CARLISLE INDIAN INDUSTRIAL SCHOOL DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT	
HODO RIGHT SMITH AGENCY DESCRIPTION OF STATION OF STATI	rea
AND INDIAN NAME HOME ADDRESS Peter Smith Indian Falls,	n.y.
PARENTS LIVING OR DEAD BLOOD AGE HEIGHT WEIGHT FORCED INSP. FORCED	29 m.
ARRIVED AT SCHOOL . FOR WHAT PERIOD DATE DISCHARGED CAUSE OF D	Deserter
10 COUNTRY PATRONS NAME AND ADDRESS 4-30-13 Walter Carson Robbinsville n. g	FROM COUNTRY
11-3-13 Ran from country	
THE SHAW-WALMER CO., MUSKEGON 121071	
50	
edo onto. I at Carlisle,	
Grade at date of Discharge,	
Trade or Industry,	
Church. Tres by lenan	
Ohurch. Ores by lenan Miles to school 1/4	

	102 CARLISLE INDIAN SCHOOL							
No. 4870 Kidd Sm	NAME.			AGE.	TRIBE.	DEGREE OF INDIAN BLOOD.	VATION, IF EN	ency and Reser- inrolled; if not, fice of Family.
Months in School before enrollment here. Months IN WHAT GRADE OR ROOM. On At date of this report.			Distance to nearest public school from		ı sick leave,			
	50			1/4m	To Country		M COUNTRY	DATE DISCHARGED
					11 - 3 - 13	Ran	i from C	Dec 3. 13
	6		7					
						~		
								- A
								Presbyterian
								* ~ 1639~
			ANDERSONAL			A R LANGUAGE COLUMN	And the control of th	7 1009
Progress from, to,								

Progress from				to_				
- 100000	(Date)					(Date	2)	
FIRST YEAR IN THIS SCHOOL	SEPT.	ост.	NOV.	DEC.	JAN.	FEB,	MAR.	APR.
Class or grade			_					
Academicstanding*								
Industrialstanding*								
(Department)								
Musical: Bandstanding*								
Vocalstanding*								
Orchestrastanding*								
Deportmentstanding*								
Physical condition								
Remarks:)					
			/ ***					

" Y & E "

~ 1640~

Name of Student Kidd Smith Home Address Itter Smith, Indian Fallaritie Encace

Age at Entrance/6 Date of |-3-12 Shop JAN. FEB. MAR. APR. MAY JUNE JULY AUG. SEPT. OCT. NOV. DEC. TOTAL OR Address School

Patron Locality Days in School

Address Pallins ville, NG Grade in School

Recommended by Grade in School Ability Grade of Home Church Health Date of 4-30 -/3 Date Returned ropped 12-3-/3 Wages Earnings 441037 3M. 4-09

OUTING RECORD - CARLISLE INDUSTRIAL SCHOOL

		OUTIN	IG RECORD -	CARLISLE	INDU	STRI	ALS	сно)L								
Name of Student																	
Age at Entrance	Date of Entrance	Shop			JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL OR AVERAGE
Patron		L	ocality	Days in School													
Address		R. R.	. Station	Conduct													
Recommended by			Grade in School	Ability													
Grade of Home		Church		Health													
Date of Outing	Date Returned	Wages	s	Earnings													
				-													
															6		
(FG)																	
						,	-1										
YAWMAN & ERBE MFG. CO., ROCHESTE	R, N. Y.															441037	3M, 4-00

NAME IL	idd S	mith	n	er	Sex { Male.
		state 211		200.2	-9 , 19 /:
		Respiration / 5	C	ondition of, Eyes	
Height 5	it. # 1/2 ins.	Mensuration Insp. 33		Ears	OK.
Weight /	093 Ibs.	Mensuration Exp. 29		Throat	0,12,
				Cervical glands	O.K.
Pulse	72	Vaccination 718		Skin	// //
		ell develope	L		
		/~,			
ercussion	0	. 12.			
	0.4				
uscultation					
leart	3K				
M onstruation)					
		FAMILY HISTORY	•		
	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF	DEATH.
Father	we	grod			
Mother	hus	V 16			
	2	16			
Brothers	(none	-	
listers	1 4	(,			
	<u> </u>		none		
Personal history	measles	land year,	mun	po less of	year
		<i>V</i>	/		
Present condition	9019.				
		^	1 00 5	1 0 "	
		-	A12:	trabe	, М. Д.

This form is for the record of the physical condition of pupils of boarding or nonreservation Indian schools. It should be filled in by the school physician at the time of the admission of the pupil.

