

NAA: B2455, LANGLEY HERBERT CHARLES

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Number of pages: 24

Title: LANGLEY Herbert Charles: Service Number - 5107: Place of Birth - Ferina SA: Place of

Enlistment - Murray Bridge SA: Next of Kin - (Wife) LANGLEY Florence E

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AUSTRALIAN **IMPERIAL** AUSTRALIAN STO ATTESTATION PAPER OF PERSONS ENLISTED FOR SERVICE ABROAD. Hybrit Charles LANGLEY E4/32 Infantry: Unit_ march 191 Joined on Questions to be put to the Person Enlisting before Attestation. 1. Mohr Charles dangley What is your name? 2. In the Parish of_ PAYBOOK IN near the Town of Ferma In or near what Parish or Town were you born? in the County of South level rela Are you a natural born British Subject or a Naturalized British Subject? (N.B.—If the latter, papers to be shown.) 3. Walural Born British rubject 29 to years What is your age? 5. Darryman What is your trade or calling? Are you, or have you been, an Apprentice? If so, where, to whom, and for what period? 20 3 children 7. 425. Are you married? ... (WIFE) MAS FLORENCE LANGLEY MYPOLONGA Who is your next of kin? (Address to be stated) ...
The answer to this question shall not be construed as in the nature of a Will. ALLART EUA HTUOC Have you ever been convicted by the Civil Power? Have you ever been discharged from any part of His Majesty's Forces with Ignominy, or as Incorrigible and Worthless, or on account of Conviction of Felony, or of a Sentence of Penal Servitude, or have you been dismissed with disgrace from the Navy? Do you now belong to, or have you ever served in, His Majesty's Army, the Marines, the Militia, the Militia Reserve, the Territorial Force, Royal Navy or Colonial Forces? If so, state which, and if not now serving, state cause of discharge. Have you stated the whole, if any, of your previous service? Have you ever been rejected as unfit for His Majesty's Service? If so, on what grounds? No For married men, widowers with children, and soldiers who are the sole support of widowed mother)—

Do you understand that no Separation Allowance will be issued to you in respect of your service beyond an amount which together with pay would reach - per day? 4 25 14. Are you prepared to undergo inoculation against smallpox and enteric fever? ... do solemnly declare that the above answers made me to the above questions are true, and I am willing and hereby voluntarily agree to serve in the Military Forces he Commonwealth of Australia within or beyond the limits of the Commonwealth.

And I further agree to allot not less than three-fifths of the pay payable to me from time to time during my vice for the support of my wife and children

NAA: B2455, LANGLEY HERBERT CHARLES

* This clause should be struck out in the case of unmarris

National Archives of Australia

CERTIFICATE OF ATTESTING OFFICER.

The foregoing questions were read to the person enlisted 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 by him.

ons who are naturalized British Subjects.)

Date 15th March 1919

OATH TO BE TAKEN BY PERSON BEING ENLISTED.

3. Kerhert Charles Langley well and truly serve our Sovereign Lord the King in the Australian Imperial Force from 15 March 1917 until the end of the War, and a further period of four months thereafter unless sooner lawfully discharged, dismissed or removed therefrom; and that I will resist His Majesty's enemies and cause His Majesty's peace to be kept and maintained; and that I will in all matters appertaining to my service, faithfully discharge my duty according to law.

SO HELP ME GOD.

Taken and subscribed at heering Bris, in

19/7, before me-

on enlisting who objects to taking an oath may make an affirmation in accordance with the Third Schedule of the Act and the above form must be amended accordingly. All amendments must be initialled by the Attesting Officer

