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Title: STANFORD PHILLIP HUMPHREYS : Service Number - S16548 : Date of birth - 21 Mar 1912 :
Place of birth - FARINA SA : Place of enlistment - ADELAIDE SA : Next of Kin - STANFORD MAVIS

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V.D.C.

Bootmaker
Rd Williams
Perth
Phos post

A.A. Form Mob. 1
(Revised December, 1941)

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. 5 16548
Surname STANFORD (BLOCK CAPITALS) Christian Names Phillip Humphreys
Unit C Coy 3 Bn V.D.C.
Enlisted for war service at Adelaide (Place)
S.A. (State) 14/42 (Date)

A

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

- | | |
|--|---|
| 1. What is your name? | 1. Surname <u>STANFORD</u>
(BLOCK CAPITALS)
Other names <u>Phillip Humphreys</u> |
| 2. Where were you born? | 2. In or near the town of <u>Tarnier</u>
In the state or country of <u>5th Australia</u> |
| 3. Are you a British Subject? | 3. <u>yes.</u> |
| 4. What is your age and date of birth? | 4. Age <u>30</u>
Date of Birth <u>21 March 1912</u> |
| 5. (a) What is your normal trade or occupation? Grade if any?
(b) Present occupation? | 5. (a) <u>Motor Driver</u>
(b) <u>Bootmaker Motor Driver</u> |
| 6. (a) Are you married, single or widower? | 6. (a) <u>Single Married</u> <u>Wife</u>
(b) |
| 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) What was the reason for your discharge? | 7. (a) <u>NO.</u>
(b) <u>Went Down</u> <u>NO.</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) | 8. Name <u>Stan Stanford</u>
Address <u>56 Cornua Av.</u>
<u>Chlight Gaus</u>
Relationship <u>Mother</u> <u>Wife</u> |
| 9. What is your permanent address? | 9. <u>56 Cornua av</u>
<u>Chlight Gaus</u> |
| 10. What is your religious denomination? (This question need not be answered if the man has a conscientious objection to doing so) | 10. <u>C.P.S.</u> |
| 11. Which, if any, of the following Educational Qualifications do you possess? | 1. Certificate for entry to Secondary School <u>2.C</u>
2. Intermediate <u>No</u>
3. Leaving <u>No</u>
4. Leaving Honours <u>No</u>
5. Technical <u>No</u>
6. University Degree <u>No</u>
7. Other Diplomas <u>No</u> |
| 12. Have you ever been convicted by a Civil Court? | 12. <u>No</u> |
| If so—(a) What Court? | (a) |
| (b) for what offence? | (b) |

I, Phillip Humphreys Stanford do solemnly declare that the above answers made by me to the above questions are true.

Witnessed by ASB May (Signature of Attesting or Witnessing Officer.) Phillip D Stanford Signature.

* 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. *W*
2. Temporarily unfit for Class I†
3. Fit for Class II. *A Stomatitis*
4. Temporarily unfit for Class II†
5. Unfit for military service†

Place *WAYVILLE*Date *25 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, *Phillip Humphrey Stanford* 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 *Phillip H Stanford*Subscribed at *ADELAIDE* in the State of *SOUTH AUSTRALIA*this *First* day of *April* 19 *42*

Before me—

Signature of Attesting Officer *A. B. Myers*

‡ 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.

~~FULL TIME DUTY~~~~V.D.C.~~~~31/8/42~~

Wilke & Co. Pty. Ltd., Printers, 19-47 Jeffcott Street, Melbourne.

SERVICE AND CASUALTY FORM

A.F. B.103-1 (Adapted)
 516548
 Army No. ~~546548~~

Unit *2nd Batt VDC*

Rank *Pte* Christian Names *Phillips Humphreys*

Surname *STANFORD*
 (Block Capitals)

Date of Enlistment *5.3.41*

Place *Wiley*

Date and Place of Birth *21.3.12 Larina, SA.*

Trade or Occupation *Labourer - Bootmaker*

Religion *Ch of E*

Marital Condition *Single Married*

Next of Kin *Stanford, Maria Doreen*

Address of Next of Kin *St Bernard Ave,
 Col. St. John.*

Relationship *Mother Wife (M&S)*

Identification—Colour of Hair *Black* Eyes *Brown*

Distinctive Marks *Nil*

Medical Classification—Class I.
 (On Enlistment) Class II.

