

# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5649 Name Wilson Payne Corps Cof B.

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

- |  |   |
|--|---|
| 1. What is your name? .....  | 1. <u>Wilson Payne</u>                          |
| 2. What is your full Address? .....  | 2. <u>Wint. house Brook</u><br><u>Bonne Bay</u> |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                                   |
| 4. What is your age? .....   | 4. <u>23</u> Years ..... 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 .....<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, Wilson Payne 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.

.....Wilson Payne.....SIGNATURE OF RECRUIT.

.....Pte. Power.....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 .....St Johns on this 10 day of June .....1918

Signature of Attesting Officer C. S. Dick's Rivt

### †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.....

Place..... } 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).....

DESCRIPTIVE REPORT ON ENLISTMENT

5649.

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

Name Wilson Payne  
 Apparent age 23 years 0 months Height 5 feet 8 1/2 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 Edward David Payne  
Winterhouse Brook | Relationship Father.

Bonne Bay 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>10-6-18</u>									
Joined at <u>St. John's</u> on <u>June 10-1918</u>									
<u>Embarked St. John's N. S. Columbia to Halifax N.S. 22-7-18</u>									
<u>To 10th for demobilization 24-6-1919</u>									
<u>Arrives Newfoundland 1-7-1919</u>									
<u>Demobilization St. John's 1-8-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 1-8-1919 (date of discharge) 1 years 59 days  
 " " Pensions " " " " " " " " " " " "

Reg. ~~5649~~ 649 ..... Rank *Pte* ..... Name *Payne Wilson J. Coy* .....  
 Attested *10-6-18* ..... Address *Bonner Bay* .....  
 Allotment *Co 4* ..... Allottee *Edward Payne (Father)* .....  
 Date of Allotment *1-8-18* ..... Returned from Overseas .....  
 Embarked for Overseas **JUL 22 1918** ..... Cause .....

*11/8 Pass*  
*56*  
*20-7-18 1st Pass*

*25-6-18 to 5-7-18 R.L. 5-7-18*



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

# MEDICAL HISTORY

Surname Payne OF Christian Name John

Table I.—GENERAL TABLE.

Birthplace:—Parish St John's Brook County Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	on <u>10<sup>th</sup></u>	day of <u>June</u>	on	day of
	at <u>St John's</u>		at	
Declared Age...	<u>23</u>	years		days
Trade or Occupation	<u>Fisherman</u>			
Height	<u>5</u>	feet <u>8 1/2</u>		inches
Weight	<u>140</u>	lbs.		lbs.
Chest Measurement {	Girth when fully expanded....	<u>37</u>		inches
	Range of Expansion...			inches
Physical Development...				
Vaccination Marks {	Right	Left	Right	Left
	Arm			
When Vaccinated				
Vision	R. E.—V=	<u>6/10</u>	R. E.—V=	
	L. E.—V=	<u>6/10</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>James Patterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St John's</u>		at	
	on <u>10<sup>th</sup></u>	day of <u>June</u>	on	day of
	Corps.	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment...	<u>Royal Nfld. Regiment</u>			
Transferred to..		<u>5649</u>		
Became non-effective by	on	day of	on	day of
(Signature)		191		191
(Rank)				

Table II.—Only for admission to hospital or to the sick list in case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospitals 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
	Day	Month	Year	Day	Month	Year				
MAGDALEN CAMP HOSPITAL WINCHESTER.	7	4	1917	4	4	1917	2 of gonorrhea	11	Admitted with ache & pains of Iliacati - Resolved	J. Hayward Capt. R.A.M.C.

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 Signatures
11-6-18	Vacc. <del>W</del>
20-7-18	T.M. W
<del>30</del> 18	T.M. W
5-11-18	T.M. W
	<p>It is hereby certified that this soldier has been before a <u>Traveling Medical Board</u> and has been classified as <u>6</u> for discharge on Demobilisation. Medical category <u>Amey H</u>  <u>8.7.19</u> Date of T.M. <u>Amey H</u> Captain</p>

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



**THE ROYAL NEWFOUNDLAND REGIMENT**

**ALLOTMENTS**

I, Wilson Payne, Regl. No. 5649  
 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 1st

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4764	Father	Edward Payne	Bonne Bay	60c
Total Allotment, £				<u>60c</u>

**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.) H. G. James 2<sup>d</sup> Lieut.  
 Officer Commanding  
F. Company  
July 15<sup>th</sup> 1918

(Sig.) Wilson Payne  
 (Rank) Pte.



