Note.—Care must be taken that every column be correctly filled, and that every casualty or transfer which has occurred during the quarter is duly noted.

Dum on my commun								ery column be correctly filled, and th			PERSONAL DESCRIPTION.								
SHIP'S NO.	NAMES.  (Alphabetically arranged, with the surname to the left.)	RATING	DATE OF ENLISTMENT.			WHERE ENLISTED.	TERM OF ENLIST- MENT.	PLACE OR VESSEL FROM WHICH RECEIVED.	WHERE BORN.		STATE OF WHICH A CITIZEN.	ton Hayana							REMARKS.
NO.			Year.	Month.	Day.		MENT.	WHICH RECEIVED.	City Town, or County.	State.	A CITIZEN.	Years.	Occupation.	Eyes.	Hair.	Complexion	r. Feet	t. In.	
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