| Readmi | CARLISLE INDIAN INDUSTRIAL SCHOOL DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT |
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| 3114 Ca | vrlysle Greenbrier AGENCY Menonince |
| BAND | INITIAN NAME HOME ADDRESS BLOOD AGE HEIGHT WEIGHT FORCED INSP. FORCED EPXR. SEX. 3/4 20 5/2-4/34 36 34 34 |
| PARENTS LIVING OR DEAD | BLOOD AGE HEIGHT WEIGHT FORCED INSP. FORCED EPXR. SEX. MOTHER, \mathcal{L} . $3/4$ 20 $5'2\frac{1}{2}$ " 134 36 34 7 . |
| ARRIVED AT SCHOOL | MOTHER, CAUSE OF DISCHARGE |
| Sept. 9,1910 | "Iwo years June 22,1911 Office request |
| TO COUNTRY | PATRONS NAME (NO ADDRESS FROM COUNTRY |
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| | THE BHAW-WALKER CO., MUSKESCH. 79104 |
| | Trade or Industry, Thurch. Episcopal Miles to school |

CARLISLE INDIAN INDUSTRIAL SCHOOL 236 BAND RLOOD FORCED EPXR. PARENTS LIVING OR DEAD Both L. 13/5 FOR WHAT PERIOD DATE DISCHARGED OF DISCHARGE Nov. 14,1908 4-26-10 PATRONS NAME AND ADDRESS TO COUNTRY FROM COUNTRY THE SHAW-WALKER CO., MUSKEOLD. 79104 Bollin Put. Cleveland 10 96-106- Illy. Grafton Pel. Iteru Grade enterel at Carlisle, ... Grade at daw of Discharge, Graduate Trade or Industry, Office Work. The father seo. It. is of remote mohawk deg.

PHYSICAL RECORD,

| | G CARI | A | | 12 |
|---------------------|----------|---|---------------|---------------------|
| NAME OF PUPIL | reen | brier, Car | lys | le DATE /10 1906 |
| AGE. 1. EYEARS RI | New STUD | ENT. TRIBEMEN | min | LEDATE TIO 1908 |
| DEGREE OF INDIAN BI | LOOD | | | |
| | | | | radeu- |
| argenin | of S | hyraid g | car | |
| PALPATATION / | on | Q V | ************* | |
| Percussion | Como | <u>u</u> | | |
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| (Reso. | NANCE | | | |
| Auscultation | MURMUR | ound | | |
| HEART SOUNDS | | | | |
| | 321/4 | | | |
| | | | | PULSE 98 |
| TEMPERATURE 9 | 9degs. | HEIGHT 6 | 2_ n | N. WEIGHT /3 / LBS. |
| VISION / // 0 | | VACCINATION | 4000 | 1-1723/08 |
| me | works | gia x m | etro | chaque |
| FAMILY HISTORY: | | 8 | | |
| | Living. | Condition of Health. | Dead. | Cause of death. |
| FATHER | ejes | good | | |
| MOTHER | Gus | good | 11 | |
| C | 7 | good | | |
| BROTHERS | | 0 | | |
| | | 0 1 | | |
| SISTERS | 1 | good | | |
| (| | | | |
| PERSONAL HISTORY: | Good | health | | |
| | | | | |
| REMARKS: | | | ************ | |
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| HOSPITAL RECORD | |
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| DATES: | Conditions: |
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672 PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

