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.
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4.
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9.
10.

FOIA6

Name of Member's Father [redacted]

Name of Member's Mother: (

Name of Member's Brothers:

1. [redacted]
2.
3.
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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

6-11-01
Date

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of KERN

DEPARTMENT OF PUBLIC HEALTH

1700 FLOWER STREET, BAKERSFIELD, CALIFORNIA 93305-4198

FOIA6

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA

USE BLACK INK ONLY

STATE FILE NUMBER [redacted]

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. IF MULTIPLE, THIS CHILD (1ST, 2ND, ETC.)

4A. DATE OF BIRTH — MM/DD/CCYY [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: BAKERSFIELD

5D. COUNTY: KERN

5E. PLANNED PLACE OF BIRTH: HOSPITAL

FATHER OF CHILD

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

7. STATE OF BIRTH: MEXICO

8. DATE OF BIRTH [redacted]

MOTHER OF CHILD

9A. NAME OF MOTHER — FIRST (GIVEN) | 9B. MIDDLE | 9C. LAST (FAMILY) [redacted]

10. STATE OF BIRTH: CA

11. DATE OF BIRTH [redacted]

INFORMANT CERTIFICATION

I CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. [redacted]

12B. RELATIONSHIP TO CHILD: MOTHER

12C. DATE SIGNED [redacted]

PHYSICIAN OR OTHER ATTENDANT CERTIFICATION OF BIRTH

I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR AND PLACE STATED.

13A. SIGNATURE — DEGREE OR TITLE [redacted]

13B. LICENSE NUMBER: C41192

13C. DATE SIGNED [redacted]

13D. TYPED NAME, TITLE AND MAILING ADDRESS [redacted], MD, 3805 SAN DIMAS #A, BKFLD, CA 93301

14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT: J. L HURKMANS, SERV. REP.

LOCAL REGISTRAR

15A. DATE OF DEATH

15B. STATE FILE NO. (STATE USE ONLY)

16. LOCAL REGISTRAR — SIGNATURE [redacted]

17. DATE ACCEPTED FOR REGISTRATION [redacted]

[redacted]

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF KERN } SS

DATE ISSUED
OCT - 2 2000

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION OF THE DEPARTMENT OF PUBLIC HEALTH SERVICES.

[redacted]

HEALTH OFFICER AND LOCAL REGISTRAR OF BIRTHS AND DEATHS

This copy is not valid unless prepared on engraved border displaying seal and registrar's signature.

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) N/A

Name of [redacted] male of female)

1. [redacted]
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:

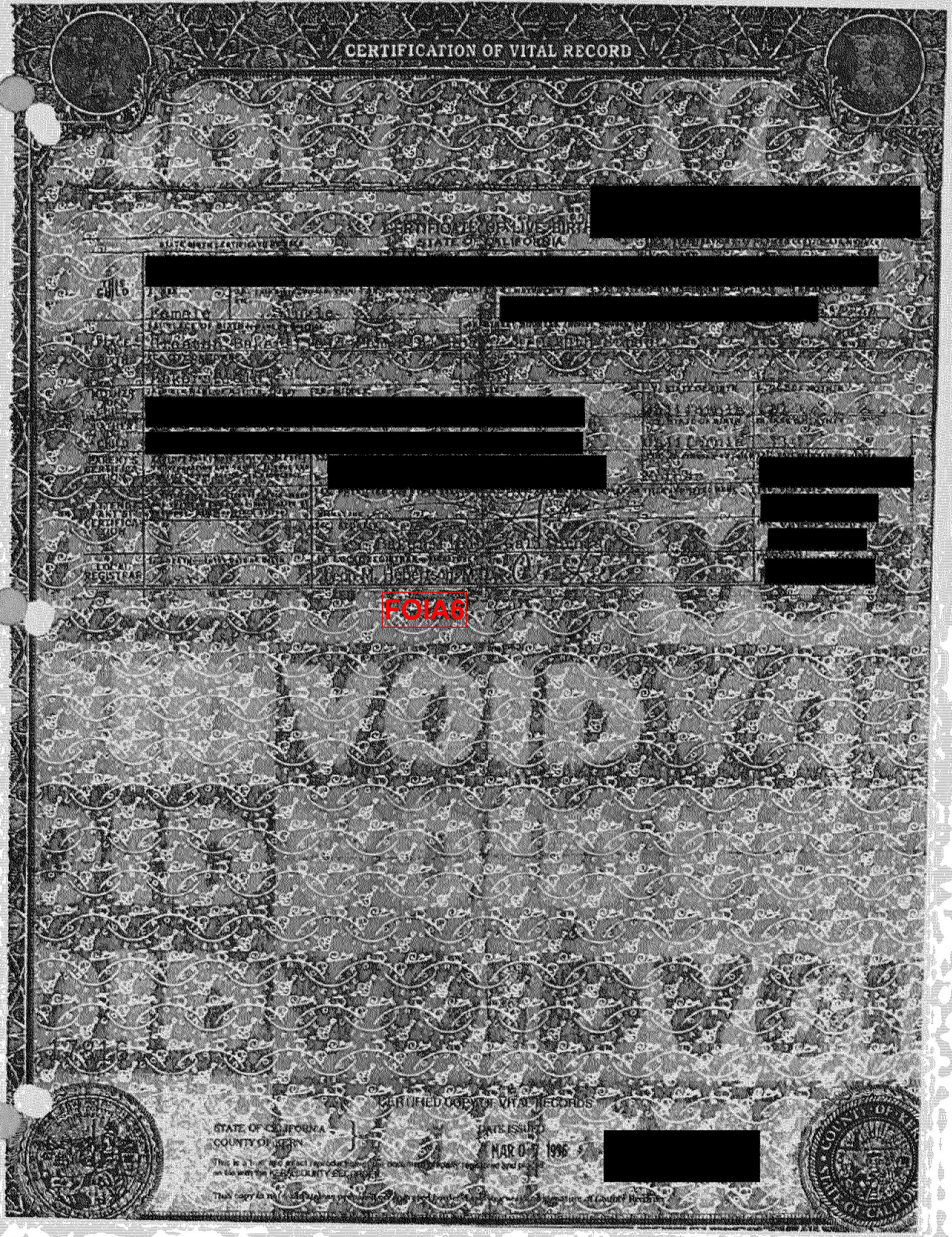
1. [redacted]
2.
3.
4.
5.
6.
7.
8.
9.
10.

