



FIRST NEWFOUNDLAND REGIMENT

4336

ATTESTATION OF

No. 4336 Name Geo. W. Sobin Corps R.C.

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. George W. Sobin
2. What is your full Address? 2. St. John's St. Lys
3. Are you a British Subject? 3. yes
4. What is your age? 4. 26 years 4 months
5. What is your Trade or Calling? 5. General Human
6. Are you Married? 6. no
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. no
8. Are you willing to be vaccinated or re-vaccinated? 8. yes
9. Are you willing to be enlisted for General Service? 9. yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... } 10. { Name
Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? } 11. yes

I, Geo. W. Sobin 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.

George W. Sobin SIGNATURE OF RECRUIT.
James J. Warrick Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Geo. W. Sobin do make oath, that I will be faithful and bear true allegiance to His Majesty, His Heirs and Successors, and that I will, as in duty bound, honour and faithfully serve 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 Grand Falls on this 24 day of Sept 1915.

Signature of Attesting Officer M. Sullivan Major

†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 Grand Falls

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

Date 1915

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)

Reg. No. 4336 Rank Pr. Name John G.

Attested 23.1.18. Address Flux de Gys.

Allotment _____ Allottee _____

Date of Allotment _____ Returned from Overseas _____

Embarked for Overseas _____ Cause _____

attested at Grave Falls reported Dept 3.1.18
H. 2. 7-2-18 to 17-2-18, Retd. 21.2.18.
Vac 26 3/8, 1st Nov, 13.2.18 2nd 22-3-18. 3rd 26 3/15.

C.R. 4336

Extract from daily orders Part II Royal Newfoundland Regiment
Bapt St. John's dated 17-7-19.

The discharge of the undernoted on demobilisation has been
CONFIRMED by officer i o ~~XXXXXX~~ records from noted date
11-7-19.

4336, Pte. Geo. Tobin.

C.R. 4336

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's, June 19th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot with effect from 27-6-19.

4336 Pte. G. Tobin.

C.R. 4336

Extract from Daily Orders Part 11 Depot, St. John's,

Date

June 18th 1919.

4336, Pte.G. Tobin.

Reported at Headquarters 1/6/19.

RE "Corsican"

which sailed Liverpool May 22/1919.

C.R. 4336
Extract from Nominal Roll 1st. Battalion

Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion
left Rouen Camps 22/4/19, embarked at
Havre 22/4/19; disembarked at Southampton
23/4/19 and reached Hazeley Down Camp
23/4/19.

#4336 Pte G. Tobin

C.R. 4336

Extract from O.R.D.E.R.S. by Lt. Col. G. Mathias, D.S.O.,
Commanding 1st Battalion Royal Newfoundland Regiment,
dated 5/9/18.

The following arrived to-day and is posted to the following
Company.

B. COMPANY.

4336, Pte. G. Tobin.

C.R. 4336

Extract from Nominal Roll Draft #51, to B.E.F. Embarked
Folkestone, 31-8-18.

4336 Pte. Tobin G.W.

C.R. 4336

Extract from Spinal Hall returned St. John's for work.
Mar. 20, 1919.

4336 Pte. Tobin G.

Extract of Daily Orders part 11, from ~~2218~~ 4th
Battalion, The Royal Newfoundland Regiment,
Headquarters, dated February 2, 1918.

#4336 Pte. G. Tobin.

Attested at Grand Falls 23/1/18. Reported to
Headquarters with effect from 31/1/18.

H. Robin

C.R.

4386

1850

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. *Regal Newfoundland* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *4336* 3. Rank. *S. Plt.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Sobin* *George* (a) Former Regts. or Corps ; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday. *28*
6. Posted for duty on *Jan 24/18* at *St. Johns* in category (or grade).....
8. If the disability is an injury was it caused
- (a) in action (b) on field service
- (c) on duty (d) off duty ? (b) Date of Discharge ;
- (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
- (a) When (d) Particulars of Pension or Gratuity (if any)
- (b) Where
- (c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i) Service during the present war
 - (ii) Previous active service
 - (iii) Climate in pre-war service
 - (iv) Ordinary military service before the war .. *no* .. .
 - (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*

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.)

the complexion of our disabilities

16. Was an operation performed? If so, when and what was its nature? *no*
17. If not, was an operation advised and declined? *no*
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? *no*
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? *no*

20. Do you recommend—

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

Repatriation

begin with procedure

140m Capt R D M B

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

Station *Hazley Down*

Date *30/11/19*

Medical Officer in charge of case.

* 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

TO,- The Chief Paymaster,
Royal Newfoundland Regiment,
58 Victoria Street,
London, S.W.

Sir;-

Please charge the amounts set opposite my name to my account and pay it to the N.F.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.

Commencing on 1st July 1918.

Regtl. No.	Rank.	Name	Amount	Signature.
4836	Pts	Robert G.	£2.50	

I have the honour to be, Sir,
~~Yours faithfully,~~
Your obedient servant.

