MERCIR CONTIN	NULD	& WT.GILEAD					
NAME OF TEACHER  (Two lines for each Name)	White or Colored	POST-OFFICE  (On first line give permanent post-office; on second give temporary post-office during school term.)	Number Months Contracted for	Salary Per Month	Date of Certificate	By Whom Issued	Grade of Certificate
Mr. Amiss Lillard		Mountsville, Va. Mountsville, Va.	8	40	II/6/I4		Spe.c.
Mr. A.R.SMIth	- <b>0</b> 01	Middleburg, Va.	6	35	Hamp	B. Ex.	First
_Miss R.N.Bannister		Bluemont, Va:	6	30	14/8/06		Prof.
Mr. B. W. Murray	<b>a</b>	-Aldie, Va.	6	35	8/16/07		First
Miss Ida Del Clements		Bluemont, Va.	6	26			
Miss Frances Hall	n	Middleburg, Va,	6				