



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. *5118*

Name *Llewellyn White Corp*

Questions to be put to the Recruit before Enlistment.

1. What is your name? *Llewellyn White*
2. What is your full Address? *Not mans Cove 279*
3. Are you a British Subject? *yes*
4. What is your age? *24* Years *3* Months
5. What is your Trade or Calling? *Fisherman*
6. Are you Married? *no*
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? *no*
8. Are you willing to be vaccinated or re-vaccinated? *yes*
9. Are you willing to be enlisted for General Service? *yes*
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? *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? *yes*

I, *Llewellyn White* 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.

Llewellyn White SIGNATURE OF RECRUIT.

W. A. [unclear] Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, *Llewellyn White* 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 stated as replied to, and the said recruit has made and signed the declaration and taken the oath before me at *St Johns* on this *17* day of *May* 191*5*.

Signature of Attesting Officer *C. S. Dicks 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*5*

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

5118

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

Name Alweelyn White
 Apparent age 24 years 0 months. Height 5 feet 2 inches
 Chest Measurement { Girth when fully expanded 36 1/2 inches
 Range of expansion 5 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Palet White, Horn and Coe
2 Gray | 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 L'epot	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 fixed engagement reckons from <u>17-5-18</u>									
Joined at <u>St. Johns</u> on <u>Monday 17-1918</u>									
<u>Discharged August 9-1919</u>									
<u>1st</u>									
<u>Embarked St. Johns S.S. Columbella to Halifax N.S. 22-7-18</u>									
<u>He enforced leave for demobilization 24-6-1919</u>									
<u>Arrived to embarkment 1-7-1919</u>									
<u>Demobilization St. Johns 9-8-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 9-8-1919 (date of discharge) 1 years 85 days
 Penalties _____

C.R. 5118

Extract from Daily Orders Part II Royal Newfoundland
Regiment Depot St. John's dated Aug. 21st 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from noted date
9-8-19.

5118, Pte. Jewellyn White.

C.R. 5118

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

The discharge of the Undernoted on demobilization has been
APPROVED by C.O. Discharge Depot, with effect from 25-7-19.

5118 Pte. L.White.

C.R. 5118

Extract from Daily Orders Postmail Unit 11a Royal Field.
Regt. St. John's, Wely 2nd, 1919.

5118 Pte. L. White

Reported at Headquarters 127419 on "Dorsetshire" which
sailed Glasgow June 24th, 1919.

C.R. 5118

Extract from Daily Ord re part 11, from Unit The Royal
Nfld. Regt. St. John's, dated July 25, 1918.

The following man embarked for overseas on H.M.S.
"Columbella" July 23, 1918.

#5118 Pte. Llewellyn White.

C.R. 5118

Extract from Daily Orders part 11, from Unit The Royal
Hfld. Regt. St. John's, dated May 16th, 1918.

#5118 Pte. L. White.

Attested for General Service with the Royal Hfld. Regt.
from 17.5.18

L. White

C.R. 5118

~~Handwritten scribble~~

No. 19419/2179

065394
HC



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.
Winchester, Hants.

27th November 1918

Subject: 5118, Pte. L. White

With reference to the following telegram (9654) from the Hon. Minister of Militia, received

Pay to 5118 White £5:0:0

Draft £ 5:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

W. J. ...

Chief Paymaster & O. i/c Records.

Nov. 29th 1918

Receipt hereunder.

W. J. Barton LIEUT. COLONEL.
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Officer Commdg. 2nd Batt'n
Royal Newfoundland Regiment

Received the sum of Five

Pounds on account of
cable remittance from Newfoundland.

L. White

No. 5118 Rank Pte.

Witness R. W. ...

No. 3020/437.

F.F./79.

FROM: NEWFOUNDLAND CONTINGENT

Chief Paymaster & O.i/c Records
Newfoundland Contingent
Pay & Record Office,
58, Victoria Street
London S.W. 1
Officer Commanding,
2nd Bn. Ryl Nfld Regt.
Winchester.

21st February 1919

February 20th 1919

5118. Pte White. L.

With reference to the following telegram from the Minister of Militia / / (38)

"Pay to- 5118. White.

£4.0.0.

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

R. Hunt

Chief Paymaster & O. i/c Records.

Receipt hereunder.

P. Kane

LIEUT. COLONEL,
Officer Comdg. 2nd Bn. Ryl Nfld Regt.
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Received the sum of Four Pounds

in respect of telegraphic remittance from the Minister of Militia.

L. White his mark

No. 5118 Rank Private

Witness

M. Prochett

No. 6502/1806

PD. 100185

Edw
N.P. No.

