

CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

3559

NUMBER 6248	ENGLISH NAME Solomon Morain	INDIAN NAME Morain	AGENCY	NATION Chippewa
BAND	INDIAN NAME	HOME ADDRESS Philomena Morain St. John, N. Dak.		
PARENTS LIVING OR DEAD	BLOOD 1/2	AGE 21	HEIGHT 6' 2"	WEIGHT 137
FATHER, D	MOTHER, S	FORCED INSP. 37 1/2	FORCED EXPR. 35 1/2	SEX. M.
ARRIVED AT SCHOOL 11-10-'10	FOR WHAT PERIOD Three years	DATE DISCHARGED 9-7-'11	CAUSE OF DISCHARGE Office request.	
TO COUNTRY 5-13-'11	PATRONS NAME AND ADDRESS Wm. Kissingen, Greasm, Pa.			FROM COUNTRY 7-10-'11

THE SHAW-WALKER CO., MUSKIEGAN. 79104

Months in school before Carlisle, 26.....

Grade entered at Carlisle, .....

Grade at date of Discharge, .....

Trade or Industry, .....

Church, Catholic.....

Miles to school - 1

BRIEF.

APPLICATION OF

*Solomon Morin*

FOR THE ENROLLMENT OF

*himself*

IN THE INDIAN SCHOOL AT

*Carters Pa.*

POST OFFICE ADDRESS OF APPLICANT:

*St John. Md*

Date of enrollment, \_\_\_\_\_, 19

Term of enrollment, *three* ( *3* ) years.

NAME OF COLLECTING AGENT:

Position, \_\_\_\_\_



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 Barlisle Pa., of Solomon Morin, Male, I, Solomon Morin of St John P. O., State of N. Dak., do hereby voluntarily consent and agree to my enrollment in said school for a period of three 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 North Dakota on May 1-1889; that the father, Roger Morin, was a 1/2 Indian of the Shippewa Tribe located at Turtle Mountain Agency; that he left the tribe about Never enrolled; that the mother, Philomena Morin, is a 1/2 Indian of the Shippewa Tribe located at Turtle Mountain Agency, and left the tribe about Never enrolled; 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>Fort Totten School</u>	<u>Fort Totten, ND</u>	<u>1900</u>	<u>1904</u>		<u>7<sup>th</sup></u>

This 23<sup>rd</sup> day of October, 1910

Two witnesses:

Harry Wamp  
Nawell

Solomon Morin  
St John, ND

(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, Solomon Morin, do hereby swear that the statements made in the above application are true.

Solomon Morin  
(Signature of applicant, (Parent, guardian, or next of kin.)

Sworn to and subscribed before me this 31<sup>st</sup> day of October, 1910

Harry Wamp

(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.)

NOTARY PUBLIC  
COMMISSION EXPIRES  
Nov 8-1916

CERTIFICATE OF PHYSICIAN.

I, Lee L. Gulp, a practicing physician of Fort Totten School, N.D., do hereby certify that I have carefully examined Solomon Morin 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 25<sup>th</sup> day of October, 1910 Lee L. Gulp, M. D.

VOUCHER OF SOLICITOR FOR SCHOOL.

I hereby certify that I was present and witnessed the execution of the foregoing application made by Solomon Morin; that its contents were explained or interpreted to him by me; that I believe he understood the purport thereof; that I was present at the medical examination of the child named herein; that he resides with Philomen Morin, parent, in or near the town of St John, N.D. that the child can not have adequate and proper educational facilities at home for the reason that

Dated at Fort Totten, N.D.

this \_\_\_\_\_ day of \_\_\_\_\_, 19

Superintendent  
(Official title.)

(NOTE.—This voucher must be executed by the official representative of the nonreservation school to which application is made. Pupils and Indian solicitors will not be accepted.)

VOUCHERS OF DISINTERESTED PERSONS.

VOUCHER NO. 1.

I, Bert R Bez, an employee, of Fort Totten School, N.D., do hereby certify that I am personally acquainted with Soloman Morin who makes the foregoing application; that I believe his statements therein are true; that I am acquainted with Soloman Morin; that

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 finished most of the work in this school wants to take up special work.

This 31 day of October, 1910

Bert R Bez

VOUCHER NO. 2.

I, Moses M Godre, a Employee of Fort Totten, N.D., do hereby certify that I am personally acquainted with Solomon Marin, who makes the foregoing application; that I believe his statements therein are true; that I am acquainted with Solomon Marin; that he is known and recognized in the community in which he lives as an Indian; and that in my opinion he can not receive proper and adequate schooling at home for the reason that he has finished most of the work in this school.

This 4th day of November, 1910 Moses M Godre

CERTIFICATE OF SCHOOL PHYSICIAN.

I hereby certify that on \_\_\_\_\_, I made a careful examination of the physical condition of \_\_\_\_\_, the child named in the foregoing application, and found \_\_\_\_\_ to be \_\_\_\_\_.

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

This \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
 \_\_\_\_\_  
 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 special 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 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.

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.

