

SCHEDULE D.

Name of Child.	Parent's name.	Residence.	Nature of Certificate.	Date to which postponed.	Date of Certificate.
John Smith,	James Smith,	Galt,	{ Successfully vaccinated }	4th Jan. 1864.
Mary Jones,	John Jones,	Galt,	Postponed	20 May, 1863,	20th Jan. 1864
Jas. Irwin,	John Irwin,	Galt,	{ Insusceptible, }	5th Jan. 1864.

I, A. B., public vaccinator for the _____ in the county of _____ hereby certify that the particulars specified in this schedule are correct.

Dated this _____ day of _____ 186 .

(Signed),

A. B.,
Public Vaccinator.

SCHEDULE E.

Name of Child not vaccinated.	Name of Father, Mother, or other person.	Nearest Post Office.
John Smith,.....	James Smith,	Galt.

SCHEDULE F.

To

Take notice, that if a certificate of the vaccination of your child is not exhibited to the clerk or secretary-treasurer of the [county or city] council within one month from the date of this notice, you will be prosecuted in accordance with the provisions of the Vaccination Law.

Dated this _____ day of _____ 186 .

(Signed),

A. B., Clerk,
[or Secretary-Treasurer.]