

2040

THE SHAW-WALKER CO., MUS^{ME}EGON-CHICAGO 33877

Brought here by F W Caufield

John Smoke

2070

APPLICATION FOR ENROLLMENT IN

CARLISLE INDIAN SCHOOL.

Full name of child	John Smoke	Indian name	Atti-rate
Father		Mother	Dead.
Tribe	St. Regis	Reservation	St. Regis
Degree of Ind. blood	Full	Either parent white	No.
Is either allotted	No.	Where	_____
Age of child	12 years	What schools has he or	
she attended	Preservation		

Signed Frederick Canfield.

CONSENT

I Abraham Branson guardian of the above named child John Smoke do hereby give my consent for his enrollment for term of five years (5 years) in the Indian School at Carlisle Pa. W. ated Hogansburg N. Y. Oct 27, 1906.

Signed Abraham Branson
(^{by} ~~him~~ ^{his} ~~him~~ ^{him})

Witness E. L. Klein.

PHYSICIANS CERTIFICATE.

I hereby certify that I have personally examined the above named

CONSENT

I Abraham Branson guardian of the
above named child John Smoke do
hereby give my consent for his enroll-
ment for term of five years (5 years)
in the Indian School at Carlisle Pa.
Dated Hogsansburg N. Y. Oct 27, 1906.

Signed Abraham Branson
(^{his} ~~x~~ ^{mark})
Witness E. L. Klein.

PHYSICIANS CERTIFICATE.

I hereby certify that that I have
personally examined the above named
John Smoke and have found him
physically sound and recommend the
transfer so far as his health is concerned.
Dated at Hogsansburg the 27th day of October 1906.
Edwin H. Klein M.D.

Card made Nov-2-06.

S.M.

