



# FIRST NEWFOUNDLAND REGIMENT

S.A.

## ATTESTATION OF

No. 3170

Name Braumwell Booth Reid

Corps

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

- 1. What is your name? ..... 1. Braumwell Booth Reid
- 2. What is your full Address? ..... 2. Herby's Delight, L.B.
- 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. Fisherman
- 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. Yes Navy
- 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 ..... Yes
- 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, Braumwell Booth Reid, 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.

8. Sept. 21st/16.

Braumwell Booth Reid  
Signature of Recruit.  
Chas. Aye  
Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Braumwell Booth Reid, do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

### CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's

on this 21st day of Sept. 1916

Chas. Aye  
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 ..... 1916 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 Brannell Brooks Reid.  
 Apparent age 18 years - months. Height 5 feet 6 1/2 inches  
 Chest Measurement { Girth when fully expanded 37 1/2 inches  
 Range of expansion 3 1/2 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Levi Reid, Hearts Delight, G.B.  
 | Relationship Father

### Particulars as to Marriage

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

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

### Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
Total Service forfeited as above.....									
Total Service towards Engagement to _____ [date of discharge] _____ years _____ days									
Pension " _____ [ " " ] " " " "									

3120  
S.A.



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. **3120**

Name **Bramwell Booth Reid**

Corps .....

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

- |  |  |
|--|--|
| 1. What is your name? .....  | 1. <b>Bramwell Booth Reid</b>              |
| 2. What is your full Address? .....  | 2. <b>Hearts Delight, E.B.</b>             |
| 3. Are you a British Subject? .....  | 3. <b>Yes</b>                              |
| 4. What is your age? .....   | 4. <b>18</b> Years <b>—</b> Months         |
| 5. What is your Trade or Calling? .....  | 5. <b>fisherman</b>                        |
| 6. Are you Married? .....  | 6. <b>No</b>                               |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <b>Yes, Navy</b>                        |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <b>Yes</b>                              |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <b>Yes</b>                              |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?....                                       | 10. { Name .....<br>Corps ..... <b>Yes</b> |
| 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. <b>Yes</b>                             |

I, **Bramwell Booth Reid**, 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.

**6. Sept. 21st/16** ..... **Bramwell Booth Reid** SIGNATURE OF RECRUIT.  
 ..... **Chas. Aye** Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, **Bramwell Booth Reid**, do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

### CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at **St. John's** on this **21st** day of **Sept**, 191**6**.

Signature of Attesting Officer **Chas. Aye**

### †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 **1st**.....

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

Date.....191..... } Approving Officer.  
 Place..... }

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.  
 ‡ Here insert the "Corps" for which the Recruit has been enlisted.

\* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name).....re-enlisted in the (Regiment).....on the (Date).....



# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Bramwell Brook Reid  
 Apparent age 18 years - months. Height 5 feet 6 1/2 inches  
 Chest Measurement { Girth when fully expanded 37 1/2 inches  
 Range of expansion 3 1/2 inches  
 Distinctive marks.....

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Lawi Reid, Heartsdelight, F.B.  
 | Relationship Father

### 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>21-9-16</u>					8	16			
Joined at <u>St John's</u> on <u>September 21</u>									
<u>Discharged April 24/19</u>									
<u>Embarked St John's Steer to Halifax 9 1/7</u>					5	17			
<u>Disembarked 14-10-18</u>									
<u>Admitted 30<sup>th</sup> Gen Hosp Halifax 15-10-18</u>									
<u>Hospital General St. V.C. &amp; Dept 25-10-18</u>									
<u>Went to St. John's Bethel Winchester 28 1/8</u>									
<u>Discharged for discharge 12-3-19. Arrives Newfoundland 24-3-19.</u>									
<u>Demobilization St John's 24-4-1919.</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>24-4-19</u> (date of discharge) <u>2</u> years <u>186</u> days									
Pension " [ " " ] " " " " " " "									





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 number of that test.

