



Hogansburg N.Y. 430  
Nov. 15 3/1914

Dept. Indian School  
Carlisle Pa.

Nov. 20th, 1914.

Dear sir,

Mr. George Terrance,  
Hogansburg, New York.

My dear Sir:

I have received your letter of November the 18th, with which you transmitted the completed applications to cover the transfer to Carlisle of your son Thomas and Peter White. The applications are now satisfactory and have been placed on file.

I have learned that the boys have not yet decided what trade they desire to take, but they are being kept busy each half day they are not in the Academic Department. about Peter White, I suppose he can choose what line

Very respectfully,

HKM.

Supervisor in Charge.

in Conclusions also, thank you the kind words you have expressed in regards to my son Thomas, at the same time I wish your school ever success;

Yours truly  
George Terrance

Hogansburg N. S.  
Nov. 183/1914

Capt. Indian School  
Carlisle Pa.  
Dear sir;

Your of the 11<sup>th</sup> inst. came to hand, and contents carefully noted;

In reply I have done as requested in regards to application Blank, for Both of the Boys;

So please find enclosed for Both of the application enrollment; for Thomas Terrace and Peter White; now in regards to my Boy Thomas I would like very much for him to take up Electricity and Agriculture, course also music, if possible

and about Peter White, I suppose he can choose what line to take for himself; now Thomas, has had some experience in electricity,

so in conclusion allow me to thank you for the kind words you have expressed in regards to my son Thomas; at the same time I wish your school ever success;

Yours truly  
George Terrace



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**BRIEF.**

**Application of**

*Mrs. Mary Peters*

FOR THE ENROLLMENT OF

*Peter White*

IN THE INDIAN SCHOOL AT

**Carlisle, Pennsylvania**

POST-OFFICE ADDRESS OF APPLICANT:

*Hopkintown, N. Y.*

Date of enrollment, \_\_\_\_\_, 191\_\_\_\_\_

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, of Peter White, male, I, George Terrance, Mary Peters (Name of child.) (Sex.) (Parent, guardian, or next of kin.) of Hogansburg P. O., State of N. Y., do hereby voluntarily consent and agree to his 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. (Not less than 3.)

I further say that the said child was born at Hogansburg on May 1895 that the father, \_\_\_\_\_, a \_\_\_\_\_ Indian of the \_\_\_\_\_ (Name of father.) (Is or was.) (Degree.)

Tribe located at \_\_\_\_\_ Agency; that he left the tribe about \_\_\_\_\_; (Approximate date.)

that the mother, Mary Peters, a 3/4 Indian of the Mohawk (Name.) (Is or was.) (Degree.)

Tribe located at St. Regis Agency, and left the tribe about never left; 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>District School</u>	<u>St. Regis</u>	<u>attended school just about one year</u>			

This 19<sup>th</sup> day of Nov, 1914

Two witnesses: John Keen Johnson Corbell George Terrance (Parent, guardian, or next of kin.) P. O., Hogansburg N. Y.

(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.

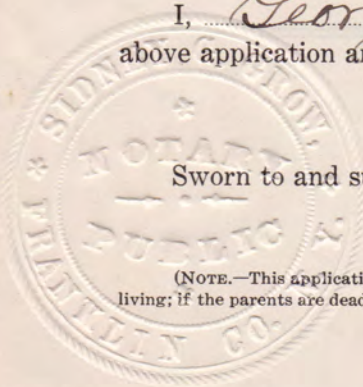
I, George Terrance, do hereby swear that the statements made in the above application are true.

George Terrance  
(Signature of applicant.) (Parent, guardian, or next of kin.)

Sworn to and subscribed before me this 19<sup>th</sup> day of November, 1914

Sidney H. Crow  
Notary Public

(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, *William Reef*, a *Resident* of *Hogansburg, N.Y.*

(Business, calling, or profession.)

....., do hereby certify that I am personally acquainted with *George Terrance* who makes the foregoing application; that I believe his statements therein are true; that I am acquainted with *Peter White*;

(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 .....

*He has no education and parents left him and no chance to go to school*

This *19<sup>th</sup>* day of *Nov*, 191*4*. *Wm Reef*

#### VOUCHER NO. 2.

I, *Johnson Tarbell*, a *Resident* of *Hogansburg, N.Y.*

(Business, calling, or profession.)

....., do hereby certify that I am personally acquainted with *George Terrance*, who makes the foregoing application; that I believe his statements therein are true; that I am acquainted with *Peter White*;

(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 .....

*He has no education and parents left him and no chance to go to school*

This *19<sup>th</sup>* day of *Nov*, 191*4*. *Johnson Tarbell*

## 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.*

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### 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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NAME Peter White Sex { Male. Female. }  
 Tribe { Full } Mohawk State New York Oct. 29, 1914  
 Age 19 years Respiration 18 Condition of, Eyes O. K.  
 Height 5 ft. 8 1/2 ins. Mensuration { Insp. 36 Ears "  
 Weight 147 1/2 lbs. { Exp. 33 Throat "  
 Temperature 98.2 Vaccination \_\_\_\_\_ Cervical glands "  
 Pulse 72 Vision Good Skin "

Inspection \_\_\_\_\_  
 Palpation \_\_\_\_\_  
 Percussion \_\_\_\_\_  
 Auscultation \_\_\_\_\_  
 Heart \_\_\_\_\_  
 (Menstruation) \_\_\_\_\_

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father	<u>Yes</u>	<u>Good</u>		
Mother	<u>Yes</u>	<u>"</u>		
Brothers	<u>1</u>		<u>1</u>	<u>Not known</u>
Sisters	<u>4</u>		<u>1</u>	<u>" " "</u>

Personal history Measles, Scarlet Fever,

Present condition \_\_\_\_\_

Walter Sundt, 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.



NO. ....

# United States Indian School Hospital

Carlisle, Pennsylvania

YEAR 19 14

TRIBE .....

FULL. ONE .....

NAME Peter White

AGE .....

DIAGNOSIS Ac. Lemingitis

ADMITTED November 26

DISCHARGED November 30

RESULT Recovered

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

REMARKS:

B. M. Shupler, Jr.  
Dr. Kuntzoff