REPORT		Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c., and of disembarkation and embarkation from a theatre of war (including Airbough, &c.).	Date of Casualty	Place of Casualty	Authority W.3011, B.2059, or other Document	Initials of Officer Certifying Correctness of Entries
Date	From whom received					
<i>8.5.41</i>	<i>2nd Bn.</i>	<i>taken by strength</i>	<i>1.5.41</i>	<i>SA</i>	<i>Boyle</i>	<i>Boyle</i>
<i>17.12.41</i>	<i>"</i>	<i>Lt. Col. to 1st Bn. 1st Lt. Longo Bty VDC</i>	<i>17.12.41</i>	<i>SA</i>	<i>Boyle</i>	<i>Boyle</i>
<i>22/12/43</i>	<i>6th Bn.</i>	<i>TAKEN ON STRENGTH from 3rd Bn VDC</i>	<i>17.12.43</i>	<i>SA</i>	<i>Boyle</i>	<i>Boyle</i>
<i>15.10.44</i>	<i>"</i>	<i>Disch - bat own request</i>	<i>15.10.44</i>	<i>SA</i>	<i>Boyle</i>	<i>Boyle</i>

NOTHING TO BE WRITTEN IN THIS SPACE.

NOTHING TO BE WRITTEN IN THIS SPACE.

[illegible]

A.W. 400m 7/42

ARMY FORM A. 3091
(Adapted)

A.A. FORM A131
CONTAINING WILL
RECEIVED & RECORDED

5-7-43

Dr. M. H. Harris

DI

DISCHARGED

311

COVER FOR PERSONAL DOCUMENTS.

A.A. FORM A131
CONTAINING WILL
RECEIVED & RECORDED

5-7-43

Dr. M. H. Harris

DISCHARGED A.M.R. & O.

16548

Army No. *516458*

Surname *Stanford*
(BLOCK CAPITALS.)

Other names *Phillip Humphreys*

Rank _____ Unit *VDC-P.T.D.*

Surname _____
(BLOCK CAPITALS.)

Army No. _____

Other names _____

Rank _____ Unit _____

PC
AUST. SIGS. 4TH. M.L.

A.A. Form D.1.
(Revised July, 1940.)

AUSTRALIAN



MILITARY FORCES

Medical History Sheet of (Army No.)

Surname (in capitals) STANFORD Christian Names Phillip Humphreys
Age 29 years months Date of birth 21 March 1912 Birthplace Farina Sth Aust
Occupation Unemployed Horse Driver Religious Denomination P of E
Complexion Fair Colour of hair Black Colour of eyes Brown

Distinctive marks, and marks indicating congenital peculiarities or previous disease

ARE YOU NOW OR HAVE YOU EVER BEEN IN THE RECEIPT OF A PENSION FOR ANY DISABILITY?

TABLE I.

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>no</u>
(e) Pleurisy <u>no</u>	(m) Ulcer of the Stomach or Indigestion <u>no</u>
(f) Asthma or Shortness of breath <u>no</u>	(n) Piles <u>no</u>
(g) Venereal Disease or Stricture <u>no</u>	(o) Have you ever had any other serious illness? <u>no</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 UNLEY

Date 5-4-41

Signature of Recruit Phillip H Stanford

Examined on 5-20 day of March 1941
at WAYVILLE

VISION

Without Glasses

{ Right 6/4
Left 6/36

With glasses

{ Right
Left

Height 5 feet 9 1/2 inches.

Weight 139 140 lb.

Chest Measurement { Girth when full expanded 37 inches.
Range of expansion 3 1/2 inches. 1 1/2

Vaccination Marks

{ Right
Left

Number
Number

When vaccinated

Urine N.A.D.

Blood Pressure, Systolic

Diastolic

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 Unit Trachoma

Signature R.K. Duguid

Date 5/3/41

Signature Edmund

Date 20/3/41

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.

PC
AUST. SIGS. 4TH. M.L.