| NAME OF PUPIL TREMUTIES, CASUFILE DATE 9/1 7 19/ |
|--|
| NAME OF PUPIL Greenbrier, Carlysle DATE 9/9 2 19/0 AGE 20 YEARS RETURNED STUDENT. TRIBE MEMORY STATE WWW. DEGREE OF INDIAN BLOOD Walf |
| DEGREE OF INDIAN BLOOD Nalf |
| INSPECTION Well developed Guitre |
| |
| PALPATION NOTHING |
| Percussion. |
| |
| AUSCULTATION RESP. MURMUR |
| RESP. MURMUR VOLUME |
| HEART SOUNDS Normal |
| HEART SOUNDS MENSURATION INSP. 3 6 EXP. 3 4 RESPIRATION 18 PULSE 7.2 TEMPERATURE 98'. 6 degs. HEIGHT 5 FT. 2 1/2 IN. WEIGHT 13 4 LB. |
| (Exp. 9 4 |
| TEMPERATURE 7 8 . 6 degs. HEIGHT FT - IN. WEIGHT 3 7 LB |
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| VISION GOOD VACCINATION GOODSCAY. |
| VISION Good VACCINATION GOODSCOW. MENSTRUATION Regular. |
| VISION Good VACCINATION GOODSCAY, MENSTRUATION Regular, FAMILY HISTORY: |
| VISION GOOD VACCINATION QUODACON. MENSTRUATION Regular. FAMILY HISTORY: Living. Condition of Health. Dead. Cause of death. |
| VISION GOOD VACCINATION QUODACON. MENSTRUATION Regular. FAMILY HISTORY: Living. Condition of Health. Dead. Cause of death. |
| VISION GOOD VACCINATION QUODACON. MENSTRUATION Regular. FAMILY HISTORY: Living. Condition of Health. Dead. Cause of death. |
| VISION GOOD VACCINATION QUODACON. MENSTRUATION Regular. FAMILY HISTORY: Living. Condition of Health. Dead. Cause of death. |
| VISION GOOD VACCINATION QUODACON, MENSTRUATION Required and serving Condition of Health. Dead. Cause of death. FATHER Suring BROTHERS One Suring BROTHERS |
| VISION GOOD VACCINATION GOODSCOV, MENSTRUATION Regular, FAMILY HISTORY: Living. Condition of Health. Dead. Cause of death. FATHER MOTHER BROTHERS One Living. SISTERS 7 WO Living. |
| VISION GOOD VACCINATION QUODACON, MENSTRUATION Regular. FAMILY HISTORY: Living. Condition of Health. Dead. Cause of death. FATHER Suring. MOTHER Suring. BROTHERS One Suring. SISTERS Two Luring. |
| VISION GOOD VACCINATION GOODSCOV, MENSTRUATION Regular, FAMILY HISTORY: Living. Condition of Health. Dead. Cause of death. FATHER MOTHER BROTHERS One Living. SISTERS 7 WO Living. |
| VISION GOOD VACCINATION QUODACON, MENSTRUATION Regular. FAMILY HISTORY: Living. Condition of Health. Dead. Cause of death. FATHER Suring. MOTHER Suring. BROTHERS One Suring. SISTERS Two Luring. |
| VISION GOOD VACCINATION QUODACON, MENSTRUATION Regular. FAMILY HISTORY: Living. Condition of Health. Dead. Cause of death. FATHER Suring. MOTHER Suring. BROTHERS One Suring. SISTERS Two Luring. |

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| HOSPITAL RECORD | |
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CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

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| NUMBER | NGLISH NAME | | | AGE | NCY | × × | NA. | FION | | |
| 37711 | Conlug | le Creenbr | don | | | | | Monomin | | |
| 3114 BAND | Carlysle Greenbrier Menom | | | | | Menomine | 36 | | | |
| | | | | 4 | | | | | | |
| | | | | 4 | | | | lden, Ohio | | |
| FATHER MOTH | ER | BLOOD | AGE | HEIGHT | | WEIGHT | FORCED INSP. | FORCED E | XP. | SEX, |
| | ving | 34 | 20 | 5- | 21 | 134 | 36 | 34 | | F |
| ARRIVED AT SCHOOL | | FOR WHAT PERIOD | | | | DISCHARGE | | CAUSE OF DISCHA | RGE | |
| Sept. 9, 1910 | | 2 | 2 years June 22, 1911 Office request | | | | | | | |
| MONTHS IN SCHOOL BEFORE CARL | | ADE ENTERED | GRADE AT DATE OF | DISCHARGE | | OR INDUSTRY | CHURCH | | | MILES TO SCHOOL |
| 144 | Bu | s. Dept. | | | | | E | piscopal | | |
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CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

