

# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 6266 Name Charles G Davis C.E.

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

1. What is your name? ..... 1. Charles G Davis
2. What is your full Address? ..... 2. Smock Cove Lab.
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 29 Years ..... Months
5. What is your Trade or Calling? ..... 5. Fishing
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, Charles G Davis 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.

10/10/15 Charles G Davis SIGNATURE OF RECRUIT.  
P. M. Spry Signature of Witness.

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

I, Charles G Davis 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 St. John's on this 10 day of Oct 1915.

Signature of Attesting Officer P. B. Dickert Cent.

**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 10/10/15 1915 Robertson Capt. MAJOR Approving Officer.  
Place ST. JOHN'S The Royal Newfoundland Regiment.

† 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, the 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) .....

Name Charles G. Davis  
 Apparent age 19 years 0 months. Height 5 feet 5 1/2 inches  
 Chest Measurement { Girth when fully expanded 36 inches  
 Range of expansion 3 1/2 inches

Distinctive marks \_\_\_\_\_

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin William Davis  
Smack Cove Lab | 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 _____									
Joined at _____ on _____									
<u>Discharged August 15/1919</u>									

Total Service forfeited as above.....

Total Service towards Engagement to \_\_\_\_\_ [date of discharge] \_\_\_\_\_ years \_\_\_\_\_ days  
 " " Pensions " \_\_\_\_\_ [ " " ] \_\_\_\_\_ " \_\_\_\_\_

C.R. 6268

Extract from Medical Board held on Thursday July 24th, 1919.

6268 Pte. C. Davis

Recommended discharge from the Army.

REMAIN IN ESCASONI HOSPITAL

6266

C.R.

Extract of Daily Orders Part II, Depot, St. John's, dated  
Jan. 7th 1919.

CANCELLATION OF DISCHARGE.

6266 Pte. Chas. Davis

Portion of D.O. Pt. II, No. 228 (1918) (Para. 2) concerning  
this man is hereby cancelled, he having returned to Depot,  
being unable to reach his home.

C.R. 0266

Extract from Daily Orders Part I - Royal Newfoundland Regt.  
Depot St. John's dated 22nd 1919.

The discharge of the undernoted on demobilization has been  
CONFIRMED by officer i/c records from noted date 15-8-19.

6266, Pte. Chas. Davis.

CR 6266

Extract from Daily Orders part II, Depot St. John's  
dated April 15th., 1919.

Discharged from Barracks Hospital 14-4-19.

~~1871 Pte. J. Warrard.~~  
6266 Pte. C. Davis.



# 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..... **ST. JOHN'S** .....

Date..... **JULY 24th., 1919.** .....

- |                                   |  |
|-----------------------------------|--|
| 1. Unit <i>Royal Newfoundland</i> | 5. Age last birthday <b>20</b>                 |
| 2. Regimental No. <b>6266</b>     | 6. Enlisted on <b>10/10/18</b>                 |
| 3. Rank <b>PRIVATE</b>            | at <b>ST. JOHN'S</b>                           |
| 4. Name <b>DAVIS CHARLES</b>      | 7. Former trade or occupation <b>FISHERMAN</b> |

8. Disability

**PULMONARY TUBERCULOSIS**

9. History

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).

EXPANSION DIMINISHED LEFT SIDE OF CHEST. VOCAL FREMITUS INCREASED ON LEFT SIDE OF CHEST. HYPERRESONANCE NOTE BOTH SIDES OF CHEST ON PERCUSSION. BREATH SOUNDS BRONCHIAL IN CHARACTER LEFT SIDE AND INSPIRATION PROLONGED. RIGHT CHEST SOUNDS HARSH AND INSPIRATION PROLONGED, OVER LEFT BASE WHISPERING PECTORILOQUY AND VOCAL RESONANCE INCREASED. HEART RAPID. SOUNDS NORMAL. COUGHS A LITTLE

11. Was sanatorium advised and refused ?  
operation

12. Do you recommend discharge as permanently unfit ?

YES

Signature (SGD) J.P.O'BRIEN.

Rank or Qualification CAPT.

Remarks if any by Officer i | c 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 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. (a) **THE ENTIRE DISABILITY**—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market?

(b) **PENSIONABLE DISABILITY**—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service?

(State in percentage.)

**TOTAL WHILE IN HOSPITAL**

**TOTAL WHILE IN HOSPITAL**

Remarks if any:—

16. Is the disability permanent? **YES**

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

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 Convalescent Hospital,  
Jensen Tuberculosis Camp.

20. We recommend discharge from retention in the Army

Remarks if any:— **REMAIN IN HOSPITAL - ESCASONI**

(SGD) **J. B. O'REILLY** .....  
President

Signatures **J. SINCLAIR TAIT** .....