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Description of The Colored Land Age 29 years 8 months	s Langley on Enlistme
Description of White That	is Laryley on Enlistme
Age 29 years 8 months	
	DISTINCTIVE MARKS.
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Weight 168 lbs.	Vace 2 left am
Chest Measurement 3)-40 inches	2 cept acts
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Eyes Blue	de anie de la constitución de la
Hair Dark brown	
Religious Denomination Methodisk	
CEPTIFICATE OF ME	DICAL EXAMINATION.
CERTIFICATE OF MEI	DICAL EXAMINATION.
I HAVE examined the above-named person the following conditions, viz.:-	on, and find that he does not present an
Scrofula; phthisis; syphilis; impai	ired constitution; defective intelligence
defects of vision, voice, or hearing; herni a limited extent; marked varicocele with	ia: hæmorrhoids: varicose veins, bevon
cutaneous disease; chronic ulcers; traces	of corporal punishment, or evidence of
having been marked with the letters D. abnormal curvature of spine; or any other	or B.C.; contracted or deformed chest or disease or physical defect calculated t
unfit him for the duties of a soldier.	
He can see the required distance w healthy; he has the free use of his joint	rith either eye; his heart and lungs ar
subject to fits of any description.	and imos, and he declares he is no
I consider him fit for active service	ce.
Date 14th March 1917	
Place Munay Aux (e	
Place Cultury Ties for	1. 1.1.
	blud. N. Macquar Signature of Examining Medical Officer.
<i></i>	ngmane of Examining Medical Officer.
CERTIFICATE OF COM	MMANDING OFFICER.
- I CERTIFY that this Attestation of	the above-named person is correct, and
that the required forms have been comp	lied with. I accordingly approve, and
appoint him to 14/32 Infantry	
	.0
	-5 2 2 ll
Place Mikhay	6. T. J. Jana N. Deand L.

	4		1
Statement of Ser	vice No. 5107 No	amelangung Her	bert Charles
Unit in which served	Promotions, Reductions, Casualties, &c.	Period of Service in each Rank From To	Remarks
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A Cay.	. The	1.817 1.8.1	
10/5.	. Phe.	1.8.1719.8.	
TJ9 10.	Privale	20/5/17 25/1/	
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14/32 Infantry.	Private	24.10.7	60, 254 #
	ENTRAINED 10 / 12/19/ 300 military district for Emboliation	et	
	urne, Vic. per H.M.A.T. A		/12/17.
	The same of the sa	CAL SA	Tout and
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Son decided	Bischarged M. I	775 (00)	ace studen
JZ na Jami			1
I have examined	the above details, and find the	nem correct in every re	spect.



MILITARY FORCES.

ATTESTATION PAPER OF PERSONS	S ENLISTED FOR SERVICE ABROAD.
Name LANGLE	y Oferbor Charles.
Unit 10/501/3	14/32 - July
Joined on 15	Bharch 19th
5107	E-Vision before Attentation
lestions to be put to the Per	son Enlisting before Attestation.
t is your name?	Wo.
	Y -
near what Parish or Town were you born?	near the Town of terma
you a natural born British Subject or a	in the County of South Australia
aturalized British Subject? (N.B.—If the latter, pers to be shown.)	3. Malured from British Sub
t is your age?	1 24 12 years.
t is your trade or calling?	5. Dairepan.
you, or have you been, an Apprentice? If so, here, to whom, and for what period?	6. 00
you married?	7. yrs. 3 children.
	(WIFE) M- FLORENCELAND
is your next of kin? (Address to be stated) answer to this question shall not be construed as in the	MYPOLONGA.
nature of a Will.	9 No
e you ever been convicted by the Civil Power? e you ever been discharged from any part of His	
lajesty's Forces with Ignominy, or as Incorrigible and Worthless, or on account of Conviction of	10. No.
elony, or of a Sentence of Penal Servitude, or have ou been dismissed with disgrace from the Navy?	
you now belong to, or have you ever served in, His Iajesty's Army, the Marines, the Militia, the	0.0
lilitia Reserve, the Territorial Force, Royal Navy r Colonial Forces? If so, state which, and if not ow serving, state cause of discharge.	11. 1 00.
e you stated the whole, if any, of your previous	12. 4 25
re you ever been rejected as unfit for His	
lajesty's Service? If so, on what grounds?) 13. No.
married men, widowers with children, and soldiers who are the sole support of widowed mother)— you understand that no Separation Allowance will be issued	14. Yas.
to you in respect of your service beyond an amount which together with pay would reach 10- per day?	
you prepared to undergo inoculation against mallpox and enteric fever?	15. 465.
Highes Chadre Lande	do solemnly declare that the above answers ma
to the above questions are true, and I am willing a	nd hereby voluntarily agree to serve in the Military For-
commonwealth of Australia within or beyond the nd I further agree to allot not less than three-fifth	of the pay payable to me from time to time during
for the support of my wife wife and children	4100

2

CERTIFICATE OF ATTESTING OFFICER.

