

3654

CARLISLE INDIAN INDUSTRIAL SCHOOL
DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER 5052 4152	ENGLISH NAME Antoine Swallow	AGENCY Pine Ridge	NATION Sioux
BAND	INDIAN NAME	HOME ADDRESS Eli Swallow, D. Oelrichs, S. D.	
PARENTS LIVING OR DEAD	BLOOD 3/8	AGE 21	HEIGHT 5' 5 3/4"
FATHER, L	MOTHER, M	WEIGHT 133#	FORCED INSP. 34"
ARRIVED AT SCHOOL Sept. 8, 1909	FOR WHAT PERIOD One year	DATE DISCHARGED 5-10-12	CAUSE OF DISCHARGE Failed to return
TO COUNTRY	PATRONS NAME AND ADDRESS		FROM COUNTRY
6-15-'10	H. C. Cockey, Allen, Pa.		6-30-'10
7-1-'10	The Misses Peck, Tullytown, Pa.		8-31-'10
6-16-'11	W. H. Moser, R. F. D. #39, Easton, Pa.		9-1-'11
4-10-12	On Leave		

THE SHAW-WALKER CO., MURKIN, 79104

Months in school before Carlisle,
 Mission - Pine Ridge 1898-'04
 Oelrichs Pub. Sch. 1904-'05
 Grade entered at Carlisle, 5th

Grade at discharge,

Trade or Industry,

Church, Episcopal

Letter Ed. Ad 73129 A. V. S.
 Miles to sch.

TRADE RECORD, CARLISLE.

3654

JUL 1 1910

JAN 1 1911

Jan. 1, 19..... to June 30, 19.....

PUPIL

Antwine Swallow

TRADE

Carriage Woodworker

ABILITY

Very Good

CONDUCT

" "

REMARKS

INSTRUCTOR

Martin L Lau

TRADE RECORD, CARLISLE.

Jan. 1, 19¹⁰ to June 30, 19¹⁰.

PUPIL

Antwine Swallow

TRADE

Carrriage Wood Worker

ABILITY

Good

CONDUCT

"

REMARKS

INSTRUCTOR

Martin L. Lane

3654

PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL Swallow, Antwine DATE Sept 9 1909

AGE 21 YEARS NEW RETURNED STUDENT. TRIBE Pious STATE 3. Okla.

DEGREE OF INDIAN BLOOD 1/4

INSPECTION Fair development

PALPATION Normal

PERCUSSION Normal

AUSCULTATION { RESONANCE Normal
RESP. MURMUR Normal

HEART SOUNDS Normal

MENSURATION { INSP. 34 1/2 RESPIRATION 16 PULSE 64
EXP. 37 1/2

TEMPERATURE 98 degs. HEIGHT 5 FT 5 3/4 IN. WEIGHT 133 1/4 LBS.

VISION 10/10 VACCINATION Small pox 1903

FAMILY HISTORY:

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER	yes	good		
MOTHER			yes	chemisticin
BROTHERS {	3	good		
SISTERS {	3	good		

PERSONAL HISTORY: always in good health.

REMARKS:

Application for Enrollment in a Reservation School

828

BRIEF.

Application of

Autwine Swallow

FOR THE ENROLLMENT OF

IN THE INDIAN SCHOOL AT

Carlisle, Pennsylvania

POST OFFICE ADDRESS OF APPLICANT:

Delrich, S.D.

Date of enrollment,

Sept. 9, 190*9*

Term of enrollment,

One (*1*) 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 Antwine Swallow, m, I, myself (Name of child.) (Sex.) (Parent, guardian, or next of kin.) of Oelrichs P. O., State of S. Dak., do hereby voluntarily consent and agree to my enrollment in said school for a period of one years, and also obligate and bind myself to abide by all the rules and regulations for Indian schools. (Not less than 3.)

I further say that the said child was born at Chadron Neb on June 8, 1888 (Date.) that the father, Eli Swallow a 3/4 Indian of the Sioux (Name of father.) (Is or was.) (Degree.) Tribe located at _____ Agency; that he left the tribe about _____; (Approximate date.) that the mother, Julia Swallow was a 3/4 Indian of the Sioux (Name.) (Is or was.) (Degree.) Tribe located at Pine Ridge Agency, and left the tribe about 1905; that (Approximate date.) 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>Missou school</u>	<u>Pine Ridge</u>	<u>1898</u>	<u>1904</u>		
<u>Public School</u>	<u>Oelrichs</u>	<u>1904</u>	<u>1905</u>		

This 9th day of September, 1909

Two witnesses:

Harvey K Meyer

Antwine Swallow
(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, _____, 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 _____ day of _____, 1909

(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, _____, a practicing physician of _____, do hereby certify that I have carefully examined _____, the child named in this application, and find that _____ 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 _____ day of _____, 190_____, M. D.

Vouchers of Disinterested Persons.

VOUCHER NO. 1.

