



APPLICATION FOR THE PIONEER MEDALLION

ELIGIBILITY

For purposes of this award, a Pioneer shall be any person who was either born in Canada or a resident of Canada prior to January 1, 1897, but must be a resident of British Columbia NOW.

	Award to be made during 1971.	COMMITTE
	Mr. PLEASE PRINT OR TYPE	11.10.1
1.	Name in full Miss Sillitte [Widow] aBeatrice	Tillitte
	(Given names.)	11.1
2.	Date of birth 26th April 1883 3. Place of birth Chuler, many (Day.) (Month.) (Year.)	amova
	If married—	
4.	Maiden name a. Brahull Stry	
5.	Husband's given names William Genge (died	1917)
	October 11 Time 11-16	
6.	Wife's full maiden name Walla Branch Strong	
7.	Occupation before retirement	
0		
8.	If born in Canada but outside British Columbia— (a) When did you first come to British Columbia (pull	1896
	(Day.) (Month.)	(Year.)
	(b) Where did you first live in British Columbia / Market 13th	
	(c) Where did you live immediately before coming to British Columbia Mulson	BE.
		,
9.	If born outside Canada—	
	(a) Where did you live immediately before coming to Canada	
	(b) When did you first come to Canada (Day.) (Month.)	(Year.)
	(c) Where did you first live in Canada	(Ical.)
	(c) White did you hist live in culture	
	(d) When did you first come to British Columbia (Day.) (Month.)	(Year.)
0.	Names of parents in full, including maiden name of mother—	
	11 show	
	Father (Family name.) (Given names.)	
	Mother Fitt Agail	
	(Maiden name.)	of fi
1.	Given names of brothers or sisters Winified, Blanklik, Wille	+ V'ruurs
•		
2.	Any remarks you may care to make about your family background or experiences (if	1-11
	attach separate sheet) Blauche was my lum sisten d	hed about
	Livo frathers died in infoma (Sidney	« Garden)
	Di Opiciones vales sor sugar experience	
	Winified & Clare (died 1916 x 1960)	appro dals
2	#405-2088 Bellovingon aB. Gillitte	- 0
3.	(Present address of applicant.) (Signature of applicant.))
	Aver Vancours & Ochygs / st	, 1970.
	(Date.)	
RE'	TURN THIS FORM IN QUADRUPLICATE TO YOUR LOCAL CENTENNIAL COMMITTEE FO	
	TO VICTORIA. NO FORMS WILL BE ACCEPTED AFTER NOVEMBER 19, 19	10.
	To be completed by the local Centennial Committee	
	MALLET WELL	4
	14. (Signature of local Centennial Committee Chairman.) (Name of local Centennial Committee Chairman.)	fittee.)
	1, 4 11 12 1 1 1	

15. What, if any, verification of date of birth was available