

THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5628 Name Geo Robinson ~~son~~ Weth

Questions to be put to the Recruit before Enlistment.

- | | |
|--|-------------------------------|
| 1. What is your name? | 1. <u>George Robinson</u> |
| 2. What is your full Address? | 2. <u>Blue Cove Cape John</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>19</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. Name |
| | Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, George Robinson do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

..... SIGNATURE OF RECRUIT.
Geo W Pittman Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, George Robinson 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 expressed as replied to, and the said recruit has made and signed the declaration and taken the oath before me at.....
 on this..... day of June..... 1918
 Signature of Attesting Officer Edwards Lieut

† CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the.....
 If enlisted by special authority, such will be attached to the original attestation.

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

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

5628.

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

Name George Robinson
 Apparent age 18 years months. Height 5 feet 5 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 4 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin James George Robinson, Shae Cove Cape John | 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 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>July 6-18</u>										
Joined at <u>Shae Cove</u> on <u>June 7th 1918</u>										
<u>Discharged August 11 1919</u>										
<u>Embarked at Shae Cove S.S. Columbia to Halifax N.S. 22-7-18</u>										
<u>Left for demobilization 24-6-1919</u>										
<u>Arrived home from class 1-7-1919</u>										
<u>Demobilization at Shae Cove 11-8-1919</u>										
Total Service forfeited as above.....										
Total Service towards Engagement to <u>11-8-1919</u> (date of discharge)										
" " Pensions " " " " " " " " " " " "										

Reg. No. 5628 Rank Pte Name Robinson G.
Attested 7-6-18 Address Shoe Cove N.S.B.
Allotment 60 Allottee Mrs Fannie Mitchell (Mother)
Date of Allotment 1-8-18 Returned from Overseas
Embarked for Overseas 11.2.1918 Cause

8 ⁶ / ₁₈ Dec	15-6-18 to 23-6-18, R.L. 28 ⁶ / ₁₈ .
4/7/18	1st Dec 2nd Dec 11-7-18 3rd Dec - 20-7-18

C.R. 5628

extract from daily orders part II Royal Newfoundland Regt.
Depot St. John's dated Aug. 21st 1919.

The discharge of the undernoted on demobilisation has been
CONFIRMED by officer i/c Records from noted date 13-8-19.

5628, Pte. Geo. Robinson.

C.R. 5628

Extract from Daily Orders Part II Unit The Royal Nfld.

Hq. St. John's, July 18th, 1919

The discharge of the undernoted on demobilization has been

APPROVED by G.O. Discharge Depot with effect from, 23-7-19

5628 Pte. Geo. Robinson.

C.R. 5628

Extract from Daily Orders Part III Unit The Royal Wfld.

Regt. St. John's, July 3rd, 1919.

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

5628 Pte. G. Robinson.

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

Extract from Daily Orders Part III Unit The Royal Wfld.
Regt. St. John's, July 3rd, 1919.

C.R. 5678

Extract from Daily Orders part 11, from Unit The Royal
Wilt. Regt. St. John's, dated July 25, 1918.

The following men embarked for overseas on H.M.S.
"Columbella" July 22, 1918.

#5628 Pte. Geo. Robinson.

C.R. 5628

Extract from Daily Orders Part 2, from Unit, The Royal
Nfld Regiment, dated June 8th 1918. St. John's.

5628, Pte. G. Robinson.

Attested for General Service with the Royal Nfld. Regt.
from 7/6/18.

Robinson, G.

C.R. 5628

P.V.R.O.



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, George Robinson, Regl. No. 5628
 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 August 1st / 18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4591	Mother	Mrs Yannie Mitchell	Shoe Cove N. D. B.	60
Total Allotment, \$				60

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

(Sig.) R. G. James
 Officer Commanding
 # Company
St John's
July 2nd 1918

(Sig.) George ^{his} Robinson
 (Rank) Plé
next

Witness: -
...

No. 6687/1040

N.F.P. / 100.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2nd Bn. Ryl. Nfld. Regiment
Winchester

3rd May 1919

May 8th 1919

5628 Pte. G. Robinson

With reference to the following telegram from the Minister of Militia / / (162)

"Pay to-5628 G. Robinson
£4-0-0

Cheque £4-0-0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

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

B

Receipt hereunder.

J. Robinson for **LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.**

Received the sum of Four
pounds in respect of telegraphic remittance from the Minister of Militia.

J. Robinson
No. 5628 Rank Plt

Witness *W. Rockett*

192/41/P&A.

Officer Commanding,
2/Bn. Royal Nfld. Regt.,
Hazeley Down Camp,
Winchester.

5th January, 9

5628, Pte. G. Robinson,

11365

"Pay to 5628 Robinson, £4.11.0.

4.11.0.

No. 192/41/P&A.

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,
2/Bn. Royal Nfld. Regt.,
Bosley Down Camp,
Winchester.

