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

AREA 13B KEMPSEY

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, or when voluntarily enlisted.

Army No. N448490

Surname POTTS. (BLOCK CAPITALS) *Christian Names* Sloper Charles

Unit 3e [illegible] Volunteer Defence Corps

Enlisted for war service at Nanchope (*Place*)

N.S.W. (*State*) 28/4/42 (*Date*)

A

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

CHECKED — DATE — INIT.
D. 1 ✓
Mob. 2 /
Mob. 3
B 103 ✓
B 103 Copy
Index Card ✓

RESERVED R.M.P.O. DATE

1. What is your name? ... ... — 1. Surname POTTS (BLOCK CAPITALS) Other names Sloper Charles

2. Where were you born? ... ... — 2. In or near the town of Mudgee In the state or country of N.S.W.

3. Are you a British Subject? ... ... — 3. yes

4. What is your age and date of birth? ... — 4. Age 52 yrs Date of Birth 9/12/1889

5. (a) What is your normal trade or occupation? Grade if any? — 5. (a) Docker

(b) Present occupation? ... ... — (b) do

6. (a) Are you married, single or widower? ... ... — 6. (a) Widower

(b) If married state date of marriage? ... ... — (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? — 7. (a) No

(b) What was the reason for your discharge? ... — (b) —

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 Elizabeth Ann Potts
Address 56 Lewis St. Mudgee
Relationship Mother

9. What is your permanent address? ... ... — 9. Long Flat

10. What is your religious denomination? (This question need not be answered if the man has a conscientious objection to doing so) ... ... — 10. C of E.

11. Which, if any, of the following Educational Qualifications do you possess? ... ... — 1. Certificate for entry to Secondary School No
2. Intermediate
3. Leaving
4. Leaving Honours
5. Technical No
6. University Degree
7. Other Diplomas

12. Have you ever been convicted by a Civil Court? ... ... — 12. No

If so—(a) What Court? ... ... — (a)

(b) for what offence? ... ... — (b)

I, Sloper Charles Potts do solemnly declare that the above answers made by me to the above questions are true.

Witnessed by [illegible] C. O. Thompson, Capt. [illegible] *Signature.*

(*Signature of Attesting or Witnessing Officer.*) Area Officer 13B Kempsey

* 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 Wauchope Date 28/4/42

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 voluntarily 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, Sloper Charles Potts 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 S. C. Potts

Subscribed at Wauchope in the State of N. S. W.

this 28th day of April 1942

Before me—

Signature of Attesting Officer [signature]

C. C. Thompson, Capt. Area Officer ... Kempsey

‡ 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.

Can you—

(*a*) Drive a motor car? NO
(*b*) Drive a motor lorry? NO
(*c*) Ride a motor cycle? NO
(*d*) Make running repairs. —
(*e*) Cook? NO
(*f*) Use a typewriter? NO
(*g*) Write shorthand? NO
(*h*) Keep accounts? yes
(*i*) Undertake clerical duties? yes
(*j*) Play band instrument (state instrument) NO

Have you any experience in—

(*a*) Signalling—Wireless? NO
,, Morse Code? NO
(*b*) First Aid to injured? NO
(*c*) Nursing? NO
(*d*) Butchering? NO

Have you—

(*a*) Submitted a National Register Card? yes
(*b*) Changed your address or occupation, since filling in National Register Card? NO
(*c*) Enrolled under Part IV D.A. for Universal Service. yes
(*d*) If so in which Area 13B

A.F. B.103—1 (Adapted)

SERVICE AND CASUALTY FORM

Army No. N448490

Unit 30 BN V.D.C. P.T.D.

Rank (On Enlistment) PTE *Christian Names* SLOPER CHARLES *Surname* (Block Capitals) POTTS.

NOTHING TO BE WRITTEN IN THIS SPACE.

Date of Enlistment 28.4.42.	Marital Condition WIDOWER.
Place WAUCHOPE. N.S.W.	Next of Kin ELIZABETH AM POTTS.
Date and Place of Birth 9.12.1889. MUDGEE. N.S.W.	Address of Next of Kin 56 LEWIS ST. MUDGEE.
Trade or Occupation DOCKER.	
Religion C. OF E.	Relationship MOTHER.
Medical Classification (On Enlistment)—Class I. ~~Class II~~	Identification—Color of Hair fair Eyes blue Distinctive Marks

REPORT Date	REPORT From whom received	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., Date of disembarkation and embarkation from a theatre of war (including furlough, &c.).	Date of Casualty	Place of Casualty	Authority W.3011, B.2069, or other Document	Initials of Officer Certifying Correctness of Entries
		ON STRENGTH	27 MAR 43	NSW	Nom Roll	
30 SEP 1945	30 BN	DISCHARGED UNDER VDC REG 9 (2) BECAUSE OF THE DISBANDMENT OF HIS CORPS	30 SEP 1945		W3011 R/01/451/4	[illegible]

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., Date of disembarkation and embarkation from a theatre of war (including furlough, &c.).	Date of Casualty	Place of Casualty	Authority W.3011, B.2069, or other Document	Initials of Officer Certifying Correctness of Entries
Date	From whom received					

NOTHING TO BE WRITTEN IN THIS SPACE.

a.w. 400m 3/43

3rd Bttn V.D.C. CLASS F

ARMY FORM A. 3091.
(Adapted.)

