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CARLISLE INDIAN INDUSTRIAL SCHOOL
DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER 6446 4346	ENGLISH NAME Hardin Smith	AGENCY Rosebud	NATION Sionx
BAND	INDIAN NAME	HOME ADDRESS Todd Smith Rosebud, S. Dak.	
PARENTS LIVING OR DEAD	BLOOD 1/2	AGE 14	HEIGHT 4' 8"
FATHER, L	MOTHER, D	WEIGHT 80	FORCED INSP. 28 1/2
ARRIVED AT SCHOOL Sept. 16, 1910	FOR WHAT PERIOD Three years	DATE DISCHARGED June 16, 1913	FORCED EPXR. 25
TO COUNTRY	PATRONS NAME AND ADDRESS		SEX. M.
	CAUSE OF DISCHARGE Time out		
5-1-12	H. A. McComas, Rushland, Pa.		TO COUNTRY Pa.
6-21-12	Benlah Headley, Yardley, Pa.		8-5-12

THE SHAW-WALKER CO., WUREGON. 79104

Months in school before Carlisle, 70

Grade entered at Carlisle, 3

Grade at date of Discharge,

Trade or Industry,

Church, Episcopal

Miles to school

NAME Hardin Smith Sex { Male. Female. }
 Tribe { Full } Pioux State South Dakota Sept 10th, 1910
 Age 14 years Respiration 18 Condition of, Eyes Good
 Height 4 ft. 8³/₄ ins. Mensuration { Insp. 29 Ears Good
 Weight 79 lbs. { Exp. 26 Throat Good
 Temperature 98.6 Vaccination Yes Cervical glands Good
 Pulse 84 Vision Good Skin Good
 Inspection Good
 Palpation Good
 Percussion Good
 Auscultation Good
 Heart Good
 (Menstruation) _____

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father	1	Good		
Mother	1	Good		
Brothers 3	3	Good		
Sisters 4	4	Good		

Personal history Past year attended Rosebud Boarding School. Always had good health.

Present condition good

William R. DeBour, M. D.

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.

The reverse side is intended as a card-index case-record for use by all Service physicians.

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PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL *Smith Auden* DATE *9/20* 19 *10*

AGE *14* YEARS { ~~NEW~~ *RETURNED* } STUDENT. TRIBE *Siou* STATE *S. Dakota*

DEGREE OF INDIAN BLOOD *1/2*

INSPECTION *good development*

PALPATION *normal*

PERCUSSION *normal*

AUSCULTATION { RESONANCE *normal*
RESP. MURMUR *normal*

HEART SOUNDS *normal.*

MENSURATION { INSP. *28 1/2*
EXP. *25* RESPIRATION *18* PULSE *72*

TEMPERATURE *98.6* degs. HEIGHT *4* FT. *8* IN. WEIGHT *80* LBS.

VISION VACCINATION *good scar.*

FAMILY HISTORY:

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER	<i>yes</i>	<i>good</i>		
MOTHER			<i>yes</i>	<i>?</i>
BROTHERS {	<i>3</i>	<i>good</i>		
SISTERS {	<i>4</i>	<i>good.</i>		

PERSONAL HISTORY:

measles.

REMARKS:

EXAMINATION FOR OUTING:

DATES:

3-13-1911

Mch. 12. 1912

For Outing

O. K.

CONDITION:

Good.

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BRIEF.

Application of

Todd Smith

FOR THE ENROLLMENT OF

Hardin Smith

IN THE INDIAN SCHOOL AT

Carlisle, Pennsylvania

NAME OF AGENCY FROM WHICH PUPIL CAME:

Rosebud, S. D.

Date of enrollment, **September**, 19**10**

Term of enrollment, ~~xxxxxxx~~ (~~xx~~) years
three **3**

Application for Enrollment in a Non-reservation School.

(For a child enrolled at an Agency)

For and in consideration of the Government of the United States assuming the care, education, and maintenance in the United States Indian School at

Carlisle Pa.

of Hardin Smith ; male ; date of birth January 1897⁶
(Name of Child) (Sex)

Sioux

(Tribe)

NAME OF FATHER <small>(Both Indian and English)</small>	Living or Dead	TRIBE	BAND	DEGREE OF INDIAN BLOOD
<u>Todd Smith</u>	<u>L</u>	<u>Sioux</u>		<u>1/2</u>
<small>NAME OF MOTHER</small>				
<u>Zanetta Smith</u>	<u>D</u>	<u>"</u>		<u>1/2</u>

I, Todd Smith, do hereby voluntarily consent and agree to his enrollment in said school for a period of ~~xxxxxx~~ three years, and also obligate myself to abide by all the rules and regulations for Indian Schools.
(Not less than 3)

The said child has been enrolled in the following schools:

NAME OF SCHOOL	DATE OF ENROLLMENT	DATE OF DISCHARGE	CAUSE	GRADE
1. <u>Rosebud Boarding</u>	<u>1903</u>	<u>1910</u>		
2.				
3.				
4.				

Todd Smith
(Parent, guardian, or next of kin)

P. O. address: Rosebud, S. D.

Two Witnesses:

PHYSICIAN'S CERTIFICATE.

I hereby certify that I have this day carefully examined the above-named child herein proposed for transfer and find him to be in proper physical condition to attend school, and not afflicted with tuberculosis or any disease which would be a menace to the health of other pupils.

This 10th day of September, 1910

William R. Belout

Physician at Rosebud Agency.

CERTIFICATE OF AGENT OR SUPERINTENDENT.

I hereby certify that the statements made in the foregoing application and certificate, to the best of my knowledge and belief, are true, that the consent of _____
(Parent, guardian, or next of kin.)
was voluntary, and I recommend the transfer of said child.