The foregoing questions were read to the person enlisted 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 by him.

I have examined his naturalization papers and am of opinion that they are

(This to be struck out except in the case of persons who are naturalized British Subjects.)

Date 15 Cucuol 1917

Signature of Attesting Officer,

OATH TO BE TAKEN BY PERSON BEING ENLISTED.

Well and truly serve our Sovereign Lord the King in the Australian Imperial Force from 15 Warch 1917 until the end of the War, and a further period of four months thereafter unless sooner lawfully discharged, dismissed or removed therefrom; and that I will resist His Majesty's enemies and cause His Majesty's peace to be kept and maintained; and that I will in all matters appertaining to my service, faithfully discharge my duty according to law.

SO HELP ME GOD.

Horbert Charle, Lane Signature of Person Enlisted.

Taken and subscribed ar Munica Brid, in

the State of South australe a

this

_day of

___19/7, before me-

Signature of Attesting Officer.

*A person enlisting who objects to taking an oath may make an affirmation in accordance with the Third Schedule of the Act and the above form must be amended accordingly. All amendments must be initialled by the Attesting Officer

National Archives of Australia

NAA: B2455, LANGLEY HERBERT CHARLES

3

Description of Unbert & harle	Langley on Enlistment.
Age 24 years 8 months	DISTINCTIVE MARKS.
Height 6 feet w inches	Vision R. 6/6 L 6/6
Weight 168 lbs.	Vacc & Offarm.
Chest Measuremen 37-40 inches	
Complexion fuch Eyes Rho	
Hair Dark brown	
Religious Denomination Wetherisk	
CERTIFICATE OF MEI	DICAL EXAMINATION.
I HAVE examined the above-named person of the following conditions, viz.:—	on, and find that he does not present any
Scrofula; phthisis; syphilis; impair defects of vision, voice, or hearing; hernic a limited extent; marked varicocele with cutaneous disease; chronic ulcers; traces having been marked with the letters D. abnormal curvature of spine; or any other unfit him for the duties of a soldier.	unusually pendent testicle; inveterate of corporal punishment, or evidence of or B.C.; contracted or deformed chest;
He can see the required distance w healthy; he has the free use of his joints subject to fits of any description.	ith either eye; his heart and lungs are and limbs; and he declares he is not
I consider him fit for active service	e.
Date 14 - March 1917	
Date 14th March 1917 Place Munay Arite	ha. A. dlacquarie ignature of Examining Medical Officer.
CERTIFICATE OF COM	IMANDING OFFICER.
I CERTIFY that this Attestation of that the required forms have been complappoint him to 10/50th Juf.	the above-named person is correct, and lied with. I accordingly approve, and
Date 16/7/17	981 Duore
Place Milchaus	Commanding 50 INFANTRY.
	Communaing

