(8 58·47) W12576—225 350m 2/15 H W V [Sch. 141.]

Gen. No. 3506

Army Form E. 501.

TERRITORIAL FORCE.

4 years' Service in the United Kingdom.

ATTESTATION OF

No. 4920 Name Kirby Sidney Robert. Corps 4TH BATTALION THE NORFOLK REGIMENT.

Questions to be put to the Recruit before Enlistment.

1. What is your Name and Address? ..... 1. Sidney Robert Kirby. Dereham House Cross Street Cromer Norfolk

2. Are you willing to be attested for service in the Territorial Force for the term of 4 years (provided His Majesty should so long require your services) for the County of * _____ to serve in the † ~~4TH BATTALION THE NORFOLK~~ REGIMENT. 2. Yes.

3. Have you received a notice stating the liabilities you are incurring by enlisting, and do you understand them? 3. Yes.

4. Do you now belong to, or have you ever served in the Royal Navy, the Army, the Royal Marines, the Militia, the Special Reserve, the Territorial Force, the Imperial Yeomanry, the Volunteers, the Army Reserve, the Militia Reserve, or any Naval Reserve Force? If so, state which unit, and, if discharged, cause of discharge ..... 4. No.

5. Are you a British Subject? ..... 5. Yes.

Under the provisions of Sections 13 and 99 of the Army Act, if a person knowingly makes a false answer to any question contained in the attestation paper, he renders himself liable to punishment.

I, Sidney Robert Kirby 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.

S. Kirby SIGNATURE OF RECRUIT.

H W Brackley. *Signature of Witness.*

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Sidney Robert Kirby swear by Almighty God, 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.

I, Henry William Brackley do hereby certify, that, in my presence, all the foregoing Questions were put to the Recruit above named, that the Answers written opposite to them are those which he gave to me, and that he has made and signed the Declaration, and taken the oath at Norwich on this 3 day of August 1915. H W Brackley { *Signature of Justice of the Peace, Officer, or other Person authorised to attest Recruits.*

4TH NORFOLK REGIMENT, [illegible]

If any alteration is required on this page of the Attestation, a Justice of the Peace should be requested to make it and initial the alteration under Section 80 (6), Army Act.

The Recruit should, if he require it, receive a copy of the Declaration on Army Form E. 501A.

* Here insert County. † Here insert Corps.

The entries on this page only require to be made from time to time as they occur.

STATEMENT of the SERVICES of No. 4920 Name Kirby Sidney Robert.

Showing preliminary training, other special courses of training, Annual Training,† and when mobilized, etc.

Corps	Unit	Promotions, Reductions, Casualties, &c.	Rank	From	To	Signature of Officers certifying correctness of Entries
Service towards engagement reckons from 3 August 15						
Norfolk	1/4 Bn	Embodied Service	Pte	3.8.15		J.C. Lockwood
		Discharged. No longer physically fit for War Service Para 392 (xvi) K.R.	"	20.1.17		J.C. Lockwood.
						1 6/12

Total service towards engagement in the Territorial Force to 20.1.17 (date of discharge) 1 years 171 days.

CHARACTER

Discharged in consequence of being no longer physically fit for War Service vide Para 392 (xvi) K.Regs

The discharge of the above-named man is hereby approved.

Station Warley. Signature J.C. Lockwood Colonel,

Date 1/1/1917. i/c Territorial Records, WARLEY.

† In the case of Annual Training it will be sufficient to state if "Present," or "Absent" and the year.

The entries on this page only require to be made from time to time as they occur.

No. 4920 Name Kirby Sidney Robert.

MILITARY HISTORY SHEET.

1. Service.

Place	From	To	Years	Days
Home	3.8.15	20.1.17	1	171

Initials of Officer making the entry

2. Passed classes of Instruction† ...
†This includes any authorised class of instruction

3. Campaigns (including actions) medals and decorations .. .. — Home 3.8.15 to 20.1.17 — J.C.L.

4. Wounded ...

5. Effects of wounds

6. Special instances of gallant conduct and mentions in public despatches ...

7. Annuities ...

8. Injuries in or by the Service ...

Religion — Church of England. — H.W.S.