COVER FOR PERSONAL DOCUMENTS.

Army No. N 448490

Surname Potts
(BLOCK CAPITALS.)

Other names Sloper Charles

Rank ..... Unit VDC

29200 8t 6132

Army No.....

Surname .....
(BLOCK CAPITALS.)

Other names .....

Rank ..... Unit.....

(PRO FORMA D.5)
Revised May '46.

NE2/HW/ME

AUSTRALIAN MILITARY FORCES.

REGISTERED POST.

Eastern Command Echelon & Records,
Broadway,
SYDNEY.

MEMO TO:

Mr.S.C. Potts
56 Lewis St.,
MUDGEE. N.S.W.

26 Jun 46

Forwarded herewith is Certificate of Discharge No. 17661 in respect of your service in the Volunteer Defence Corps on Part Time Duty.

Discharge Certificate is to be signed by you where indicated.

A.E. Isaacs Capt.

Officer in Charge Eastern Command Echelon and Records.
Lt.-Col.

Enc.

(PRO FORMA D.15)

PARTICULARS OF DISCHARGE PROCEEDINGS
VOLUNTEER DEFENCE CORPS ON PART TIME
WAR SERVICE.

ARMY NO. N 448490 RANK Pte.

NAME Sloper Charles POTTS.

ENLISTED on 28/4/42 DISCHARGED 30 SEP 1945

REASON FOR DISCHARGE Disbandment of Corps

AUTHORITY R/O 1/451/45 UNIT 30 Bn.

CERTIFICATE OF DISCHARGE NO.

POSTAL ADDRESS 56 Lewis St. Mudgee N.S.W.

13 JUN 1946

Lieut.
For Lt.-Col.,
Officer in Charge Eastern Command Echelon & Records.

30 Bn V.D.C. RPU

RESERVED AREA 13B KEMPSEY DATE 14/4/42

CLASS 5

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

AUSTRALIAN MILITARY FORCES

Medical History Sheet of (Army No.) N448490

Surname (in capitals) POTTS Christian Names Walter Charles

Age 52 years 5 months Date of birth 9/12/1889 Birthplace Hunter River

Occupation Boiler Maker Religious Denomination C of E

Complexion Fresh Colour of hair Grey Colour of eyes Blue

Distinctive marks, and marks indicating congenital peculiarities or previous disease No

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
   - (b) Weak Heart or Heart Disease
   - (c) Tuberculosis or Consumption
   - (d) Spitting of blood
   - (e) Pleurisy
   - (f) Asthma or Shortness of breath — No
   - (g) Venereal Disease or Stricture
   - (h) Neurasthenia or Nervous Breakdown
   - (i) Kidney Disease
   - (j) Skin Disease
   - (k) Malaria
   - (l) Dysentery — No
   - (m) Ulcer of the Stomach or Indigestion
   - (n) Piles
   - (o) Have you ever had any other serious illness?
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? No
   If so, give particulars (relation and when)
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?
   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 Warwick

Date 28/4/42 Signature of Recruit

Examined on 28 day of April 1942

at Wandsworth

Height 5 feet 7½ inches.

Weight 140 lb.

Chest Measurement — Girth when full expanded 34 inches. Range of expansion 1½ inches.

Urine NAD

VISION — Without Glasses: Right 6/6, Left 6/6; With glasses: Right, Left

Vaccination Marks: Right 1 Number, Left Number

When vaccinated

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 Signature Mike Mulcahy Date 28/4/42

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 S.O. A.A.M.S., reason for unfitness to be stated.

W.

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				

L R

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

AUSTRALIAN MILITARY FORCES.

