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**TRADE RECORD, CARLISLE.**

PUPIL *Ammons Trampet*

TRADE *Telegraphy*

ABILITY *good*

CONDUCT *Very good*

REMARKS

INSTRUCTOR *Will H. Miller*

OUTING RECORD - CARLISLE INDUSTRIAL SCHOOL

N.C. 1004

Name of Student *Ammons Trampen* Home Address *Aggie Trampen - Cherokee - Cherokee*

Age at Entrance *21* Date of Entrance *8-25-'10* Shop *July* JAN. FEB. MAR. APR. MAY JUNE JULY AUG. SEPT. OCT. NOV. DEC. TOTAL OR AVERAGE

Patron *Gen H. Cornell* Locality *Cherokee* Days in School  
 Address *Newton, Pa.* R. R. Station Conduct *y y y*

Recommended by *Gen H. Cornell* Grade in School Ability *y y y*

Grade of Home *or* Church Health *y y y*

Date of Outing *4-6-'11* Date Returned *5-29-'11* Wages *11.00<sup>13</sup>. 14.* Earnings

*Halter Scott*  
*Duylund, Pa.*  
*y*  
*y*  
*y*

*5-29-'11* *m 9-1-'11*  
*14.*

*y*  
*y*  
*y*  
*14.*  
*2.9.*  
*"*  
*"*  
*14.*

# OUTING RECORD — CARLISLE INDUSTRIAL SCHOOL

Name of Student

Home Address

Tribe

Age at Entrance	Date of Entrance	Shop	Locality	Days in School	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL OR AVERAGE
Patron																	
Address			R. R. Station	Conduct													
Recommended by			Grade in School	Ability													
Grade of Home		Church		Health													
Date of Outing	Date Returned		Wages	Earnings													

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**BRIEF.**

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**Application of**

*Ammons Trumper*

FOR THE ENROLLMENT OF

*himself*

IN THE INDIAN SCHOOL AT

**Carlisle, Pennsylvania**

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POST-OFFICE ADDRESS OF APPLICANT:

*Whittem, N. C.*

Date of enrollment, *Oct. 22nd*, 191*0*

Term of enrollment, *Three (3)* years

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# Application for Enrollment in a Nonreservation School.

(For a child not enrolled at an Agency.)

For and in consideration of the United States assuming the care, education, and maintenance in the United States Indian School at Carlisle, Pa., of Annous Tramer M., I, Annous Tramer of Whittier P. O., State of N.C., do hereby voluntarily consent and agree to my enrollment in said school for a period of 3 years, and also obligate and bind myself to abide by all the rules and regulations for Indian schools.

I further say that the said child was born at Whittier, N.C. on June 12-1889 that the father, Annous Tramer, was a 1/4 Indian of the Cherokee Tribe located at \_\_\_\_\_ Agency; that he left the tribe about \_\_\_\_\_; that the mother, Agnes Tramer, was a 1/2 Indian of the Cherokee Tribe located at \_\_\_\_\_ Agency, and left the tribe about \_\_\_\_\_; that the said child was born and reared in the United States, and now actually resides therein; and that he has attended the following schools:

NAME OF SCHOOL—PUBLIC, GOVERNMENT, OR MISSION.	LOCATED AT—	DATE OF ENROLLMENT.	DATE OF DISCHARGE.	CAUSE OF DISCHARGE.	GRADE.

This 22 day of Oct, 1910.  
Two witnesses:

Harvey K. Meyer  
(Signature of witness)

Annous Tramer  
(Parent, guardian, or next of kin.)  
P. O., Whittier, N.C.

(NOTE.—Every blank in this application must be properly filled out by the applicant, in his own handwriting, if possible. The signature, whether by mark or otherwise, must be attested by two witnesses.)

## AFFIDAVIT.

I, \_\_\_\_\_, do hereby swear that the statements made in the above application are true.  
\_\_\_\_\_  
(Signature of applicant.)                      (Parent, guardian, or next of kin.)

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 191\_\_\_\_\_

(NOTE.—This application and affidavit must be executed before some officer authorized to administer oaths by the parent with whom the child is living; if the parents are dead, by the guardian or next of kin.)

**Certificate of Physician.**

I, \_\_\_\_\_, a practicing physician of \_\_\_\_\_

\_\_\_\_\_, do hereby certify that I have carefully examined \_\_\_\_\_,

the child named in this application, and find that \_\_\_\_\_ is in proper physical condition to attend school, and is not afflicted with tuberculosis or other disease which would be a menace to the health of other pupils.

This \_\_\_\_\_ day of \_\_\_\_\_, 191\_\_\_\_\_, M. D.

**Vouchers of Disinterested Persons.**

**VOUCHER No. 1.**

I, \_\_\_\_\_, a \_\_\_\_\_, of \_\_\_\_\_  
(Business, calling, or profession.)