AUSTRALIAN



MOU

A.A. Form D.1.
(Revised July, 1940.)

FORCES

5:16548

Medical History

Surname (in capitals) STANFORD Christ
Age 29 years 0 months Date of birth 21 March 41
Occupation Unemployed Horse Driver
Complexion Dark Colour of hair Black
Distinctive marks, and marks indicating congenital
peculiarities or previous disease

31 MAR 1941

no. 16450
issued
not 4
20.5.41

my No. 516548

Humphreys
is with Aust
n. 1 of E.
f eyes Brown

ARE YOU NOW OR HAVE YOU EVER BEEN IN THE
RECEIPT OF A PENSION FOR ANY DISABILITY?

TABLE 1.

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>no</u> |
| (e) Pleurisy <u>no</u> | (m) Ulcer of the Stomach or Indigestion <u>no</u> |
| (f) Asthma or Shortness of breath <u>no</u> | (n) Piles <u>no</u> |
| (g) Venereal Disease or Stricture <u>no</u> | (o) Have you ever had any other serious illness? <u>no</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 UNLEY

Date 5-4-41

Signature of Recruit Philip H Stanford

Examined on 5-20 day of March 1941

at WAYVILLE

Without
Glasses

VISION
Right 6/4
Left 6/36

With
glasses

Right
Left

Height 5 feet 9 1/2 inches.

Weight 139 140 lb.

Chest Measurement { Girth when full expanded 37 inches.

Range of expansion 3 1/2 inches. 4 1/2

Vaccination Marks { Right Number
Left Number

When vaccinated

Urine NAD

Blood Pressure, Systolic Diastolic

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 Unfit Trachoma

Signature R.K. Duguid

Date 5/3/41

Signature Estan...

Date 20/3/41

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.
MEDICAL HISTORY.

(1) Name of Hospital or Place of Treatment	(2) Period		(3) Place of Casualty	(4) Date	(5) Disability and Remarks bearing on the case likely to be of future use	(6) Signature of Medical Officer
	From—	To— No. of Days				
<p>Examination by test and chemical as follows— Classification I Subsequent Medical Examination (Classification) Date Signature Date Signature</p>	<p>When vaccinated Date Signature</p>	<p>Right Left Number Number Number Number</p>	<p>Have you been wounded, suffered from Shell Shock, or Gas Poisoning? If so, give particulars</p>	<p>Have you been rejected or deferred for this service? Have you been rejected or discharged as unfit for service in any branch of His Majesty's Forces?</p>	<p>Have you ever had any other serious illness? (a) Have you ever had any other serious illness? (b) Have you ever had any other serious illness? (c) Have you ever had any other serious illness? (d) Have you ever had any other serious illness? (e) Have you ever had any other serious illness?</p>	<p>Signature of Medical Officer</p>

TABLE III.

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

Date	Brief Details	Signature
20 MAR 1941	<p>2nd Medical Examination</p> <p><i>Classification I</i></p> <p><i>Hennessy</i></p> <p><u>WAYVILLE.</u></p> <p><i>Unfit trachoma: double tarsorrhaphy</i></p> <p><i>Robt. Rouane</i></p>	

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. _____

108
N. 126
AUSTRALIAN MILITARY FORCES

AREA 10B Medical History Sheet of (Army No.) 57032H 16548

Surname (in capitals) STANFORD Christian Names Phillip Humphreys
Age 29 years 11 months Date of birth 21/2/12 Birthplace Farna
Occupation Printer Bookmaker 3/4/42 Religious Denomination 6 of C.
Complexion Dark Colour of hair dark Colour of eyes Brown
Distinctive marks, and marks indicating congenital peculiarities or previous disease } third finger left hand

ARE YOU NOW OR HAVE YOU EVER RECEIVED A PENSION FOR ANY DISABILITY?

TABLE I.

