

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

3397

[illegible]

THE SHAW-WALKER CO., MUSKELG. 79104

Months in school before Carlisle,
St. Sch. Quon 1901-1908. 7th Gr.
Grade entered at Carlisle, 5th Gr.
Grade at date of Discharge,
Trade or Industry,
Church, Episcopal
Miles to sch.

X
568
3397.

BRIEF.

Application of

Melinda Jacobs

FOR THE ENROLLMENT OF

Ernest Jacobs

IN THE INDIAN SCHOOL AT

Carlisle, Pennsylvania

POST OFFICE ADDRESS OF APPLICANT:

Syracuse, N.Y.

Date of enrollment, _____, 190_____

Term of enrollment, *Five* (*5*) years

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 Ernest Jacobs, I, Melinda Jacobs, of Syracuse R 7 D 5 P. O., State of New York, do hereby voluntarily consent and agree to enrollment in said school for a period of five 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 Onondaga Reservation on Jan 9, 1891, that the father, Hewlett Jacobs, a Indian of the Onondaga Tribe located at Onondaga Reservation Agency; that he left the tribe about _____; that the mother, Melinda Jacobs, a Indian of the Cayuga Tribe located at Onondaga Reservation Agency, and left the tribe about did not; 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.
<u>State School</u>	<u>Onondaga Reservation</u>	<u>1901</u>	<u>June 1908</u>	<u>passed</u>	<u>7th</u>

This 21st day of October, 1908.

Two witnesses:

Ermyg Hysse

Melinda Jacobs
(Parent, guardian, or next of kin.)

P. O.,

(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, Melinda Jacobs, 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 21 day of October, 1908

Lillian B. Millard Com. of Deeds Syracuse

(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, Albert M. Miller, a practicing physician of Syracuse
N.Y., do hereby certify that I have carefully examined Ernest Jacobs
the child named in this application, and find that he 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 20 day of Oct, 1908 Albert M. Miller, M. D.

Vouchers of Disinterested Persons.

VOUCHER NO. 1.

I, Irving J. Higbee, a an attorney, of
(Business, calling, or profession.)
do hereby certify that I am personally acquainted with
Melinda Jacobs who makes the foregoing application; that I believe his state-
ments therein are true; that I am acquainted with Ernest Jacobs.
(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 he has got
through the reservation school and desires more
education and to learn a trade

This 21 day of October 1908 Irving J. Higbee

VOUCHER NO. 2.

I, Mr. Albert Cusick, a _____, of _____
(Business, calling, or profession.)
Onondaga Indian Reservation, do hereby certify that I am personally acquainted with
Mr. Ernest Jacobs, who makes the foregoing application; that I believe his state-
ments therein are true; that I am acquainted with The Boy of Saged, Ernest Jacobs 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 Compulsory
Law is not Enforced here on the Onondaga
Reserve

This 22 day of Oct, 1908,

Albert Cusick



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 _____, 190_____

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.

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PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL Jacobs, Ernest DATE Dec 19 08AGE 17 YEARS { NEW { STUDENT. TRIBE Gayuga STATE New York

DEGREE OF INDIAN BLOOD

INSPECTION Well developed.PALPATION NormalPERCUSSION NormalAUSCULTATION { RESONANCE
{ RESP. MURMUR Normal.

HEART SOUNDS

MENSURATION { INSP. 37 1/4
{ EXP. 31 3/4 RESPIRATION 18 PULSE 90TEMPERATURE 98 6/10 degs. HEIGHT 5 FT 4 3/4 IN. WEIGHT 147 LBS.VISION 1/15 VACCINATION good - Rev. 12/24/08.

FAMILY HISTORY:

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER			<u>yes</u>	<u>?</u>
MOTHER	<u>yes.</u>	<u>good</u>		
BROTHERS {	<u>3</u>	<u>good</u>		
			<u>2</u>	<u>?</u>
SISTERS {	<u>2</u>	<u>good</u>		

PERSONAL HISTORY:

Pneumonia 7 yrs ago. Good health ever since.

REMARKS:

HOSPITAL RECORD.....

EXAMINATION FOR OUTING:

DATES:

CONDITIONS:

TRADE RECORD, CARLISLE.

Jan. 1, 1910 to June 30, 1910.

PUPIL

Ernest Jacobs

TRADE

Harness Maker

ABILITY

Good

CONDUCT

Good

REMARKS

INSTRUCTOR

M. J. Zeigler

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NAME.

TRIBE.

PARENT OR GUARDIAN

DATE ENROLLED.

TERM.

AGE.

HOME ADDRESS.

DATE OF RECORD

ACADEMIC DEPARTMENT.

INDUSTRIAL DEPARTMENT.

DORMITORY.

OUTING

SPECIAL REMARKS.

ROOM
NO.

Scholarship

Conduct.

Shop.

Ability.

Conduct

Room
No.

Neatness

Conduct

Ability.

Conduct.

Jan. '09

July '09

Jan. '10

July '10

6

8

9

Poor

V. Good

V. G.

Good

V. good

Ex.

Shoe
Isen
Work.

Harm.

"

Good

Ex

Gd

Ex

"

Gd

328

"

314

Good

Fair

"

V. Good

Good

V. "

Gd

Gd

V. "

Ernest Jacobs

DATE	INFORMATION THROUGH	ADDRESS	OCCUPATION	ITEMS OF INTEREST	GRADE
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Jacobs, Ernest 3397 Cx stu
Correspondence

2709