

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
Town of Leesburg Continued		Leesburg					
Miss Blanche Niedman	W	" "	9	43	8/13/15	Rees	H.S.T.
" E. Smith	W	" "	9	50			
" Ella Knapp	W	Leesburg	9	50	Farmville		Pr. H.
" Rosalind	W	Leesburg	9	50			
Mr. Geo. C. Walker	C	Leesburg	7	35	8/25/14	R. B. S.	First
Miss A. E. B. Harris	C	" "	7	25	8/17/14	R. B. S.	2nd. F.
" Mr. R. Waters	C	" "	7	20	7/22/14	R. B. S.	2nd. F.