3454

BRIEF.

Application of

George Kills

FOR THE ENROLLMENT OF

James Kills

IN THE INDIAN SCHOOL AT

Carlisle, Pennsylvania

NAME OF AGENCY FROM WHICH PUPIL CAME:

Rosebud, S. D.

Date of enrollment, September 1st. , 1910

Term of enrollment, twe (5) year

Application for Enrollment in a Non-reservation School.

of James Kills	e of Child	i)	;	male ; d	ate of birthJ	uly 7, 1894
Sioux (Tribe)	·	•••••••				
NAME OF FATHER (Both Indian and English		Living of Dead	T	RIBE	BAND	DEGREE OF INDIAN BLOOD
George Kills		L	Si	oux		Full
NAME OF MOTHER Comes out of Groun		nd D	S	ioux		Full
I, George Kinrollment in said school regulation The said child has	ool for	a period	of Not less the	years, and		d agree to his myself to abide by
nrollment in said sch	ool for	a period	of Not less the	years, and		
nrollment in said sch ne rules and regulation The said child has	ool for ons for been o	a period Indian enrolled	Schools. in the followi	years, and ing schools:		myself to abide by
nrollment in said school regulation rules and regulation The said child has	ool for ons for been of Enro	a period Indian enrolled TE OF LLMENT	Of (Not less the Schools, in the following Date of Discharge	years, and ing schools:		myself to abide by
nrollment in said schole rules and regulation. The said child has NAME OF SCHOOL Cut Meat Day	ool for ons for been of Enro	a period Indian enrolled	Not less the Schools. in the followi DATE OF DISCHARGE	years, and ing schools:		myself to abide by
nrollment in said school regulation The said child has NAME OF SCHOOL Cut Meat Day Rosebud Bdg,	DA ENRO	a period Indian enrolled	Not less the Schools. in the followi DATE OF DISCHARGE 1903	years, and ing schools:		myself to abide by

PHYSICIAN'S CERTIFICATE.

I hereby certify that I have this day carefully examined the above-named child herein proposed for transfer and find to be in proper physical condition to attend school, and not afflicted with tuberculosis or any disease which would be a menace to the health of other pupils.

This & 5th day of August, 19/0

Other R. Below

Physician at Roselus Agency.

CERTIFICATE OF AGENT OR SUPERINTENDENT.

I hereby certify that the statements made in the foregoing application and certificate, to the best of my knowledge and belief, are true, that the consent of Parent, guardian, or next of kin.)

was voluntary, and I recommend the transfer of said child.

This 10 " day of Sept. , 19/0

Agent or Superintendent.

SPECIAL NOTE.

This form must be executed in duplicate when a child is transferred from a reservation to a non-reservation school. The Superintendent of the nonreservation school will retain the original for his files, and the duplicate shall be deposited in the Agency records. The agent will then send to the Commissioner of Indian Affairs his certificate as provided by law. All the blanks must be properly filled in every case.

NOTE.—Age limits, fourteen to twenty years. Preferably fourteen to eighteen. Students must be at least one-fourth Indian, preferably full Indian. Special cases beyond the age limit will be given consideration. An industrial course only can be taken and the term reduced to three years, in exceptional cases.

INDORSEMENTS.

The laws relating to the transfer of Indian children from reservations and schools are as follows:

That hereafter no Indian child shall be sent from any Indian reservation to a school beyond the State or Territory in which said reservation is situated without the voluntary consent of the father or mother of such child if either of them is living, and if neither of them is living without the voluntary consent of the next of kin of such child. Such consent shall be made before the agent of the reservation, and he shall send to the Commissioner of Indian Affairs his certificate that such consent has been voluntarily given before such child shall be removed from such reservation. And it shall be unlawful for any Indian agent or other employee of the Government to induce, or seek to induce, by withholding rations or by other improper means, the parents or next of kin of any Indian to consent to the removal of any Indian child beyond the limits of any reservation. (28 Stats., p. 906.)

Provided, that hereafter no Indian child shall be taken from any school in any State or Territory to a school in any other State against its will or with-

out the written consent of its parents. (29 Stats., p. 348.)

The rules provide that-

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.

An Indian boy or girl 18 years old and over may, without the consent of parents or others, personally sign the application form on its being changed to suit the case.

This form is to be used only in transfers from reservations or Indian schools to nonreservation schools.