**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 Infd* ..... 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *5649* 3. Rank. *pls.* ..... 7a. If the soldier claims previous service in Army, he should state—
4. Name *Payne* ..... *Wilson* ..... (a) Former Regts. or Corps; with Regtl. Nos.  
 (Surname) (Christian Names)
5. Age last birthday. *23* .....
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 (if any)  
 (b) Where  
 (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? }

*The complainant of no disability*

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., 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?

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

*Repatriation*

*W. R. Proenier, Capt R.A.M.C.*

Medical Officer in charge of case.

Station *Hazeley Down* .. .. .

Date *2/4/19* .. .. .

\* 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

**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 N. F. B.* 7. Former Trade or Occupation } *Fuferman*
2. Regtl. No. *3649* 3. Rank... *plc* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Payne* (Surname) *Wm* (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday. *23*
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 (if any)  
 (b) Where  
 (c) Opinion of Court

**NOTE.**—The foregoing particulars are to be filled in and A.F.B. 179 a (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? } ✓

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.)*

*No complaints of no 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?

*Refatuation*

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

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

*W. J. Pomeroy*  
 Medical Officer in charge of case.

Station *Hazley*

Date *2-24-19*

\* 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





# 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 *Wilson Payne.*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5649*

Intended address *Winterhouse Brook Bonne Bay*

Height on discharge *5* Feet *10 inch*

Color of hair on discharge *Red.*

Complexion *Sandy.*

Color of eyes *Blue.*

Descriptive Marks \_\_\_\_\_

Figure on discharge *Medium*

Christian name of Father *Edward.*

Christian name of Mother *Catherine*

Wife's maiden name in full \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Christian names of children \_\_\_\_\_

Place and date of soldier's birth *Winterhouse Brook Bonne Bay N.W.S. 1881*

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)

*Wilson Payne* (Rank) *A/c*

Station

Date

*1-7-19*

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 i/c Hospital.  
Unit, or Command Depot.

Station

Date

4903

Bonne Bay  
May 31 1919

Dept Militia  
Sir

I wish to bring to your notice the fact that the allowance from my sons Wilson & Leslie Payne for March last has not been received by myself or their mother, as you are aware the Wilson Payne no 5649 & Pte Leslie Payne no 5123 are still across the seas, and as this allowance has always come along pretty regular, I take this opportunity to bring the present delay to your notice in case some has been overlooked trusting to hear from you at an early date.

I am

Sir

Your Oth Servant

Edward Payne  
Cheque for both these men for March & April were mailed to Loon Bay Nfld instead of Bonne Bay please communicate Loon Bay

EP

# 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.

Signature of Man.

Reg. No.

57649 Wilson Payne

Signature of the Vocational Officer or his Representative.

*J. A. Crawford*

Place

St Johns

Date

10-7-19

191



# The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5649 Rank Sgt Name Payson W. Barber  
 Date of Enlistment 10-6-18 Address Windsorhouse Park District H.1  
 Occupation Truckman Classification for Discharge E Medical Category H.1  
 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 9-7-19 O. C. Discharge Depot. H.1

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am / in a position to resume civilian occupation.

Wilson Payson

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~~

Date 10-7-19 O i/c Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R2377* to his home  
 at *Hamilton* and Release Certificate No. *3385* issued.

Date *10-7-19*

*J.A. Snowcraft*  
 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 *7-5-19*

Date *10-7-19*

*J.A. Snowcraft*  
 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
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		

*2 Form B*

Date *10-7-19*

*J.A. Snowcraft*  
 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**

**JUL 24 1919**

Date .....

*N.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: *76*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

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

Regimental No. *5649* .....

Name ..... *Payne Wilson* .....

Address ..... *Winter House Brook* .....

Present Medical Category ..... *A1* .....

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

Members of Board {

*RH Last Mayn*  
.....  
O.C. Discharge Depot.

