## IMMIGRATION RESTRICTION ACTS 1901-1905.

REGULATION No. 11.—Duties of Masters.

11. The Master of every vessel, other than a public vessel of any Government, arriving at any port in the Commonwealth, from parts beyond the Commonwealth, with any passengers on board for that port, shall, before making entry at the Customs, deliver to an officer a list of all such passengers, specifying, to the best of his knowledge, the name, the nationality and race, the place of shipment, and the calling and occupation of each such passenger; and he shall, if required by the officer, certify in writing that to the best of his knowledge and belief none of the passengers in the list (except as therein stated) is an idiot or insome person.

3 :		mmonwealth.				from Parts	6. 4	01: 0
***************************************	om Elasgow	from Elasgon		Master K. Paylor		Master	Mauge	Ship Journal
1906	May	Arrived Ho			Arrived	Agents Solder Smith		
Remarks.	Calling or Occupation.	Place of Shipment.	Adults. (18 Years and upwards.)  Children. (Under 18 Years.)  M. F. M. F.		(18 Years as upwards.	Race.	Nationality.	Name.
3 rd Clam Dun	Farmer	Liverpool	F	IVI.	28	European	British	Lauris
S S S S S S S S S S S S S S S S S S S	Eugineer				24		····	- Jalo
		······································					***************************************	***************************************
		***************************************						***************************************
	***************************************	***************************************			*******			***************************************
***************************************	,	***************************************						*********
***************************************		***************************************		***				***************************************
	***************************************	***************************************	************					***************************************
								······································
								***************************************
								***************************************
								***************************************
	**************************************							
***************************************	***************************************	***************************************	**********					
	***************************************	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					***************************************	***************************************
***************************************	***************************************			************	**************************************	***************************************	***************************************	
	***************************************					***************************************		I certify that this R and that to the best of my kn nfectious or contagious diseasiny public or charitable instit

O.578.