From: NEWFOUNDLAND CONTINGENT

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.,
Winchester

11th June 1919

JUN 19 1919
14th June 1919

5118, Pta. L. White

With reference to the following telegram from the Minister of Militia / / 19 ():

Receipt hereunder.
J. Seymour for
LIEUT. COLONEL,
COMMANDING 2ND BR. ROYAL NEWFOUNDLAND REGT.
R. N. R.

"Pay to-

5118 White £5:0:8

Cheque £ 5:0:8 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Received the sum of Five Pounds Eight Pence in respect of telegraphic remittance from the Minister of Militia.

H. D. Minnison

Chief Paymaster & O. i/c Records.

L. White
No. 5118 Rank Plt

Witness: WR Hodder

White, L

5118

Hay Sept.

August 14, 1919

#5118 Pte. Llewelyn White,
Norman's Cove, T.B.

Dear Sir:-

Please find enclosed Discharge Certificate #3708.

Yours truly.

Captain & Paymaster.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5118 Rank Pte Name White L
 Intended place of residence Normans Cove

2. Occupation Interpreter
 Classification of soldier E 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, ST. JOHN'S

Date JUL 12 1919

L. Moush
 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 12 1919

L. White
 Signature of soldier

W. J. Reator
 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 12 1919

L. White
 Signature of soldier

W. J. Reator
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 17.5.18 No. of days on Military
 Discharged from service JUL 26 1919 Plus 14 days Service 450

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 JUL 20 1919

L. R. Cooper Capt
 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 9/1919

L. Howley Capt
 Officer in Charge
 The Royal Newfoundland Regiment

207913708

15
20
31
9
85

The Royal Newfoundland Regiment

Class for Demobilization: 10

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date July 11/19

Regimental No. 5118

Name White Sweeney

Address Guernsey Cove

Present Medical Category A-7

Recommended for: (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board

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

J. B. Astor
Senior Medical Officer

D. G. Sinden
M.O. Depot

The Royal Newfoundland Regiment

DEMOLIBIZATION OF

Reg. No. 118 Rank Plt Name White, L.
 Date of Enlistment 17.5.18 Address Normansford District St. John's
 Occupation Postman Classification for Discharge E Medical Category A1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. P36	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 11-7-19

O. C. Discharge Depot.

PARTICULARS FOR DEMOLIBIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

*L. White
w/ 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 \$6.00

(b) Clothing Supplied _____

Date 12-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2425 to his home at Hammans Cove and Release Certificate No. 3544 issued.

Date 12-7-19 *J. A. Snowcraft*
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 9-8-19

Date 12-7-19 *J. A. Snowcraft*
Depot Paymaster.

Discharge approved for 26-7-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 12-7-19 *J. A. Snowcraft*
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 JUL 26 1919 *K. N. Lodge 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.

White S.

Signature of Man.

Reg. No. 5118

J. O. Rinehart

Signature of the Vocational Officer or his Representative.

ST. JOHNS.

Place

Date

12-7-19

191

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

MEDICAL HISTORY

Surname White

OF Christian Name Revelleya

Table 1. GENERAL TABLE.

Birthplace:—Parish Norman Cove County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	17	May	8	191
at	<u>St Johns</u>			
Declared Age	24	years		
Trade or Occupation	<u>Fisherman</u>			
Height	5	feet	2	inches
Weight	123 lbs.			
Chest Measurement	Girth when fully expanded		36 1/2	inches
	Range of Expansion		✓	inches
Physical Development	Right	Left	Right	Left
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>Laminat P. A. ...</u>			
(Rank)				
Enlisted	at	<u>St Johns</u>	at	
	on	17	day of	May
		1918		191
	Corps	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment	<u>The Royal 5118</u>			
Transferred to	<u>Nfld Regt</u>			
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 for 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 Coy* Former Trade or Occupation } *Tradesman*
2. Regt. No. *5118* 3. Rank. *Plt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *White* *Stevenson* (a) Former Regts. or Corps; with Regt. Nos.
- (Surname) (Christian Names)
5. Age last birthday... *24*...
6. Posted for duty on..... at.....
in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

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

Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability.
12. Place of origin of disability.
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i.) Service during the present war
 - (ii.) Previous active service
 - (iii.) Climate in pre-war service
 - (iv.) Ordinary military service before the war
 - (v.) Serious negligence or misconduct on the man's part. }
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it ? }

The complainant of no disability

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. Proctor *Capt. R. A. M. C.*

Station *Hazeley Down*

Medical Officer in charge of case.