Physicians in the field should use this form to record the examination of pupils for transfer to nonreservation schools. It should

accompany the pupils' transfer blanks.

łge				Name	1	Residence		
Age $Sex \left\{ {{Male.}\atop{Female.}} \ Tribe \left\{ {{Full.}\atop{I/}} \right\} \right\}$ Residence								
DATE.				SYMPTOMS.		TREATMENT.	DIAGNOSIS.	REMARKS.
19	T.	Р.	R.					History, progress, and terminat of the disease.
				2/24/13 For outing	OFE			
				, , ,				

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	10000							
	1						-	
******		84404					-	******************
			-					

797

BRIEF.

Application of

FOR THE ENROLLMENT OF

Kida Smith

IN THE INDIAN SCHOOL AT

Carlisle, Pennsylvania

POST-OFFICE ADDRESS OF APPLICANT:

Date of enrollment,

191

Term of enrollment,

Fine

) years



Application for Enrollment in a Nonreservation School. (For a child not enrolled at an Agency.)

For and in consideration of t			ducation,	and maint	enance in
the United States Indian School a	t Carlesl	e	, 0	Pa	, of
of Indian Falls P.	of State of New York	//	arcirc, guartin	Luck	kin.)
/).	//	0			
and agree to he enrollm		(Not)les	s than 3.)	rs, and also	o obligate
and bind myself to abide by all th	ne rules and regulations for	Indian scr	nools.	1	162/
I further say that the said ch	ild was born at Andu	and fa	lls01	1 July.	5,1896.
that the father, Peter (Name of fath	Luth, so	a full I	ndian of	the Le	neca
Tribe located at Zonawand		7.			
that the mother, Louise (Name.) Tribe located at Louawand	Luith is	afull I	ndian of t	the Touc	rwandi
the said child was born and reared			(Appro	oximate date.)	
he has attended the following sch		i now actu	any resid	es therein;	and that
NAME OF SCHOOL-PUBLIC, GOVERNMENT, OR MISSION.	LOCATED AT—	DATE OF ENROLLMENT.	DATE OF DISCHARGE.	Cause of Discharge.	GRADE.
Dist-No. 4	Jon. Res.	1900	1912	none	of the
	-1		***************		

This 30 day of	ept 1912				
Two witnesses: Rose A	nith	6	Peter	Luc	ith
٠.		(Parent	, guardian, or	next of kin.)	
Zouse		P. O., Z	idia	u tra	lle
(NOTE.—Every blank in this application mus by mark or otherwise, must be attested by two with		n his own handw	riting, if possi	ble. The signat	ture, whether
Valyer Su	AFFIDAVIT.				
I, / Verdonces					7
above application are true	, do hereby	swear tha	t the state	ements ma	de in the
above application are true.	Xidd.	swear tha	t the state	ements ma	de in the
above application are true.	do hereby	Smis	L 01	ements ma	Swiff.
above application are true. Sworn to and subscribed before	Hidd. (Signature of	Smis	L 01	Eten.	Swiff.
	Hidd. (Signature of	Smis	L 01	Eten.	Suith.
Sworn to and subscribed before (Note.—This application and affidavit must be	re me this 23 day of the executed before some officer authorizes	Suis f applicant.)	R OF Parent, &	eter pardian, or next	Suith.
Sworn to and subscribed befor	re me this 23 day of the executed before some officer authorizes	Suis f applicant.)	R OF Parent, &	eter pardian, or next	Suith.
Sworn to and subscribed before (Note.—This application and affidavit must be	re me this 23 day of the executed before some officer authorizes	Suis f applicant.)	R OF Parent, &	eter pardian, or next	Suith.

FOR NEW YORK PUPILS.

This blank is to be filled out and signed by a former teacher of the applicant, by a school trustee, a school superintendent, or by some other person conversant with the status of the applicant's school attendance. This is to certify that Add Smith
has attended the Tonawanda Reservation School at
Indian Falls New York, from Sept. 1900
to June, 2 8th 1912.
aferon N. Y.
7 1/. 19/2.
nettie O. Sherry.
(Sign here.)