NAME /	ame &	Kills		Sex { Male.
Tribe Full	Dioux	State South D	akota	Aug. 22 nd, 1910
Age / Height 5 Weight 12 Temperature 8	6 yea it. 7 in 6 16 79 44 wht collar Normal	rs Respiration $\frac{18}{8}$ s. Mensuration $\frac{33}{8}$ Exp. $\frac{31}{1}$		Ears Normal Throat Normal Cervical glands Normal
Auscultation 1				
Heart	romal		*******************	
(Menstruation)		FAMILY HISTOR	γ.	
	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father	Yes	Good	Ues	Tuberculoses
MotherBrothers		Good		
Sisters		Good	/	Don't know
Personal history	0, 1	had some tr	ouble n	rith pain in
***************************************		Willia	m R, 13	Cloud, M. D.

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.

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.

CASE RECO	RD,	5—3	54.	Name	*		
Age(On				Sex { Male. Female. Tribe { Full }	Residence		
DATE.				SYMPTOMS.	TREATMENT.	DIAGNOSIS.	REMARKS.
19	T.	P.	R.				History, progress, and termination of the disease.
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	(NAME)	*****	*****				

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6-1955

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PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

				1 300
NAME OF PUPIL	Kills	James	•••	DATE // 19/0
AGE / LYEARS R	NEW ST	UDENT. TRIBE	linge	STATE S. D.
DEGREE OF INDIAN BI	LOOD 7	all.	•••••	
Inspection Jan	men	+ Clavic	als:	
depres	sions	above		
PALPATION 1	om.	al		
PERCUSSION	ull	at af	car	1
Auscultation (Reso	NANCE M	mual		
(RESP	MURMUR	nomul		
HEART SOUNDS	341	^		
MENSURATION EXP.	322	RESPIRATION	20	Pulse 72
TEMPERATURE 9	9 = degs	HEIGHT 5 FT	7 IN.	WEIGHT 128 LBS.
VISION		VACCINATION	Do	, e scar
FAMILY HISTORY:			I some I	
		Condition of Health.		
FATHER	yes	Good		XS 21 22
MOTHER	zus	Good		
BROTHERS				
C				
SISTERS				
PERSONAL HISTORY:				
PERSONAL HISTORY:				
PERSONAL HISTORY:				
REMARKS:				

HOSPITAL RECORD						
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EXAMINATION FOR OUTING:						
DATES:	Condition:					
DATES:	Condition:					
DATES:	Condition:					
DATES:	Condition:					
DATES:	Condition:					
DATES:	Condition:					
DATES:	Condition:					
DATES:						
DATES:	Condition:					

				5	45	1/						
NAME. Jam	w	Kills			lionx	/			NT OR GUA		orge	Kills
DATE ENROLLED. Oct. 7, 1910 TERM. Jive years				V					George Kills- Est Meat, S. Dak.			
DATE OF RECORD	ACA ROOM	DEMIC DEPA	RTMENT.	INDUS	PRIAL DEPA	RTMENT.		DORMITOR	Conduct.		Conduct	SPECIAL REMARKS.
0 : 24	NO.	Scholarship	Conduct.	Shop.	Ability.	Conduct.	No.	y.	04	1,0,1115	Contract	
Jan. 11	Na	me						3.	01.			
												N. C.
						7						
				11						-		

60	591	10.00000			USTRIAL L RECORD OF					
NUMBER 6/88 ENG	ISH NAME	s Kill	2	A.	Rosebu	d		NAHON	oux	
BAND	INDIAN NAM	ie.		HOME ADDR	RESS	George	Hille A7	near	t. S.Da	k.
PARENTS LIVING OR DEAD	MOTHER, X	9	Jull	AGE 16	HEIGHT				FORCED EPXR.	717.
ARRIVED AT SCHOOL		FOR WHAT PE	riod years		DATE DISCHARGE	D		CAUSE	OF DISCHARGE	
TO COUNTRY		0,74.60	//	TRONS NAME A		150			FROM	COUNTRY
11-3-70	Ra	n							11-6	5-10
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				100						- 2
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								12.04		
	Mo	nths in	school	before	Carlisle	8/				
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	n	Tiles	tox	choi	el-1	1-2				
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Department of the Interior.



Mr. M. Friedman

Supt. U. S. Indian School

Carlisle

Pennsylvania

6-3305

3459	april	9 , 191 /
Name James 3	Kills	
Tribe (Please give name by wh	nich enrolled and also present or i	married name.)
Present Address bu	trueat, So.	Dak.
Former Address (Address fr	om which we heard from you last	t.)
Present Occupation	my Occupat	ion is farming
	rning or	
ment beside	This farmi	ng stock Racing

'Y AND E'' ROCH.

563757 3M-2-11

3454 REPORT AFTER LEAVING CARLISLE

NAME AT CARLISLE

PRESENT NAME

INFORMATION THROUGH DATE ADDRESS OCCUPATION ITEMS OF INTEREST GRADE 914 Self Cert meat, S.D. Farmer