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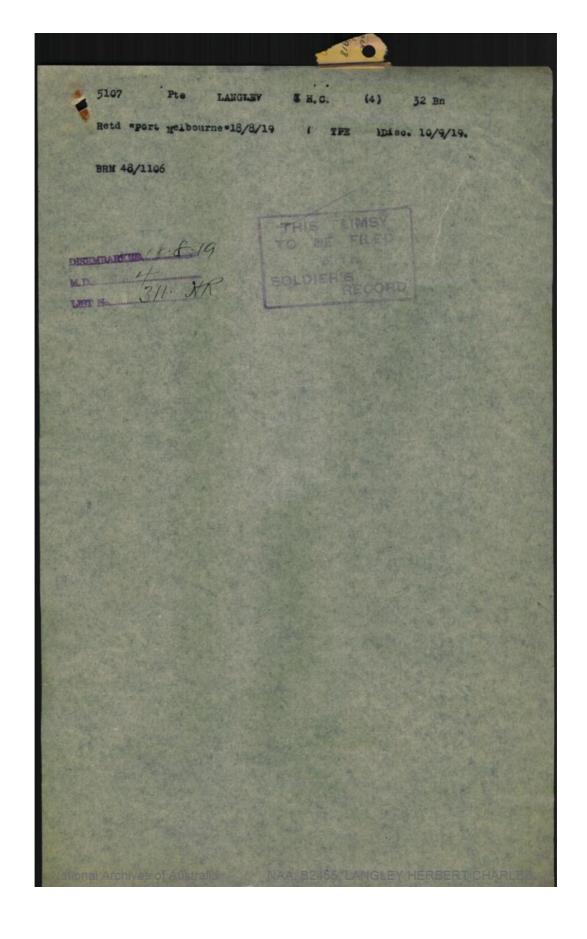
Unit in which served Promotions, Reductions, Casualties, B. Coy. MITCHAM. Prievalia Phe 10/50th Inf "A" Coy. 10/5" Peonoeir Phu. 10/5" Peonoeir Phu. 10/5" Peonoeir Phu. 10/5" Pte. 10/5" Pte. 15" AGA (VD) Wh. 14/32 Onborked per S. S. Wylster Desemberked Sortham Pte Th/into 15th Tag pon Quest.	Name Larvaley Herbert Cha Period of Service in each Rank From To 22-6-17 1/1417. 1-7-17 16-7-17 16-7-17 16-7-17 18-17-31-7-17 CO. 180/ 1-8-17-9-8-19 Co 1922 20/8/17 25/9/17 25-9/727-9-17 28-9-17 1-11-17 20 11 1.117
Unit in which served Promotions, Reductions, Casualties, B. Coy. MITCHAM. Prievale Promotions, Reductions, Casualties, Prievale Prieva	8c. Rank Remarks From To 22-6-17 1/1/4/17 1-7-17 16-7-17 16-7-17 16-7-17 1.8-17-31-7-17 C.0.180/ 1.8-17-19.8.19 Co 1922 20/8/17 25/9/17 25-9-17 27.9-17 38-9-17 1.11-17 20 12/ 25-4-17 27.9-17
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10/50th Juf Peonoeir Phe. 10/5 1 Peonoeir Phe. 10/5 1 Peonoeir Phe. 10/5. 15/1 AGH (VD) Wh. 14/32 Onborked per S. S. Wylste Disemberked Sontham Ple Minto 15th Jug pom Quest: Ple ROGEBDING 0'/88 EX/K-A J. for Bodford Ple MIX to N.Z. I. & G. 11011 U.K. & 2 141 181	16.7.17. 31.7.17. C.0.174 1.8.17.19.8.19 Co 1922 20/8/17 25/9/17 223/11 25-9.17 27.9.17 20.11
"A" Coy. 10/5" Peonoeir Phy. 10/5" Peonoeir Phy. 10/5. 15" AGA (VA) Whe 14/32 Into Ked per S. S. Wylste Disemberted Sortham Pte 9h/into 15th Jug pom Quest: Pte = ROGERDING 0'/88 EX/K-4 % for Godfod Pte M/I to N.Z. I. & G. I COM U. K. OX 14th 181	1.8.17.19.8.19 Co 1922 20/8/17 05/9/17 223/11 25-9.1727.9.17 20.11 28.9.17 1.11.17 20.11
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I have examined the above details, and fi	ADSTRALIA ST. (ADV. 186)
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o be used for Enlistment in	the Permane	nt Military Forces on	<u>y.</u>		
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surname					
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Declared Age	affects .	29 3	lears.	NE STATE OF THE ST	Jacob Marie Village Co.
Crade or Occupation	2	airy man			
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Weight Girth when fully	mark!	168	10 13	lbs.	
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Measurement Range of Expansion Physical Development and		mad.		inches.	
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	(L.E.—V=	66			
a) Marks indicating con-	(a)			AND THE OWNER WHEN PARTY AND ADDRESS OF THE OWNER	NAME AND ADDRESS OF THE PERSON
genital peculiarities or previous disease			History of	No. Cont.	matiam.
previous disease		No	History of	Torran	
Company of the last section of	(6)				
b) Slight defects, but not sufficient to cause re-			100		
jection					
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(Ra)		M. a.a. 4	. C. (Res	serve)	
				Medical	Officer.
	(at	Prurray &	redge	Sirill an	straha
Enlisted	on	day o	of 6 8	2 arch.	10/7
	(110150.	Ala Corps		Regl. No.	1
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DERMATOLOGICAL BLOCK NO. 15. A. G. HOSP. N. AD	28	9	14.	1	30	17	Gonorhoea	40
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or of future use. In cases of the shown. If an accident, state	reduction it assumed on duties	likely to be of interest issions to hospital will	Signature of Medical Officer HWB Carri
J. T.I.Y.D.			OP.
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Recommen.	That he Bridge Broke	the meaning	Breezes Cop
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9.7.1	7 Innoculation	LA . Y . Y WAL	OCINATION	Luce	moles
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-		Table IV.—Se	rvice Table.		
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Station	Date of Arrival	Date of Departure	Station	Date of Arrival	Date of Departure