1. Are you now suffering from any 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>no</u> |
| (e) Pleurisy <u>no</u> | (m) Ulcer of the Stomach or Indigestion <u>no</u> |
| (f) Asthma or Shortness of breath <u>no</u> | (n) Piles <u>no</u> |
| (g) Venereal Disease or Stricture <u>no</u> | (o) Have you ever had any other serious illness? <u>no</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?
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?
If so, give date and reason Rejected AS 7 1940
- *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 25 MAR 1942

Signature of Recruit Phillip H Stanford

Examined on 25 MAR 1942 day of 19
at WAYVILLE
Height 5 feet 9 inches. Without Glasses { Right 6/9 Left 6/36 } VISION
Weight 136 lb. With glasses { Right _____ Left _____ }
Chest Measurement { Girth when full expanded 37 inches. Range of expansion 4 inches. }
Urine URINE N.A.D. Vaccination Marks { Right _____ Left _____ } Number nil
When vaccinated _____

Blood Pressure, Systolic _____ Diastolic _____
Slight defects, but not sufficient to cause rejection Comes all his, flat feet.
(Details in Table VI.)

Examined by me and classified as follows:—

Classification† _____ Signature _____ Date _____
Subsequent Medical Examinations:—
Classification† _____ 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 SO A.A.M.S. reason for unfitness to be stated.

TABLE V.

(Not required to be filled in at time of Medical Examination on Mobilization.)

Dental condition on first examination:—																Dental Requirements:—																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>8 7 6 5 4 3 2 1</p> <p>8 7 6 5 4 3 2 1</p> <p>Right</p> </div> <div style="width: 45%;"> <p>1 2 3 4 5 6 7 8</p> <p>1 2 3 4 5 6 7 8</p> <p>Left</p> </div> </div>																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>8 7 6 5 4 3 2 1</p> <p>8 7 6 5 4 3 2 1</p> </div> <div style="width: 45%;"> <p>1 2 3 4 5 6 7 8</p> <p>1 2 3 4 5 6 7 8</p> </div> </div>																																																													
No alteration or addition will be made to this chart after the dental condition has been recorded.																																																													
<p>Symbols to be used by Dental Officer.</p> <table border="0"> <tr> <td>Dentally fit ..</td> <td>Dentally fit</td> <td>Gingivitis..</td> <td>..</td> <td>..</td> <td>G</td> <td rowspan="5" style="vertical-align: middle; text-align: center;">In Situ Reqd.</td> <td>Place</td> </tr> <tr> <td>Missing ..</td> <td>M</td> <td>Scaling required ..</td> <td>..</td> <td>..</td> <td>Sc.</td> <td>Signature</td> </tr> <tr> <td>Unerrupted ..</td> <td>U</td> <td>Dentures—Full Upper</td> <td>..</td> <td>..</td> <td>FU</td> <td>Date</td> </tr> <tr> <td>Extraction required</td> <td>X</td> <td>.. Full Lower</td> <td>..</td> <td>..</td> <td>FL</td> <td>Rank</td> </tr> <tr> <td>Filling required</td> <td>Y</td> <td>.. Part Upper PU (No. of teeth ..)</td> <td>..</td> <td>..</td> <td>PU</td> <td>Dental Officer.</td> </tr> <tr> <td>Restored ..</td> <td>R</td> <td>.. Part Lower PL (No. of teeth ..)</td> <td>..</td> <td>..</td> <td>PL</td> <td></td> <td></td> </tr> </table>																		Dentally fit ..	Dentally fit	Gingivitis..	G	In Situ Reqd.	Place	Missing ..	M	Scaling required	Sc.	Signature	Unerrupted ..	U	Dentures—Full Upper	FU	Date	Extraction required	X	.. Full Lower	FL	Rank	Filling required	Y	.. Part Upper PU (No. of teeth ..)	PU	Dental Officer.	Restored ..	R	.. Part Lower PL (No. of teeth ..)	PL		
Dentally fit ..	Dentally fit	Gingivitis..	G	In Situ Reqd.	Place																																																						
Missing ..	M	Scaling required	Sc.		Signature																																																						
Unerrupted ..	U	Dentures—Full Upper	FU		Date																																																						
Extraction required	X	.. Full Lower	FL		Rank																																																						
Filling required	Y	.. Part Upper PU (No. of teeth ..)	PU		Dental Officer.																																																						
Restored ..	R	.. Part Lower PL (No. of teeth ..)	PL																																																								
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 IIA

WAYVILLE.