| NUMBER | ENGLISH N | AME | | A | AGE | INCY | | N | ATION | | | |
|-------------------------|-----------|--------|----------------|----------------------|--------------------------------------|------------------------------------|-------------|--------|--------|--------|------|-----------------|
| 2367 | Sara | a Ca | rlisle G | Greenbrier Menomine | | | | | ominee | | | |
| BAND | | INDIAN | NAME | | | | Mother: | r Graf | ton | Loreir | 00 | Ohio |
| PARENTS LIVING OR DEAD | MOTHER | | BLOOD | Born | нвіснт | Jemima Greenbrier, Grafton, Lorain | | | | P. | SEX. | |
| Living | Livin | g | 1 | 3-29-90 | 5-1\frac{1}{2} 131\frac{1}{2} 33 32 | | | | | F | | |
| ARRIVED AT SCHOOL | | | FOR WHAT PERIO | on | DATE OF DISCHARGE CAUSE OF DISCHARGE | | | | | | | |
| Nov. 14, 1 | 908 | | 5 yes | ars | April 26, 1910 Graduate | | |) | | | | |
| MONTHS IN SCHOOL BEFORE | CARLISLE | GRA | DE ENTERED | GRADE AT DATE OF DIS | CHARGE | TRADE | OR INDUSTRY | CHURCH | | | | MILES TO SCHOOL |
| 90 | | | 8th | Graduate | | Off | ice work | Epis | copa | 1 | | |
| TO COUNTRY | | | | PATI | RONS' NA | ME AND ADI | DRESS | | | | | FROM COUNTRY |
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572

BRIEF.

Application of Jenuina Greenbrier

Sarah Theenbrier

IN THE INDIAN SCHOOL AT

Carlisle, Pennsylvania

Date of enrollment, 190

Term of enrollment, (5) years

Application for Enrollment in a Nonreservation School.

(For a child not enrolled at an Agency.)

| For and in consideration of the | e United States assuming t | he care, e | ducation, | and mainte | enance in |
|---|---|-------------------------|-----------------------------|------------------------|-----------------|
| the United States Indian School at | Carliela Pennea | | , | | , of |
| Adrah Carlill Grube | is , fuel , I, |) muris | e a. E. | n,, or next of k | -t\ |
| L 11 D - 10 | O., State of | | A COLUMN TO THE PROPERTY OF | | |
| and agree to enrollme | ent in said school for a peri | od of | year | s, and also | obligate |
| and bind myself to abide by all th | e rules and regulations for | 11000 | | 4 | 1 |
| I further say that the said chi | ld was born at | es Denve | r lolo, or | Much 2 | 9/890, |
| that the father, Tunge W. The | | .a. 1 I | ndian of t | he Musel | i digree |
| Tribe located at | Agency; that he left th | | out | | |
| Tribe located at | Agency, that he let th | ie tribe abi | | oproximate date | 9.) |
| that the mother, (Name.) | (Is or was,) | a J I | ndian of t | he Manage | monuneric to |
| Tribe located at The Asy | Agency, and left the tr | full blos | A | ximate date.) | 44 that |
| the said child was born and reared | in the United States, and | now actu | ally reside | es therein; | and that |
| he has attended the following so | chools: | | | | |
| NAME OF SCHOOL-PUBLIC, GOVERNMENT, OR MISSION. | LOCATED AT- | DATE OF ENROLLMENT. | DATE OF DISCHARGE. | CAUSE OF DISCHARGE. | GRADE. |
| Bollin School Public | Christand this | 1896 | 1906 | haunch | 8" |
| | | N 1930-1 | | from Clurca | ul, |
| Ahe then enrolled | in Graffin Parble | in 190 | 7 fa as | leur | |
| This 31" day of Oct | ote , 190 8 | | | | |
| Two witnesses: | | 1 | minimum 1 | 20 | 1. |
| " Sheddul | | (Parent | , guardian, or | next of kin,) | mercer. |
| Sale 11. | | P. O., | allin ! | 1 | Co Min |
| (NoteEvery blank in this application mus | t be properly filled out by the applicant, in | 14-14 1990 F. (1990 C.) | vriting, if possi | ble. The signa | ture, whether |
| by mark or otherwise, must be attested by two with | esses.) | | | | |
| I. Jennia a. Green | AFFIDAVIT. | swear tha | t the state | ements ma | de in the |
| above application are true. | | . 0 | 0 | 12 | |
| 6748 | (Signature of | f applicant.) | Parent, g | uardian, or nex | t of kin.) |
| Sworn to and subscribed before | re me this day of | Octobra | , | , 190 | 18. |
| 9.5.6. | E La | Y | 01/100 | | |
| (Note.—This application and affidavit must living; if the parents are dead, by the guardian or no | | d to administer | oaths by the r | parent with who | om the child is |



