Tejon Indian Tribe

2234 4th Street, Wasco, CA 93280

Member's Name: [redacted]

Name of Member's Wife/Husband: (If wife, give name before marriage) _____

Name of member's Children: (Indicate whether child is male or female)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

FOIA6

Name of Member's Father [redacted]

Name of Member's Mother: (Give name before marriage) [redacted]

Name of Member's Brothers:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Name of Member's Sisters:

1. [redacted]
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Kathryn Morgan

Name of person preparing this chart

12-7-01

Date

FOIA6

[redacted]

STATE BIRTH CERTIFICATE NUMBER

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA

[redacted]

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

THIS CHILD	1A. NAME OF CHILD—FIRST [redacted]	1B. MIDDLE	1C. LAST		
	2. SEX: Male	3A. THIS BIRTH, SINGLE, TWIN, ETC.: Single	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.	4A. DATE OF BIRTH—MONTH, DAY, YEAR: [redacted]	4B. HOUR—(24 HOUR CLOCK TIME): [redacted]
PLACE OF BIRTH	5A. PLACE OF BIRTH—NAME OF HOSPITAL OR FACILITY: San Joaquin Community Hospital	5B. STREET ADDRESS (STREET, NUMBER, OR LOCATION): 2615 Eye Street			
	5C. CITY OR TOWN: Bakersfield, 93301	5D. COUNTY: Kern			
FATHER OF CHILD	6A. NAME OF FATHER—FIRST [redacted]	6B. MIDDLE	6C. LAST	7. STATE OF BIRTH: CA	8. AGE OF FATHER: 30
MOTHER OF CHILD	9A. NAME OF MOTHER—FIRST [redacted]	9B. MIDDLE	9C. LAST (BIRTH NAME)	10. STATE OF BIRTH: CA	11. AGE OF MOTHER: 25
PARENT'S CERTIFICATION	I CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE	12A. [redacted]	12B. RELATIONSHIP TO CHILD: Mother	12C. DATE SIGNED: [redacted]	
ATTENDANT'S CERTIFICATION	I CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED	13A. [redacted] ...NCE OR TITLE: Arthur Griffin MD.	13B. LICENSE NUMBER: A015751	13C. DATE SIGNED: [redacted]	
	14. REQUEST OMISSION FROM SOLICITATION LISTS	13D. TYPED NAME AND ADDRESS: Arthur Griffin, MD 109 Adkisson Way Taft, California			
LOCAL REGISTRAR	15. DEATH—ENTER DATE OF DEATH	16. LOCAL REGISTRAR—SIGNATURE: Leon M. Hebertson, M.D. [signature]	17. DATE ACCEPTED FOR REGISTRATION: [redacted]		

PAGE [redacted]

BOOK

Tejon Indian Tribe

2234 4th Street, Wasco, CA 93280

Member's Name: [redacted]

Name of Member's [redacted] (if wife, give name before marriage)

FOIA6

Name of member's Children: [redacted]

1. [redacted]
2. [redacted]
3. [redacted]
4. [redacted]
5. [redacted]
6. [redacted]
7. [redacted]
8. [redacted]
9. [redacted]
10. [redacted]

Name of Member's Father [redacted]

Name of Member's Mother: [redacted]

Name of Member's Brothers: [redacted]

1. [redacted]
2. [redacted]
3. [redacted]
4. [redacted]
5. [redacted]
6. [redacted]
7. [redacted]
8. [redacted]
9. [redacted]
10. [redacted]

Name of Member's Sisters: [redacted]

1. [redacted]
2. [redacted]
3. [redacted]
4. [redacted]
5. [redacted]
6. [redacted]
7. [redacted]
8. [redacted]
9. [redacted]
10. [redacted]

Barbara J. Appodaca-Alba

Name of person preparing this chart

Jan 29, 2001

Date

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

FOIA6

STATE FILE NUMBER

CERTIFICATE OF LIVE BIRTH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER [redacted]