9. Name and address of next of kin ... — Father Charles Robert Kirby, Cross Street, Crewe — H.W.S.

Description of Sidney Robert Kirby on Enlistment.

MEDICAL INSPECTION REPORT.

(Applicable to all Ranks.)

Name Sidney Robert Kirby

Apparent age 19 years - months.

Height 5 feet 2 inches.

*Chest measurement { Girth when fully expanded 33 inches.
Range of expansion 2½ inches.

Vision R 6/6 L 6/6

Physical development Good

* Chest measurement will be obtained by adjusting the tape so that its posterior upper edge touches the inferior angles of the shoulder blades, and its anterior lower edge the upper part of the nipples, while the arms hang loosely by the side.

Certificate of Medical Examination.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations. He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs; he does not suffer from hernia; and declares that he is not subject to fits of any description.

I strongly recommend this boy who will learn on well - a scout by early

I consider him* fit for the Territorial Force.

Date Aug 2 1915. Herbert Dent

Place Cromer. Medical Officer.

Capt-Rame R.A.M.C.

* Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing certificate only in the case of those who have been attested and will briefly state below the cause of unfitness.

Certificate of Primary Military Examination.

I hereby certify that the above-named Recruit was inspected by me, and I consider him * fit for service in the † 4TH BATTALION THE NORFOLK REGIMENT, and that due care has been exercised in his enlistment.

Date 3 August 1915. H. Hubback Capt

Place Norwich Recruiting Officer.

D.R. ADMINISTRATIVE CENTRE, 4TH NORFOLK REGIMENT, THE DRILL HALL, NORWICH

* Insert here "fit" or "unfit."

† Insert the "Regiment" or "Corps" for which the Recruit has been enlisted.

---

* *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 † 4TH BATTALION THE NORFOLK REGIMENT.

If enlisted by special authority, Army Form B. 203 (or other authority for the enlistment) will be attached to the *original* attestation.

Date 3 August 1915. H. Hubback Capt

Place Norwich Approving Officer.

D.R. ADMINISTRATIVE CENTRE, 4TH NORFOLK REGIMENT, THE DRILL HALL, NORWICH

* 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.

A. 881.

This space to be left blank for the Chelsea Number.

104766

3694 H

Army Form B. 268A.

TERRITORIAL FORCE.

Proceedings on Discharge during the period of Embodiment.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on the 4th page.)

No. 4920. Rank Private

Name Sidney Robert Kirby

(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

EASTERN DIVISION 21 JUN 1919

Corps of Territorial Force 4th Bn Norfolk Regt.

Battalion, Battery, Company, Depôt, &c. 4th Reserve.

Date of discharge 20th January 1917.

Place of discharge The Co of Middlesex War Hospital. Napsbury St Albans

1. *Description at the time of Discharge.*

		Descriptive marks.
Age	18 years – months	
Height	5 feet 2½ inches	
Chest measurement	girth when fully expanded ins.	
	range of expansion ins.	
Complexion		
Eyes	Brown	
Hair	Light Brown	
Trade	Clerk	
Intended place of residence (To be given as fully as practicable)	Dereham Stanal Cross St Broome Norfolk	

(This description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of being no longer physically fit for War Service vide Para 392 (XVI) KR.

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military Character:— Good.

4. Character awarded in accordance with King's Regulations:—

So far as I am able to judge from the records of his service & from the Officer his Character during the time he has been in the army has been satisfactory. The cause of his discharge is stated herein.

To be filled in on the soldier quitting the Colours.

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067.

M9 63617

J.C.L.

Initials of Commanding Officer.

W 17389—M 301—200,000—2/16.—M. & S. (6849). Sch. 11° Forms B. 268A.

[OVER]

5. **Classification for service, or proficiency pay** ... ... **Class** ____

6. **Campaigns, Medals and Decorations**

Home. 3. 8. 15. To 20. 1. 1917.

7. **His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with regulations.**

(Place) _____ _____

(Date) _____ *Commanding* _____ *Battn.* _____ *Regiment*

8. ***Certificate to be signed by the soldier on discharge.***

I hereby acknowledge that I have received all my PAY and ALLOWANCES, and all just demands up to the present date, subject to the reservations ot the claims noted on the 3rd page.

