

AUSTRALIAN MILITARY FORCES.



AUSTRALIAN IMPERIAL FORCE.

Attestation Paper of Persons Enlisted for Service Abroad.

No. _____ Name (Surname) TREGILGAS
 in full (Christian Name) WILLIAM EDWARD
 Unit _____
 Joined on OCT 23 1918

DISCHARGED

Questions to be put to the Person Enlisting before Attestation.

You are hereby warned that if after enlistment it is found that you have given a wilfully false answer to any question set forth in this Attestation Paper, you will be liable to be tried for the offence.

1. What is your Name? ... William Edward Tregilgas
2. In or near what Town were you born? ... South Australia
3. Are you a natural-born British Subject or a Naturalized British Subject? (N.B.—If the latter, papers to be shown.) ... Natural Born
4. What is your Age? (Date of birth to be stated) ... 18 1/2 years born 22 November 1897
5. What is your Trade or Calling? ... Motor Mechanic
6. Are you, or have you been, an Apprentice? If so, where, to whom, and for what period? ... No
7. Are you married, single, or widower? ... Single
8. Who is your next of kin? (Address and relationship to be stated) ... (Father) TREGILGAS-JOSEPH SIRIARY, ELLIOTT PARK, WILLYONGA, SOUTH AUSTRALIA
9. What is your permanent address in Australia? ... As above
10. 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 ... 1 year Canteen Forces 20th A.S.C.
11. Have you stated the whole, if any, of your previous service? ... Yes
12. Have you ever been rejected as unfit for His Majesty's Service? If so, on what grounds? ... No
13. Have you ever suffered from:—
 1. Consumption, tubercular disease, or chronic cough? ... No
 2. Fits of any kind? ... No
 3. Rheumatism or asthma? ... No
 4. Mental or nervous disease? ... No
 5. Has any member of your family suffered from any of the above diseases? If so, state particulars. ... No
14. (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 in respect of your service beyond an amount which together with pay would reach ten shillings per day? ... No
15. Are you prepared to undergo inoculation against small pox and enteric fever? ... Yes

Produced Pursuant to Statute

Sgt. Laing

Sgt. Laing

I, William Edward Tregilgas do solemnly declare that the above answers made by me to the above questions are true, and I am willing and hereby voluntarily agree to serve in the Military Forces of the Commonwealth of Australia within or beyond the limits of the Commonwealth.

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

Date OCT 23 1918

W. E. Tregilgas
Signature of Person Enlisted.

* This clause should be struck out in the case of unmarried men or widowers without children under 16 years of age. † Two-fifths must be allotted to the wife, and if there are children three-fifths must be allotted. D.1182/2.18.—G.1758—704.

I have been informed that if I make any false statement I commit an offence against the *Defence Act 1903-1917* and *War Precautions Act 1914-1916*.

W. E. Gregilgas Recruit.

Description of *William Edward Gregilgas* on Enlistment.

Age <u>18</u> years <u>11</u> months.	DISTINCTIVE MARKS. <i>Vis R 6/6 L 6/6</i> <i>Yacc H L</i>
Height <u>5</u> feet <u>2</u> inches.	
Weight <u>116</u> lbs.	
Chest Measurement <u>29 1/2</u> " <u>32</u> " inches.	
Complexion <u>Fresh</u>	
Eyes <u>Grey</u>	
Hair <u>Fair</u>	
Religious Denomination <u>Methodist</u>	

CERTIFICATE OF MEDICAL EXAMINATION.

I HAVE examined the above-named person, and find that he does not present any of the following conditions, viz. :—

Scrofula; phthisis; syphilis; impaired constitution; defective intelligence; defects of vision, voice, or hearing; hernia; hæmorrhoids; varicose veins, beyond a limited extent; marked varicocele with unusually pendent testicle; inveterate cutaneous disease; chronic ulcers; traces of corporal punishment; contracted or deformed chest; abnormal curvature of spine; or any other disease or physical defect calculated to unfit him for the duties of a soldier.

He can see the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs; and he declares he is not subject to fits of any description.

I consider him fit for active service.

Date OCT 23 1918

Place ADELAIDE.

C. Johnson Major
Signature of Examining Medical Officer. *C.*

CERTIFICATE OF COMMANDING OFFICER.

I CERTIFY that this Attestation of the above-named person is correct, and that the required forms have been complied with. I accordingly approve, and appoint him

to _____

Date _____

Place _____

G.1273.

Not called up for

W. M. C.

Commanding _____

Statement of Service of No. _____ Name TREGILGAS WE.

Unit in which served.	Promotions, Reductions, Casualties, &c.	Period of service in each rank.		Remarks.
		From—	To—	
B Coy Mitcham A.S.F. Camp.	Private	—	—	
	Discharged "Cessation of Hostilities" Discharge N° A9519.	18/11/18		
DISCHARGED				

I have examined the above details, and find them correct in every respect.

Eric O'Brien **LIEUT.**
ENROLLING OFFICER.