



4 THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4870 Name Walter Porter Corps 2nd

Questions to be put to the Recruit before Enlistment

- 1. What is your name? 1. Walter Porter
- 2. What is your full Address? 2. St. Mary's R.D. B.
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 19 Years Months
- 5. What is your Trade or Calling? 5. Underman
- 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

I, Walter Porter 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.

Walter Porter SIGNATURE OF RECRUIT.

J. J. [Signature] Signature of Witness.

Walter Porter 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 191

George Hartley [Signature] 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 ordered 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

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

Name Walter Porter
 Apparent age 19 years months. Height 5 feet 8 inches
 Chest Measurement { Girth when fully expanded 37 1/2 inches
 Range of expansion 4 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Philip Porter
Lowry N.D.B. | Relationship Mother
 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 Lepot	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 United Kingdom reckons from <u>1-5-18</u>									
Joined at <u>St. John's</u> on <u>May 1-1918</u>									
<u>Discharged August 5/1919</u>									
<u>Embarked St. John's N.S. Columella to Halifax N.S. 22.7.18.</u>									
<u>To Newfoundland for demobilization 24.6.1919.</u>									
<u>Arrived Newfoundland 1-7-1919</u>									
<u>Demobilization St. John's 8.8.1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>8-8-1919</u> [date of discharge] <u>1</u> years <u>100</u> days									
Pensions " " " " " " " " " " " "									

C.R. 4870

Extract from Daily Orders Part II Royal Newfoundland Regiment
Depot St. John's dated August 19th 1919.

The discharge of the undernoted on demobilisation has been
CONFIRMED by officer i/c Records from noted date 8-8-19.

4870, Pte. W. Porter.

C.R. 4870

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

The Discharge of the undernoted on demobilization has been
APPROVED by G.O. Discharge Depot with effect from 25-7-19.

4870 Pts. W. Porter.

C.R. 4870

Extract from Daily Orders Postmill Unit The Royal Field.
Regt. St. John's, July 3rd, 1919.

4870 Pte. W. Porter.

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

C.R. 4870

Extract from Daily Order: part 11, from Unit The Royal
214, Regt. St. John's, dated July 25, 1918.

The following man embarked for overseas on H.M.S.
"Columbellia" July 28, 1918.

#4870 Pte. Walter Porter.

C.R. 4870

Extract from Daily Orders part 11, from Unit The Royal
Rfid. Regt. St. John's, dated May 2nd, 1918.

#4870 Pte. Walter Porter.

Attested for General Service with the Royal Rfid. Regt.
from 1/5/18.

W. Porter

4870

P. & P. Co

No 2229/322.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding
2nd Battalion Ryl Nfld Regt.
Winchester.

10th February 1919

Pte Porter W. 4870.

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

"Pay to 4870. Porter.

£3.2.0.

Cheque £3.2.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Chief Paymaster & O. i/c Records.

NEWFOUNDLAND CONTINGENT
N.F.P./79.
24 FEB 1919

February 12th 1919

Receipt hereunder.

Cham
OFFICER COMMANDING
LIEUT. COLONEL.
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Received the sum of Three pounds

two Shilling in respect of telegraphic remittance from the Minister of Militia.

W Porter

No 4870 Rank Private

Witness M. Rockett

B

FORM K

No 3951



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Walter Porter, Regl. No. 4870

hereby agree, until further notification by me, and in similar official form to make an Allotment of sixty Dollars and 60 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons concerned, viz :

Allotment begins 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3852	mother	Mrs Abel Crutcher (Phoebus) Crutcher	Horswood -n DB	
Total Allotment, \$				609

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.) G Jamesieut
 Officer Commanding
a Company
St Johns
May 16th 1918

(Sig.) Walter Porter
 (Rank) Pte

No. 5503/810

N.F.P./79.

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 Batt. Ryl. Nfld. Regt.
Winchester.

8th April 1919

4870. Pte W. Porter.

With reference to the following
telegram from the Minister of
Militia / / (124)

"Pay to- 4870. Porter W.

£5. 3. 0.

Cheque £ 5. 3. 0. is enclosed.
for payment to this Soldier.
Kindly obtain his receipt
hereon.

R. D. Munroe
Chief Paymaster & O. i/c Records



receipt hereunder.

P. K...
LIEUT. COLONEL.
COMMANDING 2ND BATT. ROYAL NEWFOUNDLAND REGT.

Received the sum of Five pounds
three Shillings in respect of
telegraphic remittance from the
Minister of militia.

R. Porter
No. 4870 Rank Sergeant
Witness W. Barnes

No. 21606/2493/P.&.A

21606 2493
21606 476



NEWFOUNDLAND CONTINGENT

From:

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

To:

Office Commanding,
2nd Bn. Royal Nfld. Rgt.,
Hazeley Down Camp,
Winchester.

