



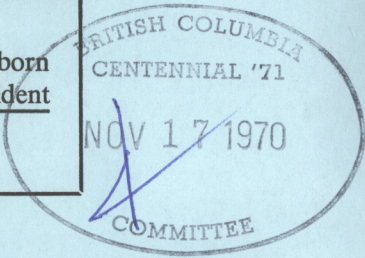
APPLICATION FOR THE PIONEER MEDALLION



**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.



~~MR~~ PLEASE PRINT OR TYPE

1. Name in full ~~Miss~~ Mrs. Chaytor Effie Bell  
(Family name.) (Given names.)

2. Date of birth 14 June 1887 3. Place of birth Vancouver, B.C.  
(Day.) (Month.) (Year.)

If married—  
4. Maiden name Smith

5. Husband's given names Herbert Archibald

6. Wife's full maiden name \_\_\_\_\_

7. Occupation before retirement Housewife

8. If born in Canada but outside British Columbia—  
(a) When did you first come to British Columbia \_\_\_\_\_  
(Day.) (Month.) (Year.)

(b) Where did you first live in British Columbia \_\_\_\_\_

(c) Where did you live immediately before coming to British Columbia \_\_\_\_\_

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 \_\_\_\_\_

(d) When did you first come to British Columbia \_\_\_\_\_  
(Day.) (Month.) (Year.)

10. Names of parents in full, including maiden name of mother—  
Father Smith William  
(Family name.) (Given names.)

Mother Reid Jennie Maude  
(Maiden name.) (Given names.)

11. Given names of brothers or sisters Stanley-, Oliver, and Lucy -all deceased

12. Any remarks you may care to make about your family background or experiences (if required, please attach separate sheet) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Hillview Rd., (Present address of applicant.) \_\_\_\_\_ (Signature of applicant.)  
R.R.#1, Wellington, B.C. \_\_\_\_\_  
Effie B Chaytor, 1970.  
Per H & A Chaytor Oct. 8. (Date.)

RETURN THIS FORM IN QUADRUPPLICATE TO YOUR LOCAL CENTENNIAL COMMITTEE FOR FORWARDING TO VICTORIA. NO FORMS WILL BE ACCEPTED AFTER NOVEMBER 19, 1970.

To be completed by the local Centennial Committee

14. [Signature] Nenrose  
(Signature of local Centennial Committee Chairman.) (Name of local Centennial Committee.)

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