25 MAR 1942

TrachomaIris plates removed both eyes.
Corneal scars.

The condition is inactive & non-progressive

25-Mar-42. McLennan Capt.

TABLE VII.

Report of X-Ray Examination of Chest

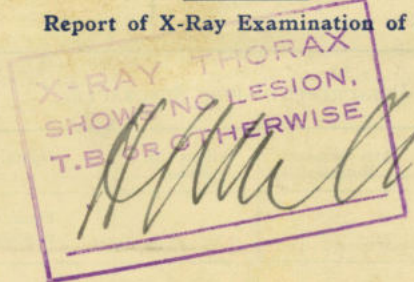


TABLE II.

[illegible]

TABLE III.

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

Date	Brief Details	Signature

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. _____

(Not required to be filled in at time of Medical Examination on Mobilization.)

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

2nd Medical Examination

Classification **HA**

WAYVILLE.

25 MAR 1942

Spela trachoma

Tarsal plates removed both eyes.
Corneal scars.

The condition is inactive & non-progressive
25. Mar. 1922. M. M. M. M. M. Capt.

Report of X-Ray Examination of Chest



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

Present Occupation House Driver
Unemployed
Employer Engineer Water Supply
Employer's Address Victoria Square
Address AUSTRALIAN

AUST. SIGS. 4TH. M.D.

iv. P.O.K. 11
A.A. Form Mob. 1.

MILITARY FORCES.

MOTOR DRIVER yes
RUNNING REPAIRS yes

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, or when voluntarily enlisted.

Army No. S16548
Surname STANFORD (BLOCK CAPITALS.) Christian Names Phillip Humphreys
Unit _____
Enlisted for war service at UNLEY (Place)
SOUTH AUSTRALIA (State) 5th March 1941 (Date)

A.

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

1. What is your name? 1. Surname STANFORD
(BLOCK LETTERS)
Other names Phillip Humphreys
2. Where were you born? 2. In or near the town of Farina
in the state or country of South Aust
3. Are you a British Subject? 3. Yes
4. What is your age and date of birth? 4. Age 29 yrs
Date of Birth 21st March 1912
5. What is your trade or occupation? 5. Labourer
6. Are you married, single or widower? 6. Single
7. Have you previously served on active service? If so, where and in what arm? 7. No
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) 8. Name Sarah Stanford
Address 56 Cornumma Ave
601 Light Ends Stt West
Relationship Mother
9. What is your permanent address? 9. 56 Cornumma Ave
601 Light Ends Stt West
10. What is your religious denomination? (This question need not be answered if the man has a conscientious objection to doing so) 10. B. F. E.

I, Phillip Humphreys Stanford do solemnly declare that the above answers made by me to the above questions are true.

Witnessed by Sy R. L. Morgan
(Signature of Attesting or Witnessing Officer.)

Phillip H Stanford
Signature.

* 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 Act.

B.

MEDICAL EXAMINATION.

I have made full and careful examination of the above-named 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 UNLEY Date 5th March 1941

Signature of Examining Medical Officer R. K. Duguid

*Classifications which are inapplicable to be struck out.

†Reasons for unfitness to be stated.

C.

OATH OF ENLISTMENT.‡

For persons voluntarily enlisted or called upon under Part III. or Part IV. of the Defence Act 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, Phillip Humphreys Stanford swear that I will well and truly serve our Sovereign Lord, the King, in the Military Forces of the Commonwealth of Australia until the cessation 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 Phillip Humphreys Stanford

Subscribed at UNLEY in the State of SOUTH AUSTRALIA

this Fifth day of March 1941

Before me—

Signature of Attesting Officer

Philip Garraway
Area Officer
Area 10b Unley

‡ 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 initialed by the Attesting Officer.

5M—7.40 14449

CHANGE OF ADDRESS
MUST BE NOTIFIED TO
AREA OFFICER.

Phillip H Stanford

SOLDIER'S LEDGER AND HISTORY CARD.

Army No. 516458

Unit Must Sign Full Name P. H. STANFORD
(Surname)

[illegible][illegible]

[illegible]