30th December, 1918

2 - 1 - 1919

Subject: 4870 Pte. W. Porter,

With reference to the following telegram (11296) from the Hon. Minister of Militia, received

"Pay to 4870 Porter, £6.3.0.

Draft £6.3.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

J. H. Marshall
Chief Paymaster & O.i/c Records.

B

Receipt hereunder.

Keane

LIEUT. COLONEL.

OFFICER COMMANDING
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Royal Newfoundland Regiment.

Received the sum of Six Pounds
Three shillings on account of
cable remittance from Newfoundland.

W Porter

No. 4870 Rank Pte

Witness A Maunder

No. 17570/1899

NEWFOUNDLAND CONTINGENT

From:

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

To: **Officer Commanding,
2/Bn Royal Newfoundland Regt.
Winchester.**



30th October 1918

Subject: 4870, pte. W. Porter

With reference to the following
telegram (9397) from the Hon.
Minister of Militia, received

Pay to 4870 Porter £5:0:0

Draft £ 5:0:0 is enclosed
for payment to this Soldier.
Kindly obtain his receipt
hereon.

A. D. Munnell Maj.
Chief Paymaster & O. i/c Records.

Nov. 2nd 1918

Receipt hereunder.

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

Received the sum of Five
Pounds on account of
cable remittance from Newfoundland.

v W Porter
No. 4870 Rank Private
Witness: J. Murphy. Pte

Porter, W

4870

Ray Sept.

August 8th 1919.

#4870, Late W. Porter,
Horwood.

Dear Sir:

Enclosed please find Discharge Certificate
3639.

Yours truly,

Wapt. &
Officer i/c records.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4870 Rank. Plt Name. Porter W.
 Intended place of residence. Harwood
 2. Occupation Dishwasher
 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 11 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 11 1919
 Signature of soldier: W. Porter
 Signature of witness: J. Havelock

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 JUL 11 1919
 Signature of soldier: W. Porter
 Signature of witness: W. J. Bealoy, Quis

STATEMENT OF SERVICE

7. Enlisted for service. 1-5-18
 Discharged from service. JUL 25 1919 Plus 14 days
 No. of days on Military Service. 465

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place, ST. JOHN'S
 Date JUL 25 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 8/1919
 Officer in Charge
 The Royal Newfoundland Regiment

CRB 2079/1039

21
30
31
8
100

The Royal Newfoundland Regiment

Class for Demobilization: *B.*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *10.7.19*

Regimental No. *4870*

Name *Porter Walter*

Address *Harwood*

Present Medical Category *A-7*

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

Members of Board {

R.H. Lant Major
.....
O.C. Discharge Depot.

H. Stinson
.....
Senior Medical Officer

D.W. Burden
.....
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4570 Rank Plt Name Porter W
 Date of Enlistment 1-5-18 Address Honwood District 4000
 Occupation Fisherman Classification for Discharge E Medical Category A1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

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.		

Date 10-7-19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. 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 None

(b) Clothing Supplied _____

Date 11-7-19

O. C. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B2345 to his home at Harwood and Release Certificate No. 3446 issued.

Date 11-7-19

J.A. Snowcroft
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 8-5-19

Date 11-7-19

J.A. Snowcroft
Depot Paymaster.

Discharge approved for 25-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P]36	B 268	B 121	N.F. Med.	D.F. 1
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 11-7-19

J.A. Snowcroft
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 25 1919

N.P. Cooper Capt
O. C. Discharge Depot.

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

Date

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. 4870

W. P. Porter

Signature of the Vocational Officer or his Representative.

Place

Date

191

J. A. Knowlton

St. Johns

11-7-18

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

MEDICAL HISTORY

Surname: Porter

OF

Christian Name: Walter

Table I.—GENERAL TABLE.

Birthplace:—Parish Horwood County nfla

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	1st day of <u>May</u> 191 <u>8</u>	<u>St John's, nfla</u>	day of	191
Declared Age	<u>19</u> years	- days	years	days
Trade or Occupation	<u>Fisherman</u>			
Height	<u>5</u> feet	<u>8</u> inches	feet	inches
Weight		<u>160</u> lbs.		lbs
Chest Measurement	Girth when fully expanded	<u>37½</u> inches		inches
	Range of Expansion	<u>5½</u> inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	<u>/</u>	<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 & Paterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at <u>St John's, nfla</u>	on <u>1st</u> day of <u>May</u> 191 <u>8</u>	at	on day of 191
Joined on Enlistment	<u>The Royal nfla Regt.</u>	<u>4870</u>	Corps	Regtl. No.
Transferred to				
Became non-effective by	on	day of	191	on
(Signature)				day of
(Rank)				191

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				
Hazelton Down	20	9	18	7	10	18	Mumps	14	Discharged to duty.	H. S. Brown - CAPT. R. M. C.