| Certificate of Physician. |
|--|
| Alga Karthal with any to level and |
| All fulfuland arm, a practicing physician of leveland. |
| , do hereby certify that I have carefully examined with to hereby |
| the child named in this application, and find that 2 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 3/ F day of October, 1908 A Will |
| Huby July Dur, M. D. |
| |
| Vouchers of Disinterested Persons. |
| Voucher No. 1. |
| I, (Business, calling, or profession.) |
| dividual of the , do hereby certify that I am personally acquainted with |
| who makes the foregoing application; that I believe his state- |
| ments therein are true; that I am acquainted with Assah C. Sumburs ; that |
| (Name of Child.) |
| he is known and recognized in the community in which he lives as an Indian; that in my opinion |
| The can not receive proper and adequate schooling at home for the reason that |
| his four frame smilable public schools and are furancially unable, |
| to rend her to private school |
| This 3/9 day of October 190 8 |
| This day of the day of |
| |
| Voucher No. 2. |
| General Mc Committee Granica |
| 1, |
| , do hereby certify that I am personally acquainted with |
| , who makes the foregoing application; that I believe his state- |
| ments 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 |
| the cannot receive proper and adequate schooling at home for the reason that |
| lie for how suitable public schools and are farmineally amable |
| to send her to private school |
| This 3/1 day of October, 190 8 |
| |
| * George M. Cormick |

Certificate of School Physician.

| I hereby certify that on(As soon after arrival as possible | |
|---|--------------------------|
| of the physical condition of 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.

5/2

BRIEF.

Application of

Moiss & Carlysle Greenbrier

FOR THE ENROLLMENT OF

IN THE INDIAN SCHOOL AT

Carlisle, Pennsylvania

POST-OFFICE ADDRESS OF APPLICANT:

Date of enrollment, , 191

Term of enrollment, Juo (2) years

Application for Enrollment in a Nonreservation School. (For a child not enrolled at an Agency.)

