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FORM B. 1.—HOUSE AND BUILDING RETURN—*continued.*

HOUSES.											FAMILIES, &c.							
					PARTICULARS OF INHABITED HOUSES.													
					WALLS.	ROOF.	ROOMS.	Windows in Front.		CLASS OF HOUSE.								
No. of House or Building	Whether Built or Building.	State whether Private Dwelling, Public Building, School, Manufactory, Hotel, Public-house, Lodging-house, or Shop, &c.	Number of Out-Offices and Farm-steadings as returned on Form B. 2.	Is House Inhabited? — Yes or No, as the case may be.	If Walls are of Stone, Brick, or Concrete, enter the figure 1 in this column; if they are of Mud, Wood, or other perishable material, enter the figure 0.	If Roof is of Slate, Iron, or Tile, enter the figure 1 in this column; if it is of Thatch, Wood, or other perishable material, enter the figure 0.	Enter in this column:— For each House with 1 Room only } the figure 1. For Houses with 2, 3, or 4 rooms 2; 5 or 6 „ 3; 7, 8, or 9 „ 4; 10, 11, or 12 „ 5; 13 or more „ 6	State in this column the exact Number of Windows in *Front* of House.	Tot the Figures you have entered in columns 6, 7, 8, & 9, and enter the Total for each House in this column.	When Total in Col. 10 is:— 1 or 2, enter "4th"; 3, 4, or 5 „ "3rd"; 6, 7, 8, 9, 10, or 11 „ "2nd"; 12 or over „ "1st"	No. of distinct Families in each House.	Name of the Head of each Family residing in the House.	No. of Rooms occupied by each Family. (*See Note B at foot.*)	Total Number of Persons in each Family.	Date on which Form A was collected.	Number of Persons in each Family who were sick on 2nd April 1911.	Name of the *Landholder* (if any) on whose Holding the House is situated, whether that name appears in column 13 or not.	No. on Form M. 1 if House is on the Holding of a Landholder.
(Col. 1.)	(Col. 2.)	(Col. 3.)	(Col. 4.)	(Col. 5.)	(Col. 6.)	(Col. 7.)	(Col. 8.)	(Col. 9.)	(Col. 10.)	(Col. 11.)	(Col. 12.)	(Col. 13.)	(Col. 14.)	(Col. 15.)	(Col. 16.) 1911.	(Col. 17.)	(Col. 18.)	(Col. 19.)