Examination of *Samuel Booth Reid*

aged *18 years, 11 days* conducted at *C. L. B.*

Date: *Sept 27<sup>th</sup> 1916* Recruiting Officer:

NO OF TEST

FINDING

- 1 *no*
- 2 *no*
- 3 *no*
- 4 *no*
- 5 *no*
- 6 *no*
- 7 *yes*
- 8 *yes*
- 9 *no - no*
- 10 *n*
- 11 *n*
- 12 *n*
- 13 *n*
- 14 *n*
- 15 *n*
- 16 *n*
- 17 *n*
- 18 *n*
- 19 *no Bottle.*
- 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*

*2170*

33 *yes 1 3/4 years ago, left arm, 1 scar.*

34 *5-6 1/2*

35 *138 lbs.*

36 *34 1/2 3/4*

37 *198 ad 24*

38 *parents Mr Levi Reid Heart's Delight P.*

39 *parents.*

Signature of Medical Examiner:

*W. Burdick*  
*Leach*

*Jul*



C.R. 3120

**Extract from Daily Orders Part II Unit The Royal Nfld. Regt.  
St. John's, March 28th, 1919.**

**The undernoted returned from Overseas & reported at the  
Depot 24-3-19.**

3120 Pte. Reid? B.B?



C.R. 3170

AUGUST 2nd 1919.

Ex-Pte. B.B. Reid,

Heart's Delight, T.B.

Dear Sir:

I am directed by the Minister to acknowledge receipt of your letter of July 31st, with reference to your Military Medal. I am to state that it has just been received from the other side and is at present being held in this office, pending some suitable occasion when yours, with some other decorations, will be formally presented. You will be informed when such occasion does turn up, and your passage will be paid to St. John's and back to your home.

Yours faithfully,



Lieut.  
for Military Secretary.

  
Minister of Militia      Heart's Delight  
Hon. J. R. Bennett      31/7/19.

Dear Sir:-

Just a  
line concerning the military  
medal which I won, while  
fighting in France.

I would like  
to know why it is delayed  
so long. Kindly let me  
know all particulars  
concerning the same.  
(turn over).

Yr obliged  
Yours truly  
E. P. B. B. B. B. B.

P.S.

Home Address

ex Pte. B. B. Reid

Hearts Delight

Trinity Bay.

Army Address.

3120 Pte B B Reid

B. Coy.

1st Royal Wfld. Reg.



C.R. 3120

Extract from Daily Orders part II, Depot St. John's dated April 23, 1919

The discharges of the undernoted on demobilization has been CONFIRMED  
by Officer i-c Records on 24-4-19.

#3120 Pte. B.B. Read.

C.R.

3190

Extract of telegram from Syn., London, to  
Military March 15th/19.

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Following has embarked "Baltic" Liverpool  
for Halifax.

March 18th.

under A.F.B. 179.

#3120 Reid.

C.R. 3120

Extract from Orders Part 2 by Lt.Col.R.J.Barton D.S.O.  
Commanding 2nd Battalion Royal Newfoundland Regiment.

The following reported back from the 1st Batta ~~are~~<sup>is</sup> taken  
on the strength and posted to "H" Company

3120 Pte. Reid, B.

from 28-11-18



C.R. 3120

Extract from Casualties received from Pay & Record Office  
London, Nov.26th,1918.

The undermentioned was discharged from Endell St., Mil.Hosp.  
on 18-11-18 and granted furlough from 19-11-18 to 28-11-18  
He is marked 11 Command Depot, and report to 2nd Bn. Winchester  
on expiry of furlough.

3120 Pte. B. Reid.

C.R. 3120

Extract of DAILY ORDERS PART II ROYAL NEWFOUNDLAND REGIMENT  
IN FRANCE DATED 21/11/18.

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TO ENGLAND.

#3120 Pte, B. Reid.

24/10/18.

C.R. 3120

Extract from Newfoundland Royal Gazette, Nov. 15th, 1918.

MILITIA ORDERS---24.

BY J.R. BENNETT, Esq., MINISTER OF MILITIA.

AWARDED MILITARY MEDAL.

# 3120 Pte. Brammell Reid.

MM.



C.R.

3120

Extract from War Office List No. 07 1733 dated 10 11. 18.

&

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#3120 Pte. B. Reid.

Wounded 10. 11. 18.

BC.

C.R. 3120

Nov. 7th 18

Mr. Levi Reid  
Heart's Delight

Dear Mr. Reid:-

I am very pleased to inform you that His Majesty the King has been graciously pleased to approve the award of the Military Medal to your son, No. 3120, Pte. Brammell Reid, for bravery in the field.

The fine reputation as a fighting force which our Regiment has gained, is due to the gallantry and soldierly qualities of all ranks, and particularly to the deeds and conduct of those who distinguish themselves. The Regiment is very proud of such soldiers who bring honour to it and themselves, and I am sure you are proud of Pte. Reid, M.M.

Please accept my congratulations and assurances of the appreciation of the splendid conduct of your son.

Yours faithfully,

Minister of Militia.

