

BRIEF.

Application of

Eliza Sowinski

FOR THE ENROLLMENT OF

Nabel Hart

IN THE INDIAN SCHOOL AT

Carlisle, Pennsylvania

POST OFFICE ADDRESS OF APPLICANT:

Pincoming, Mich.

Date of enrollment, _____, 190

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 Pa, of Mabel Hart, (Name of child.), I, Eliza Sownick (Sex.), (Parent, guardian, or next of kin.) of Pincunning P. O., State of Mich., do hereby voluntarily consent and agree to the 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.

I further say that the said child was born at Bay Co on Oct 1896 (Date) that the father, Thomas Hart, (Name of father.) is a full Indian of the Chippewa Tribe located at Pincunning Agency; that he left the tribe about not (Approximate date); that the mother, Mertue Hart, (Name.) was a full Indian of the Chippewa Tribe located at Pincunning Agency, and left the tribe about dead (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.
<u>Public</u>	<u>Pincunning</u>	<u>1906</u>	<u>x</u>	<u>x</u>	<u>2nd.</u>

This 7 day of Sept, 1908

Two witnesses:

John Sownick
Mrs J W Johnston

Eliza Sownick
(Parent, guardian, or next of kin.)
P. O., Pincunning

(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, Eliza Sownick, do hereby swear that the statements made in the above application are true.

Eliza Sownick
(Signature of applicant.) (Parent, guardian, or next of kin.)

Sworn to and subscribed before me this 9 day of Sept, 1908

My Com. Expires
January 16, 1909

William S. Fotheringham
Notary Public Bay Co Mich

(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, William B. Abbott, a practicing physician of Inconning Mich, do hereby certify that I have carefully examined, Mabel Hart, the child named in this application, and find that she 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 9th day of Sept., 1908, W B Abbott, M. D.

Vouchers of Disinterested Persons.

VOUCHER No. 1.

I, John Sawmick, a Farmer of Princeton Mich, do hereby certify that I am personally acquainted with Elya Sawmick who makes the foregoing application; that I believe his statements therein are true; that I am acquainted with Mabel Hart; that she is known and recognized in the community in which she lives as an Indian; that in my opinion she can not receive proper and adequate schooling at home for the reason that she can not attend school the reason of long distance to go, and has no home.
This 9 day of Sept 1908
John Sawmick

VOUCHER No. 2.

I, James Cloud, a Clergyman of Bay City W. S., Mich, do hereby certify that I am personally acquainted with Thomas Hart, who makes the foregoing application; that I believe his statements therein are true; that I am acquainted with Mable Hart; that she is known and recognized in the community in which she lives as an Indian; and that in my opinion she cannot receive proper and adequate schooling at home for the reason that she has no care, and no home, and cannot attend school where she is now, to far to go.
This 10 day of Sept, 1908
Rev. James Cloud



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 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.

PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL Hart, Mabel DATE Dec 19 08

AGE 13 YEARS | NEW | STUDENT. | TRIBE Chippewa STATE Mich.
 | RETURNED |

DEGREE OF INDIAN BLOOD.....

INSPECTION Faci development - Scar in axilla

PALPATION Normal

PERCUSSION Normal

AUSCULTATION { RESONANCE.....
 { RESP. MURMUR Normal

HEART SOUNDS.....

MENSURATION { INSP. 28..... RESPIRATION 24..... PULSE 106
 { EXP. 25.....

TEMPERATURE 97.6 degs. HEIGHT 5 FT. - IN. WEIGHT 80 LBS.

VISION 10/20 VACCINATION None - 12 1/2 708 Rev. 2/1/09

MENSTRUATION Not established

FAMILY HISTORY:

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER.....	?			
MOTHER.....			yes	?
BROTHERS {				
SISTERS {				

PERSONAL HISTORY:
Convalescent from measles

REMARKS:

Cataract Hospital

July 29th 1910

Taken to bed with symptoms
of T.B. Meningitis on
Oct. 3. 1910
Died October 17th One A.M.

EXAMINATION FOR OUTING:

DATES:

March 9, 1909.

CONDITIONS:

Good.

NAME.

TRIBE.

PARENT OR GUARDIAN.

Mabel Hart

Chippewa

DATE ENROLLED.

TERM.

AGE.

HOME ADDRESS.

Sept. 26, 1908.

Five Years

13

Thos. Hart,
(Father) Pinconning, Mich.

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. '09

none

1-18

med.

V. Good

July '09

Nov.

Good

Good

D.P.

Fair

V. Good

"

Good

"

Jan. '10

M.L.

V. Good

ex.

Hosp.

Med

"

12

V. "

"

July '10

Nov³

Good

ex

Sew

Fair

G

"

Fair

G

Died

5852 *Dead*

CARLISLE INDIAN INDUSTRIAL SCHOOL
DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER 2334	ENGLISH NAME <i>Mabel Hart</i>	AGENCY <i>Pinconning</i>	NATION <i>Chippewa</i>	
BAND	INDIAN NAME	HOME ADDRESS <i>Thos. Hart (Father.) Pinconning, Mich.</i>		
PARENTS LIVING OR DEAD	BLOOD <i>i</i>	AGE <i>13</i>	HEIGHT <i>5</i>	WEIGHT <i>78 1/2</i>
FATHER: <i>L</i>	MOTHER: <i>D</i>	FORCED INSP. <i>28</i>	FORCED EXPL. <i>25</i>	SEX. <i>W</i>
ARRIVED AT SCHOOL <i>Sept. 26, 1908.</i>	FOR WHAT PERIOD <i>5 years.</i>	DATE DISCHARGED <i>Oct. 18, 1910</i>	CAUSE OF DISCHARGE <i>Died.</i>	
TO COUNTRY	PATRONS NAME AND ADDRESS			FROM COUNTRY

Months in school before Carlisle,.....
Pinconning Pub. Scho. - 1906-2nd Gr.

Grade entered at Carlisle, *1st.*.....
2900

Grade at date of Discharge,.....

Trade or Industry,.....

Church, *Methodist*.....

Miles to sch. *1/2*