

**NAA: B884, S68294**

**Series number:** B884

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**Title:** GREGORY JOHN BADEN POWELL : Service Number - S68294 : Date of birth - 12 Jul 1900 :  
Place of birth - FARINA SA : Place of enlistment - ADELAIDE SA : Next of Kin - GREGORY EVELYN

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AUSTRALIAN



MILITARY FORCES.

## MOBILIZATION ATTESTATION FORM

To be filled in for all Persons at the Place of Assembly when called out under Parts III. or IV. of the Defence Act.

Army No. 568294  
Surname GREGORY (BLOCK CAPITALS) Christian Names John Baden Powell  
Unit A Coy 2nd Bn V.D.C.  
Enlisted for war service at Adelaide (Place)  
24th Aug (State) 1st April 42 (Date)

A  
Questions to be put to persons called out or presenting themselves for enlistment.\*

- |   |   |
|---|---|
| 1. What is your name? .....   | 1. Surname <u>GREGORY</u><br>(BLOCK CAPITALS) |
| 2. Where were you born? .....   | Other names <u>John Baden Powell</u>          |
| 3. Are you a British Subject? .....   | 2. In or near the town of <u>Farina</u>       |
| 4. What is your age and date of birth? .....  | In the state or country of <u>2nd Aust</u>    |
| 5. (a) What is your normal trade or occupation? Grade if any?   | 3. <u>yes</u>                                 |
| (b) Present occupation? .....   | 4. Age <u>41</u>                              |
| 6. (a) Are you married, single or widower? .....  | Date of Birth <u>12th July 1900</u>           |
| (b) If married state date of marriage? .....  | 5. (a) <u>Salesman</u>                        |
| 7. (a) Have you had previous naval, military or Air Force service either in peace or war? If so, where and in what arm?   | (b) <u>dr.</u>                                |
| (b) What was the reason for your discharge? .....   | 6. (a) <u>married</u>                         |
| 8. Who is your actual next of kin? (Order of relationship.—wife, eldest son, eldest daughter, father, mother, eldest brother, eldest sister, eldest half-brother, eldest half-sister) | (b) <u>23rd July 1932.</u>                    |
| 9. What is your permanent address? .....  | 7. (a) <u>British Forces</u>                  |
| 10. What is your religious denomination? (This question need not be answered if the man has a conscientious objection to doing so) .....  | (b) <u>Ceylon Francis Gregory</u>             |
| 11. Which, if any, of the following Educational Qualifications do you possess? .....  | 8. Name <u>20 Lettie St</u>                   |
| 12. Have you ever been convicted by a Civil Court? .....  | Address <u>Blair School 2nd Aust</u>          |
| If so—(a) What Court? .....   | Relationship <u>Wife</u>                      |
| (b) for what offence? .....   | 9. <u>20 Lettie Street</u>                    |
|   | <u>Blair School</u>                           |
|   | 10. <u>Church of England</u>                  |
|   | 1. Certificate for entry to Secondary School  |
|   | 2. Intermediate                               |
|   | 3. Leaving                                    |
|   | 4. Leaving Honours                            |
|   | 5. Technical                                  |
|   | 6. University Degree                          |
|   | 7. Other Diplomas                             |
|   | 12. <u>no</u>                                 |
|   | (a) .....                                     |
|   | (b) .....                                     |

I, John Baden Powell Gregory do solemnly declare that the above answers made by me to the above questions are true.  
Witnessed by J. B. P. Gregory (Signature of Attesting or Witnessing Officer.)  
Signature J. B. P. Gregory

\* The person will be warned that should he give false answers to any of these questions he will be liable to heavy penalties under the Defence Acts.



B

# MEDICAL EXAMINATION

I have made full and careful examination of the abovenamed person in accordance with the instructions contained in the Standing Orders for Australian Army Medical Services. In my opinion he is—\*

1. Fit for Class I.
2. ~~Temporarily unfit for Class I~~ †
3. ~~Fit for Class II.~~
4. ~~Temporarily unfit for Class II~~ †
5. ~~Unfit for military service~~ †

Place WAYVILLE Date 19 MAR 1942

Signature of Examining Medical Officer

*[Signature]*

\* Classifications which are inapplicable to be struck out.