I, _____, a _____ (Business, calling, or profession.) _____, of _____, do hereby certify that I am personally acquainted with _____ who makes the foregoing application; that I believe his statements therein are true; that I am acquainted with _____ (Name of Child.) ; 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 _____

This _____ day of _____, 190_____

VOUCHER NO. 2.

I, _____, a _____ (Business, calling, or profession.) _____ of _____, do hereby certify that I am personally acquainted with _____, who makes the foregoing application; that I believe his statements therein are true; that I am acquainted with _____ (Name of child.) ; that 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 _____

This _____ day of _____, 190_____

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.

✓
Reenrolled. 828

BRIEF.

Application of

Antoine Swallow

FOR THE ENROLLMENT OF

himself

IN THE INDIAN SCHOOL AT

Carlisle, Pennsylvania

POST-OFFICE ADDRESS OF APPLICANT:

Lebrieh, S. D.

Date of enrollment, *June 14*, 191*0*.

Term of enrollment, *Three* (*3*) 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 Antoine Swallow, M, I, Antoine Swallow of Carlisle P. O., State of Pa., do hereby voluntarily consent and agree to his 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 Chadron, Nebr on June 8, 1888 that the father, _____, a _____ Indian of the _____ Tribe located at _____ Agency; that he left the tribe about _____; that the mother, _____, a _____ Indian of the _____ Tribe located at _____ Agency, and left the tribe about _____; 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.

This 14 day of June, 1910
Two witnesses:

Antoine Swallow
(Parent, guardian, or next of kin.)
P. O., Carlisle, Pa.

Harvey K. Meyer

(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, _____, 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 _____ day of _____, 191_____

(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, _____, a practicing physician of _____, do hereby certify that I have carefully examined _____, the child named in this application, and find that _____ 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 _____ day of _____, 191_____, M. D.

Vouchers of Disinterested Persons.

VOUCHER NO. 1.

I, _____, a _____, of _____, do hereby certify that I am personally acquainted with _____ who makes the foregoing application; that I believe his statements therein are true; that I am acquainted with _____; 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 _____

This _____ day of _____, 191_____

VOUCHER NO. 2.

I, _____, a _____, of _____, do hereby certify that I am personally acquainted with _____, who makes the foregoing application; that I believe his statements therein are true; that I am acquainted with _____; that 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 _____

This _____ day of _____, 191_____

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 _____, 191_____

School Physician.

INDORSEMENT.

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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.



TRADE RECORD, CARLISLE.

PUPIL *Antoine Swallow*

TRADE *Carriage Woodworker*

ABILITY *Very Good*

CONDUCT *11* *11*

REMARKS *Will make first class mechanic*

INSTRUCTOR *Martin L. Lane*

3654

NAME. *Antoine Swallow*

TRIBE. *Sioux*

PARENT OR GUARDIAN.

DATE ENROLLED. *Sept. 8, 1909.*

TERM. *1 Yr.*

AGE. *21*

HOME ADDRESS *Eli Swallow,
Beltriche, S. D.*

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. '10
July '10
Jan. '11
July '11
Dec. '11*

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11
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Ex.
Ex.*

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Ex.
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Ex.*

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*Good
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V. "
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323

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V. g.*

*Good
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V. "
V. g.*

OUTING RECORD - CARLISLE INDUSTRIAL SCHOOL

Name of Student *Antonie Swallow* Home Address *E. Swallow, Carlisle, S. D.* Tribe *Sion* *828*

Age at Entrance	Date of Entrance	Shop	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL OR AVERAGE
Patron		Locality													
<i>H. C. Cocksley</i>															
Address		R. R. Station													
<i>Allen, Pa.</i>		<i>Allen, Pa.</i>							<i>g</i>	<i>g</i>					
Recommended by		Grade in School							<i>g</i>	<i>g</i>					
Grade of Home		Church							<i>g</i>	<i>g</i>					
Date of Outing	<i>6-15-'10</i>	Date Returned													
		Wages							<i>4.</i>	<i>15.</i>					

<i>The Misses Peck</i>															
<i>Jullytown, Pa.</i>									<i>g</i>	<i>g</i>					
									<i>g</i>	<i>g</i>					
									<i>g</i>	<i>g</i>					
									<i>15.</i>	<i>15.</i>					

Date of Outing	Date Returned	Shop	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL OR AVERAGE
<i>7-1-'10</i>	<i>Ret'd 8-31-'10</i>														
<i>Fr. H. Moser</i>															
<i>Easton, Pa. P.F.W.</i>															<i>g</i>
															<i>g</i>
															<i>g</i>
															<i>g</i>
															<i>7.</i>

<i>6-13-'11</i>	<i>Aug 1-'11</i>														
									<i>g</i>	<i>g</i>					
									<i>g</i>	<i>g</i>					
									<i>g</i>	<i>g</i>					
									<i>14.</i>	<i>14.</i>					

Sycallow Antoine 3654

Father's file

1940

Agents file

928

Correspondence

7745-