*L Palmer*  
.....  
Senior Medical Officer

*Swenden*  
.....  
~~M. O. Depot~~



# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Number of Sheet One  
C. Brink / lieut

Regiment of Royal Newfoundland . Signature of O. C. Company \_\_\_\_\_

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>5649 Wilson Page</u>	Age on	<u>23</u> years <u>      </u> months	<u>Fuelleron</u>	
Joined	Date	Place and Date of Enlistment	}	Religion	
Joined	Date			<u>1906/10</u>	
Joined	Date	Period of	}	Place of Birth	
Joined	Date			with Colours <u>159</u> years	
		with Reserve <u>365</u> years			

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
				<u>Demobilized</u>	<u>S. Johns</u>	<u>7<sup>8</sup> / 19</u>			

To be carried over.

C.R.

5649,

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

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

5649 Pte. W. Payne.

C.R. 5649

Extract from Daily Orders Part 11 Unit The Royal Rifles Regt.  
St. John's, July 15th, 1919.

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

5649 Pte. W. Payne.



C.R. 5649

Extract from Daily Orders Payroll Unit The Royal Nfld.  
Regt. St. John's; July 3rd, 1919.

5649 Pte. W. Payne.

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

C.R.

5649

Extract from Daily Orders part 11, from Unit The Royal  
22nd. Regt. St. John's, dated July 25, 1916.

The following man embarked for overseas on H.M.S.  
"Columella" July 22, 1916.

#5649 Pte. Wilson Payne

C.R. 5649

Extract from Daily Orders Part II, from Unit The Royal MFLA.,  
Regiment, St. John's, dated 11th June 1918.

5649, Pte. Wilson Payne.

Attested for General Service with The Royal MFLA., Regiment,  
10/6/18



# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5649 Rank Private Name Payson W.  
 Date of Enlistment 10-6-18 Address Windsor Park District St. Barbe  
 Occupation Fisherman Classification for Discharge 1/1 Medical Category A1  
 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 9-7-19

O. C. Discharge Depot. *[Signature]*

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am Wilson Payson 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 \$60.00

(b) Clothing Supplied [Signature]

Date 10-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R2377* to his home at *Hamilton* and Release Certificate No. *3385* issued.

Date *10-7-19*

*J.P. Snowcraft*  
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.P. Snowcraft*  
Depot Paymaster.

Discharge approved for *14-7-19*

Forwarded with following documents to O.C Discharge Depot.

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

*L.P. Coode Cabot*  
O. C. Discharge Depot.

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

Date *July 30 1919*

*[Signature]*

Aug. 30th, 1919

From Adjutant,  
Discharge Depot

To 5649 Pte. W. Payne,  
Bonnie Bay

Reference your letter of the 22nd inst. to the Militia Department, your discharge was approved on July 24th and you then received a cheque for \$80.40, made up as follows:

Discharge pay, less allotment	7.00
Clothing allowance	60.00
14 days board after discharge	<u>14.40</u>
	81.40
Less Dr. bal.	<u>1.00</u>
	<u>\$80.40</u>

You will thus see that you have already received all your pay and allowances, except your War Service Gratuity, which you receive from the Militia Department monthly.

LRG/C



6288

Bornet Bay  
Aug 22<sup>nd</sup> 1918

Dep't Mustafa Muteba  
Dear Sir

About a fortnight ago I received my discharge papers from your office but received no cheque for my money. This I presume was overlooked and I would thank you to forward same at your earliest convenience

D. V. Depot

I am  
Yours with Servant  
#5649 Pte Wilson Payne

Dematerialized July 24/19.

Said off from depot with Cheque.

Key Pay	_____
Discharge Pay	7.00
Clothing allowance	60.00
Subsistence	<u>14.40</u>
	81.40
D <sup>r</sup> . Balance	<u>1</u>
	<u><u>\$80.40</u></u>

Reg. No. *1649* Rank *Pte.* Name *Ray W.*

Attested ..... Address *Wentworth Brook*

Allotment ..... Allottee .. *JUL 1 1919*

Date of Allotment ..... Returned from Overseas .....

Returned on S S *Canberra* Cause *Discharge*

*10.7.19*

**PASSED TO DEMOBILIZATION**

*20.7.19*

**DISCHARGE APPROVED ON DEMOBILISATION.**

W Payne

C.R.