THIS CHILD	1a. NAME OF CHILD—FIRST NAME [redacted]	1b. MIDDLE NAME [redacted]	1c. LAST NAME [redacted]	
	2. SEX: female	3a. THIS BIRTH: SINGLE, TWIN, OR TRIPLET: single	3b. IF TWIN OR TRIPLET, THIS CHILD BORN 1ST, 2ND, 3RD?	4a. DATE OF BIRTH—MONTH, DAY, YEAR [redacted]	4b. HOUR [redacted]
PLACE OF BIRTH	5a. PLACE OF BIRTH—NAME OF HOSPITAL: San Fernando Hospital			5b. STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS): 732 Mott Street
	5c. CITY OR TOWN: San Fernando			5d. COUNTY: Los Angeles
MOTHER OF CHILD	6a. MAIDEN NAME OF MOTHER—FIRST NAME [redacted]	6b. MIDDLE NAME [redacted]	6c. LAST NAME [redacted]	7. COLOR OR RACE OF MOTHER: white
	8. AGE OF MOTHER (AT TIME OF THIS BIRTH): 27 YEARS	9. BIRTHPLACE (STATE OR FOREIGN COUNTRY): California	10. MAILING ADDRESS OF MOTHER—STREET [redacted]	
USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?)	11a. USUAL RESIDENCE OF MOTHER—STREET ADDRESS [redacted]		11b. IF INSIDE CORPORATE LIMITS: ☒ CHECK HERE	IF OUTSIDE CITY CORPORATE LIMITS: ☐ ON A FARM ☐ NOT ON A FARM
	11c. CITY OR TOWN: (Sylmar) Los Angeles		11d. COUNTY: Los Angeles	11e. STATE: California
FATHER OF CHILD	12a. NAME OF FATHER—FIRST NAME [redacted]	12b. MIDDLE NAME [redacted]	12c. LAST NAME [redacted]	13. COLOR OR RACE OF FATHER: white
	14. AGE OF FATHER (AT TIME OF THIS BIRTH): 33 YEARS	15. BIRTHPLACE (STATE OR FOREIGN COUNTRY): California	16a. PRESENT OR LAST OCCUPATION: lendscaper	16b. KIND OF INDUSTRY OR BUSINESS: landscaping
INFORMANT'S CERTIFICATION	I HAVE REVIEWED THE ABOVE STATED INFORMATION AND HEREBY CERTIFY THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.	17a. PARENT OR OTHER INFORMANT—SIGNATURE ▶ [redacted]		17b. DATE SIGNED BY INFORMANT [redacted]
ATTENDANT'S CERTIFICATION	I HEREBY CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED ABOVE.	18a. PHYSICIAN (OR OTHER PERSON AND ATTENDANT THIS BIRTH)—SIGNATURE ▶ [signature]		18b. ADDRESS: San Fernando, California
REGISTRAR'S CERTIFICATION	19. DATE ON WHICH NAME ADDED BY SUPPLEMENTAL NAME REPORT	20. LOCAL REGISTRAR—SIGNATURE ▶ [signature]		21. DATE RECEIVED BY LOCAL REGISTRAR [redacted]

This is to certify that this document is a true copy of the official record on file with the Registrar-Recorder/County Clerk

Conny B McCormack

CONNY B. McCORMACK
Registrar-Recorder/County Clerk

MAR 27 2001 [redacted]

This copy is not to be used for proof of identity, or for any other purpose than to show the contents of the Registrar-Recorder/County Clerk's file.

Tejon Indian Tribe

2234 4th Street, Wasco, CA 93280

Member's Name: [redacted]

Name of Member's Wife/Husband: (If wife, give name before marriage) _____

Name of member's Children: [redacted]

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

FOIA6

Name of Member's Father: [redacted]

Name of Member's Mother: [redacted]

Name of Member's Brothers:

1. [redacted]
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Name of Member's Sisters: [redacted]

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Barbara J. Arredondo-Allen
Name of person preparing this chart

Jan 29, 2001
Date

STATE FILE NUMBER

CERTIFICATE OF LIVE BIRTH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER [redacted]

THIS CHILD	1a. [redacted]			
	2. SEX: Female	3a. THIS BIRTH, SINGLE, TWIN, OR TRIPLET: Single	3b. IF THIS IS TRIPLET, THIS CHILD BORN (1st, 2nd, 3rd)	4a. DATE OF BIRTH—MONTH, DAY, YEAR: [redacted]
	4b. HOUR: [redacted]			
PLACE OF BIRTH	5a. PLACE OF BIRTH—NAME OF HOSPITAL: John Wesley County Hospital		5b. STREET ADDRESS: 2826 South Hope Street	
	5c. CITY OR TOWN: Los Angeles 7		5d. COUNTY: Los Angeles	
MOTHER OF CHILD	6a. MAIDEN NAME OF MOTHER: [redacted]		6b. LAST AGE: [redacted]	7. COLOR OR RACE OF MOTHER: Indian
	8. AGE OF MOTHER: 19 YEARS	9. BIRTH OF CITIZEN OR INDIAN CHARTER: California	10. RESIDENCE OF MOTHER: San Fernando	
USUAL RESIDENCE OF MOTHER	11a. USUAL RESIDENCE OF MOTHER: [redacted]		11b. IF INSIDE CORPORATE LIMITS: ☑ CHECK HERE	IF OUTSIDE CITY CORPORATE LIMITS: ☐ ON A FARM ☐ NOT ON A FARM
	11c. [redacted]		11d. COUNTY: Los Angeles	11e. STATE: California
FATHER OF CHILD	12a. [redacted]			13. COLOR OR RACE OF FATHER: Mexican
	14. AGE OF FATHER: 25 YEARS	15. BIRTH OF CITIZEN OR INDIAN CHARTER: California	16a. PRESENT OR LAST OCCUPATION: Landscaper	16b. KIND OF INDUSTRY OR BUSINESS: Nursery
INFORMANT'S CERTIFICATION	I HAVE REVIEWED THE ABOVE STATED INFORMATION AND HEREBY CERTIFY THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.	17a. PARENT OR OTHER INFORMANT—SIGNATURE IS OPTIONAL: [redacted]		17b. DATE SIGNED BY INFORMANT: [redacted]
ATTENDANT'S CERTIFICATION	I HEREBY CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED ABOVE.	18a. PHYSICIAN OR MIDWIFE OR OTHER PERSON—SIGNATURE: Alan J. Honig M.D.		18b. ADDRESS: 2826 S. Hope St., L.A. 7
REGISTRAR'S CERTIFICATION	19. DATE ON WHICH NAME ADDED BY SUPPLEMENTAL NAME REPORT	20. LOCAL REGISTRAR—SIGNATURE: George M. Uhl, M.D.		21. [redacted] REGISTRAR