C.R. 3120

Nov. 6th, 18.

Mr. Levi Reid,  
37 Charlton Street,  
City.

Dear Sir:-

I beg to inform you that additional information has to-day been received by this Department through the Visiting Committee of the Newfoundland War Contingent Association, to the effect that No. 3120, Private, Brammell Reid, is now progressing favourably.

Yours faithfully,

Lieut. Col.,  
Chief Staff Officer.



C.R.

3120.

Extract from Telegram to Military St. John's, from Synoptical,  
London, dated November 5th. 1913.

Following has been decorated:

3120 Reid.

Military Medal.



C.R. 3120  
Counter No. \_\_\_\_\_

# NEWFOUNDLAND POSTAL TELEGRAPHS.



## Cable Connection with all the World

### All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender \_\_\_\_\_ Address **Dept of Militia.**

Line Number	Rcd	By	Sent by	Check

Dated **Oct. 28th, 1918**

To **Levi Reid, Heart's Delight, T.B.**

Regret to inform you that Record Office, London, officially reports **No. 3120, Private Brammell B. Reid at Military Hospital, Endell Street, London suffering from G.S.W. right thigh.**

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

**J. R. Bennett**  
Minister of Militia.

Chge De t of Militia **FOR TYPEWRITER**

C.R. 3120

Extract from Mensial Roll of Sick and Wounded admitted to Various  
Hospitals on various dates.

3120 Pte. B. Reid

R. Field. Rec..... G.S.W. R.Thigh bullet.

Admitted to Military Hospital Andell Street, W.C.S., 25/10/18.

C.R. 3120

Extract from War office List. No. H. A. 30585

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ADMITTED 30 GEN. HOSPITAL, CALAIS 15th OCTOBER 1918.

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3120  
~~#2570~~ Pte. B. Reid.

WOUNDED MILD. N.Y.D.,

BD.



C.R. 3120

Extract from Memorial Roll, ordered by St. John's for Overseas 19-8-17

#3120 Pte. R. B. Reid.



C.R. 3120

Extract from Daily Orders Part 11 Unit The Royal  
Nfld. Regt., St. John's, Nov. 18/16.

3120 Pte. B. Reid.

From Nov. 17/16 Having been admitted Hospital Suffering  
from Venereal Disease becomes liable to 50¢ per diem Hosp.  
stoppage and forfeits Field Allowance until discharged  
from hospital as recovered from sunh.

C.R. 3120

Extract from Daily Orders part II, Depot St. John's dated 12-4-19.

The discharge of the unissued on demobilization has been APPROVED  
by Officer Commanding Discharge Depot on 10-4-19.

#3120 Pte. B. B. Reid

C.R. 3120

Apl. 14th. 19.

Levi Reid, Esq.,  
Hearts Delight, T.B.

Dear Sir:

I beg to quote hereunder the details of the deed for which the Military Medal was awarded your son #3120, Pte. Brammell B. Reid, Royal Newfoundland Regt., taken from Supplement to the London Gazette.

"For conspicuous bravery and devotion to duty.  
"On the 29th September 1918, during the attack  
"beyond KEIBERG RIDGE, the right company had  
"been temporarily held up by about 40 of the  
"enemy, firing from an entrenched position.  
"Under very heavy machine gun fire, Reid crawl-  
"ed forward to the left flank with his Lewis Gun  
"team, opened an enfilade fire upon the enemy and  
"forced them to surrender, which enabled the line  
"to advance."

Please accept my congratulations and assurance of the appreciation of the splendid conduct of your son.

Yours Faithfully,

MINISTER of MILITIA.

AW.



C.I.V. 3120

R.D.Reid was attested for General Service  
with the NEWFOUNDLAND REGIMENT on September 21st 1916  
Regimental No. 3120 was allotted to Pte. R.D.Reid

AUTHORITY:

Record Ledger,

Dept. of Militia.

March 25th 1919.



D.B. Lead

C.R. 3/20

Q<sub>v</sub> R.O.

O.K. £ 2-0-0 N.F.P. 30/10/18

Receipt No 9404

NEWFOUNDLAND CONTINGENT

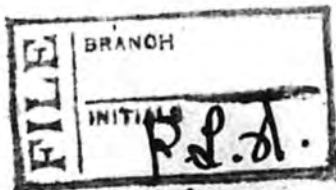
N.F.P./45.

To: Chief Paymaster & O. i/c Records,  
Newfoundland Contingent,  
58, Victoria Street, London, S.W. 1.