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Citchau	Δ 22.6.19 AT	Departure 1. 8 17 16 2 - 1917	Station		
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Vonegoal Hos Michael	Arrival 3 3 22.6.19 Att	Departure 1. 8 17 16 2 - 1917	Station		
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Vonegoal Hos Michael	Arrival 3 3 22.6.19 Att	Departure 1. 8 17 16 2 - 1917	Station		
Vonegoal Hos Michael	Arrival 3 3 22.6.19 At 21.8.17 2 2 25.9.17 2	Departure 1. 8 17 16 2 - 1917	Station		
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FORM-	(To be filled in by Medical Board prior to discharge.)	m.
Hospital No.	Name. Rank. Regimental Number. Unit.	
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nstitution, (c) Convale	, it should be stated whether further treatment is desirable in a (a) Sanatoriu escent Home, (d) Asylum, or (e) other institution. State whether further tre-patient, and for what period.	THE RESERVE OF THE PARTY OF THE
nstitution, (c) Convale	, it should be stated whether further treatment is desirable in a (a) Sanatoriu escent Home, (d) Asylum, or (e) other institution. State whether further tre-patient, and for what period.	THE RESERVE OF THE PARTY OF THE
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nstitution, (c) Convale n in-patient or an out	, it should be stated whether further treatment is desirable in a (a) Sanatoriu escent Home, (d) Asylum, or (e) other institution. State whether further tree-patient, and for what period.	eatment should b
nstitution, (c) Convale n in-patient or an out	, it should be stated whether further treatment is desirable in a (a) Sanatoriu escent Home, (d) Asylum, or (e) other institution. State whether further tree-patient, and for what period.	President
nstitution, (c) Convalen in-patient or an out- surgical appliance rec	, it should be stated whether further treatment is desirable in a (a) Sanatoriu escent Home, (d) Asylum, or (e) other institution. State whether further tree-patient, and for what period. commended? Signatures	President. Members.
nstitution, (c) Convalen in-patient or an out- surgical appliance rec	, it should be stated whether further treatment is desirable in a (a) Sanatoriu escent Home, (d) Asylum, or (e) other institution. State whether further tree-patient, and for what period.	President. Members.
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nstitution, (c) Convalen in-patient or an outer surgical appliance recept.	, it should be stated whether further treatment is desirable in a (a) Sanatoriu escent Home, (d) Asylum, or (e) other institution. State whether further tree-patient, and for what period. commended ? Signatures Director General Medica	President. Members.
nstitution, (c) Convalen in-patient or an outer surgical appliance recept.	patient, and for what period. Signatures Director General Medica R.S.	President. Members.
nstitution, (c) Convalen in-patient or an outer surgical appliance recept.	, it should be stated whether further treatment is desirable in a (a) Sanatoriu escent Home, (d) Asylum, or (e) other institution. State whether further tree-patient, and for what period. commended ? Signatures Director General Medica	President. Members.
nstitution, (c) Convalen in-patient or an outer surgical appliance recept.	pate of discharge: - 10/9/19	President. Members.
nstitution, (c) Convalen in-patient or an outer surgical appliance recept.	pate of discharge: - 10/9/19	President. Members.
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condition of the patient on finalization. On completion of the Board, it will be forwarded to the P.M.O. by hand, for confirmation, thence to the S.O.I. and R.S., who will make necessary copies. This report is confidential.

