



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4456 Name Walter George Corps R.C.

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

- |  |   |
|--|---|
| 1. What is your name? .....  | 1. <u>George Walsh</u> .....                  |
| 2. What is your full Address? .....  | 2. <u>51 James St.</u> .....                  |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u> .....                           |
| 4. What is your age? .....   | 4. <u>18</u> Years <u>      </u> Months ..... |
| 5. What is your Trade or Calling? .....  | 5. <u>Clerk</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 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.

George Walsh SIGNATURE OF RECRUIT.

       SIGNATURE OF WITNESS.

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

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

### CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

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

on this 16 day of April 1918.

Geo. St. Bart's Mayor  
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 April 16 1918 .....

Place St. John's .....

} 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) .....

Substant 18-5-18.









C.R. 4446

Extract from Daily Orders Part II Unit The Royal WFLA, Regt.  
St. John's, Nov. 15th, 1919.

The discharge of the undersigned has been CONFIRMED on De-  
mobilization by Officer i/c Records from ~~unit~~

4446 G. Walsh

23-8-19.

C.R. 4446

Extract from daily Orders Part II Unit <sup>4</sup>the Royal Rifle Regt.  
St. John's, Nov. 13th, 1919.

The discharge of the undernoted on demobilisation has been  
CONFIRMED by Officer I/c Messrs from

4446 G. Walsh

23-8-19.

C.R. 4446

Extract from Daily Orders Part 11 Unit The Royal Newfoundland Regiment, St. John's, June 7th, 1919

4446 Pte. mGeo. Walsh

To be Lance Corporal from 7-6-1919

C.R. 4446

Extract from Daily Orders Part II Royal Newfoundland  
Regiment. Depot St. John's dated 18-19.

The following gradings has been APPROVED for pay purposes  
with effect from following date Nov<sup>r</sup> 28th 1918.

4446, L/C. G. Walsh.



C.R. 4446

Extract from Daily Orders part 11, from Unit The Royal  
Newfoundland Regiment, St. John's, April 18, 1918.

#4446 Pte. G. Walsh.

Attested for General Service with the Royal Nfld.  
Regiment, from 16/4/18. to report 15/5/18.

Walsh, Leo

4446

Ray Sept.

Sept 3, 1919

#4446 L/C. George Walsh,  
#51 Lime St.,  
CITY.

Dear Sir:-

Please find enclosed Discharge Certificate #3816.

Yours truly

Captain & Paymaster.

# The Royal Newfoundland Regiment

Class for Demobilization: —

~~A~~ C

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 9. 8-19

Regimental No. 4446

Name Walsh Geo.

Address St. Louis St.

Present Medical Category A II

Recommended for: (a) Immediate discharge \_\_\_\_\_  
(b) Standing Medical Board \_\_\_\_\_

Members of Board

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

J. Paterson  
Senior Medical Officer

See Burdett  
—M. O. Depot

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4446 Rank H.Q. Name Geo. Walsh  
 Intended place of residence 51 Luncet Street

2. Occupation Blank  
 Classification of soldier E Medical Category AI

3. The above named man is discharged in consequence of

**DEMobilIZATION Gratiuity**  
Eligible for War Service

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 Aug 9<sup>th</sup> 1919

D.R. Cooper Capt.  
 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 9.8.19

G. Walsh  
 Signature of soldier

J. A. Knowlton  
 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 9-8-19

G. Walsh  
 Signature of soldier

W. J. Eaton  
 Signature of witness

## STATEMENT OF SERVICE

7. Enlisted for service 16-4-18 No. of days on Military  
 Discharged from service 9-8-19 Plus 14 days Service 495

## 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 AUG 9 1919

R.H. Aust Major  
 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 23/1919

M. Rowley Capt  
 Officer in Charge  
 The Royal Newfoundland Regiment

207 913 81

15  
31  
30  
31  
33  
120



# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 176 Rank Sgt Name Walden  
 Date of Enlistment 16-1-18 Address 51 Lumsden St. District St. John's  
 Occupation Clerk Classification for Discharge By Medical Category J.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 9-8-19O. C. Discharge Depot. W. C. Cooke Capt

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

I am not in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date 9-8-19

Eligible for War Gratuity

### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable £ 60 700(b) Clothing Supplied W. C. Cooke CaptDate 9-8-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 51 form A and Release Certificate No. 3796 issued to his home at 51 form A and Release Certificate No. 3796 issued.

Date 9-8-19 J.H. 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 23-8-19

Date 9-8-19 J.H. Knowlton  
Depot Paymaster.

Discharge approved for 9-8-19

Forwarded with following documents to O.C Discharge Depot.

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	2
B 178a	D 400A	B 1915	2	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	1		" 6	
B 179c	B 120	M 93				

form B

Date 9-8-19 J.H. Knowlton  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Records.  
Board of Pension Commissioners.

with following additional documents.