Please remit to No 3120 Private  
Reid. B.

the sum of two pounds — shillings (£ 2.0.0)

on account of any balance that may be due to me.



Regtl No. 3120 Rank Pte

Name Doc Reid. B.

Approved THE CHIEF IN CHARGE

**THE MILITARY HOSPITAL,  
ENDELL STREET, W.C.**

Dated at 20 10 18

*Handwritten signature*

No. 1938/281.

26 7099

NEWFOUNDLAND  
58, VICTORIA STREET  
LONDON, W. 1. N.F.P./79.  
6161971 01

From: NEWFOUNDLAND CONTINGENT

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

Officer Commanding,  
2nd Bn.  
Ryl Nfld. Regt.

5th February 1919

Feb 7 1919.

3120. Pte Reid, B.B.

Receipt hereunder.

With reference to the follow-  
ing telegram from the Minister of  
Militia / / (1069)

*Chambers*  
LIEUT. COLONEL,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
Officer Commdg. 2nd Batt'n.

"Pay to- 3120. Reid

Received the sum of \_\_\_\_\_

£4-0-0.

Four Pounds. in respect of

Cheque £ 4.0.0. is enclosed.  
for payment to this Soldier.  
Kindly obtain his receipt  
hereon.

telegraphic remittance from the  
Minister of Militia.

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

*Bramwell Reid*

No. 3120 Rank Private

Witness *J.R. Hopkins Esms*

Admitted 25-10-78

Only for use with Men returned from an Expeditionary Force or from Garrisons Abroad.

Army Form W. 3016. (In Books of 200)

No. 2222 Date 18-11-1918

- \* (1) To the Officer i/c Records } 58 Victoria St. S.W. 1
- \* (2) The Officer Commanding } New, an. Hazelton Sawm Camp, Wanchula
- \* (3) The Paymaster } 58 Victoria St. S.W. 1 Station.

\* Strike out that which is inapplicable.

Regimental No. 3120

Rank and Name Pte - Reid, B

Regiment or Corps 1 R. Newfoundland - B. Coy.

has been granted a furlough from sent to H.Q. as directed in Gen. Inst. 3.

His address while on leave will be 12 Clenscourt Rd, Mount Florida, Glasgow

- I consider he is fit for
- \* I. DUTY
- \* II. COMMAND DEPOT.
- \* III. EMPLOYMENT.

\* Strike out that which is inapplicable.

Dr. F. Murray MILITARY HOSPITAL, ENDELL STREET, W. 1 Hospital. Station.

Four copies to be made, and one copy sent to each Officer mentioned above and one copy filed in the office.

In the case of men of the Royal Flying Corps, Royal Engineers and Army Ordnance Corps, two copies of Army Form W. 3016 will be sent to the Officer in charge Records concerned and one to the Paymaster, instead of one copy to the Officer i/c Records, the Paymaster and O.C. shown in the Schedule.



No. 2894



1ST. NEWFOUNDLAND REGIMENT *14*

**ALLOTMENTS**

I, *Brannell Booth, Regt*, Regt. No. *14*

hereby agree, until further notification by me, and in similar official form to make an Allotment of  
*1/2* Dollars and *50* 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 *November 1914*

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>270</i>	<i>Wife</i>	<i>Jur Reid</i>	<i>St. John's, Nfld.</i>	<i>50</i>
Total Allotment, \$				<i>50</i>

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.) *Chas R. Aye Opt*  
 Officer Commanding  
 Company  
*Oct 24 1914*  
 191

(Sig.) *Brannell Booth*  
 (Rank) *Private*

Read B.

3120

Ray D. M.

April 24, 1919

#3120 Pte. Bramwell B. Read,

Hearts Delight.

Dear Sir:-

Please find enclosed "Discharge Certificate  
No. 1987."

Yours truly

Paymaster & O. I/c Records  
Captain,

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 3120 Rank Plt Name Read B  
 Intended place of residence Hearts Delight

2. Occupation Fisherman  
 Classification of soldier E Medical Category A.I.

3. The above named man is discharged in consequence of.....  
 ..... **Eligible for War Service Gratuity** .....  
 ..... **DEMILITARIZATION** .....

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 APR. 8. 1919 *for* H. M. H.  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.  
 Place and date ST. JOHN'S 8-4-19  
 Signature of soldier B. B. Read  
 Signature of witness J. A. Snow

### CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.  
 Place and Date ST. JOHN'S 8-4-19  
 Signature of soldier B. B. Read  
 Signature of witness E. Wilcox Sgt.