† Reasons for unfitness to be stated.

C

# OATH OF ENLISTMENT ‡

For persons enlisted or called upon under Part III or Part IV of the Defence Act, and not being members of the Active Citizen Military Forces to serve in the Citizen Forces in time of war. Not compulsory for serving members of the Forces or those allotted to the Citizen Forces under Part XII of the Act, but unless in any case an objection is raised, the oath should be administered to them as part of the ceremony of attestation.

I, John Baden Powell Gregory swear that I will well and truly serve our Sovereign Lord, the King, in the Citizen Military Forces of the Commonwealth of Australia for the duration of the present time of war, or until sooner lawfully discharged, dismissed, or removed, 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!**

Signature of Person Enlisted

*[Signature]*

Subscribed at ADELAIDE

in the State of SOUTH AUSTRALIA

this 7th day of April 1942

Before me—

Signature of Attesting Officer

*[Signature]*

‡ Persons who object to take an oath may make an affirmation in accordance with the Third Schedule of the Defence Act. In such case the above form will be amended accordingly and initialled by the Attesting Officer.



C/D 317 2 med

A.F. B.103-1 (Adapted)

# SERVICE AND CASUALTY FORM

Army No. 568294

Unit 2nd Batt. VDC

Christian Names John Baden Powell

Rank Pte

On Enlistment

Date of Enlistment

Place Adelaide SA

Date and Place of Birth 12/7/1900 Jarra SA

Trade or Occupation Salesman

Religion C of E

Marital Condition Married

Next of Kin Evelyn James Gregory

Address of Next of Kin 20 Lethe St,

Blair Athol

Relationship wife

Identification—Colour of Hair Black Eyes Hazel

Distinctive Marks Scar left eye

Medical Classification—Class I.

Class II.

## REPORT

Date

From whom received

8.5.43 2nd Batt

28.7.43 " 36/43

Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, etc., and the date of admission to and discharge from Hospital, etc., and the date of disembarkation and embarkation from a theatre of war (including furlough, &c.).

Taken on strength

Discharged—battered up RAAF

Initials of Officer Certifying Correctness of Entries

Authority W.3011, B.2069, or other Document

Place of Casualty

Date of Casualty

8.5.43

28.7.43

SA

SA 2nd Batt

W.3011: 1/12

W.3011: 1/12

NOTHING TO BE WRITTEN IN THIS SPACE.



NOTHING TO BE WRITTEN IN THIS SPACE.

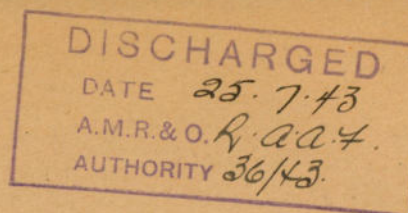
[illegible]

A.H.M.—3/42—B1841

National Archives of Australia

NAA: B884, S68294





COVER FOR PERSONAL DOCUMENTS.

Army No. 568294  
Surname GREGORY.  
(BLOCK CAPITALS.)  
Other names John Haden Powell  
Rank Unit VDC P.T.D.

Army No.  
Surname  
(BLOCK CAPITALS.)  
Other names  
Rank 50N-642 5273  
Unit



AUSTRALIAN



MILITARY FORCES

# Medical History Sheet of (Army No.) 568294

Surname (in capitals) GREGORY Christian Names John Baden Powell  
Age 41 years 9 months 12 days Date of birth 1900 Birthplace Tarima  
Occupation Salesman Religious Denomination Church England  
Complexion Dark Colour of hair Black Colour of eyes Hazel  
Distinctive marks, and marks indicating congenital peculiarities or previous disease } Scar Left calf

ARE YOU NOW OR HAVE YOU EVER BEEN RECEIPT OF A PENSION FOR ANY

TABLE 1.

No NO

1. Are you now suffering from any disease or disability? No
2. Have you ever suffered from any of the following illnesses?
 

