

THE SHAW-WALKER CO., MUSKOGEE. 79104

This boy says he belongs to Micmac tribe. His father belonged to tribe located at Butte Agiy. Mont. Are rovers & spend time as acrobats etc in show

BRIEF.**Application of***Jas. Paul*

FOR THE ENROLLMENT OF

Self

IN THE INDIAN SCHOOL AT

Carlisle, Pennsylvania

POST OFFICE ADDRESS OF APPLICANT:

*Mary A. Paul, Anset, Mass.*Date of enrollment, *April 6*, 190 *9*Term of enrollment, *Five yrs.* (*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, Pa., of Jas. Paul, m, I, Mary A. Paul (Name of child.) (Sex.) (Parent, guardian, or next of kin.) of Box 290 Onset P. O., State of Mass, do hereby voluntarily consent and agree to my 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. (No less than 3.)

I further say that the said child was born at Eastport, Me. on Feb. 11, '90; (Date.) that the father, Jas Paul, (Name of father.) a 1/4 Indian of the Butte, Mont Tribe located at Agency; that he left the tribe about was not with tribe (Approximate date.) (memac) that the mother, Mary A. Paul, (Name.) a 1/2 Indian of the Pokonoket Tribe located at in N.E. states Agency, and left the tribe about never left; (Approximate date.) 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.
Onset	Onset	About 2 yrs.	Broken arm	6	
Middleboro, Mass.		"	1 yr.	Work	7
Brockton, Mass.			1 yr.	For onset	1 & 2

This 6 day of Apr., 1909.
Two witnesses:

Emma K. Vetric James Y Paul
(Parent, guardian, or next of kin.)
P. O., Box 290, Onset Mass.

(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 _____, 190

(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 _____, of _____,
(Business, calling, or profession.)
_____, 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 _____; that
(Name of Child.)
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 _____, of _____,
(Business, calling, or profession.)
_____, 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 _____; that
(Name of child.)
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.

2736

PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL *Paul, Jas. Jr.* DATE *2/24* 19*09*AGE *18* YEARS { NEW { STUDENT. TRIBE *Micmac* STATE *Mass.*~~RETURNED~~DEGREE OF INDIAN BLOOD *3/4*INSPECTION *Good development muscular*PALPATION *Normal*PERCUSSION *Normal*AUSCULTATION { RESONANCE *Normal*{ RESP. MURMUR *Normal*

HEART SOUNDS

MENSURATION { INSP. *34 1/2*{ EXP. *30 1/2* RESPIRATION *20* PULSE *78*TEMPERATURE *98 1/2* degs. HEIGHT *5* FT *4 1/2* IN. WEIGHT *118* LBS.VISION *10/10* VACCINATION *No* *2/24/09*

FAMILY HISTORY:

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER			<i>yes</i>	<i>Killed</i>
MOTHER	<i>yes</i>	<i>good</i>		
BROTHERS {				
SISTERS {				

PERSONAL HISTORY:

*No history of any serious illness.
Good health.*

REMARKS:

(over)

Nov. 18th, 1914.

Mrs. Mary E. Paul,

Box 223, Onset, Massachusetts.

Dear Madam:

Upon receipt of your letter of November the 9th I had inquiry made about the amount of \$75.00 you claim was deposited here by your son James when he came to Carlisle in 1909.

Our records contain the information that he was enrolled on February the 23rd of 1909 and that on March the 5th of that year he deposited \$20.00 in cash in our school bank. On March the 27th he drew out an amount of \$5.00 and on April the 22nd he drew out the remaining balance of \$15.00. Other than the above there is no record of any other money having been placed on deposit by him during the period of his enrolment here.

Very respectfully,

HKM.

Supervisor in Charge.

nov 9. 1914

Dear Sir O H Lippo

I recued your letter the 31 but
ould no answer but if M. Friedman supt.
Ware then I think he would no if I
ant right With the money that my
boy James Paul taken there it Was 75 Dollars
there take from him and put it in the
Bank for him and When he Die I
thought that there would sent it
me I am to the boy mother and if
you could look that up see
What he came of it and I ~~and~~
~~and~~ ~~one~~ of would sent long ago
ago but I keep put
it of tell now I am in need have no
Wark excuse all had spelling and
blots you

Mrs Mary E. Paul
Box 223

Onset

Mass.

Feb 23, 1909.
June 4, 1909

Cash	Mar. 5, 1909	20.00
	Mar 27, 1909	5-
	Apr. 22, 1909	15-

Paul, James 5695 Ex-stu.

Correspondence

937

Physical Condition

45

Mother's file

936