### STATEMENT OF SERVICE

7. Enlisted for service 21-9-16 No of days on Military  
 Discharged from service 10-4-19 plus 14 days Service 946

### APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.  
 Place ST. JOHN'S APR 10 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, Nfld. APR 24/1919  
 Date .....  
 Office i/c Records  
 The Royal Newfoundland Regiment

9  
31  
30  
31  
21  
28  
31  
24  
215

*R.F.B. 2079/1987*



# The Royal Newfoundland Regiment

Class for Demobilization:—

*g.*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date ..... *7.11.19* .....

Regimental No. .... *3120* .....

Name ..... *Drammell Booth Lead* .....

Address ..... *Hearts Delight* .....

Present Medical Category ..... *A-1* .....

Recommended for:— { (a) Immediate discharge .....

(b) ~~Standing Medical Board~~ .....

Members of Board {

*R.H. Lant Capt.*

O.C. Discharge Depot.

*Paterson*

Senior Medical Officer

*Swinden*

M. O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 3120 Rank ATC Name Reed B.  
 Date of Enlistment 21. 9. 16 Address Beatty Delight Trinity  
 Occupation Fasherman Classification for Discharge 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. <u>3</u>
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 7. 4. 19 O. C. Discharge Depot H. M. J.

### PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

B B Reed

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 AM. B. B. Reed

Date 5. 4. 19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R.1223<sup>c</sup>* to his home at *Ht. Delight* and Release Certificate No. *2030* issued.

Date *8-4-19* ..... *J.A. Snow*  
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 *24-4-19*

Date *8-4-19* ..... *H. M. H.*  
Depot Paymaster.

Discharge approved for..... *10-4-19*

Forwarded with following documents to O.C Discharge Depot.

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

Date *8-4-19* ..... *J.A. Snow*  
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 *APR 10 1919* ..... *R.H. Sait 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  
(Fishing)*

*B B Reid*

Signature of Man.

Reg. No. *3120*

*J. A. Crawford*

Signature of the Vocational Officer or his Representative.

Place **ST. JOHN'S**

Date **APR 8 1919**

191

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

# MEDICAL HISTORY

Surname Reid OF Christian Name Bramwell Booth

Table I.—GENERAL TABLE.

Birthplace:—Parish \_\_\_\_\_ County \_\_\_\_\_

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>21</u> day of <u>Sept</u> 191 <u>6</u>		on _____ day of _____ 191 <u>6</u>	
	at <u>Saint John's N.T.</u>		at _____	
Declared Age	<u>18</u> years <u>11</u> mo.		years _____ days _____	
Trade or Occupation	<u>fisherman</u>		_____	
Height	<u>5</u> feet <u>6 1/2</u> inches		feet _____ inches _____	
Weight	<u>138</u> lbs.		lbs. _____	
Chest Measurement	Grith when fully expanded ... <u>37 1/2</u> inches		inches _____	
	Range of Expansion ... <u>3 1/2</u> inches		inches _____	
Physical Development	_____		_____	
Vaccination Marks	Arm	_____	Right	Left
	Number	<u>12</u>	_____	_____
When Vaccinated	<u>2 years ago</u>		_____	
Vision	R.E.—V=	<u>4/6</u>	R.E.—V=	_____
	L.E.—V=	<u>4/6</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>W.E. Proemier</u>		_____	
(Rank)	<u>Lieut.</u>		_____	
	Medical Officer.		Medical Officer.	
Enlisted	at <u>Saint John's</u>		at _____	
	on <u>21</u> day of <u>September</u> 191 <u>6</u>		on _____ day of _____ 191 <u>6</u>	
Joined on Enlistment	Corps.	<u>Newfoundland Regt.</u>	Corps.	_____
	Regtl. No.	<u>3120</u>	Regtl. No.	_____
Transferred to	_____		_____	
Became non-effective by	_____		_____	
(Signature)	on _____ day of _____ 191 <u>6</u>		on _____ day of _____ 191 <u>6</u>	
(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 cases of syphilis, admissions and re-admissions to hospital 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				
SCOTISH GENERAL HOSPITAL ABERDEEN.	18	8	17	2	1	18	Syphilis (42).	137	Has had 400 courses of intensive treatment. WASSERMANN POSITIVE. + - 18-11-17. Chronic venereal treatment recommended at depot.	<i>W. R. A. M. C.</i> CAPT. R. A. M. C. M.O. I/C VENEREAL WARDS. 2-1-18.
MILITARY HOSPITAL ENDELL STREET, W.G.	25	10	18	18	11	18	G&W Rt. Trigh	24	Wounded 14. 10. 18. Slight healed. Discharged by.	<i>W. S. S. S. S.</i> W. S. S. S. S.