3559

## PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL *Moran Solomon* DATE *4/14* 19 *10*AGE *21* YEARS { NEW RETURNED } STUDENT. TRIBE *Chippewa* STATE *N. D.*DEGREE OF INDIAN BLOOD *1/4*INSPECTION *Emaciated prominent clavicles*PALPATION *Normal*PERCUSSION *Normal*AUSCULTATION { RESONANCE *Normal*  
RESP. MURMUR *Normal*HEART SOUNDS *Good*MENSURATION { INSP. *37 1/2*  
EXP. *35 1/2* RESPIRATION *18* PULSE *72*TEMPERATURE \_\_\_\_\_ degs. HEIGHT *6* FT. *1/2* IN. WEIGHT *137* LBS.VISION *10/30 + both* VACCINATION *Good scar*

FAMILY HISTORY:

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER	<i>Yes</i>		<i>Yes</i>	<i>Infectious</i>
MOTHER	<i>Yes</i>	<i>Good</i>		
BROTHERS {	<i>4</i>	<i>4</i>		
SISTERS {	<i>2</i>	<i>1</i>		<i>1 Infectious</i>

PERSONAL HISTORY: *General health good*

REMARKS:



3559

Jan 28, 1914

Name Solomon Morin.  
(Please give name by which enrolled and also present or married name.)

Tribe Chippewa

Present Address St. Totten N. Dak.,

Former Address St. John N. Dak.,  
(Address from which we heard from you last.)

Present Occupation asst. engineer.

Remarks:

1-567 a

Department of the Interior.



Mr. M. Friedman

Supt. U. S. Indian School

Carlisle

Pennsylvania



NAME Merim Selomo Sex  Male  Female  
 Tribe  Full  Part Chippewa State N. Dak. Date Oct. 25, 1910.  
 Age 21 years Respiration 12 Condition of Eyes Good  
 Height 6 ft. 1/4 ins. Ears Good  
 Weight 138 1/2 lbs. Mensuration { Insp. 34 3/4 Throat Good  
 { Exp. 30 1/4 Cervical glands Good  
 Temperature 98.2 Vaccination Scar (1900) Skin Good \*  
 Pulse 72 Vision R 20/20 ... L 20/20 ...  
 Inspection Normal except steeped.  
 Palpation Normal  
 Percussion Normal  
 Auscultation Normal  
 Heart Normal  
 (Menstruation) \_\_\_\_\_

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father <u>Roger</u>	<u>at</u>		<u>at 40</u>	<u>acute septicemia</u>
Mother <u>Philomena</u>	<u>x</u>	<u>Good</u>		
Brothers <u>4</u>	<u>4</u>	<u>Good</u>		
Sisters <u>2</u>	<u>1</u>	<u>Good</u>	<u>1 at 12</u>	<u>acute septicemia</u>

Personal history Measles: good recovery. Has had  
\*acne facialis for last 3 years - not severe  
and never did anything for it.  
 Present condition Good except as above noted.  
 \_\_\_\_\_  
 \_\_\_\_\_, 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.



3359

Fort Totten, N.D.  
March 3, 1911

Kind Sir: -

I thought I would drop a few lines to let you know that I am getting along nicely, working at my trade, painting over since I left there.

I would very much like to be there for commencement but I think it will be a hard matter on account of the rush of work. I wish to extend many hearty greetings to old Carlisle.

I am  
Solomon Morain  
Fort Totten  
N.D.

P.S. Will you please send me a catalogue of the school as many of my friends who are intending to enter the school would like to look over it.

Morrin, Solomon

8559

Mother - Mrs. Roger Morrin

6221

Mr. Solomon Morrin, one of our ex-  
students, has been appointed to the  
position of painter at Fort Totten.  
While here he was a faithful member  
of the band, and also proved himself  
an efficient painter.

1914





OUTING RECORD - CARLISLE INDUSTRIAL SCHOOL

N.D. 882

Name of Student *Solomon Moraine* Home Address *Philomena Morine - St. John,* Tribe *Chippewa*

Age at Entrance *21* Date of Entrance *11-10-10* Shop \_\_\_\_\_

Patron *W. Kissinger* Locality \_\_\_\_\_ Days in School \_\_\_\_\_

Address *Greason, Pa.* R. R. Station \_\_\_\_\_ Conduct \_\_\_\_\_

Recommended by \_\_\_\_\_ Grade in School \_\_\_\_\_ Ability \_\_\_\_\_

Grade of Home \_\_\_\_\_ Church \_\_\_\_\_ Health \_\_\_\_\_

Date of Outing *5-13-11* Date Returned *7-11-11* Wages \_\_\_\_\_ Earnings \_\_\_\_\_

JAN FEB MAR APR MAY JUNE JULY AUG SEPT OCT NOV DEC TOTAL OR AVERAGE  
*July Aug Sept Oct Nov Dec Jan Feb Mar Apr May June*

*y y*  
*y y*  
*y y*  
*11. 16.45*

*y*  
*y*  
*y*  
*2.*



# TRADE RECORD, CARLISLE.

JUL 1 1910 JAN 1 1911  
Jan. 1, 19.....to June 30, 19.....

3539  
PUPIL .....

Solomon Morain

TRADE .....

House Painting

ABILITY .....

Good

CONDUCT .....

Very Good

REMARKS .....

INSTRUCTOR .....

Chas. Hearn

3559

Solomon Morain, who went home last summer, is employed as a painter at Ft. Totten, N. Dakota.