Certificate of Physician.
I, AM M Jobbell, a practicing physician of M. J. S. Guesel F
, do hereby certify that I have carefully examined Redd Sunth,
the child named in this application, and find that the standis in proper physical condition to attend school, and is not afflicted with tuberculosis or other disease which would be a menace to the health
This day of day of , 1912 Aul Labburn, D.
Vaushars of Disinterested Persons
Vouchers of Disinterested Persons. Voucher No. 1.
I, a. W. Orr, a Strake aka, of (Business, calling, or profession.)
Indian Ralls, do hereby certify that I am personally acquainted with
Ridd Smill who makes the foregoing application; that I believe his state-
ments therein are true; that I am acquainted with Made (Name of Child.); that
he is known and recognized in the community in which he lives as an Indian; that in my opinion
he can not receive proper and adequate schooling at home for the reason that he is for
own & chool, yet he wishes to good education
This day of October 1912
i. W. Orr.
Voucher No. 2.
I, En Middleton, a Clergyman of
Indian J, alla , do hereby certify that I am personally acquainted with
Peter Smith, who makes the foregoing application; that I believe his state-
ments therein are true; that I am acquainted with Kidd Smith; that
he is known and recognized in the community in which he lives as an Indian; and that in my opinion
he cannot receive proper and adequate schooling at home for the reason that Conditions
are such as to hinder him from
making any progress in his own school.
This / St day of October, 191 2
6 W Midelleton

Certificate of School Physician.

I hereby certify that on			nade a careful examination
	(As soon after arrival		
of the physical condition of			
going application, and found	to be	***************************************	
I therefore recommend that the	said child be	enrolled in	this school.
This day of		, 191	
			School Physician.

INDORSEMENT.

A child showing one-sixteenth or less Indian blood, whose parents live on an Indian reservation, Indian fashion, who, if debarred from the Government schools, could not obtain an education, may be permitted in the reservation day and boarding schools, but it is preferable that it be not transferred to a nonreservation school, without permission from the Office. Children showing one-eighth or less Indian blood, whose parents do not live on an Indian reservation, whose home is among white people where there are churches and schools, who are presumed to have adopted the white man's manners and customs, and are to all intents and purposes white people, are debarred from enrollment in the Government nonreservation and reservation schools. Superintendents, in all cases where doubt exists as to the degree of Indian blood of a child proposed for transfer, should fully satisfy themselves of the facts by affidavits from reliable persons, which affidavits must be kept on file at the school.

A pupil who has been regularly enrolled in a nonreservation school must not be taken to any other non-reservation school without the consent of both Superintendents and the Commissioner of Indian Affairs, and Superintendents will be held to strict accountability for such pupils taken to their schools.

A pupil dismissed from school for cause must not be enrolled in any other school without the permission of the Commissioner of Indian Affairs. Full facts must be submitted with each request.



102 Robbinsville nov 1. 1913 Mr. Friedman, Dear Sir! find money order for \$22.00 witch is 14 of Kidd Smith money. I peept 2.00 ont of his wages for the time he was rich I had to here other help. I will fut the Dribill in with this, Thatter barson

102 REPORT AFTER LEAVING CARLISLE

563757 3M-2-II

NAME AT CARLISLE

Kidd Smith

PRESENT NAME

DATE	INFORMATION THROUGH	ADDRESS	OCCUPATION	ITEMS OF INTEREST	GRADE
Ku	Colles	Bot 18 Falls 7.4.			
11.4	J. J	macin races, 9.			
					-

March 36, 1917

Mr. G. H. Ansley, Supervisor in Charge New York Agency, Salamanca, N. Y.

Dear Sir:

I am enclosing herewith two checks drawn on the account of Kidd Smith, a former pupil of this school. The check for \$6.25, ande payable to Dr. F. M. Arthur, covers services rendered Kidd while in the country. As you will notice, this check was made out sometime ago but as Kidd deserted we were unable to secure his signature to it. Later it became misplaced and was found a short time ago. I will thank you to have Kidd sign this check and return it in order that we may forward it to Dr. Arthur.

The check for \$4.13 covers \$3.35 sent to this school for wages by Walter Carson August 5, 1914, and interest received from the bank for the outstanding check and this amount. This closes out Kidd's account here. Please have him sign and endorse this check before presenting for payment.

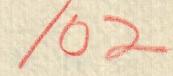
Kidd's father's name and address are Mr. Peter S.

Smith, Box 18, Indian Falls, Genesee Co., N. Y. Thanking
you for your assistance in this matter, I am
Yours very truly,

Superintendent.



DEPARTMENT OF THE INTERIOR



UNITED STATES INDIAN SERVICE

MEN YORK AGENCY April 30, 1917

Salamanca, N. F., april 28, 1917

John Dr. F. M. Arthur,

United Sta Hamilton Square, N. J.

Dear Sir: arlisle, Pennsylvania.

I am enclosing herewith a check made pay-Dear Sir. able to your order in the amount of \$6.25 which is to cover professional services rendered Kidd Smith, a former pupil of this school, as per the attached bill. We have just succeeded in getting Kidd's signature to the check. and rovember ?. 1918. other check for \$4.13 I delivered Yours very truly,

Respectfully yours.