AREA 13B KEMPSEY

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. NX48492

Surname POTTS (BLOCK CAPITALS) *Christian Names* Sloper Charles

Unit 30 Bn Volunteer Defence Corps

Enlisted for war service at Wauchope (*Place*)

N.S.W. (*State*) 28/4/42 (*Date*)

A

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

1. What is your name? ... ...
   1. Surname POTTS (BLOCK CAPITALS)
   Other names Sloper Charles
2. Where were you born? ... ...
   2. In or near the town of Mudgee
   In the state or country of N.S.W.
3. Are you a British Subject? ... ...
   3. yes
4. What is your age and date of birth? ... ...
   4. Age 52 yrs.
   Date of Birth 9/12/1889.
5. (a) What is your normal trade or occupation? Grade if any?
   5. (a) Docker
   (b) Present occupation? ... ...
   (b) do
6. (a) Are you married, single or widower? ... ...
   6. (a) Widower
   (b) If married state date of marriage? ... ...
   (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?
   7. (a) NO
   (b) What was the reason for your discharge? ...
   (b) —
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 Elizabeth Ann Potts
   Address 56 Lewis St Mudgee
   Relationship Mother
9. What is your permanent address? ... ...
   9. Long Flat.
10. What is your religious denomination? (This question need not be answered if the man has a conscientious objection to doing so) ... ...
    10. C. of E.
11. Which, if any, of the following Educational Qualifications do you possess? ... ...
    1. Certificate for entry to Secondary School NO
    2. Intermediate —
    3. Leaving —
    4. Leaving Honours —
    5. Technical NO
    6. University Degree —
    7. Other Diplomas —
12. Have you ever been convicted by a Civil Court? ... ...
    12. NO
    If so—(a) What Court? ... ...
    (a) —
    (b) for what offence? ... ...
    (b) —

I, Sloper Charles Potts do solemnly declare that the above answers made by me to the above questions are true.

Witnessed by [signature] C. A. Thompson, Capt. Area Officer Area 13B Kempsey (*Signature of Attesting or Witnessing Officer.*)

[signature] *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.
2. Temporarily unfit for Class I † _____
3. Fit for Class II.
4. Temporarily unfit for Class II † _____
5. Unfit for military service† _____

Place Wauchope Date 28/4/42

Signature of Examining Medical Officer W. L. E. Murphy

• 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, 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, Stoper Charles Potts 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 S Potts

Subscribed at Wauchope in the State of N. S. W.

this 28th day of April 1942

Before me—

Signature of Attesting Officer C. O. Thompson

C. O. Thompson, Capt.
Area Officer Area 13B Kempsey

‡ 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.

Can you—

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(b) Drive a motor lorry? No
(c) Ride a motor cycle? No
(d) Make running repairs. —
(e) Cook? No
(f) Use a typewriter? No
(g) Write shorthand? No
(h) Keep accounts? yes
(i) Undertake clerical duties? yes
(j) Play band instrument (state instrument) No

Have you any experience in—

(a) Signalling—Wireless? No
,, Morse Code? No
(b) First Aid to injured? No
(c) Nursing? No
(d) Butchering? No

Have you—

(a) Submitted a National Register Card? yes
(b) Changed your address or occupation, since filling in National Register Card? No
(c) Enrolled under Part IV D.A. for Universal Service. yes
(d) If so in which Area 13B.

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.

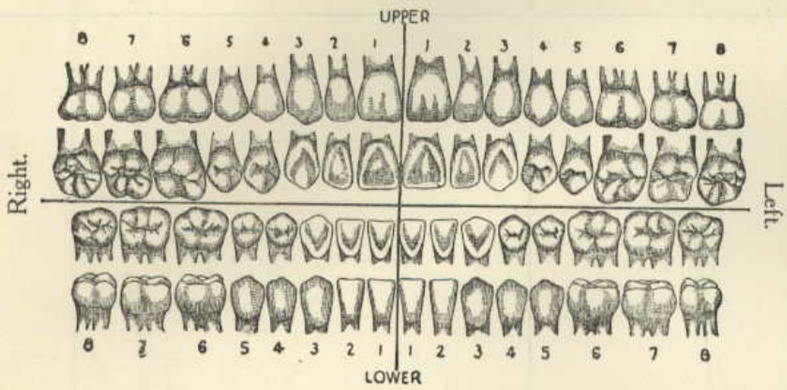
	Vision without glasses	Sph.	Cyl.	Axis Standard Notation	Vision with glasses	Ophth. Centre	Date of Exam.
R						Frame No. (or measurements)	Date of Issue
L							

*Signature of M.O.*_____

TABLE V.

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

Dental condition on first examination:—



No alteration or addition will be made to this chart after the dental condition has been recorded.

Symbols to be used by Dental Officer.

Dentally fit . .	Dentally fit	Gingivitis	G	
Missing . .	M	Scaling required	Sc.	
Unerupted . .	U	Dentures—Full Upper . .	FU	In Situ Reqd.
Extraction required	X	,, Full Lower . .	FL	
Filling required	Y	,, Part Upper PU (No. of teeth.....)		
Restored tooth	R	,, Part Lower PL (No. of teeth.....)		

NOTE.—Teeth replaced by a denture to be marked "D."

Dental Requirements:—

Place.....

Signature.....

Date..... *Rank*.....

Dental Officer.

TABLE VI.

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

TABLE VII.

Report of X-Ray Examination of Chest.

18380 3.42 St 3464 A. H. Pettifer, Acting Govt. Printer.