This _____ day of _____, 19 _____

J. B. Woods

Agent or Superintendent.

SPECIAL NOTE.

This form must be executed in duplicate when a child is transferred from a reservation to a non-reservation school. The Superintendent of the nonreservation school will retain the original for his files, and the duplicate shall be deposited in the Agency records. The agent will then send to the Commissioner of Indian Affairs his certificate as provided by law. All the blanks must be properly filled in every case.

NOTE.—Age limits, fourteen to twenty years. Preferably fourteen to eighteen. Students must be at least one-fourth Indian, preferably full Indian. Special cases beyond the age limit will be given consideration. An industrial course only can be taken and the term reduced to three years, in exceptional cases.

INDORSEMENTS.

The laws relating to the transfer of Indian children from reservations and schools are as follows:

That hereafter no Indian child shall be sent from any Indian reservation to a school beyond the State or Territory in which said reservation is situated without the voluntary consent of the father or mother of such child if either of them is living, and if neither of them is living without the voluntary consent of the next of kin of such child. Such consent shall be made before the agent of the reservation, and he shall send to the Commissioner of Indian Affairs his certificate that such consent has been voluntarily given before such child shall be removed from such reservation. And it shall be unlawful for any Indian agent or other employee of the Government to induce, or seek to induce, by withholding rations or by other improper means, the parents or next of kin of any Indian to consent to the removal of any Indian child beyond the limits of any reservation. (28 Stats., p. 906.)

Provided, that hereafter no Indian child shall be taken from any school in any State or Territory to a school in any other State against its will or without the written consent of its parents. (29 Stats., p. 348.)

The rules provide that—

A pupil who has been regularly enrolled in a nonreservation school must not be taken to any other nonreservation 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.

An Indian boy or girl 18 years old and over may, without the consent of parents or others, personally sign the application form on its being changed to suit the case.

This form is to be used only in transfers from reservations or Indian schools to nonreservation schools.



NO.

United States Indian School Hospital,
Carlisle, Pennsylvania.

YEAR 1912

TRIBE

FULL. ONE

NAME Hardie Smith

AGE

DIAGNOSIS Tonsillitis

ADMITTED March 8

DISCHARGED March 11

RESULT Good

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

A R Allen

H B Toal

REMARKS:

Case No.

DIAGNOSIS

Revise

Notes of Case

Name Harden Smith M.F.

Age S.M.W.

Nativity

Occupation Student

Residence 7nd St

Charleston Pa

Date of admission Mar 8 '12

Diet

Soft

Treatment

Smashes with every shoe
Smab out throat every 2 hrs.

Result

	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E
<i>BOWELS</i> NUMBER OF MOVEMENTS		1	1	1																						
<i>Urine</i> Daily Amt																										
<i>F.</i>																										
<i>Clinical Memoranda</i>																										
<i>Day of Dis.</i>																										
<i>Pulse.</i>		74	70	64	64																					
<i>Resp.</i>																										
<i>Date.</i>		9	10	11																						

C. 42°
41°
40°
39°
38°
37°
36°
35°

Patient Harden SmithCarlisle, Pa., Mar 101912Physician Dr. F. H. ...

Address

Nurse Eva Simone

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
7:00	98	66		1:00	Tonsillitis tab	6:30	Coffee, oatmeal,		
				2:00	"		gravy toast-		
				2:00	"				
4:00	98	5-6		4:00	"				
				6:00	"	5:30	Tea Sausage		
							bread + but-		
					Mar 11				
7:00	98	3-4		8:00	Tons. Tab.	6:30	Coffee, oatmeal	8:00	Swab Throat.
				10:00	"		gravy bread	10:00	"
							+ but-		

Patient Harold Smith Carlisle, Pa., Mar 8 1912 Physician Dr. Ferlic
 Address _____ Nurse Eva Simone

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
7:00	99 ⁴	77		12:00	Sons. Tab. $\frac{1}{2}$	12:00	milk, Soup,		
				12:00	cough mix.		meat, potato		
				2:00	" "		hominy		
				2:00	Sons. Tab.				
				4:00	" "				
				4:00	cough mix				
				6:00	" "				
				6:00	Sons. Tab.	5:30	Tea, egg		
							gravy bread		
							+ but		
Mar 9.									
7:00	99 ⁴	70		8:00	Sons Tab.	6:30	Coffee, salmeal, 800		Throat Swabbed
				10:00	" "		toast, egg 1000		" "
				12:00	" "		gravy - 1900		" "
				2:00	" "	12:00	Soup + cr. biscuits 200		" "
				4:00	" "		potato, milk 400		" "
				6:00	" "	5:30	Tea, gravy 600		" "
							potato bread + but.		

OUTING RECORD - CARLISLE INDUSTRIAL SCHOOL

S.D. 993
Sion

Name of Student *Hardin Smith*

Home Address *Todd Smith - Rosebud, Tribe*

Age at Entrance *14* Date of Entrance *9-16-'18* Shop

JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL OR AVERAGE
7	8	9	10	11	12	1	2	3	4	5	6	

Patron *H. A. McComas* Locality

Days in School

Address *Rushlant, Pa.* R. R. Station

Conduct

Recommended by Grade in School

Ability

Grade of Home Church

Health

Date of Outing *5-1-'12* Date Returned *6-23-'12* Wages

Earnings

Beulah Headley
Yardley, Pa.

6-23-'12 *7-6-'12*

g g
g P.
g g
4. 2.70
g
g
g
1.

g
g
g
5.

Smith, Hardin 3346

Father's file - Todd & Smith

5-357