Date

June 26th 1918

J. Schin

Tobin, Geo.

4336

Ray Sept.

July 11, 1919

#4336 Pts. George Tobin,
Fleur de Lys,
Labrador.

Dear Sir:-

Please find enclosed Discharge Certificate #2949.

Yours truly

Raymaster & O. i/c ^{Captain.} Records

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4336 Rank Pte Name John G. Olenchak
 Intended place of residence St. John's
 2. Occupation Lumberman
 Classification of soldier B Medical Category A1

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 JUN 13 1919
 Date ST. JOHN'S for H. Mrs. Leant.
 Comanding 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 JUN 13 1919
ST. JOHN'S
 Signature of soldier Geo. Tobin
 Signature of witness J. A. Snow Capt.

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
JUN 13 1919
 Signature of soldier Geo. Tobin
 Signature of witness W. J. Roarty Qms

STATEMENT OF SERVICE

7. Enlisted for service 31-1-18 No of days on Military
 Discharged from service ST. JOHN'S 27-6-19 Plus 14 days Service 527

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place ST. JOHN'S
 Date JUN 27 1919
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment. R. H. Last Major

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed
 Place St. John's Nfld
 Date July 11/1919
 Officer in Charge
 The Royal Newfoundland Regiment M. Bowley Capt

Handwritten note: 2482079/2949

The Royal Newfoundland Regiment

Class for Demobilization:—

6/

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 17.6.19

Regimental No 4336

Name Solier, Wm George Rank Pte.

Address Fluett - de - Lys

Present Medical Category A i

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

Members of Board {

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

H. Peterson
Senior Medical Officer

G. W. Berden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4336 Rank Pte Name John G.
 Date of Enlistment 31.1.18 Address Flour Bay District Calvert
 Occupation Landman Classification for Discharge 6 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 12.6.19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

John G. Bala
Geo. Bala

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable 65.00

(b) Clothing Supplied Travel

Date 13-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 2731 to his home at Thorn & Lys and Release Certificate No. 2731 issued.

Date 13-6-19 *J.A. Shaw Capt*
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 11-7-19

Date 13-6-19 *H. H. W. Lt*
Depot Paymaster.

Discharge approved for 27-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	1	N.F. Med	D.F. 1	1
B 178	W 3494	B 122	1	Board 1st	" 2	1/2
B 178a	1 D 400A	1 B 1915	1	do 2nd	" 3	2 Form B
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	1 D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93				

Date 13-6-19 *J.A. Shaw Capt*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Charge Records,
Board of Pension Commissioners.

with following additional documents.

Application for War Service Gratuity

Date JUN 26 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

John B.

Signature of Man.

J. A. Howland

Signature of the Vocational Officer or his Representative.

Reg. No. *43762*

Place

St Johns

Date

13-6-19

191

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

MEDICAL HISTORY

OF

Surname Robin Christian Name Jes. W.

Table I.—GENERAL TABLE.

Birthplace:—Parish Plur-de-Lys County Newfoundland

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on 31 day of <u>Jan</u> at <u>St. Johns.</u>	1918	on	day of 191
Declared Age	<u>26 1/2</u> years	days	years	days
Trade or Occupation	<u>Labourer</u>			
Height	<u>5</u> feet <u>8</u> inches		feet	inches
Weight	<u>153.</u>	lbs.		lbs.
Chest Measurement	Girth when fully expanded	<u>39</u> inches		inches
	Range of Expansion	<u>5</u> inches		inches
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V= <u>6/6</u>		R.E.—V==	
	L.E.—V= <u>6/6</u>		L.E.—V==	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>[Signature]</u>			
(Rank)	<u>[Rank]</u>			
Enlisted	at <u>St. Johns.</u>		at	
	on 31 day of <u>Jan</u>	1918	on	day of 191
Joined on Enlistment	Corps. <u>Royal Newfoundland</u>	Regtl. No. <u>4336</u>	Corps.	Regtl. No.
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
[Rank]				



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 William John

Regiment from which discharged

Royal Newfoundland

Regimental number

4336

Intended address

Flur-de-Lys

Height on discharge

5 Feet 9

Color of hair on discharge

Black

Complexion

Dark

Color of eyes

Blue

Descriptive Marks

Figure on discharge

medium

Christian name of Father

William

Christian name of Mother

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth

Flur-de-Lys, Oct. 15th, 1891

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 William John**Witness W. Underhay**Pt*
(Rank)

Station

ST. JOHN'S.

Date

11. 6. 19

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

Station

Date



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.* Former Trade or Occupation } *Seaman*
2. Regtl. No. *4.336* 3. Rank. *plc* 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
4. Name *Tobin George*
(Surname) (Christian Names)
5. Age last birthday. *28*
6. Posted for duty on *Jan. 22/15* at *St. John's* in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
(a) When (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 b (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*
nil

14. State whether the disabilities are
- | | | |
|---|---------------------|-------------------|
| | (a) attributable to | (b) aggravated by |
| (i) Service during the present war | } na. | |
| (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? }

na.