(Place) _____ _____ *(Signature of Soldier.)*

(Date) _____ _____ *(Signature of Witness.)*

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. ***Additional certificate in the case of a soldier who takes his discharge at his own request.***

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

_____ *(Signature of Soldier.)*

10. ***Statement of service.***

Service towards engagement to 20/1/17 **(the date to which the record of service is completed)** 1 **years** 171 **days,**

Further service „ „ _____ **(the date of confirmation of discharge)** ... ... _____ „ _____ „

Total ... 1 „ 171 „

11. ***Confirmation of discharge.***

The discharge of the above-named man is hereby confirmed for 20th January 1917 **(date)**

(Place) Warley

(Date) 1/1/1917

Signature J. E. Lockwood Lieut for Colonel.

i/c Territorial Records, WARLEY.

Commanding officers (or the Paymaster, if at Netley) will issue to every discharged soldier whose claim to pension, on account of disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital, Chelsea, a descriptive return of the man on Army Form D. 400.

12. **Chelsea decision.**

Temporary.

Army Form B. 178

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178[A] to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY OF

Surname Kirby *Christian Name* Sidney Robert.

TABLE 1.—General Table.

Birthplace { Parish ..... / County .....

Examined { on.....day of.....191 / at .....

Declared Age .....years.....days

Trade or Occupation.....

Height.....feet.....inches

Weight .....lbs

Chest Measurement { Girth when fully Expanded .....inches / Range of Expansion .....inches

Physical Development .....

Vaccination Marks { Arm..... RIGHT | LEFT / Number ..... | .....

When Vaccinated .....

Vision { R E.—V = ... / L.E —V = ...

(*a*) Marks indicating congenital peculiarities or previous disease—

.....

.....

(*b*) Slight defects but not sufficient to cause rejection—

.....

.....

Approved by .....

Rank .....

Medical Officer.

Enlisted { at..... / on..... day of .....191...

	Corps	Regtl. No.
Joined on enlistment	4th Res Norfolks	4920
Transferred to		

Became non-effective by .....

.....

on..... day of .....191...

(*Signature*) .....

(*Rank*) .....

TABLE III.—Boards; Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief Details and Signature

TABLE IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

[11,100] W8211/M564 450m 7/16ev W.P. & Co. 59 (E186) Forms B. 178

[P.T.O.

TABLE II.—Only for admissions to Hospital or to the Sick List in case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
The County of Middlesex War Hospital, Napsbury, near St. Albans	13	9	16				mania.		generally restless, talkative, incoherent, unoccupied.	Penberty Norman Capt. R.A.M.C.

Award Sheet.—First Award.

Code Number 3694/M.

Surname Kirby Christian Names Sidney Robert

Regiment Norfolk 4th Rank Pte Regtl. No. 4920

Date of Discharge 20-1-17

Cause of Discharge as on Army Form B.268 } 392 XVI

SERVICE.	FOREIGN SERVICE.

	Init.	Date.
A.F. W.3484 sent / not sent		
A Y to Records ...		
L.C. 7, &c., to man ...		
Notification to I.O. (Card and D.400) ...		
A Y to N.H.I.C. ...		
A Y to W.P.C.... ...		
Record Card Completed		
Entered on Conditional List		

Examined by
Y Branch

AWARD.

Pension, Gratuity, or Weekly Allowance.	Number of Children, and Allowance Granted.
20/- 6 mos CRBd.	

Proposer's Signature and Date

Approver's Signature and Date

Awarders' Instructions.	Initials and Date when issued.

Particulars of any Pension or Gratuity awarded in respect of previous service.	To be left blank for award of Service pension by the Chelsea Commissioners.

Pension Expires:—

Form 90.
(1627a)—8.

(...) Wt. ...

Renewals &c., which have taken place since Discharge.

[To be filled in when more than one award has already been made at the time that an Award Sheet is first taken into use].

Date of Award	Rate of Pension or Weekly Allowance under Art. 7 (1) R.W. 1918. Man.	Children.	No. of Children under 16.	Duration of Pension or Allowance.	Gratuity. Art. 7 (1) R.W. 1917 or Art. 1 (3) R.W. 1918.	Gratuity. Art. 7 (2) R.W. 1917.	Remarks.
	27/6 from 4.4.17		to 20.7.17.	then £5 65 wks C	final		from 21.7.17.
	8/3 in lieu of last award				£5-0-0.		£4 22 10 18.
No grounds for further Award.							