FOIA6

LOS ANGELES [illegible]
This is to certify that this is a true copy of the certificate on file in this office.

FEE $2.00 [redacted]

GEORGE M. UHL, M. D.
Health Officer

Tejon Indian Tribe

2234 4th Street, Wasco, CA 93280

Member's Name: [redacted]

Name of Member's Wife/Husband: (If wife, give name before marriage) [redacted]

Name of member's Children: (indicate whether child is male or female)

1. [redacted]
2. [redacted]
3.
4.
5.
6.
7.
8.
9.
10.

FOIA6

Name of Member's Father [redacted]

Name of Member's Mother:

Name of Member's Brothers

1. [redacted]
2.
3.
4.
5.
6.
7.
8.
9.
10.

Name of Member's Sisters

1. [redacted]
2.
3.
4.
5.
6.
7.
8.
9.
10.

Name of person preparing this chart

Jan 29 2001
Date

CERTIFICATION OF VITAL RECORD

STATE OF CALIFORNIA

DEPARTMENT OF HEALTH SERVICES

FOIA6

[redacted]
STATE FILE NUMBER

DELAYED REGISTRATION OF BIRTH

STATE OF CALIFORNIA [redacted]

MC

FACTS OF BIRTH

1A. NAME OF CHILD—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY)
[redacted]

2. SEX: MALE
3. DATE OF BIRTH—MONTH, DAY, YEAR: [redacted]
4. NAME OF PHYSICIAN OR ATTENDANT OR MIDWIFE OR OTHER PERSON ATTENDING THIS BIRTH: [redacted]

5A. PLACE OF BIRTH—HOSPITAL, STREET, NUMBER, LOCATION: HOME: [redacted]
5B. CITY OR TOWN: SAN FERNANDO
5C. COUNTY: LOS ANGELES
5D. STATE: CA

FATHER

6A. NAME OF FATHER—FIRST (GIVEN) | 6B. MIDDLE | 6C. LAST (FAMILY)
[redacted]

7. STATE OR COUNTRY OF BIRTH: CALIFORNIA
8A. RACE: SPANISH
8B. HISPANIC—IF YES, SPECIFY: ☒ YES ☐ NO
9. DATE OF BIRTH—MONTH, DAY, YEAR: [redacted]

MOTHER

10A. NAME OF MOTHER—FIRST (GIVEN) | 10B. MIDDLE | 10C. LAST—MAIDEN
[redacted]

11. STATE OR COUNTRY OF BIRTH: CALIFORNIA
12A. RACE: AMERICAN INDIAN
12B. HISPANIC—IF YES, SPECIFY: ☐ YES ☒ NO
13. DATE OF BIRTH—MONTH, DAY, YEAR: [redacted]

CERTIFICATION OF APPLICANT

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT
14. SIGNATURE ▶ [redacted]
15. CHECK ONE: PARENT ☐ PERSON WHOSE BIRTH IS BEING REGISTERED ☒ GUARDIAN ☐ ATTENDANT AT BIRTH ☐
16. DATE: [redacted]
17. ADDRESS (STREET, CITY, STATE) ZIP CODE: [redacted] SAN FERNANDO, CA 91340
18A. DATE OF DEATH
18B. STATE FILE NUMBER

AFFIDAVIT AND SIGNATURES

USE BLACK INK ONLY

IT IS A FELONY TO FILE A FALSE AFFIDAVIT. THERE IS ALSO A CIVIL PENALTY OF $5,000. "WE HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT AND THAT WE HAD PERSONAL KNOWLEDGE OF THIS BIRTH AT THE TIME OF OCCURRENCE."

19A. SIGNATURE OF FIRST PERSON ▶ [redacted]
19B. RELATIONSHIP/REASON FOR KNOWLEDGE OF BIRTH: MOTHER
19C. DATE SIGNED: [redacted]
19D. AGE: 55
19E. ADDRESS (STREET, CITY, STATE, ZIP CODE): [redacted] SAN FERNANDO, CA 91340

20A. SIGNATURE OF SECOND PERSON ▶ [redacted]
20B. RELATIONSHIP/REASON FOR KNOWLEDGE OF BIRTH: AUNT
20C. DATE SIGNED: [redacted]
20D. AGE: 72
20E. ADDRESS (STREET, CITY, STATE, ZIP CODE): [redacted] [illegible]

