|                                                              | . Name                                                                | Me illiam lo                                 | airn's                                                 |                          | 9.09.00                                           |
|--------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------|--------------------------------------------------------|--------------------------|---------------------------------------------------|
|                                                              | Residence                                                             | Swan Street                                  | Earnings, Means, and besides Parochial                 | d Resources,}<br>Relief} |                                                   |
|                                                              | Age                                                                   | 65 years                                     | Nature of Settlemen                                    | ıt                       |                                                   |
|                                                              | Date of Minute of Parochial Board)                                    | 11: Nov: 1865.                               |                                                        |                          |                                                   |
|                                                              | or Committee admitting Liability and authorizing Relief               | minute of Var: Bours                         | 2                                                      |                          |                                                   |
|                                                              | Amount and Description of Relief                                      | one shilling weekly                          | Name and Age of                                        |                          |                                                   |
|                                                              | Country and Place of Birth, and, if \ in Scotland, Parish of Birth \} |                                              |                                                        |                          |                                                   |
|                                                              | Religious Denomination, whether Protestant or Roman Catholic          | Protestant.                                  | Name, Age, and W<br>ings of Husband,<br>or Children no | Wife, Child              |                                                   |
|                                                              | Condition—If Adult, whether Married or Single, Widow or Widower       | Usielower.                                   | Family and their Circum-                               |                          |                                                   |
| If Child, whether Orphan, Deserted, or separated from Parent |                                                                       |                                              |                                                        |                          | Lives with his wir ho                             |
|                                                              |                                                                       | Laboriser                                    |                                                        |                          |                                                   |
|                                                              | Wholly or Partially Disabled                                          | Partially,                                   | Other Information above                                | not stated               |                                                   |
|                                                              | Description of Disablement                                            | Infirm.                                      |                                                        |                          |                                                   |
|                                                              | Wholly or Partially Destitute                                         | Partially.                                   |                                                        |                          |                                                   |
|                                                              | Dates. Change                                                         | of Circumstances and subsequent Proceedings. | DATES.                                                 | Ch                       | ange of Circumstances and subsequent Proceedings. |
|                                                              |                                                                       |                                              |                                                        |                          |                                                   |
|                                                              |                                                                       |                                              |                                                        |                          |                                                   |
|                                                              |                                                                       |                                              |                                                        |                          |                                                   |
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|                                                              |                                                                       |                                              |                                                        |                          |                                                   |
|                                                              |                                                                       |                                              |                                                        |                          |                                                   |