

RECORD of CONDUCT and SERVICE of

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Name, *Sho*
Register Number,
Graded on Enlistment,

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Register Number,
Graded on Enlistment,

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5. July 02 ~~Heath~~ ^{cap}

Date of Birth, 20 Nov. 1880

Height, 5' 4" 5/8

Eyes, 2 1/2 1/2

Hair, *1859*

Complexion.

General Appearance:

Country 

~~Married~~ or Single

Calling, *Labourer*

Religion, *Methodist*

Weight, 9 st. 12 lbs.

Next of Kin. 2. 6-2-22

Address *Brother A. W. D.*

2.5 Bardsley

PROMOTIONS.

TRANSFERS.

REDUCTIONS

* To be filled up by the Commanding Officer.

Date.	From.	To.	Remarks.	Officer's Signature.
<p>10/12/12</p> <p>at 12.05</p>				

Re-engagement.

Re-engaged on.....190
for a further term of.....
at 3d. a day extra pay.

Signature of O.C. Division

FURTHER PERIODS.

Transfer to the Reserve.

I,....., certify that, on my transfer this day to the Reserve, S.A.C., I do perfectly understand the several conditions laid down in Paragraph 21, Conditions of Service, and in Standing Orders for Reserve of the S.A.C., and I do engage and swear that I will faithfully fulfil the conditions of that paragraph and these orders.

SO HELP ME GOD.

I have been paid up to date, and have no further claim on Government regarding my past Constabulary Service.

Signature.

Witness.

Read over in my presence, and signed before me
this, the _____ day of _____ 190

REMARKS as to Conduct and Efficiency ; Recommendations in his favour, &c., &c.
(To be filled in by O.C. Troop, and signed by him.)

DATE.	PARTICULARS. (This column is intended to contain remarks regarding special good conduct and efficiency of the member, recommendations in his favour, cases of gallantry, good work, wounds, &c.; also passing of educational tests, classes of instruction, &c., and other matters affecting his general character. When an officer is transferred from the charge of a district, he may, before giving over charge, enter in this column his opinion of the character and efficiency of the Trooper.	OFFICER'S SIGNATURE.
4.7.05	Discharged Time Expired Gen Reg. para 186. <i>[Signature]</i> DIVISIONAL COMMANDANT, S.A.C., NORTHERN TRANSVAAL	<i>[Signature]</i>

SOUTH AFRICAN CONSTABULARY

NORTHERN TRANSVAAL

I hereby certify that I have no claim against the South African Constabulary on account of any physical disability caused by service in the force.

PRETORIA.

4.7.05.

Signature.....

Witness.....

[Signature]
[Signature] Con.

Received Testimonials (Six) J. Calvert

MARRIAGE.

Wife's Name.....

Place and Date.....

Officer's Signature.....

Particulars of Discharge.
(To be filled in by O.C. Troop.)

Cause of Discharge *Time Expired.*
Rank *Constable.*
Date *4th July 1905.*
Character *Very good.*
Length of Service *31 Years*
Address *Castle Transvaal Hotel*

Certificate.

I, *Thomas Calvert*, certify that, on my discharge this day from service in the South African Constabulary, I have been paid up to date, and that I have no further claim on Government.

Signed at *Pretoria*
this *4th* day of *July* 190*5.*

Signature *J. Calvert*

[illegible]

MEDICAL HISTORY of

Surname Calvert Christian Name Thomas

Examined on 24th day of May 1902
at Westminster

Birthplace { Parish Overton
County Lancashire

Declared Age 20½

Trade or Occupation Labourer

Height 5 Feet 5 Inches.

Weight 9st 2 lbs.

Chest measurement { Minimum 34½ inches.
Maximum expansion 36½ inches.

Physical Development good

Small Pox Marks nil

Vaccination Marks { Arm Right Left
Number 3 3

When Vaccinated Recently

(a) Marks indicating congenital peculiarities or previous disease
Tattooed Right arm figures
Left arm T.C.

(b) Slight defects but not sufficient to cause rejection.

Approved by [Signature]
(Rank) _____

Medical Officer

Examined for re-engagement
day of _____ 1902

* Considered _____

(Signature) _____

Medical Officer

* If unfit, state disability.

Re-vaccinated on _____ day of _____ 1902

Arm _____ Number _____

Result _____

(Signature) _____

Medical Officer

Enlisted on 11th day of July 1902, at Pretoria

	CORPS.	REGTL. NUMBER	DATE.
Joined on enlistment ...			
Transferred to ...		<u>2020.</u>	

RECORD OF COURTS OF INQUIRY AND OF MEDICAL BOARDS.

Station	Date	Injury or Disease	Finding