STATE REGISTRAR USE ONLY—EVIDENCE SUBMITTED

FACTS OF BIRTH	21	[redacted]
DOCUMENT DESCRIPTION		
FACTS OF BIRTH	22	[redacted]
DOCUMENT DESCRIPTION		
FACTS OF BIRTH	23	DOB POB F M
DOCUMENT DESCRIPTION		DATE RECORDED / DATE ISSUED

STATE REGISTRAR

I HEREBY CERTIFY THAT NO PRIOR CERTIFICATE HAS BEEN FOUND ON FILE IN THIS OFFICE FOR THE ABOVE REGISTRANT. THE EVIDENCE HAS BEEN REVIEWED AND SAID EVIDENCE SUBSTANTIATES THE FACTS AS SET FORTH IN THE FOREGOING ABSTRACT. BIRTH RECORDS REGISTERED ONE YEAR AFTER THE YEAR OF EVENT ARE NOT "PRIMA FACIE" EVIDENCE TO THE FACTS STATED (HEALTH AND SAFETY CODE, SECTION 10577).

24. OFFICE OF STATE REGISTRAR ▶ OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS
25. DATE REGISTERED: [redacted]

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR (Rev. 5/93) FORM VS-85

This is to certify that this document is a true copy of the official record filed with the Office of Vital Records and Statistics.

S. Kimberly Belshé, Director and State Registrar of Vital Records and Statistics [redacted]

by Michael Davis
MICHAEL DAVIS, CHIEF
OFFICE OF VITAL RECORDS AND STATISTICS

DATE ISSUED DEC 0 5 1996

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar

dhs

Tejon Indian Tribe

2234 4th Street, Wasco, CA 93280

Member's Name: [redacted]

Name of Member's Wife/Husband: (If wife, give name before marriage) [redacted]

Name of member's Children: (indicate whether child is male or female)

1. [redacted]
2. [redacted]
3. [redacted]
4.
5.
6.
7.
8.
9.
10.

FOIA6

Name of Member's Father [redacted]

Name of Member's Mother: [redacted]

Name of Member's Brothers:

1. [redacted]
2.
3.
4.
5.
6.
7.
8.
9.
10.

Name of Member's Sisters:

1. [redacted]
2. [redacted]
3.
4.
5.
6.
7.
8.
9.
10.

[redacted]

Jan 29, 2001
Date

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

FOIA6

CERTIFICATE OF LIVE BIRTH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

THIS CHILD	1a. NAME OF CHILD [redacted]			
	2. SEX: Male	3a. THIS BIRTH SINGLE, TWIN, OR TRIPLET: Single	3b. IF TWIN OR TRIPLET, THIS CHILD BORN 1ST, 2ND, 3RD	4a. DATE OF BIRTH—MONTH, DAY, YEAR: [redacted]
	4b. HOUR: [redacted]			
PLACE OF BIRTH	5a. PLACE OF BIRTH—NAME OF HOSPITAL: Sun Valley Hospital		5b. STREET ADDRESS: 9449 San Fernando Rd.	
	5c. CITY OR TOWN: Sun Valley		6a. COUNTY: Los Angeles	
MOTHER OF CHILD	6a. MAIDEN NAME OF MOTHER [redacted]			7. COLOR OR RACE OF MOTHER: Indian
	8. AGE OF MOTHER (AT TIME OF THIS BIRTH): 26 YEARS	9. BIRTHPLACE (STATE OR FOREIGN COUNTRY): California	10. MAILING ADDRESS OF MOTHER:	
USUAL RESIDENCE OF MOTHER	11a. [redacted]		11b. IF INSIDE CORPORATE LIMITS: CHECK HERE	11c. OUTSIDE CITY CORPORATE LIMITS: ON A FARM / NOT ON A FARM
	11c. CITY OR TOWN: (Sylmar) Los Angeles		11d. COUNTY: Los Angeles	11e. STATE: California
FATHER OF CHILD	12a. NAME OF FATHER [redacted]			13. COLOR OR RACE OF FATHER: Caucasian
	14. AGE OF FATHER (AT TIME OF THIS BIRTH): 32 YEARS	15. BIRTHPLACE (STATE OR FOREIGN COUNTRY): California	16a. PRESENT OR LAST OCCUPATION: Laborer	16b. KIND OF INDUSTRY OR BUSINESS: Construction
INFORMANT'S CERTIFICATION	I HAVE REVIEWED THE ABOVE STATED INFORMATION AND HEREBY CERTIFY THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE	17a. [redacted]		17b. DATE SIGNED BY INFORMANT: [redacted]
ATTENDANT'S CERTIFICATION	I HEREBY CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED ABOVE	18a. [illegible]		18b. [illegible] San Fernando Rd. Sun Valley, California
REGISTRAR'S CERTIFICATION	19a. DATE [illegible]	20. LOCAL REGISTRAR'S SIGNATURE: K.H. [illegible] 1948		21. DATE [illegible]

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk

[redacted]

Registrar-Recorder/County Clerk

NOV 12 1992

[redacted]