WASSERMANN. ++





The Royal Wld. Regiment

DEMOBILIZATION

No. 3120 Rank PTC

Name Reis B

Warned for demobilization on

APR 5 - 1919

**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 Regt.* 7. Former Trade or Occupation }  
 2. Regtl. No. *3120* 3. Rank. *Pte* 7a. If the soldier claims previous service in Army, he should state—  
 4. Name *Rice* *P. E. D.* (a) Former Regts. or Corps; with Regtl. Nos.  
(Surname) (Christian Names)  
 5. Age last birthday.....  
 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."

*Gsw Right Thigh healed*

11. Date of origin of disability.  
 12. Place of origin of disability.  
 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.



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. } V.D.S. ? Cured | .....               | .....             |

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.)*

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.

*Repatreature*

*W. R. R. Capt  
 name*

Medical Officer in charge of case.

Station .....

Date .....

\* 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



Army Form B. 103.

Regimental Number *3120*

**Casualty Form—Active Service.**

Regiment or Corps *21st Royal Newfoundland*

Rank *Pte* Surname *Smith* Christian Name *P. B.*

Religion *S. A.* Age on Enlistment *18* years *0* months

Enlisted (a) *21-9-16* Terms of Service (a) *Duration* Service reckons from (a) *21-9-16*

Date of promotion to present rank ..... Date of appointment to lance rank .....

Extended { ..... } Re-engaged { ..... } Qualification (b) .....  
or Corps Trade and Rate .....

Occupation *Fisherman* *L. F. Garland 2nd Lieut* Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
			Embarked ... <i>27 MAR 1918</i>		
			Disembarked... <i>29 MAR 1918</i>		
			Joined Battalion <i>4.4.18</i>		
			Wounded in Action <i>14/10/18</i>		
	<i>3 Avails</i>	<i>Ad. Ser. High (R)</i>		<i>14/10/18</i>	<i>G.S. 2298</i>
	<i>30 Gen. Sp</i>		<i>Casuals</i>	<i>15/10/18</i>	<i>KA 30585</i>
	<i>Uill De</i>	<i>Transferred to England</i>		<i>24/10/18</i>	<i>W 3083</i>
	<i>Luige</i>				
			<i>W. Smith</i>		
			<i>Capt</i>		
			<i>For Officer in No 1 Infantry Section</i>		
			<i>3rd Echelon, General Headquarters</i>		

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
(b) Signaller, Shoeing-Smith, &c.

*W has gone for report to this ser. 7. 1. 19.*

**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. *3120* 3. Rank. *Plt.*
4. Name *REID*  
(Surname) (Christian Names)
5. Age last birthday.....
6. Posted for duty on..... at.....  
in category (or grade).....
7. Former Trade or Occupation }
- 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps; with Regtl. Nos.
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. *G. S. W. Right thigh healed.*
12. Place of origin of disability.
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. *T.T. wound Right thigh healed. cured.*



14. State whether the disabilities are
- |  | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war .. .. .                        | Yes                 | .....             |
| (ii.) Previous active service.. .. .                               | No                  | .....             |
| (iii.) Climate in pre-war service .. .. .                          | No                  | .....             |
| (iv.) Ordinary military service before the war .. .. .             | No                  | .....             |
| (v.) Serious negligence or misconduct on the man's part. } .. .. . | V.D.S. ?            | .....             |

14 (a). If not due to any of these causes, to what specific condition do you attribute it? } N.A.

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? *Movements at joints above and below wound full and free - no muscle wasting. no Disability*  
*(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*

*J. Roberts Capt Ramer*

Station .....

Medical Officer in charge of case.

Date .....

\* 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 *Brammell Reid*

Regiment from which discharged *Royal Newfoundland*

Regimental number *3120*

Intended address *Hearts Delight*

Height on discharge *5* Feet *8*

Color of hair on discharge *Light Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *2 Scars on Thigh L.*

Figure on discharge *Medium*

Christian name of Father *Levi*

Christian name of Mother *Annie*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Hearts Delight, 20<sup>th</sup> Sept, 1898*

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) *Brammell Reid*

Station *St Johns*

Date *4-17-7-4-18*

*Mc*  
(Rank)

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.