| For and in consideration of the | ne United States assuming | the care, e | ducation, | and maint | enance in | |
|---|--|------------------------|-----------------------|---------------------------------------|---------------------|---|
| the United States Indian School at | Barbslo C | Pa. | , | · · · · · · · · · · · · · · · · · · · | , of | |
| C. Coulds light | anbury famaly, I, So., State of Phin | (I | / | yountarily | | |
| 0 | | | | | | |
| and agree to WW enrollme | | | | rs, and also | obligate | |
| and bind myself to abide by all th | | | 11 11 | n Ma | el. 190 150 x | |
| I further say that the said chi | 11. | | | (Date.) | 0 0 | |
| that the father, M. G. (Name of fath | J. Grandurs Mus | / a //4] | ndian of | the XVV | oliank | |
| Tribe located at 7. VV | Agency; that he left th | | | | | |
| - T | | | | | | |
| that the mother, // // Name.) | granlier, is (Is or was,) | a //2 I | ndian of | the XVV | nomme | D |
| | Agency, and left the tr | | | | | |
| the said child was born and reared | in the United States, and | l now actu | ally resid | es therein; | and that | |
| he has attended the following scho | pols: | | | | | |
| NAME OF SCHOOL-PUBLIC, GOVERNMENT, OR MISSION. | LOCATED AT- | DATE OF ENROLLMENT. | DATE OF DISCHARGE. | CAUSE OF DISCHARGE. | GRADE. | |
| Graffer O. N. | Traffor Ohio | 10.611 | 1010 | 6.00 | 0:11 | |
| soupen pur ac | magion, vaco | 19.01 | 1908 | Finished | agni | |
| | | | | | · | |
| | | | | | | |
| This 13/83 day of Qu | coust 1910 | | | | | |
| Two witnesses: | 1 | 11 0 | 01 | 7 | 0. | |
| J. Ce 28 | ma y | MQ. Ye | t, guardian, or | next of kin.) | euro | |
| Elin Hamber | A 40 N | DO | 3 01 | | 1. | |
| (NoteEvery blank in this application mus | t be properly filled out by the applicant, i | P. O., L/ | writing, if pos | sible. The signa | uture, whether | |
| by mark or otherwise, must be attested by two witn | esses.) | | | | | |
| | AFFIDAVIT. | | | | | |
| I, Carlyole Drz | ulnin, do hereby | swear tha | it the stat | tements ma | ade in the | |
| above application are true. | On los le | 9. 2 | in One | , 00 | a. hige |) |
| | (Signature o | of applicant.) | (Parent, | guardian, or nex | ct of kin.) | |
| Sworn to and subscribed before | re me this 9/-day of | any | | 0 (| , 191 <i>U</i> | |
| | 7 | 26 | | 2nd | | |
| (Note.—This application and affidavit must bliving; if the parents are dead, by the guardian or n | | to administe | r oathy by the | parent with who | om he child is a el | ر |

| Certificate of Physician. |
|--|
| I, I h Lowe M.D., a practicing physician of Moenton Oho |
| La color de la col |
| for 20 years, do hereby certify that I have carefully examined liss & Carlysle Greenbrier |
| 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 31 day of August, 1910 0 16 |
| This 37 day of gray , 1910 Silly oray , M. D. |
| Vaushare of Disinterested Parsons |
| Vouchers of Disinterested Persons. Voucher No. 1. |
| 1 Olise Hagenburger a Private Secretary of |
| Menter Africa 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| , do hereby certify that I am personally acquainted with |
| who makes the foregoing application; that I believe his state- |
| ments therein are true; that I am acquainted with Darys & Greenbuck; that |
| he is known and recognized in the community in which the lives as an Indian; that in my opinion |
| Ohe can not receive proper and adequate schooling at home for the reason that burng |
| to distance and low grades. |
| |
| This 3/2 day of august 1910. |
| This day of conquer 191 Colise Hagenburger. |
| |
| Voucher No. 2. |
| I, M. A. Hagenburger, a Gardener for L. D. I M. J. Ky of |
| (Business, chiling, or profession.) , do hereby certify that I am personally acquainted with |
| Carly Le Green, who makes the foregoing application; that I believe his state- |
| ments therein are true; that I am acquainted with Carlysle Greening; that |
| (Name of child.) |
| he is known and recognized in the community in which the lives as an Indian; and that in my opinion |
| she cannot receive proper and adequate schooling at home for the reason that |
| to distance and longrades |
| |
| This 31 day of luquet, 191 D. |
| M. A. Haguburger. |
| This 31st day of august, 1910. |

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Certificate of School Physician.

| I herel | by certify that on | 6 (19) B | , I made a careful examination |
|-------------|-----------------------------|-------------------------------------|--------------------------------|
| | | As soon after arrival as possible.) | |
| of the phys | sical condition of | | , the child named in the fore- |
| going appl | ication, and found | to be | ale (*) |
| | | | |
| | | | |
| I there | efore recommend that the sa | id child beenr | colled in this school. |
| This | day of | , 191 | |
| | | | |
| | | | 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 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.