5649

1150



No. 6376



**THE ROYAL NEWFOUNDLAND REGIMENT**

**ALLOTMENTS**

I, *Wilson Payne*, Regl. No. *5649*

hereby agree, until further notification by me and in similar official form to make an Allotment of *Twenty* Dollars and *00* 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 1st*

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>4764</i>	<i>Wife</i>	<i>E. Wood Payne</i>	<i>Bonnet Bay</i>	<i>60c</i>
Total Allotment, \$				<i>60c</i>

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

(Sig.) *W. J. Jones 2/Lt*  
 Officer Commanding  
*4*. Company

(Sig.) *Wilson Payne*  
 (Rank) *Pte.*

*July 15th* 191*8*



No. 3502/549.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding.

2nd/Bn. Ryl Nfld Regt.

Winchester.

4th March 1919

March 4th 1919

5649. Pte W. Payne.

With reference to the following telegram from the Minister of Militia / / ( 59)

Receipt hereunder.

"Pay to- 5649. Payne.

Seymour Lint  
LEUT. COLONEL,  
OFFICER COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

£6. 0. 0.

Received the sum of £6

Cheque £6. 0. 0. is enclosed for payment to this Soldier.

£6 Pounds in respect of

Kindly obtain his receipt hereon.

telegraphic remittance from the Minister of Militia.

A. A. Mitchell

Wilson Payne

Chief Paymaster & O. i/c Records.

No. 5649 Rank Private

Witness W. Rockett

B

No. 19346/2172

*855900*

*W*

80 NOV N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,  
2/Bn Royal Nfld. Regt.  
Winchester.

26th November 1918

Nov. 28th 1918

Subject: 5649, Pte. W. Payne, B

With reference to the following telegram (10146) from the Hon. Minister of Militia, received

pay to 5649 Payne £6:3:0

Draft £6:3:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

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

Receipt hereunder.

*Cham* **LIEUT. COLONEL,**  
**COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.**  
Officer Commdg. 2nd Batt'n  
Royal Newfoundland Regiment

Received the sum of six pounds  
three shillings on account of  
cable remittance from Newfoundland.

W. Payne  
No. 5649 Rank Pte.  
W. Payne. Pte



Hayne, W.

5649

Ray Sept.

August 7th 1919.

#5649, Pte. W. Payne,  
Winterhouse Brook, Bonne Bay.

Dear Sir:

Enclosed please find Discharge Certificate.

# 3536.

Yours truly,

Capt. G.

Officer i/c Records.

RS/.

August 15, 1919

Mr. Wilson Bayne,  
Bonnie Bay.

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, *Wilson* ..... 2. Surname, *Payne* .....
3. Rank, *Pte* ..... 4. Regtl. No. *5649* .....
5. Address in full to which future payments of gratuity are to be forwarded, *Bonne Bay* .....
6. Date of enlistment in the Regiment, *June 21, 1918* .....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
8. Relationship of such dependents, *no* .....
9. Address in full of such dependents, *no* .....
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 Nfld. If so, give dates and particulars of such service, *Overseas* .....
12. Give total length of time which you served on active service, whether in Nfld. or Overseas, *Thirteen months* .....
- ..... 1. *1* .....

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 Regt.? ..... If not give? - (a) date of discharge. *July 24/19* (b) Reason for discharge. *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.  
..... *England* .....

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.  
.....

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: *W. Payne*

Place of Residence: *Bonne Bay*

Declared before me at: *St Johns*

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

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

*John C. ...*

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



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5649 Rank Pvt Name Payne W.  
 Intended place of residence Winkhouse Brook  
 2. Occupation Fisherman  
 Classification of soldier E Medical Category AI

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 .....  
 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 .....  
 Signature of soldier Wilson Payne  
 Signature of witness J. A. Bowditch

### 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 10-7-19 .....  
 Signature of soldier Wilson Payne  
 Signature of witness W. J. Beaton Esq

### STATEMENT OF SERVICE

7. Enlisted for service 10-6-18 ..... No. of days on Military  
 Discharged from service 24-7-19 ..... Plus 14 days Service 424

### APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Records, The Royal Newfoundland Regiment, twenty-eight days from date.

Place, ST. JOHN'S .....  
 Date JUL 24 1919 .....  
 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 .....  
 Officer in Records  
 The Royal Newfoundland Regiment

273 2079/3556

27  
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