Superintendent. Unall

Special Agent.

Enac CI

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Enc.

DEPARTMENT OF THE INTERIOR

UNITED STATES INDIAN SERVICE

NEW YORK AGENCY

Salamanca, N. Y., April 28, 1917

John Francis, Jr., Superintendent,

United States Indian School,

Carlisle, Pennsylvania.

Dear Sir:

Reference is hereby made to your letter of March 26, 1917, enclosing two checks drawn on the account of Kid Smith, a former pupil of your School.

I am returning he rewith the check sent in favor of Dr. F. M. Arthur for \$6.25, being No. 5368 dated November 7, 1913. The other check for \$4.13 I delivered to Kidd.

Respectfully yours,

special Agent.

Enc

Mills is requested.	Smith Square, N. J., Aug. 25th, 191 3.
#8: UNTIL 8 A. M. 1 TO 2 P. M. 6 TO 8 P. M. DNE 1250-Y, TRENTON	TO F. M. ARTHUR, M. D., DR.
To account rendered To professional services and medicine fro	m June 25 , 1913 to date \$ 625 \$
By credit	Amount due \$ RECEIVED PAYMENT, HALL
THE ITEMS OF THIS ACCOUNT MAY BE SEEN AT THE OF	FICE.

Indian Falls Temerse Co Deur Sin Supet. Pstarhyps Cooliste budian School Westing to ringuire about my son Redd Smith he was Carleste School he was out in the Country working last year Warked Six months al- 8 Dollars a month Mr Friedman Would not let hum go back 10 8chool in the fall and he did not the place

pe got 12. Spending money for his work last summer his Doctoris A 6,00 his health ded not aggree with him in that parts here's not what I would day Well now, and the does not think af growing back to 8 chow again please bet-one Know it his money is al-school ar not my address Peter & Smith Box 18 Indian Falls Denesee Co u.y Mr. Peter S. Smith,

Indian Falls, N.Y. (Box 18)

Dear Sir,

Replying to your letter dated the 36th, I have to advise your son Kidd Smith has to his credit 15.89 and I am enclosing herewith check for the amount closing the account. Please have him sign the face of the check, endorse the same on the back when it can be presented to bank for payment.

Very respectfully,

W.H.M.

Supervisor in charge.

PROMPT SETTLEMENT OF BILLS IS REQUESTED.	Hamilton Square, N. J., Lauy	1
OFFICE HOURS: UNTIL 8 A. M. 1 TO 2 P. M. 6 TO 8 P. M. BELL PHONE 1250-Y, TRENTON	F. M. ARTHUR, M. D., DR.	
To account rendered To professional services and medicine from	, 191to date \$ 6 7.5	8
By credit		\$
	Amount due	\$
	RECEIVED PAYMENT,	
THE ITEMS OF THIS ACCOUNT MAY BE SEEN AT THE OFFICE.		water water and the same of th

January 8, 1914.

Dr. F. M. Arthur,

Hamilton Square, N.J.

Dear Sir:

I am in receipt of your bill of \$6.75 against Kidd Smith, one of our boys who lived with Mr. Carson, Robbinsville, N.J., also a former bill for \$6.25. Sometime in November last a check was drawn from Kidd's account here forcover the amount of the first bill, \$6.25, but we have not been able to get his signature to it since he is a deserter from this School, and we do not know his address. The check is drawn and ready for his signature and just as soon as he is located you can have your check.

Very respectfully,

LoF.

Superintendent.

Mr. S. S. Chrisman,
Akron, New York.

My dear Sir:

This is to authorize you to apprehend Sherry Poodry and Kidd Smith, deserters from this school.

rest wire me and I will place transportation for your use, as I would be pleased to have you bring them on to Carlisle. If you can arrange to take the trip your return expenses will be provided for.

Hoping that it will be possible for you to give us your further assistance and that I will hear from you soon, I remain,

Very truly yours,

Superintendent.

HEM.

PROMPT SETTLEMENT OF BILLS IS REQUESTED. Midd	Hamilton Square, N. J., July. 27, 1914
OFFICE HOURS: UNTIL 8 A. M. 1 TO 2 P. M. 6 TO 8 P. M. BELL PHONE 1250-Y, TRENTON	F. M. ARTHUR, M. D., DR.
To account rendered	\$ 6 75 \$ 6 = \$
To professional services and medicine from By credit	S S
	RECEIVED PAYMENT,
THE ITEMS OF THIS ACCOUNT MAY BE SEEN AT THE OFFICE.	Manne