Date *3/4/19*

* 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 *Llewellyn White*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5115*

Intended address *Normans. Cove*

Height on discharge *5 Feet 3*

Color of hair on discharge *Black*

Complexion *Sunk*

Color of eyes *Blue*

Descriptive Marks —

Figure on discharge *Short*

Christian name of Father *Calab*

Christian name of Mother *bead*

Wife's maiden name in full —

Date and place of marriage —

Christian names of children —

Place and date of soldier's birth *Normans. Cove 29-8-age 25 1894*

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) *Llewellyn White*
mark w. L. J. J. J.

(Rank) *PTE*

Station *St. John's*

Date *July 5th 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

✓
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 *Blewett*..... 2. Surname *White*.....

3. Rank *Pte.*..... 4. Regtl. No. *5118*.....

5. Address in full to which future payments of gratuity are to be forwarded..... *Chapel Arm, S. B.*.....

6. Date of enlistment in the Regiment..... *May 17/18*

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.....

9. Address in full of such dependents.....

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 field, if so, give dates and particulars of such service..... *Overseas*.....

12. Give total length of time which you served on active service, whether in field or Overseas..... *From May 17/18 to July 19/19*..... 12

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

..... *No*

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 R.F.C.?..... If not give:- (a) Date of discharge..... *July 12/19* (b) Reason for discharge..... *No obligation*

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.

his
Clewell X White

Signature of Applicant:

Place of Residence:

Declared before me at:

This

12th day of *July* 19*17*....

Chappel Arm. T. B.
M. J. Harris, Noted.

John M. Gorthy

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

POST DISCHARGE PAY.

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

Certified correct.

Register

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

OCT 20 1921

1921.

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

Elwelyn White

in respect of his service as No. 5118 Rank Pte.

Name L. White Royal Nfld. Regt.
~~Nfld. Fusiliers~~

Receipt of the same should be acknowledged hereon.

Received British War Medal.

Signature L. White

Date Nov-4-1921

Address Long Cove. Chapple Arm. I.B.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
99.

Number of Sheet One

Regiment of Royal Newfoundland

Signature of O. C. Company Edwards Lieut.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>5118. White Sewell</u>	Age on	24 years 1 months	Jesterman	
Joined	Date	Place and Date of Enlistment	<u>St John's</u> <u>17.5.18</u>	Religion	
Joined	Date	Period of	with Colours } 83 years. with Reserve } ³⁰ years.	Cast.	
Joined	Date			Place of Birth	<u>Normans Cove T.B.</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
				<u>Demobilized</u>	<u>S. John's</u>	<u>9</u>	<u>5</u>		<u>19</u>

To be carried over

Army Form B. 121.

CR 478

Note.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi.), King's Regulations, and in cases of transfer to Class P, or P. (T), of the Reserve. In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

- 1. Unit and Corps. Royal Newfoundland
- 2. Regtl. No. 708 & Rank. Sgt
- 4. Name White Stewbyn
(Surname) (Christian Names)
- 5. Age last birthday 24
- 6. Posted for duty on..... at.....
in category (or grade).....
- 7. Former Trade } fisherman
or Occupation }
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps with Regtl. Nos.
- 8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty?
- 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 n (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? }

He complains of no 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?

20. Do you recommend—
 (a) Discharge as permanently unfit?
 (b) Change to United Kingdom?

Repatriation

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

W.E. Proenner *Capt Rawat*

Station *Hoopley Down*
 Date *3/4/19*

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.

Reg. No. *5118* Rank *Pvt* Name *White P.*
Attested Address *Norman's Cove*
Allotment Allottee
Date of Allotment Returned from Overseas *1411* *1919*
Returned on S.S. *Assanda* Cause *Discharge*

12 7 19
26 7 19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILIZATION

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5118 Rank Plt Name W. H. [unclear]
 Date of Enlistment 17-5-18 Address St. John's District St. John's
 Occupation Telephone Classification for Discharge F Medical Category H1
 Recommendation S.M.B. [unclear] Disability Rating [unclear]
 Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 271	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 11-7-19 O. C. Discharge Depot [unclear]

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am [unclear] in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date [unclear]

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable #60.00
- (b) Clothing Supplied [unclear]

Date 12-7-19 O i/c. Re-clothing [unclear]

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2425 to his home at Hammans Cove and Release Certificate No. 35244 issued.

Date 12-7-19

J. J. Lumsden
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 9-18-19

Date 12-7-19

J. J. Lumsden
Depot Paymaster.

Discharge approved for 26-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1
F 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 178	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 12-7-19

J. J. Lumsden
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

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

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

Date Aug. 7. 19