Station

Date



27/1/29

Examination shows no  
evidence of any active  
disease. Consider here  
fit for refabrication.

Probably safe,  
same.



THE ROYAL NEWFOUNDLAND REGIMENT  
DISCHARGE DEPOT

4874

ST. JOHN'S, NEWFOUNDLAND,

May 6th/1919

From Adjutant & Paymaster,  
Discharge Depot.

To Paymaster & O. i/c Records,  
Militia Dept.

#3120, Pte. B. Reed

The above noted man was Demobilized on 8-4-19 and when paid off he was paid #3.00 too much owing to a mistake in the addition of his Cheque stub.

Will you please, therefore, deduct \$3.00 from his War Service Gratuity payment.

LRC/TJW:

*OK  
TJW*

*L. R. Cooper*

Lieutenant,  
Adjutant & Paymaster..

April 28, 1919

#3120 Pte. Branwell B. Reid,

Hearts Delight. T.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 the "War Service Gratuity."

Yours truly

Paymaster & O. i/ c Records <sup>Captain,</sup>



17306

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 *Murwell* 2. Surname *Reid*

3. Rank *Private* 4. Regtl. No. *3120*

5. Address in full to which future payments of gratuity are to be forwarded. *St. John's Delight St B*

6. Date of enlistment in the Regiment. *Sept 21<sup>st</sup> 1916.*

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 dependents. .... *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. ....

*No Overseas.*

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

*2 years 201 days. 13.*

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

*Only one enlistment in Regiment  
No previously in Royal Naval Reserve*

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.

*Not applicable*

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?

*Not applicable*

19. Are you now serving in the Reserve? If not give - (a) date of discharge (b) Reason for discharge.

*Apr 10/19 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.

*Ypres March 1918 Arruators Apr. 1918  
Ypres Sept 29<sup>th</sup> 1918*

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?

*No*

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: *Bramwell B. Reid*

Place of Residence: *Hearts Delight.*

Declared before me at: *St Johns Wfld*

This *8<sup>th</sup>* day of *April* 19*69*.

*M. H. ...*

*Barrister at Law,  
Notary Public.*

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

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	.....	.....	<i>5 mos</i>	<i>300.00</i>
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified Correct.			Paymaster.	





ST. JOHN'S, APR 8 - 1919

# Royal Newfoundland Regiment.

Billeting Account,

To W. B. Reid

Billeting Soldiers as undermentioned

from Mar 24<sup>th</sup> /19 to April 10<sup>th</sup> /19

3120. W. B. Reid 18 80

B. M.  
15409 E. W.  
NOV 1918  
PAY LEADER  
C. J. R.

Certified correct for

R. J.

W. B. Reid  
for Billeting Officer.  
W. B. Reid

ST. JOHN'S  
OCT 5  
NEWFND

Fold Here

**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

*Royal Nfld. Regt.*

*Dept. of Militia,*

*ST. JOHN'S. Nfld.*

HEALTH'S DEPT.  
OCT 4  
NEWFND

*James [unclear]*

SEP 28

1921.

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

Bramwell B. Reid

in respect of his service as No. 3120 Rank Pte

Name B. R. Reid

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

Receipt of the same should be acknowledged hereon.

Received

1 October 1921 Saturday  
Bramwell Reid

Signature

Bramwell Reid

Date

1 October 1921

Address

Hunts Delight 3rd Bty Coy

[P.T.O.]

C.R. 3120

RECEIPT FOR ISSUE OF  
RIBAND OF BRITISH WAR MEDAL 1914-1919

---

I certify that I have received a issue of  $\frac{5}{8}$  inches  
of Riband of British War Medal-1914-1919.

Name *Bramwell Reid*

(Date) *12<sup>th</sup> 11<sup>th</sup> 19*

(Place) *Heart's Delight*



# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B. 121  
39.

Number of Sheets 1st

Regiment of 1<sup>st</sup> Newfoundland

Signature of O. C. Company Chas. Taylor

Regimental Number and Name	
No. <u>3120 Reid B.B.</u>	
Joined _____ Date _____	
Joined _____ Date _____	
Joined _____ Date _____	
Joined _____ Date _____	

Enlistment		Trade
Age on <u>18</u> years - months		<u>Fisherman</u>
Place and Date of Enlistment <u>St. John's, N.F.</u>		Religion <u>S.A.</u>
Period of { with Colours <u>12 1/2</u> years. with Reserve <u>36 1/2</u> years.		Place of Birth _____