5th January, 1919

January 7 1919

Subject: 5628, Pte. G. Robinson,

With reference to the following telegram (11365) from the Hon. Minister of Militia, received

"Pay to 5628 Robinson, £4.11.0.

Draft £4.11.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

A. A. Minshall Maj.
Chief Paymaster & O. i/c Records.

Receipt hereunder.

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

Received the sum of Four

Pounds Eleven Shillings on account of
cable ^{the mark} remittance from Newfoundland.

T. F. Robinson

No. 5628 Rank Private

G. R. Heunelovoy

B

Robinson, Y.

5628

Ray Sept

August 14, 1919

#5628 Pte. George Robinson,
Shoe Cove,
Cape John.

Dear Sir:-

Please find enclosed Discharge Certificate #3744.

Yours truly,

Captain & Paymaster.



NEWFOUNDLAND POSTAL TELEGRAPHS

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 55 Sent by Am Recd by Am Check Am No. _____

Place from Lt Cove 29

To Min. Militia



Please cable 5628
Robinson few pounds
Call post office
\$20 10.

Am JH

May 9, 1919

The Postmaster,
Tilt Cove.

Dear Sir:

With reference to your
telegram of April 29th. I beg to state that I
have cabled £4 to 5628, Pte. Robinson.

Yours truly,

Lieut.
For Paymaster

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5628 Rank Pte Name Robinson G
 Intended place of residence Shore Cove
 2. Occupation Islema
 Classification of soldier 2 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 14 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 14 1919
 Signature of soldier
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
 Place, ST. JOHN'S
 Date JUL 14 1919
 Signature of soldier
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 7-6-18 No. of days on Military
 Discharged from service 28-11-19 Plus 14 days Service 431

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, 14 days from date.
 Place, ST. JOHN'S
 Date JUL 28 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 11/1919
 Officer in Charge
 The Royal Newfoundland Regiment

5079/3744

24
31
11
66

The Royal Newfoundland Regiment

Class for Demobilization:—

G. G.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

July 12/19

Regimental No.

5128

Name

Robinson George

Address

Shoe Cove

Present Medical Category

A1

Recommended for:—

(a) Immediate discharge

(b) ~~Standing Medical Board~~

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

Members of Board

Robinson
Senior Medical Officer

T. W. Borden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3628 Rank Plt Name Robinson G
 Date of Enlistment 7-6-18 Address How Lane District St. John's
 Occupation Fisherman Classification for Discharge E Medical Category A1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

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

Date 12-7-19 O. C. Discharge Depot [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

G + Mrs Robinson
Mark had wife

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable.....#600.00
 (b) Clothing Supplied.....[Signature]

Date 14-9-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2382 to his home at Shae Cove and Release Certificate No. 3585 issued.

Date 14-7-19 Amelton
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 11-8-14

Date 14-7-19 Amelton
Depot Paymaster.

Discharge approved for 28-7-19

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 14-7-19 Amelton
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—
Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

JUL 20 1919 **Eligible for War Service Gratuity**

Date N.R. 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.

Robinson G.

Signature of Man.

M. Blouin

Signature of the Vocational Officer or his Representative.

Reg. No. 5628

Place

ST. JOHN'S

Date

14-7-19.

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

MEDICAL HISTORY

Surname Robinson OF George Christian Name

Table I.—GENERAL TABLE.

Birthplace:—Parish Stee Cove White Bay County Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	7 th	June		191
Declared Age	19	years		days
Trade or Occupation	Fisherman			
Height	5	feet	5	inches
Weight	133	lbs.		lbs.
Chest Measurement	Girth when fully expanded		36	inches
	Range of Expansion		4	inches
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V	6/6	R.E.—V=	
	L.E.—V=	6/6	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>Lambert Peterson</u>			
(Rank)	<u>Major</u>			
Eulisted	at	<u>St. John's</u>	at	
	on	7 th day of June	on	day of 191
		Corps.		Corps
		Regtl. No.		Regtl. No.
Joined on Enlistment	<u>Royal West Regiment</u>			
		<u>5628</u>		
Transferred to				
Became non-effective by	on	day of	on	day of
(Signature)		191		191
(Rank)				

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 Newfoundlands* } Former Trade or Occupation } *Fisherman*
2. Regtl. No. *5628* 3. Rank. *P. 16* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Robinson* } (a) Former Regts. or Corps ; }
 (Surname) } with Regtl. Nos. }
 } *Geo* }
 } (Christian Names) }
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 ?
9. If a Court of Inquiry was held on an injury state :—
 (a) When (b) Date of Discharge ;
 (b) Where (c) Cause of Discharge.
 (c) Opinion of Court (d) Particulars of Pension or Gratuity (if any)

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? }

No complaints of no sensibility

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.

Repatriation

W.E. Proemier, Capt R.A.M.C.
 Medical Officer in charge of case.