This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk

Tejon Indian Tribe

2234 4th Street, Wasco, CA 93280

Member's Name: [redacted]

Name of Member's Wife/Husband: (If wife, give name before marriage)

Name of member's Children: (indicate whether child is male of female)

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

FOIA6

Name of Member's Father [redacted]

Name of Member's Mother: (Give name

Name of Member's Brothers: [redacted]

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

Name of Member's Sisters:

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

[redacted]

Name of person preparing this chart

1-7-2002
Date

FOIA6

CERTIFICATE OF LIVE BIRTH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

[redacted]

THIS CHILD	1a. NAME OF CHILD—CONTAINS [redacted]			
	2. SEX: Female	3. [illegible]	4a. DATE OF BIRTH [redacted]	4b. HOUR [redacted]
PLACE OF BIRTH	5a. PLACE OF BIRTH—NAME OF HOSPITAL: Kern County General Hospital		5b. STREET ADDRESS: 1030 Flower St	5c. INSIDE CITY CORPORATE LIMITS: No
	5d. CITY OR TOWN: Bakersfield		5e. COUNTY: Kern	
MOTHER OF CHILD	[redacted]			7. BIRTHPLACE: California
	[illegible]	[illegible]	[redacted]	10a. INSIDE CITY CORPORATE LIMITS: NO
	[illegible]	[illegible]		10b. RESIDENCE OF MOTHER—STATE: California
FATHER OF CHILD	[redacted]			11. BIRTHPLACE: California
	20	[illegible]	Delivery Man	12a. KIND OF INDUSTRY OR BUSINESS: Upholstery Shop
INFORMANT'S CERTIFICATION	[illegible]	[redacted]		13a. DATE REVISED AND SIGNED BY INFORMANT: [redacted]
ATTENDANT'S CERTIFICATION	[illegible]	[redacted]	[illegible]	17a. DATE OF SIGNATURE: [redacted]
				17b. ATTENDANT'S CALIFORNIA LICENSE NUMBER: A 22391
LOCAL REGISTRAR				20. DATE REGISTERED AND SIGNATURE: [redacted]

FOIA6

S ATE OF Calif...) SS
County of Kern)

I, Roy A. Vercammen, County Recorder of Kern County, do hereby certify, that the annexed is a true and correct copy of the original Birth Certificate on file in my office.

Medical & health data deleted pursuant to Sec. 10575 H.&S. Code.

Witness my hand and official seal this 3 day of July 1970

[redacted]

order

Tejon Indian Tribe

2234 4th Street, Wasco, CA 93280

Member's Name: [redacted]

Name of Member's Wife/Husband: (If wife, give name before marriage) _____

Name of member's Children: (Indicate whether child is male or female)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

FOIA6

Name of Member's Father [redacted]

Name of Member's Mother: (Give name [redacted]

Name of Member's Brothers:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Name of Member's Sisters: [redacted]

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

[redacted]

1-7-2002
Date

CERTIFICATE OF LIVE BIRTH

[redacted]

STATE BIRTH CERTIFICATE NUMBER | STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH | LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

THIS CHILD	1a. NAME OF CHILD—FIRST NAME [redacted]	1b. MIDDLE NAME	1c. LAST NAME		
	2. SEX: Male	3a. THIS BIRTH, SINGLE OR TWIN OR TRIPLET: Single	3b. IF TWIN OR TRIPLET, THIS CHILD BORN 1ST, 2ND, 3RD	4a. DATE OF BIRTH—MONTH, DAY, YEAR [redacted]	4b. HOUR [redacted]
PLACE OF BIRTH	5a. PLACE OF BIRTH—NAME OF HOSPITAL: Kern County General Hospital		5b. STREET ADDRESS (STREET, AND NUMBER, OR LOCATION): 1830 Flower Street		5c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): No
	5d. CITY OR TOWN: Bakersfield		5e. COUNTY: Kern		
MOTHER OF CHILD	6a. MAIDEN NAME OF MOTHER—FIRST NAME [redacted]	6b. MIDDLE NAME	6c. LAST NAME (MAIDEN SURNAME)	7. BIRTHPLACE (STATE OR FOREIGN COUNTRY): California	
	8. AGE OF MOTHER (AT TIME OF THIS BIRTH): 22 YEARS	9. COLOR OR RACE OF MOTHER: Mexican	10a. RESIDENCE OF MOTHER—STREET ADDRESS [redacted]	10b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): NO	
	10c. RESIDENCE OF MOTHER—CITY OR TOWN: Bakersfield		10d. RESIDENCE OF MOTHER—COUNTY: Kern	10e. RESIDENCE OF MOTHER—STATE: California	
FATHER OF CHILD	11a. NAME OF FATHER—FIRST NAME [redacted]	11b. MIDDLE NAME	11c. LAST NAME	12. BIRTHPLACE (STATE OR FOREIGN COUNTRY): California	
	13. AGE OF FATHER (AT TIME OF THIS BIRTH): 22 YEARS	14. COLOR OR RACE OF FATHER: Mexican	15a. PRESENT OR LAST OCCUPATION: Laborer	15b. KIND OF INDUSTRY OR BUSINESS: Rubber Company	
FORMANT'S RTIFICATION	I HEREBY CERTIFY THAT I HAVE REVIEWED THE ABOVE-STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.	16a. P[redacted]		16b. DATE REVIEWED AND SIGNED BY INFORMANT [redacted]	
TENDANT'S RTIFICATION	I HEREBY CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED ABOVE.	17a. PHYSICIAN (OR OTHER PERSON WHO ATTENDED THIS BIRTH) SIGNATURE—DEGREE OR TITLE [redacted]		17b. DATE SIGNED BY PHYSICIAN OR OTHER ATTENDANT [redacted]	
		17[redacted]		17c. PHYSICIAN'S CALIFORNIA LICENSE NUMBER: G 12163	
LOCAL REGISTRAR	18	19. [redacted]		20. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR [redacted]	

