

## Balances as notified by the Paymaster.

Date of balance.	Dr.			Cr.			Signature of Officer making entry.
	£	s.	d.	£	s.	d.	

NEXT OF KIN. *4 Allocated*

Relationship *Mother*  
 Name *Ms<sup>r</sup> M. G. Butterbuck*  
 Address *28 Hunt Rd*  
*Pelone*

## Dates and Particulars of Inoculation and Vaccination.

*TAB 14.7.17.* } *MCV No 1 23.2.19*  
*Vaccin. 27.8.17* } *Injection*  
*TAB 26.8.18* } *Capit*  
*MCV 11/3/19 same*

Prescription for Spectacles.