Good Conduct Badges, Service pay or proficiency pay
---

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
<u>Shayley Down Camp</u>	<u>27/1/18</u>	<u>Pte.</u>		<u>Using obscene language to an N. C. O.</u>	<u>Lt. Neville</u>	<u>3 days C.B.</u>	<u>28/1/18</u>	<u>Lieut. G. Emerson</u>	
<u>"</u>	<u>12/2/18</u>	<u>"</u>		<u>Absent for 3:15 P.M. Parade till found in hut at 4 P.M.</u>	<u>Sgt. Kendall</u>	<u>3 days C.B.</u>	<u>13/2/18</u>	<u>Lieut. Emerson</u>	
<u>Shayley Down Camp</u>	<u>15/2/18</u>	<u>"</u>		<u>Absent from 6:15 P.M. Parade</u>	<u>Cp. O'Brien</u>	<u>3 days C.B.</u>	<u>14/2/18</u>	<u>Lieut. G. Emerson</u>	
<u>Shayley Down Camp</u>	<u>23-2-18</u>	<u>"</u>		<u>Insolence to N.C.O.</u>	<u>Platoon Sergeant</u>	<u>3 days C.B.</u>	<u>26-2-18</u>	<u>Lieut. G. Emerson</u>	
<p style="font-size: 2em; font-family: cursive;">Demobilized <u>24/4/19</u></p>									

To be carried over

# The Royal Newfoundland Regiment

3170

## DEMOBILIZATION OF

Reg. No. 3120 Rank ATC Name Read B.  
 Date of Enlistment 21. 9. 16 Address Bearty Delight District Inchey  
 Occupation Fisherman Classification for Discharge 6 Medical Category AI  
 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.....	1 D 400A.....	1 B 1915.....		do 2nd.....	" 3.....	3
B 179.....	D 400B.....	Form L.....		do 3rd.....	" 4.....	
B 179a.....	2 D 400C.....	Form K.....		do 4th.....	" 5.....	
B 179b.....	B 103.....	ME 2.....			" 6.....	
B 179c.....	B 120.....	M 93.....				

Date 7.4.19 .....

H. Mans Jr.  
O. C. Discharge Depot.

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

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

B B Read

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 AMC Boston .....

Date 8-4-19 .....

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R12230* to his home at *Mt. Delight* and Release Certificate No. *2030* issued.

Date *8-4-19*

*J.A. Snow*  
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 *24-4-19*

Date *8-4-19*

*H. News*  
Depot Paymaster.

Discharge approved for *10-4-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	1	N.F. Med.	D.F. 1	1	<i>Form B</i>
E 178	W 3494	B 122		Board 1st	" 2	1	
B 178a	D 400A	B 1915		do 2nd	" 3	2	
B 179	D 400B	Form L		do 3rd	" 4		
B 179a	D 400C	Form K		do 4th	" 5		
B 179b	B 103	ME 2			" 6		
B 179c	B 120	M 93					

Date *8-4-19*

*J.A. Snow*  
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 *APR 10 1919*

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

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

Date *12/4/19*

*J.P. The Green*  
for Officer i/c Records

May 6th/1919

From Adjutant & Paymaster,  
Discharge Depot.

To Paymaster & O. i/c Records,  
Militia Dept.

#3120, Pte. B. Reed

The above noted man was Demobilized on 8-4-19 and when paid off he was paid \$3.00 too much owing to a mistake in the addition of his Cheque stub.

Will you please, therefore, deduct \$3.00 from his War Service Gratuity payment.

LRC/TJW:

Lieutenant.  
Adjutant & Paymaster..



Reg. No. *5120* Rank *Pvt.* Name *Read, B.B.*

Attested ..... Address *Hearts Delight.*

Allotment ..... Allottee *J*

Date of Allotment ..... Returned from Overseas *24-3-19*

Returned on S.S. *Train* Cause *Discharge*

*7.4.19*

PASSED TO DEMOBILIZATION OFFICER

*10.4.19*

DISCHARGE APPROVED ON DEMOBILISATION.

C.R. 3120

Chief Staff Officer Heart's Delight  
Department of Militia Sept. 8<sup>th</sup> 1919  
St Johns

Dear Sir:-

I am in receipt of your letter & note what you say concerning the Military decorations & also that I am to be present on Tuesday Sept 16<sup>th</sup> if possible. It is my delight to be able to say that I will be there & report on the

day named, & receive the  
decoration,

So, please depend  
on me. for I will be  
there.

I remain

Sir, Yours Truly,  
3120. 11 Private B. Reid