FOIA6

Tejon Indian Tribe

2234 4th Street, Wasco, CA 93280

Member's Name: [redacted]

Name of Member's [redacted]

Name of member's Children: (indicate whether child is male or female)

1. [redacted]
2. [redacted]
3. [redacted]
4. [redacted]
5. [redacted]
6.
7.
8.
9.
10.

FOIA6

Name of Member's Father: [redacted]

Name of Member's Mother: [redacted]

Name of Member's Brothers:

1. [redacted]
2. [redacted]
3. [redacted]
4.
5.
6.
7.
8.
9.
10.

Name of Member's Sisters:

1. [redacted]
2.
3.
4.
5.
6.
7.
8.
9.
10.

[redacted]

Name of person preparing this chart

Jan 29. 2001

Date

Birth Record [redacted]

STATE OF CALIFORNIA
Department of
Public Health

[redacted]

Date APRIL 3, 1958

[redacted]

FOIA6

[redacted]

1. PLACE OF BIRTH: County Kern
City
Rural Registration District Bakersfield

Local Registrar [redacted]

Private Hospital

2. FULL NAME OF CHILD [redacted]

3. Sex Female

[redacted]

[redacted]

9. Residence Bakersfield
10. Color White 23
12. Residence California
Laborer

[redacted]

Bakersfield
White 14
California
Housewife

[redacted]

31. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

[redacted]

[SIGNED] [redacted]

[redacted]

IN REPLY REFER TO

Tribal Operations [redacted]

UNITED STATES
DEPARTMENT OF THE INTERIOR

BUREAU OF INDIAN AFFAIRS

Central California Agency
1800 Tribute Road, Suite 111
Sacramento, California 95815

FOIA6

SEP 20 1985

[redacted]
Mission Hills, CA 91345

Dear [redacted]:

In response to your letter received in this office on July 15, 1985, the roll numbers for you and your children are listed below. The numbers are taken from the Judgment Fund Roll of California Indians which was completed as of December 15, 1972:

Name	Birthdate	Roll No.
[redacted]		

You also inquired about additional funds you believe are due your family because of your splinter tribe ancestry. You and your children were determined eligible to share in the $29.1 million judgment award to the Indians of California. This award was to settle the aboriginal land claims of all groups of California Indians whose land areas lay solely within California. However, the land claims of splinter tribes are not covered in the California judgment award. Persons solely of one splinter group could share only in their respective tribe's claim. Those persons of mixed ancestry, such as you and your children, were given the opportunity to choose the award in which they wished to share. Enclosed is a copy of a letter dated August 18, 1972, on which you indicated your wish to share in the Indians of California Judgment Fund. As a result, our records show that you and your children each received $668.52 in December 1972. Because you elected to share in the Indians of California award, you and your children were not eligible to share in the Northern Paiute judgment award.

If you have any additional questions, please feel free to contact this office again.

Sincerely,

[redacted]

Tejon Indian Tribe

2234 4th Street, Wasco, CA 93280

Member's Name: [redacted]

Name of Member's Wife/Husband: (If wife, give name before marriage) _____

Name of member's Children: (Indicate whether child is male of female)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

FOIA6

Name of Member's Father [redacted]

Name of Member's Mother: (Give name bef[redacted]

Name of Member's Brothers:

1. [redacted]
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Name of Member's Sisters:

1. [redacted]
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

[redacted] _____ Date

CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE

SANTA ANA, CALIFORNIA

FOIA6

[redacted]