Date 6161 6 9AV R.H. Sait MAJOR  
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 work as Clerk.

*A. H. Walsh*

Signature of Man.

Reg. No.

*4446*

*L. C. Murphy*

Signature of the Vocational Officer or his Representative.

Place

*Greenfield Mass*

Date

*August 9th*

191*9*

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

# MEDICAL HISTORY

Surname Walsh OF Christian Name George

Table I.—GENERAL TABLE.

Birthplace:—Parish S. Johns County Newfoundland

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>16th</u> day of <u>April</u> 1918		on _____ day of _____ 191	
Declared Age	at <u>S. Johns</u>		at _____	
Trade or Occupation	<u>18</u> years _____ days		_____ years _____ days	
Height	<u>5</u> feet <u>8 1/2</u> inches		_____ feet _____ inches	
Weight	<u>128</u> lbs.		_____ lbs.	
Chest Measurement	Girth when fully expanded... <u>33</u> inches		_____ inches	
	Range of Expansion... <u>3</u> inches		_____ inches	
Physical Development				
Vaccination Marks	Arma			
	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)				
(Rank)				
Enlisted	at <u>S. Johns</u> Medical Officer.		at _____ Medical Officer.	
	on <u>16th</u> day of <u>April</u> 1918		on _____ day of _____ 191	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>The Royal Newfoundland Regt</u>		<u>41446</u>	
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 *Wald. George T*

Regiment from which discharged **Royal Newfoundland**

Regimental number *4446*

Intended address *51 Lewis St. St. Johns.*

Height on discharge *5* Feet *9*

Color of hair on discharge *Dark*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *Scar upon R temple*

Figure on discharge *Tall*

Christian name of Father *Lawrence*

Christian name of Mother *Louisa*

Wife's maiden name in full \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Christian names of children \_\_\_\_\_

Place and date of soldier's birth *St. Johns. 5-11-1900.*

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 T. Wald.*

*L. Campbell.*  
(Rank)

Station **ST. JOHN'S,** Date *9-8-19.*

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



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

Station \_\_\_\_\_ Date \_\_\_\_\_



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 George Walsh  
aged 19 yrs conducted at Head Quarters  
Date: April 16/17 Recruiting Officer:

NO OF TEST FINDING

- |    |  |
|----|--|
| 1  | no   |
| 2  | no   |
| 3  | no   |
| 4  | no   |
| 5  | no   |
| 6  | no   |
| 7  | yes  |
| 8  | yes  |
| 9  | yes had Rheumatic fever 14 yrs ago laid up 12 months ✓ |
| 10 |  |
| 11 | n  |
| 12 | n  |
| 13 | n  |
| 14 | n  |
| 15 | n  |
| 16 | n  |
| 17 | n  |
| 18 | n  |
| 19 | 6/6 both   |
| 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  |
| 33 | no   |
| 34 | 575-5 1/2  |
| 35 | 128 lbs  |
| 36 | 30-33  |
| 37 |  |
| 38 | Father Lawrence 51 Lime St. St. Johns                  |
| 39 | nobody   |

4440

Dry out

Signature of Medical Examiner:

D. W. Borden

LEAVE OF ABSENCE WITHOUT PAY

In consideration of having been granted leave of absence without pay from the Royal Newfoundland Regiment for I agree to free the Royal Newfoundland Regiment from any responsibility or claim whatsoever, on my behalf, arising during that period of absence without pay on account of my service in the Regiment since attestation.

This leave of absence is subject to my reporting for duty at any time when ordered within ~~that~~ the period mentioned.

Date 27-11-18.

Signature of soldier *Griffiths*

Witness *R. K. Edward*  
*Edm*

.....

REPORT OF DEPOT MEDICAL OFFICER

Examination on No. 444 Rank *Pte* Name *Walsh.*

Held 27-11-18. at *St John's Nfld.*

This is to certify that the above mentioned soldier has been medically examined and that he suffers from no disability whatsoever on account of Military Service in the Royal Newfoundland Regiment.

*L. Gibson*

Medical Officer, Depot

4446 Mr. G. Walsh is granted  
leave of absence without pay till  
further orders.

Employer - G. M. Barr.

R. H. Tait Capt.

22/11/18



*Handwritten initials*

## 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 Walsh*  
 Regiment from which discharged *Royal Newfoundland*  
 Regimental number *4446*  
 Intended address *51 King Street S. John.*

Height on discharge                      Feet  
 Color of hair on discharge              *Dark*  
 Complexion                                  *Dark*  
 Color of eyes                                 *Blue*  
 Descriptive Marks                         *Scar above right eye.*  
 Figure on discharge                        *Good*  
 Christian name of Father                 *Lamener*  
 Christian name of Mother                *Louise*  
 Wife's maiden name in full              \_\_\_\_\_  
 Date and place of marriage              \_\_\_\_\_  
 Christian names of children              \_\_\_\_\_

Place and date of soldier's birth *S. John's. April 4<sup>th</sup> 1900.*  
 Nature and locality of civil employment required *Substn. 2*

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 Walsh*

*Rto*

(Rank)

Station *Private Rank* Date *Dec. 15<sup>th</sup> 18*

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.

