



**NAA: B884, S66657**

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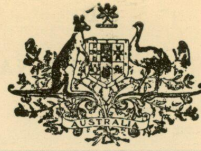
**Number of pages:** 10

**Title:** DAYMAN LESLIE CLARENCE : Service Number - S66657 : Date of birth - 28 Oct 1901 : Place of birth - SALISBURY SA : Place of enlistment - ADELAIDE SA : Next of Kin - DAYMAN MARIA

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WAC

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. 566657  
 Surname DAYMAN (BLOCK CAPITALS) Christian Names Leslie - Clarence  
 Unit A. Coy 1 BN VDC  
 Enlisted for war service at Adelaide (Place)  
S.A. (State) 8. 4. 42 (Date)

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

1. What is your name? .....	1. Surname <u>Dayman</u> (BLOCK CAPITALS)
	Other names <u>Leslie Clarence</u>
2. Where were you born? .....	2. In or near the town of <u>Salisbury</u>
	In the state or country of <u>S. Aus</u>
3. Are you a British Subject? .....	3. <u>Yes</u>
4. What is your age and date of birth? .....	4. Age <u>40</u>
	Date of Birth <u>28 Oct 1901</u>
5. (a) What is your normal trade or occupation? Grade if any?	5. (a) <u>Clerk</u>
(b) Present occupation? .....	(b) <u>'do'</u>
6. (a) Are you married, single or widower? .....	6. (a) <u>Married</u>
(b) If married state date of marriage? .....	(b) <u>2/11/1937</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?	7. (a) <u>No</u>
(b) What was the reason for your discharge? .....	(b) <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>Maria Jane Dayman</u>
	Address <u>24 Angus St</u>
	<u>Alberton</u>
	Relationship <u>Wife</u>
9. What is your permanent address? .....	9. <u>24 ANGUS ST</u>
	<u>ALBERTON S. AUS</u>
10. What is your religious denomination? (This question need not be answered if the man has a conscientious objection to doing so) .....	10. ....
11. Which, if any, of the following Educational Qualifications do you possess? .....	1. Certificate for entry to Secondary School <u>NO</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, Leslie Clarence Dayman do solemnly declare that the above answers made by me to the above questions are true.  
 Witnessed by [Signature] (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. *A plaque o scar bed.*
- 4. ~~Temporarily unfit for Class II †~~
- 5. ~~Unfit for military service †~~

Place WAYVILLE Date 27 MAR 1942

Signature of Examining Medical Officer *A. H. [unclear]*

\* 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 Leslie Charles Dayman*

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

*L C Dayman*

Subscribed at ADELAIDE in the State of SOUTH AUSTRALIA

this 8th day of April 19 42

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.



A.F. B.103-1 (Adapted)  
 Army No. *S. 66654*

**SERVICE AND CASUALTY FORM**

Unit *1 Battalion VOC*  
 Surname *DAYMAN*  
 (Block Capitals)

Rank *Plc*  
 (On Enlistment)  
 Christian Names *Salie Clarence*

Date of Enlistment *8 April 1942*  
 Place *Adelaide SA.*  
 Date and Place of Birth *28/10/1901 Salisbury SA*  
 Trade or Occupation *Clerk.*  
 Religion *Methodist*

Marital Condition *Married*  
 Next of Kin *Maria Jane Dayman, Private address -*  
 Address of Next of Kin *217 Angus Street*  
 Relationship *Wife*  
 Address *Adelaide SA*

Identification—Color of Hair \_\_\_\_\_ Eyes \_\_\_\_\_  
 Distinctive Marks \_\_\_\_\_

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

REPORT		Date	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 of 309, B. 309, or other Document	Initials of Officer Concerning Entries
Date	From whom received							
<i>14/5/42</i>	<i>base</i>	<i>14.9.42</i>	<i>1 Bn</i>	<i>Taken on strength 1 Bn</i>	<i>3/6/42</i>	<i>SA</i>	<i>384</i>	<i>384</i>
<i>4.10.44</i>	<i>"</i>	<i>14.9.44</i>	<i>"</i>	<i>Desch - at end request</i>	<i>14.9.44</i>	<i>SA</i>	<i>384</i>	<i>384</i>
		<i>4.10.44</i>	<i>"</i>	<i>Base Ref AFW 1115144 should read "not attending Pandey"</i>	<i>4/10/44</i>	<i>SA</i>	<i>384</i>	<i>384</i>

NOTHING TO BE WRITTEN IN THIS SPACE







12

P

### COVER FOR PERSONAL DOCUMENTS.

Army No. ~~SX 9345~~

Surname ~~Griffin~~  
(BLOCK CAPITALS.)