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

STATE FILE NUMBER | LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

THIS CHILD	1A. NAME OF CHILD — FIRST (GIVEN) [redacted]	1B. MIDDLE	1C. LAST (FAMILY)		
	2. SEX MALE	3A. THIS BIRTH, SINGLE, TWIN, ETC. SINGLE	3B. MULTIPLE BIRTH CHILD (1ST, 2ND)	4A. DATE OF BIRTH — MONTH/DAY [redacted]	4B. HOUR — 24 HOUR CLOCK TIME [redacted]
PLACE OF BIRTH	5A. PLACE OF BIRTH — NAME OF HOSPITAL OR FACILITY WESTERN MEDICAL CTR-SANTA ANA	5B. STREET ADDRESS — STREET NUMBER, OR LOCATION 1001 N TUSTIN			
	5C. CITY SANTA ANA	5D. COUNTY ORANGE	5E. PLANNED PLACE OF BIRTH HOSPITAL		
FATHER OF CHILD	6A. NAME OF FATHER — FIRST (GIVEN) [redacted]	6B. M	6C. LAST (FAMILY)	7. STATE OF BIRTH ID	8. DATE OF BIRTH [redacted]
MOTHER OF CHILD	9A. NAME OF MOTHER — FIRST (GIVEN) [redacted]	9B. M	9C. LAST (MAIDEN)	10. STATE OF BIRTH FL	11. DATE OF BIRTH [redacted]
PARENT'S CERTIFICATION	I CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.	12A. OTHER INFORMANT — SIGNATURE [redacted]	12B. RELATIONSHIP TO CHILD MOTHER	12C. DATE SIGNED [redacted]	
CERTIFICATION OF BIRTH	I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR AND PLACE STATED	13A. ATTENDANT OR CERTIFIER — SIGNATURE — DEGREE OR TITLE [redacted]	13B. LICENSE NUMBER [redacted]58	13C. DATE SIGNED [redacted]	
	13D. TYPED NAME, TITLE AND MAILING ADDRESS B FOGEL,MD,999 N [redacted]		TITLE OF CERTIFIER IF OTHER THAN ATTENDANT		
LOCAL REGISTRAR	16A. DATE OF DEATH	16B. STATE FILE NUMBER (STATE USE ONLY) [redacted]	17. [redacted]		

[redacted]

STATE OF CALIFORNIA
COUNTY OF ORANGE

TIFIED COPY OF VITAL RECORDS

DATE ISSUED FEB 17 2000 [redacted]

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Orange County Clerk-Recorder.

This copy not valid unless prepared on a raised border displaying seal and signature of Clerk-Recorder.

ERATION OR ERASURE VOIDS THIS CERTIFICATE

Tejon Indian Tribe

2234 4th Street, Wasco, CA 93280

Member's Name: [redacted]

Name of Member's Wife/Husband: (If wife, give name before marriage)

Name of member's Children: (Indicate whether child is male or female)

1. [redacted]
2.
3.
4.
5.
6.
7.
8.
9.
10.

FOIA6

Name of Member's Father [redacted]

Name of Member's Mother: (Give name bef

Name of Member's Brothers:

1. [redacted]
2.
3.
4.
5.
6.
7.
8.
9.
10.

Name of Member's Sisters:

1. [redacted]
2.
3.
4.
5.
6.
7.
8.
9.
10.

[redacted]

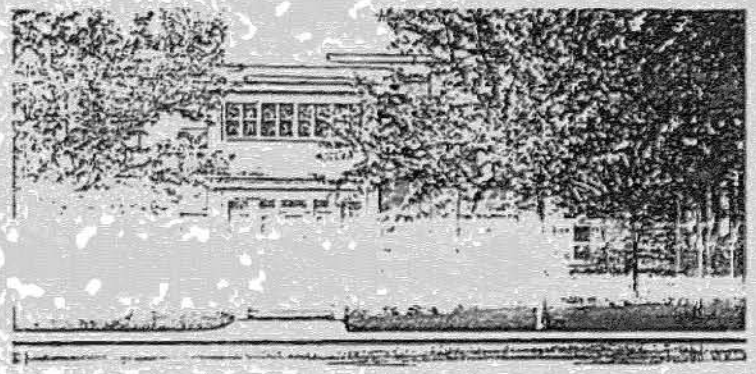
Name of person preparing this chart

6-17-01

Date

Gooding County Memorial Hospital

Gooding, Idaho



FOIA6

This Certifies that [redacted]

was born to [redacted] in this Hospital

at [redacted] m, on [redacted] the [redacted] day of [redacted]

In Witness Whereof the said Hospital has caused this Certificate to be signed by its duly authorized officer and its Official Seal to be hereunto affixed.

[redacted]

Attending Physician

00037414-AS-IA-BATCH008-DOC0003-MEM-20240 Page 23 of 27

Tejon Indian Tribe

2234 4th Street, Wasco, CA 93280

Member's Name: [redacted]

Name of Member's Spouse or Maiden Name

Name of Member's Children (Indicate male or female)

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

FOIA6

Name of Member's Father [redacted]

Name of Member's Mother, use maiden name

Name of Member's Brothers

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

Name of Member's Sisters

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

[redacted]

Name of person preparing this chart

4-16-02

Date

STATE OF IDAHO
DEPARTMENT OF HEALTH AND WELFARE

GREAT SEAL OF THE STATE OF IDAHO

COOPERATIVE CENTER FOR
HEALTH STATISTICS - VITAL
STATISTICS

450 W. STATE ST.
BOISE, IDAHO 83720

FOIA6

CERTIFICATE OF LIVE BIRTH

DATE FILED: [redacted]

STATE FILE NUMBER: [redacted]

REGISTRANT: [redacted]

DATE OF BIRTH: [redacted]