\_\_\_\_\_, do hereby certify that I am personally acquainted with \_\_\_\_\_

\_\_\_\_\_ who makes the foregoing application; that I believe his statements therein are true; that I am acquainted with \_\_\_\_\_; that

\_\_\_\_\_ (Name of Child.) 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 \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_ 191\_\_\_\_\_

**VOUCHER No. 2.**

I, \_\_\_\_\_, a \_\_\_\_\_, of \_\_\_\_\_  
(Business, calling, or profession.)

\_\_\_\_\_, do hereby certify that I am personally acquainted with \_\_\_\_\_

\_\_\_\_\_, who makes the foregoing application; that I believe his statements therein are true; that I am acquainted with \_\_\_\_\_; that

\_\_\_\_\_ (Name of child.) 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 \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_, 191\_\_\_\_\_

## Certificate of School Physician.

I hereby certify that on ..... , I made a careful examination  
(As soon after arrival as possible.)  
of the physical condition of ..... , the child named in the fore-  
going application, and found ..... to be .....

I therefore recommend that the said child be ..... enrolled in this school.

This ..... day of ..... , 191.....

.....  
*School Physician.*

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### 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.

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NAME: Ammons Trampfer

TRIBE: Cherokee

PARENT OR GUARDIAN: Aggie Trampfer

DATE ENROLLED: Aug. 25, 1910

TERM: Three years

AGE: 21

HOME ADDRESS: Cherokee, N. C.

DATE OF RECORD

ACADEMIC DEPARTMENT.  
ROOM NO. Scholarship Conduct.

INDUSTRIAL DEPARTMENT.  
Shop. Ability. Conduct.

DORMITORY.  
Room No. Neatness Conduct.

OUTING  
Ability. Conduct.

SPECIAL REMARKS.

June '11  
July '11

9 0.

Teleg. 2d V. ga

2d ga



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# PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL Tramper Emmons DATE 10/13 1910

AGE 20 YEARS { NEW / RETURNED } STUDENT. TRIBE Cherokee STATE N. Carolina

DEGREE OF INDIAN BLOOD Full

INSPECTION Well developed

PALPATION Normal

PERCUSSION Dull at both apexes

AUSCULTATION { RESONANCE Normal / RESP. MURMUR Normal }

HEART SOUNDS Good

MENSURATION { INSP. 39 1/2 / EXP. 36 } RESPIRATION 20 PULSE 80

TEMPERATURE 98 4/10 degs. HEIGHT 5 FT. 0 3/4 IN. WEIGHT 155 1/2 LBS.

VISION 10/10 VACCINATION Good scar

FAMILY HISTORY:

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER			yes	?
MOTHER			yes	?
BROTHERS {	1	good		
SISTERS {	2	good		
	1		yes	?

PERSONAL HISTORY: General Health Good

REMARKS:



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Sept. 18th, 1914.

Mr. James R. Henderson,  
Superintendent, The Cherokee School,  
Cherokee, N. C.

Dear Mr. Henderson:

This is to acknowledge receipt of your favor of September the 9th, with which you transmitted Ammons Trumper's check for an amount of \$1.25 in favor of Dr. H. H. Boyer.

Complying with the request contained in the same letter I am having mailed to you a number of blanks upon which applications for the transfer of desirable students to Carlisle may be submitted.

Assuring you that your co-operation in selecting only those whose past records indicate that they can be believed to make good use of their time if an opportunity is given them to come to Carlisle will be appreciated, I remain,

Very truly yours,

HMM.

Supervisor in Charge.

DEPARTMENT OF THE INTERIOR

UNITED STATES INDIAN SERVICE

Cherokee Indian School

Cherokee, N. C. September 9th, 1914.

Mr. O. H. Lipps,  
Supervisor in Charge,  
Carlisle Indian School,  
Carlisle, Pa.

My dear Sir:-

I am enclosing, herewith, check No. 5018, payable to the order of Dr. H. M. Boyer, for \$1.25, the same having been signed by Ammons Tramper.

I would be glad if you would forward me a supply of application blanks, for enrollment in your School.

Very respectfully,

*Janus Edwin Durr*  
Superintendent.

JEH/vf



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November 14, 1916.

Mr. Ammons Trumper,

Cherokee, North Carolina.

Through Sup't. James E. Henderson.

Dear Sir:

I am enclosing herewith a check for the amount of \$44.10, which is to balance your account on the books of this school. I shall appreciate it if you will immediately have this check cashed, in order to relieve us of any extra work in connection therewith.

I am also enclosing a franked envelope for reply, which requires no postage, and will thank you to give this matter your early attention.

Yours very truly,

CVP-RFH

Superintendent.