Record of Graduates and Returned Students,

U. S. INDIAN SCHOOL, CARLISLE, PA.

| | Llee 16 1911. |
|----------|---|
| N. | AME Carlysle Greenbrier |
| 1. | Are you married and if so to whom? |
| 2. | What is your present address? 11260 Methy & ave, S.E. Cleveland, Oh |
| 3. | Did you attend or graduate from any other schools after leaving Carlisle? |
| scl | hools and dates if possible |
| YARRA | |
| | |
| 4, | What is your present occupation? Ot home. |
| 5. | Tell something of your present home |
| 20100 | |
| 6. | What property in the way of land, stock, buildings, or money do you have? |
| | |
| 7. | Have you been in the Indian Service? In what positions? How long in each? |
| - tenane | |
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| | (Over) |

| 9. Tell me anything e | else of interest connected with your life: |
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THE DIACE BELOW, MAY BE OUTD FOR CONFIDENCE





THE WAY CANSID

THE SPACE BELOW IS FOR THE ADDRESS ONLY.

SUPT. M. FRIEDMAN,

U. S. Indian School,

CARLISLE, PA.

5/V Cleveland, Ohio. June, 28,1910.

mydear Mr. Friedman:

Une well and also

happy to see my folks once more wishing

you a very pleasant summer vacation

for your past kindness

Very respectfully yours

The Flying Canoe Legend.

Carlysle Greenbrier, Menominee, in Red Man.

THERE is a short legend prevalent among the Menomimee Indians which occasions a yearly celebration, which corresponds to that of the white man's Lenten season.

Long ago, after the children of the Great Spirit had suffered hunger and plague which swept across their lands and visited the wigwams, claiming their loved ones, the red children gathered their scanty store assembled to pray to the Great Spirit for mercy.

When their prayers and offerings had been made and given, it suddenly grew dark. All remained as night and not a sound was to be heard.

Then a faint sound was heard in the distance. All the tribe listend. At last it became clearer and seemed to come from above.

A dim light stole among the darkness and the sound grew louder.

The old chief, arrayed in his festal garments and richest head dress, stepped out before his people, and lifting his hand to shade his eyes, looked toward the east from whence the sound came.

All his tribesmen followed his example. Suddenly a dark spot was seen coming nearer and nearer. A low chorus was heard. The singing was sweet and low and of a mournful strain.

As the object come nearer it was discoverd to be a canoe. In it were seated several chiefs.

The canoe sailed swiftly onward and the occupants raised their voices in a song of triumph.

It floated toward the awe-struck people. They gazed in wonder at the sight they saw. Suddenly it vanished.

The flying canoe and its occupants was a good omen. It was a word of promise sent them from the Great Spirit, for they sang of the coming harvest and destruction of the plague.

From that time on this tribe has kept the season as sacred.

Every year the fast is begun about the same time as that of Lent. It is called the time of purification.

Any stranger or opposing tribe can come among them during this time unmolested.

An extra plate and place is provided in every wigwam for the stranger.

Songs are sung and prayers are said and every one is at peace.

The fast covers a period of ten days.

This custom is still practiced among the Menominees.



DEPARTMENT OF THE INTERIOR.

UNITED STATES INDIAN SCHOOL,

CARLISLE, PA.

Department of the Interior 26 25 1912 STA.C.



Mr. M. Friedman

Supt. U. S. Indian School

Carlisle

6 - 3305

Pennsylvania

| 572 dlecember. 1912. |
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| Name Carlysle Treembriar Carlysle Charles (Please give name by which enrolled and also present or married name.) |
| Tribe Menominal |
| Present Address 1140, Methyl ave Cleveland, Ohio |
| Former Address 1140 Methyl ase Cleveland Ohio |
| Present Occupation House wife. |
| Remarks: |

Through a letter we learn that Mr. and Mrs. Reuben Charles are very pleasantly situated in Cleveland. Ohio, where they hope to have a home. Mrs. Charles was formerly Miss Carlysle Greenbrier, Class '10. 1714

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900, Union ave, Cleveland, Ohio. July 18, 1910.

mr. m. Friedman. Indian Sch., Carlisle, Pa.

my dear Mr. Friedman;

your letter received. I have not been at home and it was held for proper address.

my education, providing I may.

try reentering the business department at Carlisle at the opening

of the fall term. My education now is

not sufficient to place me in such work

as I wish to follow for a living.

stoping that this will reach you in time and that I may hear from you in the near future, I am

Vergræspectfully yours, Carlyple Greenbrier.

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