Other names ~~William George Buden~~

Rank \_\_\_\_\_ Unit ~~7 Div. Petrol Coy.~~

Army No. \_\_\_\_\_

Surname \_\_\_\_\_  
(BLOCK CAPITALS.)

Other names \_\_\_\_\_

Rank \_\_\_\_\_ Unit \_\_\_\_\_



DISCHARGED

S. 66657

DAYMAN

Leslie Clarence

1 Bn



AUSTRALIAN MILITARY FORCES



Medical History Sheet of (Army No.) S66657

Surname (in capitals) DAYMAN Christian Names Leslie - Clarence  
Age 40 years 5 months Date of birth 28/10/1901 Birthplace Salisbury  
Occupation Clerk Religious Denomination Methodist  
Complexion Fair Colour of hair Brown Colour of eyes Grey  
Distinctive marks, and marks indicating congenital peculiarities or previous disease None Scar on Back (Skin) Scar area.

ARE YOU NOW OR HAVE YOU EVER RECEIVED A PENSION FOR ANY DISABILITY? NO

CHALLENGE BY TRACHOMA

- Are you now suffering from any disease or disability? No
- 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>Yes</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>Yes Very Small</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>		
- Have you had fits of any kind? No
- Have you had discharge from either ear? No
- Have you had a broken bone or been seriously injured? Yes  
If so, state nature and date Left Wrist & Right (Lung INDEX)
- Have you been operated upon? No  
If so, state nature and date
- 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
- Have you been rejected or deferred for Life Insurance? No
- 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 23 MAR 1942

Signature of Recruit L. Dayman

URINE N.A.D.

Examined on 23 MAR 1942 day of 19 19...  
at WAYVILLE  
Height 6 feet 4 inches  
Weight 143 lb.  
Chest Measurement { Girth when full expanded 39 inches.  
Range of expansion 2 inches.  
Urine URINE N.A.D.  
Without Glasses { Right 6/6  
Left 6/9  
With Glasses { Right  
Left  
Vaccination Marks { Right  
Left 4  
When vaccinated Infancy  
Blood Pressure, Systolic 105 Diastolic 65

Slight defects, but not sufficient to cause rejection. Heart posture  
(Details in Table VI.)

Examined by me and classified as follows :-

Classification 1 A Pleurisy Signature L. Dayman Date 23.3.42  
Subsequent Medical Examinations :- scar bad  
Classification 1 A Pleurisy 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 V.**

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

<p>Dental condition on first examination:—</p> <table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border-right: 1px solid black; width: 50%;">8 7 6 5 4 3 2 1</td> <td style="width: 50%;">1 2 3 4 5 6 7 8</td> </tr> <tr> <td style="border-right: 1px solid black;"> </td> <td> </td> </tr> <tr> <td style="border-right: 1px solid black;">8 7 6 5 4 3 2 1</td> <td>1 2 3 4 5 6 7 8</td> </tr> <tr> <td style="border-right: 1px solid black;"> </td> <td> </td> </tr> </table> <p style="text-align: center; font-size: small;">No alteration or addition will be made to this chart after the dental condition has been recorded.</p>	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			<p>Dental Requirements:—</p>           <p>Place _____</p> <p>Signature _____</p> <p>Date _____ Rank _____</p> <p style="text-align: right;">Dental Officer.</p>										
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																		
<p><b>Symbols to be used by Dental Officer.</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Dentally fit ..</td> <td style="width: 33%;">Dentally fit</td> <td style="width: 33%;">Gingivitis.. .. G</td> </tr> <tr> <td>Missing .. M</td> <td></td> <td>Scaling required .. Sc.</td> </tr> <tr> <td>Unerupted .. U</td> <td></td> <td>Dentures—Full Upper .. FU</td> </tr> <tr> <td>Extraction required X</td> <td></td> <td>.. Full Lower .. FL</td> </tr> <tr> <td>Filling required Y</td> <td></td> <td>.. Part Upper PU (No. of teeth ..)</td> </tr> <tr> <td>Restored tooth R</td> <td></td> <td>.. Part Lower PL (No. of teeth ..)</td> </tr> </table> <p style="font-size: x-small;">NOTE.—Teeth replaced by a denture to be marked "D."</p>		Dentally fit ..	Dentally fit	Gingivitis.. .. G	Missing .. M		Scaling required .. Sc.	Unerupted .. 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 ..)
Dentally fit ..	Dentally fit	Gingivitis.. .. G																	
Missing .. M		Scaling required .. Sc.																	
Unerupted .. 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 ..)																	

**TABLE VI.**

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

2nd Medical Examination  
 Classification *T.A. Myzique*  
*Atypic* & red scar on back.  
 WAYVILLE 23 MAR 1942  
*J.B.*

**TABLE VII.**

Report of X-Ray Examination of Chest

*[Signature]*