

THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5835 Name James Reid Corps CofE

Questions to be put to the Recruit before Enlistment.

- | | |
|---|---|
| <p>1. What is your name?</p> <p>2. What is your full Address?</p> <p>3. Are you a British Subject?</p> <p>4. What is your age?</p> <p>5. What is your Trade or Calling?</p> <p>6. Are you Married?</p> <p>7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which?</p> <p>8. Are you willing to be vaccinated or re-vaccinated?</p> <p>9. Are you willing to be enlisted for General Service?</p> <p>10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?</p> <p>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?</p> | <p>1. <u>James Reid</u></p> <p>2. <u>Cochroy St Georges Dist</u></p> <p>3. <u>Yes</u></p> <p>4. <u>18</u> Years <u>0</u> Months</p> <p>5. <u>fisherman</u></p> <p>6. <u>no</u></p> <p>7. <u>no</u></p> <p>8. <u>Yes</u></p> <p>9. <u>Yes</u></p> <p>10. Name</p> <p>Corps</p> <p>11. <u>Yes</u></p> |
|---|---|

I, James Reid 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.

James Reid SIGNATURE OF RECRUIT.
Pte A Moulton 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 St. John's on this 23 day of July, 1918.

C. B. Duckworth
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 July 25 1918

Place St. John's } Approving Officer.
W. H. [Signature]

† 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: vis:—(Name), re-enlisted in the (Regiment), on the (Date)

C.R. 5-835-

Extract of Daily Orders Part II, dated Jan. 16th 1919.

Depot, St. John's.

The discharge of the undernoted on demobilization has been confirmed by the Officer i/c records on 15-1-19

5835 Pte. J. Reid.

C.R. 5835

Extract from Daily Orders Part 11 Unit The Royal WFLA.

Rt. St. John's, Nov. 22, 1918.

The undernoted Man returned from Special Duty At P.A.B.

21-11-18.

5835 Pte. J. Read.

MK.

C.P. 5835

Extract from Daily Orders part 11 Depot St. John's dated Sept. 30/18.

#5835 Pte. J. Read.

The above mentioned soldier proceeded on Special Duty to
Port au Basque, 28/9/18 on Special Duty.

C.R. 5835

Extract from Daily Orders Part 11 Unit The Royal Wfld. Regt.,
St. John's Sept. 24th/18.

~~582~~ 5835 Pte. J. Reid.

Discharged from M.I.D. Hosp. 22-9-18.

C.R. 5835

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated July 27, 1918.

#5835 Pte. James Reid.

Attested for General Service with the Royal Nfld. Regt.

25-7-18

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 at fishing

James Reid

Signature of Man.

[Signature]

Reg. No. *5830-*

Signature of the Vocational Officer or his Representative.

Place *St John's*

Date *13/12/18* 191

Medical Examination held at Seanton July 19 1910

1.—Name James Reid Age (a) Declared 18
(b) Apparent 18

2.—Do you know of anything wrong with you? Nothing that I know of.

What severe illness have you had?
Only Childhood diseases

3.—Height 5 foot 6 inches Weight 130
4.—Eyesight (a) Left normal (b) Right normal

5.—Physical Defects (Examine after strenuous exercise)
No physical defects after strenuous work

6.—Examination of Lungs
Measurement (a) Expiration 34 (b) Inspiration 35 1/2

7.—Examination of Heart normal

8.—Examination of Urine normal

9.—Examination of Mouth—(Defective Speech) No defective speech

Teeth Very good

Throat Good

Nose Good

Ears—(Deafness, Otorrhea) normal

10.—Have you been successfully vaccinated, and when? yes 1910

11.—Name and address of next of kin.
Thomas Reid
Codroy nfd

REMARKS—

We consider this man Fit
 Temporarily unfit for Military Service
 Permanently unfit for Military Service

(If unfit, Form M.S.B., 10 A, should be filled and attached).

W. M. Whelan M.D. Medical Examiners.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of The Royal Newfoundland

Number of Sheet One
Signature of O. C. Company C. B. Dick / Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay				
No.	Name	Age on	years	months	Trade				
5835	James Reid	18			Footman				
Joined	Date	Place and Date of Enlistment		Religion					
		St. John's 20-4-18		Cope					
Joined	Date	Period of		Place of Birth					
		with Colours 15 years.		Cardross					
		with Reserve 365 years.							
Place	Date of Offence	Rank	Cases of Disobedience	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				Demobilized St John's		15 '19			
To be carried over.									

Reg. No.	5835	Rank	Pfc	Name	Reis James
Attested	25-7-18	Address	Kodroff		
Allotment	50	Allottee	Thomas Reis (Father)		
Date of Allotment	1-9-18	Returned from Overseas			
Embarked for Overseas					
Cause					

Vacc	24-9-18.	
24-9-18	Admitted to M. I. S. Hoop	
22-9-18	Discharged from	
23-9-18	Special Duty Post-ausc - Baugues, Belgium	
29-11-18	Passed to Demobilization Office	
19-12-18		

PROCEEDINGS ON DISCHARGE

1. No. 2835 Rank Plc Name Reid James
 Intended place of residence Godroy
 2. Occupation Fisherman
 Classification of soldier A Medical Category FTL
 3. The above named man is discharged in consequence of Demobilization
 4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
 Place DEC 16 1918
 Date DEC 16 1918 W. H. Cap
 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 and date St John's James Reid
Dec 16 1918 Signature of soldier
W. H. Cap 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 and Date St John's James Reid
14-12-18 Signature of soldier
W. H. Cap Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 25.7.18 No of days on Military
 Discharged from service 18-12-18 plus 28 days Service 175

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place ST. JOHN'S W. H. Cap
 Date DEC 17 1918 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 W. H. Cap
15/1919 Officer i/c Records
2072/1483 The Royal Newfoundland Regiment

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31
30
31
15
175

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 *James Reid*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *5825*
 Intended address *Quay*
 Height on discharge _____ Feet _____
 Color of hair on discharge *Dark*
 Complexion *Light*
 Color of eyes *Blue*
 Descriptive Marks _____
 Figure on discharge *Good*
 Christian name of Father *Thomas*
 Christian name of Mother *Lucretia*
 Wife's maiden name in full *Gallon*
 Date and place of marriage _____
 Christian names of children _____

Place and date of soldier's birth. *Quay July 4 1900*
 Nature and locality of civil employment required *Fishing*

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

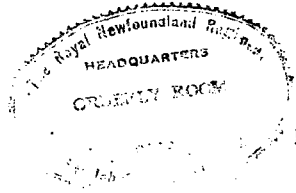
(Soldier's signature in full) *James Reid*

(Rank) *Pte*

Station *Quay Rank*

Date *Jan 10 1918*

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.



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

Station

Date