Renewal or Revision of Award.

Name _____ Regt. _____ Code No. _____

MATTER NOW SUBMITTED.

DMS. 5/11/19 prevents Nil

MB 5.11.19 The effects of aggravation not passed on

AWARD or DECISION.

Notifications to I.O. (P.F.)	Init.	Date.
A 27/6 to man		
A 8/3 to man		
A ½ to N.H.I.C.		
A ½ to W.P.C.		
Record Card Completed		24 NOV 1919
Entered on S.B. 2.		
Entered on Conditional List		

Examined by F. Branch

Pension, Gratuity, or Weekly Allowance.	Number of Children, and Allowance Granted.
No grounds for further award	
Proposer's Signature and Date: A.C. Dunham 19.11.19	
Approver's Signature and Date: C.H. Jenn 20.11.19	
Awarders' Instructions.	**Initials and Date when issued.**

Pension Expires:– No Grounds for further Award

Army Form B. 183.

Report on a Case of Mental Disability.

1. Regimental Number 4920. Rank Pte.

Surname. Kirby Christian Name. Sidney Robert

2. Regiment or Corps. 4th Res Norfolks.

3. Age last birthday. 18 Religion. C of E

4. Place of birth. Norwich

5. Married or single. Single

6. Names and Addresses of nearest surviving relatives. Mr C R Kirby
Dereham House
Cross St.
Cromer

7—Service.

COUNTRY	PERIODS From	PERIODS To	Years.	Days.
Home	2. 8. 15	30 12 16		

The answers to the following questions will be in the handwriting of the Officer in medical charge of the case.

8. Character, especial regard being paid as to whether temperate or otherwise.
(For guidance in forming an opinion, the Company Conduct Sheet will be obtained from the soldier's Commanding Officer.)

✓

9. Form of mental disease. Mania - 145.

(8 2 25) W 10941—1902 25,000 1/15 H W V (R 979/3) Forms/B. 183/10
5016—2121 30,000 6/15

10. Is this a first attack? Unknown.

11. Duration of present attack. Unknown.

12. Was the attack sudden or insidious? If the latter, mention any peculiarity of behaviour or change in habits which preceded it. Unknown.

13. Was it preceded or accompanied by any particular illness, such as fever, rheumatism, syphilis, &c.? Unknown.

14. What are the supposed causes (moral or physical) of the attack? Unknown.

Has the patient suffered from sunstroke, concussion, or injury of the head? Unknown.

15. Has the disability been caused or aggravated by his service as a soldier? If so, how? not applicable.

16. Does any hereditary predisposition exist? Unknown.

17. What are the particular ideas or actions which have induced the belief of insanity?

(*a*) Observed by you.

(*b*) Communicated to you by others.

(a). Restless, untidy, unoccupied, incoherent. Makes insane gestures.

18. (*a*) Is the disease complicated with epilepsy, paralysis, or homicidal or suicidal impulses?

No.

(*b*) If suicidal tendency exists, the way in which self-destruction has been attempted should be stated.

not applicable.

19. (*a*) Is the patient noisy, dangerous, mischievous, or given to steal?

at times noisy + mischievous

(*b*) Are his habits cleanly or the reverse?

Cleanly.

Herbert J. Norman.

Capt, R.A.M.C.

Officer in medical charge of the case.

Station _____

Date _____

THE COUNTY OF MIDDLESEX WAR HOSPITAL
No. .....
24 NOV 1916
WAPSBURY, ST. ALBANS

The A. D. M. S. (~~or D. D. M. S.~~)

Bedford District (~~or Command~~).

I recommend that this soldier be brought before a Medical Board, with a view to his mental condition being definitely affirmed, and his disposal determined.

R. A. Mynn

Lieut-Col. R.A.M.C.

Officer in charge, Military Hospital.

Station _____

Date _____

THE COUNTY OF MIDDLESEX WAR HOSPITAL
No. .....
24 NOV 1916
WAPSBURY, ST. ALBANS