*[Signature]*  
 Medical Officer of Hospital,  
 Unit, or Command Depot.

Station \_\_\_\_\_ 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 work as office clerk.*

*George Dals.*  
Signature of Man.

Rec. No. *4446*

Signature of the Vocational Officer or his Representative.

Place

*St John's NY & LA*

Date

*18/12/18* 191

DEPARTMENT OF MILITIA,

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claim War Service Gratuity under Order-in-Council dated January 26th. 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..... *Walsh*.....  
3. Rank..... *Splendid*..... 4. Regtl. No..... *4446*.....  
5. Address in full to which future payments of gratuity are to be forwarded..... *St. Louis, St. John's*.....  
6. Date of enlistment in the Regiment..... *16. 11. 1918*.....  
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....  
8. Relationship of such dependents..... *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?.. *No. Applicable*.....  
11. Were you on active service only in Nfld, if so, give dates and particulars of such service..... *Yes*.....  
..... *from April 16. 1918 to Aug. 9. 1919*.....  
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *17 Mos. in*.....

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.

*Not Applicable*

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? *Not Applicable*

(b) If so, was such reversion in consequence of Misconduct or inefficiency? *Not Applicable*

19. Are you now serving in the *Res.*? *No*... If not give - (a) date of discharge... *9.5.19*... (b) Reason for discharge. *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.

*No*

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: *Geo. J. Walsh*  
 Place of Residence: *51 Lime Street, City*  
 Declared before me at: *St. Johns Wood*  
 This *23rd* day of *August* 19*19*.....

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

*John M. Cahill*

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



## Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B. 121.  
39.Number of Sheets 5Regiment of Royal NewfoundlandSignature of O. C. Company G. James

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>4446 Walsh George</u>	Age on <u>18</u> years — months	<u>St. Johns</u>	<u>Clk.</u>	
Joined Date		Place and Date of Enlistment		Religion	
Joined Date		<u>16.4.18</u>		<u>R.C.</u>	
Joined Date		Period of } with Colours <u>130</u> years. with Reserve <u>365</u> years.		Place of Birth	
Joined Date				<u>St. Johns</u>	

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
-------	-----------------	------	-----------------------	---------	--------------------	--------------------	---	-----------------	---------

*Demobilized St. Johns, 23 8/19*

To be carried over

Army Form B. 121.



# The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 11446 Rank Lt Capt. Name Malcolm G. Cooper  
 Date of Enlistment 16-11-18 Address 511 Consett District St. John's  
 Occupation clerk Classification for Discharge 1 Medical Category 1  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_  
 Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	1	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122		Board 1st	" 2	3
B 178a	D 400A	B 1915	2	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	1		" 6	
B 179c	B 120	M 93				

Date 9-8-19 O. C. Discharge Depot M. Cooper Capt.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.  
 I am not in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date 9-8-19 Eligible for War Service Gratuity Shawcroft

2. Clothing.  
 Certified that Clothing Regulations have been complied with  
 (a) Clothing Allowance payable 10/6 to 10/0  
 (b) Clothing Supplied Shawcroft  
 Date 9-8-19 O. i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 51 June 19 to his home  
and Release Certificate No. 3796 issued.

Date 9-8-19 *J.H. 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 13-8-19

Date 9-8-19 *J.H. Knowlton*  
Depot Paymaster.

Discharge approved for 9-8-19

Forwarded with following documents to O.C Discharge Depot.

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	1
B 178a	D 400A	B 1915	2	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	1		" 6	
B 179c	B 120	M 93				

Date 9-8-19 *J.H. Knowlton*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

- Officer in Records.
- Board of Pension Commissioners.

with following additional documents.

AUG 9 1919

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

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

Date Aug 30/19 *R.H. Sait*

Reg. No. LHN 6 Rank PRC. Name Walsh J. C.

Attested 16.4.18. Address 51 Lime St.

Allotment 2 Allotee

Date of Allotment Returned from Overseas

Embarked for Overseas Cause

Report 15.5.18.  
909-18. Vac. 1st 3-10-18  
Leave to from 23.11.18 until recalled.  
For the purpose of taking up civil employment at  
G. B. Sar.

18.12.18 PASSED TO DEMOBILIZATION OFFICER

To be recalled for leave from 6.7.19.

1.8.19 Approved for Staff Pay from 25.11.19

9-8-19 DISCHARGE APPROVED ON DEMOBILISATION.