NO OF TEST FINDING

- 1 no
- 2 no
- 3 no
- 4 no
- 5 no
- 6 no
- 7 yes
- 8 yes
- 9 no
- 10 n
- 11 n
- 12 n
- 13 n
- 14 n
- 15 n
- 16 n
- 17 n
- 18 n
- 19 n
- 20 n
- 21 n
- 22 n
- 23 n
- 24 n
- 25 n
- 26 n
- 27 n
- 28 n
- 29 n
- 30 n
- 31 n
- 32 n
- 33 no

X
M
B
U

34 57 7/4
35 124 7/5
36 29-33

37
38 Darker skin to Buckhannon St City
39 not visible

BA

Signature of Medical Examiner:

DW Burden

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 question 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..... *Harold* 2. Surname..... *Murphy*
3. Rank..... *Private* 4. Regtl. No. *4554*

5. Address in full to which future payments of gratuity are to be forwarded..... *Harold Murphy*
20 Buchanan Street St. Johns Nfld

6. Date of enlistment in the Regiment..... *22nd April 1918*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
Not applicable

8. Relationship of such dependents..... *Not applicable*

9. Address in full of such dependent.....
Not applicable

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *Not applicable*

11. Were you on active service only in Nfld. If so, give dates, and particulars of such service..... *298 days service in Newfoundland*

12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *298 days*

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

Only the one enlistment

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.....

When discharged I received \$103.

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?.....

Not Applicable

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

Not applicable

19. Are you now serving in the Regt.?..... If not give:- (a) Date of discharge.....

13th Feb 1919

No

under demobilization

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.....

Not applicable

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?.....

Not applicable

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: *Harold Murphy*
 Place of Residence: *20 Buchanan Street*
 Declared before me at: *St. John*
 This *22* day of *March* 191*9*.

Signature of Barrister of the
 Supreme Court, Stipendiary Magis-
 trate, Notary Public, Justice of the
 Peace, or Commissioner of affidavits. *[Signature]*

POST DISCHARGE PAY.			War Service Gratuity	Net amount due
Date paid	Paid Soldier	Paid Dependent		
.....
.....
.....
Certified Correct.			Paymaster.	

REID-NEWFOUNDLAND COMPANY.

Form 463

PASSENGER DEPARTMENT.

AGENTS', CONDUCTORS' & PURSERS' RECEIPT.

Received from

Mr. Harold Humphrey

the sum of

2

Dollars

40

Cents, being the amount of

14

Class Fare

From

CARBONEAR

ST. JOHN'S, N.F.D.

and have issued Ticket No.

10846

Form No.

Card

Date

REID-NEWFOUNDLAND CO.
MAY 31 1918
CARBONEAR

191

Agent, Conductor or Purser

J. Maher

This form to be used when requested to give receipt for amount paid for tickets.

Transportation
6383
RW
M
J.R.

May 4th. 1918.

The Royal Newfoundland Regiment.

To 4554 Private H. Murphy.

May 1st. 1918. To Passage from Carbonwar to St. John's \$2.40.

(As per voucher).

H. Murphy
CERTIFIED CORRECT
J.B.A.
G. James



The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4554 Rank Rt/Lt Name Murphy Harold
 Date of Enlistment 22.4.18 Address St John's District St John's
 Occupation Plumber Classification for Discharge A Medical Category A II
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

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

Date 16.1.19

W. G. C. Discharge Depot
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

H. Murphy

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$65.00
 (b) Clothing Supplied Joseph A. Murphy

Date 16-1-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. me to his home
at 16-1-19 and Release Certificate No. 817 issued.

Date

16-1-19

Chadwick 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 13-2-19

Date

16-1-19

Wheeler Capt.
Depot Paymaster.

Discharge approved for

16-1-19

Forwarded with following documents to O.C Discharge Depot.

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

Date

16. 1. 19

Chadwick Capt.
Demobilization Officer.

APPROVED.

Documents as above forwarded to—

Officer i/c Records,
Board of Pension Commissioners.

with following additional documents.

JAN 16 1919

Date

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

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

Date

Jan 20 1919

Wheeler Capt.
Wheeler Capt.

Reg. No. 115576 Rank Pvt Name Murphy, Harold
Attested 22.4.18 Address Buchanan St
Allotment 60 Allottee John Murphy (Father)
Date of Allotment 1-5-18 Returned from Overseas _____
Embarked for Overseas _____ Cause _____

Report 1-5-18
20-4-18 Vac
1st Inc. 7-5-18 2nd 9-9-18.

16-1-19

PASSED TO DEMOBILIZATION OFFICER

16-1-19.

DISCHARGE APPROVED ON DEMOBILIZATION

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 work as Blacksmith, if position can be secured.

Harold Murphy

Signature of Man.

Reg. No. 4554

L. Murphy, Capt.

Signature of the Vocational Officer of his Representative.

Place

Dept. Shilka

Date

March 1st 1919