

Record of Graduates and Returned Students,

U. S. INDIAN SCHOOL, CARLISLE, PA.

3532

December 24

1911.

NAME

Robert Obrien

1. Are you married and if so to whom?

No

2. What is your present address?

Republic Wash.

3. Did you attend or graduate from any other schools after leaving Carlisle? *No* Give names of schools and dates if possible

4. What is your present occupation?

Farming

5. Tell something of your present home.

I am living with my father on a farm, and having a good time.

6. What property in the way of land, stock, buildings, or money do you have?

I own a saddle horse and saddle, also an 80 acre allotment, and \$500. in money.

7. Have you been in the Indian Service? In what positions? How long in each?

No.

8. What other positions have you held since leaving Carlisle? *None any.*

9. Tell me anything else of interest connected with your life: *We have a large lake near our ranch where ~~where~~ we go skating. This is all I can think of. So will be glad to receive the weekly arrow.*

*yours truly,
Robert A. Brien.*

PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

3532
 NAME OF PUPIL O'Brien Robert DATE May 10 1909

AGE 15 YEARS } NEW } STUDENT. TRIBE Colville STATE Wash.
 } RETURNED }

DEGREE OF INDIAN BLOOD 1/8

INSPECTION Fairly well developed

PALPATION

PERCUSSION Normal

AUSCULTATION { RESONANCE Normal

{ RESP. MURMUR Normal

HEART SOUNDS Normal

MENSURATION { INSP. 29 1/2 RESPIRATION 22 PULSE 72

{ EXP. 27

TEMPERATURE 98.6 degs. HEIGHT 5 FT - IN. WEIGHT 90 LBS.

VISION 10/10 VACCINATION good

FAMILY HISTORY:

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

PERSONAL HISTORY:

REMARKS:

OUTING RECORD - CARLISLE INDUSTRIAL SCHOOL

706

Name of Student *Robert O'Brien*

Home Address *Frank O'Brien, Republic, Wash. Tribe Cobville, Wash.*

Age at Entrance *12* Date of Entrance *Oct-21-1906* Shop

JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL OR AVERAGE
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Patron *S. J. Conner* Locality *Cressy, Pa.* Days in School

Address *Willow Sprs, Pa.* R. R. Station *Cressy, Pa.* Conduct

Recommended by *Willow Sprs, Pa.* Grade in School *Episcopal* Ability *Fair G*

Grade of Home *Episcopal* Church *Episcopal* Health *Fair G*

Date of Outing *May-11-1909* Date Returned *AUG 28 1909* Wages *\$ 6. 6*

Fair G
Fair G
Gd G
\$ 6. 6

3332



APPLICATION FOR ENROLLMENT IN A NON-RESERVATION SCHOOL

Full name of child Robert H. O'Brien Indian name is _____
 Name of Father Frank O. Brian
 Name of Mother Rosa Herst Tribe Colville
 Reservation Colville Degree of Indian blood of child one fourth
 Is either parent white, if so, which? _____ Are either or both allotted? both
 On what reservation? Colville Age of child 12 What reservation school attended? _____ How long? _____
 If ever enrolled in a non-reservation school, name of school, _____
 When? _____ How long? _____ If ever dismissed from a school, where? _____; when? _____
 and for what reason? _____

(Signed.) Robert H. O'Brien

NOTE—The above blank to be signed by the child, if old enough to understand its import; if not, by the parent, guardian or other person cognizant of the facts.

CONSENT BLANK

I, Frank O. Brian parent, guardian or next of kin of the above-named child, Robert H. O'Brien do hereby consent to _____ transfer or enrollment for a period of five (5) years in the Indian School at Carlisle, Pa.

Dated at Republic Washington on the 10th day of October, 1906.

(Signed.) Frank O'Brien
 (Parent, Guardian or next of kin.)

PHYSICIAN'S CERTIFICATE

I hereby certify that I have personally examined the above-named Robert H. O'Brien and have found him physically sound, and recommend the transfer so far as his health conditions are concerned. Dated at Republic on the 18th day of Oct, 1906.

(Signed.) [Signature]

AGENT'S OR SUPERINTENDENT'S INDORSEMENT

The statements concerning the above-named Robert H. O'Brien are believed by me to be correct, and I hereby recommend the transfer.

(Signed.) [Signature]
 U. S. Indian Agent or Superintendent.

NOTE—Age limits, twelve to twenty years. Preferably fourteen to eighteen. Students must be at least one-fourth Indian preferably full Indian. Special cases beyond the age limit can be given consideration.

Card made Nov-2-06.
S.M.

3532

REPORT AFTER LEAVING CARLISLE

NAME AT CARLISLE

Robert O'Brien

PRESENT NAME

DATE	INFORMATION THROUGH	ADDRESS	OCCUPATION	ITEMS OF INTEREST	GRADE
1912	Teef	Republic, Wash. assisting father on farm.			

O'Brien, Robert

3532

Patron S. J. Connor

1602

Father's file

850

Agent's file

661