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SCHEDULE B.—CERTIFICATE.

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(a) Name in full I, the undersigned (a)  
 (b) Qualification, being (b) and in actual practice  
 hereby certify that I, on the day of  
 (c) Locality, 18 , at (c) in the County of  
 separately from any other Medical Practitioner, personally  
 (d) Name in full, examined (d)  
 (e) Residence, of (e) (f) and that the said  
 (f) Occupation, is a person of unsound  
 mind, and a proper person to be taken care of and detained under care and treatment; and that I have formed this opinion on the following grounds, viz.:

1. Appearance. 1. Facts, indicating insanity, observed by myself:  
 2. Conduct.  
 3. Conversation.

(g) State the information and from whom. 2. Facts, indicating insanity, communicated to me by others (g)

Name,

Place of Residence,

Date.

N. B.—Two Certificates, (dated within one month of the committal) are required in every case. The second should not be signed by the father, brother, son, partner, or assistant of the Medical Practitioner who signed the first certificate.

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