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 F., 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 Grenadier Guards* } Former Trade or Occupation } *Submarine*
 2. Regtl. No. *H. 70* 3. Rank... *S. Lt.* }
 4. Name... *Porter* } (Surname) } *Wallis* } (Christian Name)
 5. Age last birthday... *20*
 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
 (b) Where (if any)
 (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, 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.)

No complaint of no possibility

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.

Prof. 1/2/19

W.E. Proctor *Capt R.A.M.C.*
 Medical Officer in charge of case.

Station *Mazeley, Brown*

Date *2/1/19*

* 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

Porter, Walter

Regiment from which discharged

Royal Newfoundland

Regimental number

4870

Intended address

Norwood, Togo.

Height on discharge

5 Feet *9*

Color of hair on discharge

Black

Complexion

Dark

Color of eyes

Brown

Descriptive Marks

Figure on discharge

Tall

Christian name of Father

Phelps

Christian name of Mother

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth

Change Island 5 Dec. 1899

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)

W Porter

(Rank)

Pl

Station

ST. JOHN'S!

Date

7-19-19

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

August 16, 1919

Mr. W. Porter,
Herwood, N.D.B.

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..... *W* 2. Surname..... *Porter*
3. Rank..... *Pte* 4. Regtl. No..... *4870*
5. Address in full to which future payments of gratuity are to be forwarded..... *Storwood no. 13*
6. Date of enlistment in the Regiment..... *March 15. 18*
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..... */*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... */*
11. Were you on active service only in Hfld. If so, give dates and particulars of such service..... *Overseas*
12. Give total length of time which you served on active service, whether in Hfld. or Overseas..... *Thirteen months*
- 13

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.

15. Have you been issued with a War Service Badge?

16. Have you, during the present war, served in the Imperial Forces?

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.

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?

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

19. Are you now serving in the Regt.? If not give date of discharge.

no
July 25/19

Remob

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.

-3- W. Porter.

Signature of Applicant:

Place of Residence: *Horwood, N.W.B.*

Declared before me at: *St John's*

This 11 day of *July* 19*.1.9...*

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

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

FORM K

No 3951



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Walter Porter, Regl. No. 4870

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 ^{and}/_{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons concerned, viz.:

Allotment begins 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3852	mother	Mrs Abell Crautcher (Phoebes) Crautcher	Horwood N.D.B.	
Total Allotment, \$				609

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.) [Signature]
 Officer Commanding
a. Company
[Signature]
may 16th 1918

(Sig.) Walter Porter
 (Rank) Pte

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121
39.

Number of Sheets one

Regiment of Royal Newfoundland

Signature of O. C. Company J. J. J. J.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay		
No.	1770 Porter W.	Age on	19 years months	Isleman			
Joined	Date	Place and Date of Enlistment	1. 5. 14	Religion			
Joined	Date	Period of	with Colours 100 years. with Reserve 500 years.	Place of Birth			
Joined	Date				Horwood		

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				Demobilized	St. John's	8	19		

To be carried over

Army Form B. 121.

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 Newfoundland
2. Regtl. No. 4870 3. Rank Plt.
4. Name Patric Waller
(Surname) (Christian Names)
5. Age last birthday 20
7. Former Trade or Occupation } Fisherman
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
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? } *Discomplaint 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?

Repatriciation

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.E. Proemier. Capt. Rams
 Medical Officer in charge of case.

Station *Hazelton*
 Date *17.4.19*

* 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

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4890 Rank Plt. Name Porter W.
 Date of Enlistment 1-5-18 Address Homewood District 4890
 Occupation Teamster Classification for Discharge 1/1 Medical Category A.I.
 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 10-7-19O. C. Discharge Depot. Mus. H.

PARTICULARS FOR DEMOBILIZATION

1. 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. #60.00
 (b) Clothing Supplied Mus. H.

Date 11-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. A2345 to his home at Harwood and Release Certificate No. 3440 issued.

Date 11-7-19

J.A. Linneloff
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 8-3-19

Date 11-7-19

H. M. Smith
Depot Paymaster.

Discharge approved for 25-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. Pj36	B 268	B 121	/	N.F. Med.	D.F. 1	/
F 178	W 3494	B 122		Board 1st	" 2	/
F 178a	D 400A	B 1915	/	do 2nd	" 3	2 Form B
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 11-7-19

J.A. Linneloff
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 25 1919

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

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

Date Aug 7 1919

Reg. No. *4470* Rank *Plt.* Name *Robert W.*

Attested Address *Harwood*

Allotment Allottee ..

Date of Allotment Returned from Overseas *JUL 1 1919*

Returned on S S *Cassandra* Cause *Discharge*

11 7 19
25 1 19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION.