



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3988 Name Bertram J. Walsh Corps C of E

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Bertram J. Walsh</u> |
| 2. What is your full Address? | 2. <u>St. John's</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>24</u> Years <u>8</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Book & Baker</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, Bertram J. Walsh 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 12/19/17

Bertram John Walsh SIGNATURE OF RECRUIT.
James L. [unclear] Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Bertram John Walsh 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 Grand Falls on this 13th day of Oct 1917.
 Signature of Attesting Officer H. J. [unclear] S.M.

†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 compiled with. I accordingly approve, and appoint him to the 1st Regt.
 If enlisted by special authority, such will be attached to the original attestation.
 Date 19-10-17 } Approving Officer.
 Place St. John's }
 † 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 Bertram John Walsh
 Apparent age 24 years 8 months. Height 5 feet 8 inches
 Chest Measurement { Girth when fully expanded 35 inches WT-116
 Range of expansion 2 inches
 Distinctive marks Eyes Blue Hair dark Complexion fair

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin George Walsh
Boston Mass | 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.	
(a)		(c) Present address. (d) Initials of Officer verifying entry.	

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
 " " Pensions " _____ [" "] _____ " _____ " _____ "

3988

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No. 3988

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| 1. What is your name? | 1. <u>Bertram J Walsh</u> |
| 2. What is your full Address? | 2. <u>St Johns</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>24</u> Years <u>9</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Cook & Baker</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? | II. <u>yes</u> |

I, Bertram J Walsh 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.

6/12/17

Bertram John Walsh SIGNATURE OF RECRUIT.

James J. Waugh Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Bertram John Walsh 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 Grand Falls on this 13th day of October 1917

Signature of Attesting Officer H. J. Fitzgerald SMO

†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 19-10-17 Place St Johns } Approving Officer. Walsh Jr

† 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 Bertram John Walsh
 Apparent age 24 years 8 months. Height 5 feet 8 inches

Chest Measurement { Girth when fully expanded 35 inches WT 116
 Range of expansion 2 inches

Distinctive marks Eyes Blue Hair dark. Complexion fair

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin George Walsh
Boston mass | 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>12-10-17</u>									
Joined at <u>St. Paul's</u> on <u>October 12-17</u>									
<u>Enlisted Dublin 28/11/17</u>									
<u>No Overseas Service</u>									
<u>Discharged Medically Capt. 24-11-17</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 24-11-17 [date of discharge] — years 44 days
 " " Pensions " " " " " " " "

C.R. 3988

Extract from Roll of Officers, N.C.Os. and Men Discharged
from The Royal Newfoundland Regiment.

Authority: Pay Office, St. John's.

<u>No.</u>	<u>Rank.</u>	<u>Name.</u>	<u>Date.</u>	<u>Reason.</u>
3988	Pte.	B. Walsh	Nov. 24th 1917.	K.R. &R. Para.

C.R. 3988

Extract from list of men of the Royal Newfoundland Regiment
discharged on various dates.

3988 Pte. B. Walsh,

Discharged Nov. 24th 1917, K.R. & R Para²

C.R. 3988

Extract from Daily Orders Part 11 Unit teh Royal Mfld.
Regt., St. John's, Oct. 18th, 1917.

Attested at Grand Falls.

3988 Pte. B. J. Walsh.

Attached for General Service with the Royal Mfld. Regt.
posted to G. Coy, with effect from Oct. 12th, 1917.

Wash, B. J.

3988

Hay Sept.



Department of Militia, Newfoundland.
Medical Department.

Medical Report on an Invalid.

NOTES:—

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

Statement of Case

Station

Date

Johns Nf
Nov. 20/17

1. Unit *1st. Newfoundland*

5. Age last birthday. *27.*

2. Regimental No. *3988-*

6. Enlisted on *12 Oct. 1917.*

3. Rank. *Pte.*

at *Grand Falls Nf.*

4. Name. *Walter Portman*

7. Former trade or occupation *Baker.*

8. Disability

Middle Ear disease - (both).

9. History

He has always had trouble with his ears, years before enlisting both ears had discharge from both ears off and on.

10. What is his present condition?

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

B. Otorrhoea both ears. Right worse than left. He is deaf. His general condition is poor.

11. Was sanatorium operation advised and refused?

12. Do you recommend discharge as permanently unfit? Yes.

Signature

Geo Berden

Rank or Qualification

Mo

Remarks if any by Officer in Charge Hospital.

Place

.....

Signature

.....

Date

.....

Rank

.....

Opinion of the Medical Board.

In para. 13, the President should write "may" or "cannot" at x
Erase inapplicable words.

13. For pension purposes, the disability x *Cannot* be considered as aggravated by:—
due to
(a) Service during this war. (b) Climate. (c) Ordinary Military Service
Remarks if any:—
14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.
Yes

15. At present his capacity for earning a full livelihood in the general labor market is lessened by:—
(Here the president should write in Total, 4-5, 3-5, 2-5, 1-5).

Remarks if any:—

16. Is the disability permanent? *Yes*

17. Has the disability been aggravated by (a) Intemperance, *w* (b) Misconduct, *w*

18. The refusal of operation sanatorium is:— (a) Reasonable. (b) Unreasonable.

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to

{ General Hospital,
Naval and Military Con-
valescent Hospital,
Jensen Tuberculosis Camp.

20. We recommend discharge from retention in the Army *permanently unfit*

Remarks if any:—

Signatures.

H. S. ...
..... President
W. J. ...
.....
L. Paterson ...
.....

Place

Date

Sydney
Nov 21 1917

APPROVED

Station

Date

Henry Macpherson
.....
Administrative Medical Officer.

D. M. S. NEWFOUNDLAND.

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

MEDICAL HISTORY

OF

Surname Welsh

Christian Name Beston J.

Table I.—GENERAL TABLE.

Birthplace:—Parish St. Johns County Wales.

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>12</u> day of <u>Oct</u> 1917	on	day of	191
	at <u>G grand Falls</u>	at		
Declared Age	<u>24</u> years <u>8</u> days		years	days
Trade or Occupation	<u>Cook, W. A. Co.</u>			
Height	<u>5</u> feet <u>8</u> inches		feet	inches
Weight	<u>116</u> lbs.			lbs.
Chest Measurement	Girth when fully expanded...	<u>35</u> inches		inches
	Range of Expansion...	<u>2</u> inches		inches
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R. E.—V=		R. E.—V=	
	L. E.—V=		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>Liam Paterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at <u>G grand Falls</u>	at		
	on <u>12th</u> day of <u>Oct</u> 1917	on	day of	191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
Transferred to	<u>1st Wales Regt</u>	<u>3988</u>		
Became non-effective by	on	day of	191	on
			day of	191
[Signature]				
[Rank]				

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date	Brief Details, and Signature
<p>19. 10. 17 29-10-17</p>	<p>T. A. B. <i>[Signature]</i> D. <i>[Signature]</i></p>

Table IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation



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 Walsk Betram.
 Regiment from which discharged 1st. Newfoundland
 Regimental number 3988
 Intended address Grand Falls
 Height on discharge 57 Feet 9 1/2
 Color of hair on discharge Dark Brown
 Complexion Fair
 Color of eye Brown
 Descriptive Marks none
 Figure on discharge medium
 Christian name of Father George
 Christian name of Mother Lerania
 Wife's maiden name in full _____
 Date and place of marriage _____
 Christian names of children _____
 Place and date of soldier's birth. S. Johns Feb 25 1893
 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) Betram J. Walsk Pte (Rank)

Station S. Johns Date Nov 2 1917

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.

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

Station S. Johns N.Y. Date Nov. 20 1917

GRAND FALLS

Oct. 13, 1917.

THIS IS TO CERTIFY that I have examined B. J. Welsh
and find him physically fit for Military Service.

Thos. H. Moore, M.D.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121
39

Regiment of

1st Newfoundland

Number of Sheet

808

Signature of O. C. Company

W. H. J.

Regimental No. and Name	
No.	<i>3988 Wals B.J.</i>
Joined	Date
Joined	Date
Joined	Date
Joined	Date

Enlistment	
Age on	<i>24 years 8 months</i>
Place and Date of Enlistment	<i>St. John's 12-10-17</i>
Period of	with Colours <i>44</i> years.
	with Reserve <i>365</i> years.

Trade	<i>Cook</i>
Religion	<i>C of E</i>
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
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*Discharged Medically Unfit
St. John's, 24th 17*

To be carried over

Army Form B. 121