Single copies only need be forwarded to Head Quarters.

For discharge of members of services other than the permanent forces the District P.M.O. may approve for the D.G.M.S.

National Archives of Australia NAA: B2455, LANGLEY HERBERT CHARLES

		n.
Date		
Result	Result	- Indiana
Signatures	Signatures	
-		
OPINIO		
Norm.—Clear and definite ans	N OF MEDICAL BOARD ON FINALIZA	TION.
the man being invalided, it is essentise enable him to decide upon the man's	wers to the following questions are to be carefully filled in al that the Minister for Pensions should be in possession o claim for pension.	by the Board, as, in the event of f the most reliable information to
 State whether the disability is clear 	rly (a) Due to Military Service (b) Agomystad by M	THE PARTY OF THE
Military Service; (d) Due to	, or aggravated by, want of proper care on man's p	part, intemperance, misconduct,
22. Is the present degree of disability p	permanent †	
23. If not, at what rate and to what de		
	city at present affected by his disability? (a) In his p	
(b) In the general labour mark	ket? (Estimate as a percentage of full capacity.)	ore-enustment trade or occupation
25. If an operation was advised and dec		
	as permanently unfit for General Service?	
	ald be stated whether further treatment is desirable in	- 1-19 11 11 11 11
	The state of the s	a (a) Sanatorium, (b) Orthopæd
Institution, (c) Convalescent I	iome, (d) Asylum, or (e) other institution. State who	ether further treatment should b
Institution, (c) Convalescent E an in-patient or an out-patient,	iome, (a) Asylum, or (e) other institution. State who	
(c) Convaiescent I	, and for what period.	
an in-patient or an out-patient,	, and for what period.	
an in-patient or an out-patient, 8. Is any surgical appliance recommend	, and for what period.	President.
an in-patient or an out-patient, 8. Is any surgical appliance recommend Station	, and for what period.	
an in-patient or an out-patient, 8. Is any surgical appliance recommend Station Date	, and for what period.	President,
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an in-patient or an out-patient, 8. Is any surgical appliance recommend Station Date Approved. Station	and for what period. Signatures	President, Members.
an in-patient or an out-patient, 8. Is any surgical appliance recommend Station Date Approved.	and for what period. Signatures	President.

Date of discharge:- 10/9/19 Address:- Mypolonga, S.A.

This form will be used for the finalization of all invalids in Australia, and will embedy (Question 11) all information contained on the papers of invalids returned from overseas. Question 13 will include in its Answer a detailed careful account of the medical condition of the patient on finalization. On completion of the Board, it will be forwarded to the P.M.O. by hand, for confirmation, Eingle copies only need be forwarded to Head-Quarters.

For discharge of members of services other than the permanent forces the District P.M.O. may approve for the D.G.M.S.

National Archives of Australia NAA: B2455, LANGLEY HERBERT CHARLES

Heart √	
Lunge J	
Urine J	
Scars J	
14. If the disability is an injury, state whether it was caused (a) in action,	, (b) on field service, (c) on duty, (d) off du
15. If a Court of İnquiry was held, state place, date, and opinion	
16. Was an operation performed ! If so, what ! N.A.	
17. Was an operation advised and declined?	
18. In the case of loss or decay of teeth-Was it due to, aggravated by, or ind	ependent of Military Service !
19. Give particulars of any other disabilities existing	
20. Do you recommend discharge as permanently unfit for general service t	Fit G.S.
Sgd. C.H.Souter	Capt. D. Dawson Capt.
	Medical Officer in charge of case.
I, having satisfied myself of the general accuracy of this report, concur	therewith, except

Sgd. H.H.E.Russell Lt/Col P.M.O

(2) Regtl. No. 5107	LANGLEY	Herbert Charles	P.B 702269	Int Marray Bridge S.A.	Auth. C.R.	Meth	no ou		Aust		Lo	NAA: B2455 I ANGI FY HERBERT CHARI ES
32nd BATTALION	Pte. SURNAME	Christian Names.	Particulars.	(8) Place of Enlistment	29 Years 8 Months as to age after verification of Birth Certificate	Ferina S.A.	(15) If an Apprentice		22/12/1917 i.e. Australia	Abroad	(21) Special Notification	
Form 8103 Part I. Form 8103 Part II. UNIT UNIT Form.	PART I. PART I. Present Rank	(5) Decorations	'ui	M Date of Enlistment	(9) Age on Enlistment	mettinw e	to ((4) Trade or Calling	Date of Embarkation from Australia	(8)	(61)	(30)	National Archives of Australia

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