The Complaints of few Disability.

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

15. What is his present condition?

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

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

na.

na.

na.

na.

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

W. S. Hoewner

Capt. R.A.M.C.

Station *Hazley Down*

Medical Officer in charge of case.

Date *30/4/19*

* 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.

July 12, 1919

#4336 Pte. George Tobin,

Fleur de Lys,

White Bay.

Dear Sir:-

Referring to your application I enclose cheque
for Seventy dollars (\$70.00), being amount of first payment
due you on account of the War Service Gratuity.

Yours truly

Captain,
Paymaster & O.i/c Records

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..... *Tobin*
3. Rank..... *Private* 4. Regtl. No. *4336*

5. Address in full to which future payments of gratuity are to be forwarded..... *Flower, de Luce, White Bay, N. D. B.*

6. Date of enlistment in the Regiment..... *Feb 1918*

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

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

9. Address in full of such 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?

11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... *Not applicable*

12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *One year and four months*

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

..... *not applicable*

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?.....

..... *not applicable*

19. Are you now serving in the Regt.?..... If not give? - (c) date

of discharge. *Jan. 13th 1919.* (b) Reason for discharge.....

..... *Demobilized*

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....

..... *France v Germany*

21. (c) 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.....

..... *A' no B' 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: ^{his} *George X Tobin*
 Place of Residence: ^{home} *Flower de Luce. W. S. Bay*
 Declared before me at: *St Johni*
 This *13th* day of *June* 19..*19*....

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

POST DISCHARGE PAY.				Net amount due
Date paid	paid	paid	War Service	
	Soldier.	Dependents.	Gratuity.	
.....
.....
Certified correct.				Paymaster

4336

Henry De Lis
Feb 14th 1799

To W. Rendell, S. J. P.
Genl Sir
My Son G.

W. John enlisted in
the N. F. Land Reg.
last Jan. I received
his money ever
since regular but
one and that was
last April's pay
I never received.

I have written before
to inquire of it

of the delay on merits
& thro winter

Am. Tobin

But got - no answer.

Please let me know
if you can where
I will look
for it.

Yours respectfully
Am. Tobin

P.M.

Please Rec.

P.S.

My Sons No

Ph. G. W. Tobin #15⁰⁰

43136. 11993.60

Please answer, and
let me know where he
is now. I have not heard
from him for the last
three months. Cannot
get no letters on account

C.R. 4336

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

I certify that I have received an issue of 2 inches
of Riband of British War Medal-1914-1919.

Name

4336. Expt. G. W. Tobin

Date Dec 11 1919.

Place

Fleur-de-lis

1901

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

Fold Here

SEP 28 1921.

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

George W. Tobin

in respect of his service as No. 4336 Rank Pte.

Name Geo, W. Tobin Royal Nfld. Regt.

Receipt of the same should be acknowledged hereon.

Received Victory Medal & B.W. Medal

Signature George W. Tobin

Date Oct 18th 1921

Address Fleur-de-Lis Treaty Coast

[P.T.O.]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
20.

Number of ~~500~~ one

Regiment of Newfoundland

Signature of O. C. Company W. D. [Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.		Age on	years	months	
<u>4336</u>	<u>Kobus, Geo. W.</u>	<u>26</u>	<u>4</u>	<u>4</u>	
Joined	Date	Place and Date of Enlistment	Trade		
Joined	Date	<u>St. Johns</u>	<u>Sawbarnan</u>		
Joined	Date	<u>2nd 1. 15</u>	Religion		
Joined	Date	Period of } with Colours } <u>170 years.</u> with Reserve } <u>365 years.</u>	Place of Birth		
Joined	Date		<u>St. John's</u>		

Place	Date of Offence	Rank	Class of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
									<u>Demobilized St. John's " 79</u>

To be carried over

The Royal Newfoundland Regiment

D 4336

DEMobilIZATION OF

Reg. No. 4336 Rank Plt Name John G.
 Date of Enlistment 31. 1. 18 Address Fleur de lys District Labrador
 Occupation Lumberman Classification for Discharge 16 Medical Category A I
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 12.6.19.....

O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

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

Geo. J. Tobin
West of Seal

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable.....
 (b) Clothing Supplied.....

Date 13-6-19.....

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 2731 to his home at Flora & Eye and Release Certificate No. 2731 issued

Date 13-6-19 J.A. Knowlton
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 11-1-19

Date 15-1-19 H. W. H.
Depot Paymaster.

Discharge approved for 27-6-19

Forwarded with following documents to O.C. Discharge Depot.

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

Date 13-6-19 J.A. Knowlton
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 27 1919 R. J. ...
O. C. Discharge Depot.

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

Date June 30/19 Amelath ...
Post Office Records