**L. PATERSON. MAJOR.** .....

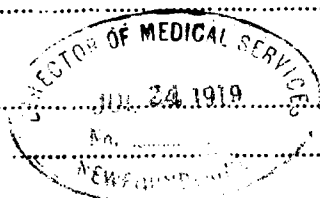
Place **ST. JOHN'S** .....

Date **JULY 24th., 1919.** .....

APPROVED

Station .....

Date .....



.....(SGD) **CLUNY. MASPHERSON. MAJOR**  
Administrative Medical Officer.

# 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 take up former occupation on discharge from hospital

*Chas. H. Davis*

Signature of Man.

Reg. No. 6266

*Wrt WJ6*

*J. A. Snowcroft*

Signature of the Vocational Officer or his Representative.

Place

*St Johns*

Date

*28-7-19*

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ROYAL NEWFOUNDLAND REGIMENT .

Medical Examination held at Cartwright, Labrador on S.S. "Strathcona"

- \*
- I. Name . Charles Gerald Davis. Age (A) Declared 18 yrs.  
Snack Cove. Cartwright (B) Apparent 19 "  
Labrador.
2. Do you know anything wrong with you? No.  
That severe illness have you had? Whooping cough.
3. Height - 5 Feet 4 $\frac{1}{2}$  inches. Weight 137 lbs.
4. Eyesight (a) Left 20 (b) Right 20  
20 ths. 20 ths.
5. Physical defects - None.
6. Examination of lungs - Normal.  
Measurement 35.50 inches (a) Expiration 34 inches.  
(b) Inspiration 36.50 inches.
7. Examination of heart . Normal.
8. Examination of urine - Sp. gr. 1020; reaction acid, no albumen, no sugar.
9. Examination of Mouth - Speech clear.  
Teeth - Good, only two molars gone.  
Throat - Normal.  
Nose - Normal.  
Ears - Normal.
10. Have you been successfully vaccinated? No. Never.
- II. Name and address of next of kin, father - William Davis, age 45 yrs.  
Snack Cove.  
Labrador.

Remarks. Will go if necessary.

We consider this man fit .

*Wilfred J. Greenfield*  
M.D., F.A.C.S.

Medical Examiner.

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March 29th 1920

Major Howley  
O. I. C. Records

Please pay to C. Davis, 6266  
the sum of two dollars and thirty three cents  
in payment of allowance for week ended March 27th 1920  
and charge same to Civil Re-establishment Committee

\$2.33

Pension \$50 .00

ACCOUNT NO.	33344
CHECK NO.	
DATE	
PAY TO THE ORDER OF	
GENERAL LEDGER	

*7/11*  
*W. H. Miller*  
*Rec'd for*

Vocational Officer

*Charles Davis*

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

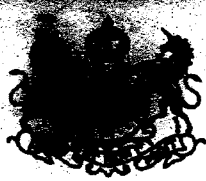
Forms  
B 121.  
39.

Regiment of Royal Newfoundland Regt.

Number of Sheet One  
Signature of O. C. Company A. B. Dickfield

Regimental Number and Name		Enlistment		Trade		Good Conduct Badges, Service pay or proficiency pay		
No.	<u>6266</u>	Age on	<u>19</u> years	months	<u>Fisherman</u>			
Joined _____ Date _____		Place and Date of Enlistment		Religion				
Joined _____ Date _____		} with Colours <u>310</u> years.		} <u>6 of 6.</u>				
Joined _____ Date _____		} with Reserve <u>365</u> years.		} <u>Trunk low lat.</u>				

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized St John's</u>		<u>15<sup>th</sup> 19<sup>18</sup></u>			
To be carried over.									



# THE ROYAL NEWFOUNDLAND REGIMENT HEADQUARTERS

ST. JOHN'S, NEWFOUNDLAND.

This is to certify that I have been discharged NOV at my own request and after assuring the Demobilization Officer that I will be able to reach my home at Sandwich Bay, Labrador, when I leave the Steamer at Battle Harbour. I agree not to hold the Regiment responsible after landing me at Battle Harbour.

*His*  
to Cas. x Davis  
Mark.

DEC 12 1918

*W. J. Eaton R.Q.M.S.*

April 14th/1919

From Officer Commanding,  
Discharge Depot.

To Dr. W.W.Blackall,  
Vocational Officer.

Dear Dr. Blackall:-

#6266, Pte. G. Davis  
#5951, " P. Bright

The above named men come from Labrador and cannot get home until some time in June. They have just been discharged from the Barracks Hospital and I think they might be sent to the Civil Re-Establishment School until such time as they can go home. I am sending them with this letter to you in order that the necessary papers may be filled out.

Yours very truly,

RHT:TJW

Captain,  
O.C. Discharge Depot.