SCHEDULE B.	SCHEDULE B.
188 9/ DEATHS in the District of Ampaire in the Colony	of Victoria, Registered by Annaucis
No. No. No. No. Name and Surname, Rank or Profession. Name and Surname, Rank or Profession. Name and Age. One Cause of Death, One Duration of last Illness, One Medical Attendant by whom certified, and fied, and One Cause of Death, One Duration of last Illness, One Medical Attendant by whom certified, and One Cause of Death, One Duration of last Illness, One Medical Attendant by whom certified, and One Cause of Death, One Duration of last Illness, One Duration of last Illne	Signature, Description, and Residence of Informant. (1) Signature of Deputy Registrar, (2) Date, and (3) Where Registered. (3) Where Registered. (4) Signature of Deputy Registrar, (2) Date, and (3) Where Registered. (4) Where Registered. (5) Where Registered. (6) Where Registered. (7) Where Born, and how long in the gion of Minister, or Names of Witnesses of Burial. (8) Where Registered. (9) Where Registered. (1) Where, and at what (2) Age, and to (3) Whom. (1) Where, and at what (2) Age, and to (3) Whom. (3) Where Registered.
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