(a) Rheumatic Fever <u>No</u>	(i) Kidney Disease <u>No</u>
(b) Weak Heart or Heart Disease <u>No</u>	(j) Skin Disease <u>No</u>
(c) Tuberculosis or Consumption <u>No</u>	(k) Malaria <u>No</u>
(d) Spitting of blood <u>No</u>	(l) Dysentery <u>Yes</u>
(e) Pleurisy <u>Yes</u>	(m) Ulcer of the Stomach or Indigestion <u>No</u>
(f) Asthma or Shortness of breath <u>No</u>	(n) Piles <u>Yes EXTERNAL</u>
(g) Venereal Disease or Stricture <u>No</u>	(o) Have you ever had any other serious illness? <u>Pharyngitis</u>
(h) Neurasthenia or Nervous Breakdown <u>No</u>	
3. Have you had fits of any kind? No
4. Have you had discharge from either ear? No
5. Have you had a broken bone or been seriously injured? No  
If so, state nature and date
6. Have you been operated upon? No  
If so, state nature and date
7. Has any member of your family suffered from Pleurisy, Tuberculosis, Diabetes, Stroke, Nervous Breakdown, or Mental Trouble?  
If so, give particulars (relation and when) No
8. Have you been rejected or deferred for Life Insurance? No
9. Have you been rejected or discharged as unfit for service in any branch of His Majesty's Forces? No  
If so, give date and reason
- \*10. Have you been wounded, suffered from Shell Shock, or Gas Poisoning? No  
If so, give particulars

I declare that I have read the answers to the above questions, and that to the best of my knowledge they are true.

Station WAYVILLE

Date 19 MAR 1942

Signature of Recruit JBP Gregory

Examined on 19 MAR 1942 day of 19

at WAYVILLE

Without Glasses

Right 6/9  
Left 6/12

VISION

With glasses

Right 6/9  
Left 6/9

Height 5 feet 8 1/2 inches.

Weight 154 lb.

Vaccination Marks

Right Nil Number

Left Nil Number

Chest Measurement { Girth when full expanded 39 1/2 inches.

{ Range of expansion 2 1/2 inches.

When vaccinated

Urine URINE N.A.D.

Blood Pressure, Systolic 120 Diastolic 80

Slight defects, but not sufficient to cause rejection.

(Details in Table VI.)

Examined by me and classified as follows:—

Classification I

Subsequent Medical Examinations:—

Classification I

Signature Horrocks

Date 19.3.42

Signature

Date

Signature

Date

Signature

Date

\*Only to be answered if the recruit has had active service.

†The recruit will be warned that should he give false answers to any of these questions he will be subject to heavy penalties under the Defence Act.

‡In accordance with S.O. A.A.M.S. reason for unfitness to be stated.



TABLE II.

[illegible]



TABLE III.

## Record of Medical Boards, Courts of Inquiry on Injuries or Disease, and Issue of Surgical Appliances.

Date	Brief Details	Signature
1941		

TABLE IV.—PRESCRIPTION FOR SPECTACLES.

	Vision without glasses	Sph.	Cyl.	Axis Standard Notation	Vision with glasses	Ophth. Centre	Date of Exam.
R						Frame No. (or measurements)	Date of Issue
L							

Signature of M.O. \_\_\_\_\_



Dental condition on first examination :—																Dental Requirements :—															
8    7    6    5    4    3    2    1																1    2    3    4    5    6    7    8															
8    7    6    5    4    3    2    1																1    2    3    4    5    6    7    8															
No alteration or addition will be made to this chart after the dental condition has been recorded.																															
<b>Symbols to be used by Dental Officer.</b>																															
Dentally fit ..	Dentally fit	Gingivitis..	..	..	G																										
Missing ..	M	Scaling required ..	..	Sc.																											
Unerrupted ..	U	Dentures—Full Upper	..	FU																											
Extraction required	X	„ Full Lower	..	FL																											
Filling required	Y	„ Part Upper PU (No. of teeth ..)																													
Restored tooth	R	„ Part Lower PL (No. of teeth ..)																													
					In Situ Reqd.																										
																Place _____															
																Signature _____															
																Date _____ Rank _____															
																Dental Officer.															
NOTE.—Teeth replaced by a denture to be marked "D."																															

TABLE VI.

Details of defects detected which are not such as to cause rejection.

## 2nd Medical Examination

Classification I  
al

WAYVILLE 19 MAR 1942

TABLE VII.

### Report of X-Ray Examination of Chest



X-RAY THORAX  
SHOWS NO LESION  
T.B. OR OTHERWISE

Grady