HOUR: [redacted]

PLACE OF BIRTH: NAMPA, IDAHO

SEX: FEMALE

MOTHERS MAIDEN NAME: [redacted]

MOTHERS AGE: 20 YEARS

MOTHERS BIRTHPLACE: IDAHO

FATHERS NAME: [redacted]

FATHERS AGE: 26 YEARS

FATHERS BIRTHPLACE: CALIFORNIA

DATE ISSUED: JUNE 17, 1988

This is to certify that this is a true and correct reproduction or abstract of the official record filed with the Idaho L

[redacted]

DO NOT ACCEPT UNLESS ON SECURITY PAPER WITH EMBOSSED SEAL OF
DEPT. OF HEALTH & WELFARE CLEARLY AFFIXED
Section 39-274 Idaho Code

HWH0139

126138

DEPARTMENT OF HEALTH AND WELFARE

Tejon Indian Tribe

2234 4th Street, Wasco, CA 93280

Member's Name: [redacted]

Name of Member's Wife/Husband: (If wife, give name before marriage)

Name of member's Children: (Indicate whether child is male or female)

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

FOIA6

Name of Member's Father [redacted]

Name of Member's Mother: (Give name before marr

Name of Member's Brothers:

1. [redacted]
2.
3.
4.
5.
6.
7.
8.
9.
10.

Name of Member's Sisters:

1. [redacted]
2.
3.
4.
5.
6.
7.
8.
9.
10.

[redacted]

Name of person preparing this chart

6-17-01
Date

STATE OF HAWAII
DEPARTMENT OF HEALTH
RESEARCH & STATISTICS OFFICE

CERTIFICATE OF LIVE BIRTH

STATE FILE NO. [redacted]

1. CHILD'S FIRST NAME / MIDDLE NAME / LAST NAME: [redacted]

2. HOSPITAL OR FACILITY NAME (IF NOT INSTITUTION, GIVE NO., STREET, ZIP): TRIPLER ARMY MEDICAL CENTER

3. TYPE OF FACILITY – Hospital, Freestanding Birthing Center, Clinic, Doctor's Office, Residence, Other (Specify): HOSPITAL

4. DATE OF BIRTH (MO. DAY. YR): [redacted]

5. CITY, TOWN OR LOCATION OF BIRTH: HONOLULU

6. COUNTY OF BIRTH: HONOLULU

7. ISLAND: OAHU

8. HOUR: [redacted] P M

9. SEX: MALE

10. CERTIFIER'S SIGNATURE I certify that this child was born alive at the place and [redacted] (Signature) ▶

11. DATE SIGNED (MO., DAY, YR.): DECEMBER 26, 1989

12. CERTIFIER'S NAME & TITLE (TYPE OR PRINT): [redacted], BIRTH CERT. CLERK

13. ATTENDANT'S [redacted]: JEAN E. MURRAY, CPT, MC

14. ATTENDANT — M.D., D.O., C.N.M., OTHER MIDWIFE, OTHER (SPECIFY): DR OF MEDICINE

15. REGISTRAR'S SIGNATURE (Signature) ▶ [redacted]

16. DATE RECEIVED BY LOCAL REGISTRAR: JAN – 2 1990

17. DATE ACCEPTED BY STATE: JAN – 2 1990

EVIDENCE FOR LATE FILING OR ALTERATION:

FOIA6

18. MOTHER—FIRST NAME / MIDDLE NAME / MAIDEN NAME: [redacted]

19. AGE AT THIS BIRTH: 23

20. STATE OF BIRTH (If not in U.S.A., name Country): FLORIDA

21. ACTIVE U.S. MILITARY? (yes / no): YES

22. RESIDENCE — STATE: HAWAII

23. COUNTY: HONOLULU

24. CITY, TOWN OR LOCATION: KANEOHE

25. NUMBER & STREET OF RESIDENCE, ZIP: [redacted] 96744

26. INSIDE CITY LIMITS? (yes / no): YES

27. MOTHER'S MAILING ADDRESS — STREET OR R.F.D. NO. / CITY OR TOWN / STATE / ZIP: ~~46370~~ KAHUHIPA STREET APT A423, KANEOHE, HAWAII, 96744

28. FATHER — FIRST NAME / MIDDLE NAME / LAST NAME: [redacted]

29. AGE AT THIS BIRTH: 26

30. STATE OF BIRTH (If not in U.S.A., name Country): IDAHO

31. ACTIVE U.S. MILITARY? (yes / no): YES

32. SIGNATURE OF PARENT OR INFORMANT I certify that the personal information provided above on this certificate is correct to the best of my knowledge and belief. (Signature) [redacted]

33. RELATION TO CHILD: FATHER

34. RACE — MOTHER (Caucasian, Japanese, etc. (Specify)): CAUCASIAN 01

35. RACE — FATHER (Caucasian, Japanese, etc. (Specify)): AMERICAN INDIAN (PIAUTE) 12

36. SPANISH ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, Central or S. American, Other Spanish Origin): MOTHER: NO; FATHER: NO