Station *Hazley House*

Date *2/4/19*

* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause



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 *George Robinson*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5628*

Intended address *Shoe Cove*

Height on discharge *5 Feet 6*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *Medium*

Christian name of Father *David*

Christian name of Mother *Fanny*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Shoe Cove 2-3-age 20-1899*

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) *George Robinson* (Rank) *Plt*

Made out. R. Leelyd

Station *St Johns* Date *July 8th 1919*

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.

Medical Officer i/c Hospital.
Unit, or Command Depot.

Station _____ Date _____

August 16, 1919

Mr. George Robinson,
Shoe Cove, 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... *George* 2. Surname... *Robinson*

3. Rank... *Pvt.* 4. Regtl. No... *3628*

5. Address in full to which future payments of gratuity are to be forwarded... *Shoe Case*
U.S.B.

6. Date of enlistment in the Regiment... *June 9/18*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
None

8. Relationship of such dependents... *None*

9. Address in full of such dependents... *None*

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *None*

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

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

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

..... *Yes*

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.

..... *No*

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

..... *No*

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

..... *No*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.

..... *No*

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

..... *No*

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

..... *No*

19. Are you now serving in the Reserves? (a) Date of discharge.

July 13/19 (b) Reason for discharge. *Dismissed*

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.

..... *No England only*

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.

..... *Yes*

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-

hus

Geo Robinson
Mark

Signature of Applicant:

Place of Residence:

Shoe Cove AFB

Declared before me at:

St Johns.

This

13

day of

July 1919

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

Philip D. Cashey

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	Net amount due
.....
.....
.....
.....
Certified correct.			Register



6323

Telham

Sept 8th 1919

The Honorary Militia
S. Johns

Dear Sir

See 30th 1918, there was
forwarded from this office 22⁶³
receipt of which I had from you,
to 5628 Mr Robinson, High Church
Winchester.

Robinson claims he still
has received this money.

would you please make enquiries
into the matter and see if the money
was paid on the other side or not
and oblige

Yours sincerely
W. Cunningham
JC

Enquire from London

5628 Robinson St.

PM

Please make one pay. W. S. G.

17/7/19

W. S. G.
J. C. G.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 70⁰⁰/_{xx}

JUL 17 1919

19

Received from the First Newfoundland Regiment

the sum of Seventy Dollars.

on account
balance of Pay. W. S. P.

5628

W. C. S.
Robinson

Ch. No. 3158 Initials... awh

Pay Ledger... 283 Initials... wn

Gen. Ledger... Initials.....

Regtl. No. Rank

mark

No. 5628

Rank

Pte

Name

Robinson

G.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

Royal Newfoundland

Number of Sheet

One

Signature of O. C. Company

C. Dicks

Kien

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.		Age on	19 years months	Fisherman	
Robinson George		Place and Date of Enlistment		Religion	
		St Johns 7 6 18		meth.	
Joined _____ Date _____ Joined _____ Date _____ Joined _____ Date _____ Joined _____ Date _____		Period of } with Colours 1/66 years. with Reserve 3/65 years.		Place of Birth	
				Shoe Cove	

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
Hazel Down Camp	2/10/18	Pte		Dirty on Parade	Sgt Fagan Sgt Cox	2 days C.B.	4/10/18	W. S. Knight	W.S.K.
				Demobilized	St Johns	11	8/19		

To be carried over.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5628 Rank Plt Name Robinson G.
 Date of Enlistment 7-6-18 Address St. John's District St. John's
 Occupation Postman Classification for Discharge E Medical Category H-1
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

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

Date 12-7-19 O. C. Discharge Depot. St. John's

PARTICULARS FOR DEMOBILIZATION

i. Civil Re-Establishment.

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

G. Mark Robinson
 Particulars passed to Vocational Officer for information and action.

Date.....

ii. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable. \$60
- (b) Clothing Supplied

Date 14-9-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 12382 to his home
 at Shae Cove and Release Certificate No. 3385 issued.

Date 14-7-14 Ameloush
 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 11-8-14

Date 14-7-14 Ameloush
 Depot Paymaster.

Discharge approved for 28-7-14
 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	✓ 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D/400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

2 Form B

Date 14-7-14 Ameloush
 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 20 1919 L. R. Cooper Capt.
 O. C. Discharge Depot.

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

Date Aug 21 19 [Signature]

Reg. No. *1128* Rank *Plt.* Name *Robinson G.*

Attested Address. *Spec. Cont.*

Allotment Allottee ..

Date of Allotment Returned from Overseas *JUL 1 1919*

Returned on S S. *Cassandra* Cause *Discharge*

14 7 19
28 7 19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILIZATION

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 Rifles* 7. Former Trade } *Fisherman*
or Occupation }
2. Regtl. No. *5628* 3. Rank *Plc* 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ;
4. Name *Robinson* *Scoble* (a) Former Regts. or Corps ;
(b) with Regtl. Nos.
(Surname) (Christian Names)
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 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? }

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?
(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

No complaints of no disability

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—

- (a) Discharge as permanently unfit?
 (b) Change to United Kingdom?

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

Repatriation

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

Station *Hazeley, Devon*

Date *2/14/19*

* 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