Approved. JHA.

## DEPARTMENT OF THE INTERIOR OFFICE OF INDIAN AFFAIRS

Application Number 5475

Application for enrollment with the Indians of the State of California under the Act of May 18, 1928 (45 Stat. L. 602)

The Secretary of the Interior,

Washington, D. C.

Sir:

I hereby make application for the enrollment of myself (and minor children living on May 18, 1928) as Indians of the State of California in accordance with the provisions of the Act of Congress of May 18, 1928 (45 Stat. L. 602). The evidence of identity is herewith subjoined.

1. State the full names, ages, sex, and dates of birth of yourself and your minor children living on May 18, 1928.

| English Names                               | Relationship<br>in Family               | Ages<br>in 1928      |        |                 |                      |
|---|---|----------------------|--------|-----------------|----------------------|
| Wrinkle, Mary                               | Wife                                    | 52                   | F.     | Sep. 12 187     | 6 4/4                |
|   |   |                      |        |                 | <u> </u>             |
|   |   |                      |        |                 |                      |
| (See  | application                             | ofCharley            | . Wrin | kle No. 5474    | )                    |
|   |   |                      | •••••  | m pinte or tea. |                      |
|   |   |                      |        |                 |                      |
|   |   |                      |        |                 |                      |
|   |   | ••••••               |        |                 |                      |
| 2. Residence of Note: Living 3. Post Office | n May 18, 1928 .                        | Darwin,<br>overnment | Inyo   | County. Cal     | ifornia.             |
|   | Town or City,<br>Rural Route Nu         | DUX NIIMDAR          | or     | County          | California.<br>State |
| 4. Place of bi                              | rth of yourself                         | and each o           | f your | minor children  |                      |
| mannen mannen mannen la                     | lanzanar, Inyo                          | County,              | Calif  | ornia.          | ************         |
| ***************************************     | *************************************** |                      |        |                 |                      |

| where have you and your o  | hildren resided since birth?   |
|--|--|
| Inyo Co  | unty, California.  |
|  |  |
|  |  |
| Vec  |  |
| 6. Are you married?  |  |
| . If a married woman, give   | your name before you were married.   |
|  |  |
| . Name and exact date of bi  | rth (Month, Day, and Year) of your wife (or husband).  |
| charley Wrinkle,   | born September 12, 1875  |
| . Is he (or she) of Indian blood.  | blood? If so, state the name of the Tribe or Band, and   |
| 4/4  | Shoshone Tribe   |
| O. What is your degree of In State of California do you  4/4  Degree of Indian Blood                 | Inyo County, California. Shoshone Tribe Name of Tribe or Band  |
| <ol> <li>To what Treaty or Treati<br/>(or they) reside on June</li> </ol>                            | es were you or your ancestors a party, and where did you 1, 1852? Where and when were said Treaties negotiated?  |
| Have heard of the t  | reaty, but do not know when or where made.   |
| Ancestors resided in   | n Inyo County, California, June 1, 1852.   |
| A STATE OF THE PARTY OF  |  |
| 2. Give the names of your C through whom you claim, United States. If you c date, set forth each cla | alifornia Indian ancestors living on June 1, 1852, who were parties to any Treaty or Treaties with the laim through more than one ancestor living on that im separately. State your descent from said ancestor th your relationship to them. |
| <u>Names</u>   | Tribe or Band Relationship by Blood  |
| Hou-chu-paw  | Shoshone Tribe Maternal grandmother  |
|  | ***************************************  |
|  | MARKEUL CAR BUSE MALERONS  |