[redacted]

Name of person preparing this chart

3-5-01

Date


CERTIFICATION OF VITAL RECORD
CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
FOIA6
CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA
COUNTY OF
DATE ISSUED
MAR 07 1996

IN REPLY REFER TO
Tribal Operations
006 Cerda, Andrea

UNITED STATES
DEPARTMENT OF THE INTERIOR

BUREAU OF INDIAN AFFAIRS
Central California Agency
1800 Tribute Road
Post Office Box 15740
Sacramento, California 95813

FOIA6

AUG 3 1 1978

TO WHOM IT MAY CONCERN:

Applicant, [redacted], born [redacted], is identified to be the granddaughter of [redacted]

4/4 Tejon,

who is named on the Roll of California Indians. Based on the stated relationship and the information shown in records in this office, the applicant's degree of Indian blood is computed to be 1/4 Tejon.

Acting Superintendent

NOTE: Mother of the above child is [redacted] who was never enrolled. This statement corrects the middle name for [redacted] which was incorrect on previous certificate dated August 11, 1978.

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. [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] _____ 3-6-01

Name of person preparing this chart — Date

CERTIFICATION OF VITAL RECORD

FOIA6

STATE FILE NUMBER

CERTIFICATE OF LIVE BIRTH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT [redacted]

CERTIFICATE NUMBER

THIS CHILD

1a. NAME OF CHILD—FIRST NAME [redacted]

1b. MIDDLE NAME

1c. LAST NAME

2. SEX: Female

3a. MULTIPLE BIRTH (Was this one born a twin, triplet, etc.?): Single

3b. If twin or triplet, was child born first, second, etc.?

4. DATE OF BIRTH—MONTH, DAY, YEAR [redacted]

4a. HOUR

PLACE OF BIRTH

5a. PLACE OF BIRTH—NAME OF HOSPITAL: Kern County General Hospital

5b. STREET ADDRESS—GIVE STREET OR RURAL ADDRESS OR LOCATION (DO NOT USE P. O. BOX NUMBER): 1830 Flower Street

5c. CITY OR TOWN: Bakersfield

5d. COUNTY: Kern

MOTHER OF CHILD

6a. MAIDEN NAME OF MOTHER—FIRST NAME [redacted]

6b. MIDDLE NAME

6c. LAST NAME

7. COLOR OR RACE OF MOTHER: Mexican

8. AGE OF MOTHER (At time of this birth): 16 YEARS

9. BIRTHPLACE (State or foreign country): California

10. MAILING ADDRESS OF MOTHER—STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP CODE: Same

USUAL RESIDENCE OF MOTHER (Where does mother live?)

11a. USUAL RESIDENCE OF MOTHER—STREET ADDRESS (Give street and number or rural route number): [redacted]

11b. INSIDE CORPORATE LIMITS — CHECK HERE

11c. OUTSIDE CITY CORPORATE LIMITS — CHECK IF FARM: X

11d. CITY OR TOWN: Bakersfield

11e. COUNTY: Kern

11f. STATE: California

FATHER OF CHILD

12a. NAME OF FATHER—FIRST NAME [redacted]

12b. MIDDLE NAME

12c. LAST NAME

13. COLOR OR RACE OF FATHER: Mexican

14. AGE OF FATHER (At time of this birth): 20 YEARS

15. BIRTHPLACE (State or foreign country): California

16a. PRESENT OR LAST OCCUPATION: Laborer

16b. KIND OF INDUSTRY OR BUSINESS: Farm

INFORMANT'S CERTIFICATION

17. I HAVE REVIEWED THE ABOVE STATED INFORMATION AND HEREBY CERTIFY THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE: [redacted]

17a. DATE SIGNED BY INFORMANT [redacted]

ATTENDANT'S CERTIFICATION

18. I HEREBY CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED ABOVE: [redacted]

18a. ADDRESS: Bakersfield, California

REGISTRAR'S CERTIFICATION

19. DATE ON WHICH NAME ADDED BY SUPPLEMENTAL NAME RECORD

19a. DATE RECEIVED BY LOCAL REGISTRAR [redacted]

PREVIOUS DELIVERIES TO THIS

22a. HOW MANY OTHER CHILDREN OF THIS MOTHER ARE NOW LIVING

22b. HOW MANY OTHER CHILDREN OF THIS MOTHER ARE NOW DEAD

22c. HOW MANY FETAL DEATHS HAVE OCCURRED

[redacted]

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } ss.
COUNTY OF KERN

DATE ISSUED: MAY 28 2002

[redacted]

This is a true and exact reproduction of the document officially registered and placed on file with the KERN COUNTY RECORDER

This copy is not valid unless prepared on engraved border displaying seal and signature of County Recorder

Tejon Indian Tribe

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 a male or female)

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

FOIA6

Name of Member's Father: [redacted]

Name of Member's Mother: (Giv

Name of Member's Brothers:

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

Name of Member's Sisters:

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

[redacted]

Name of Person preparing this chart

3-6-01

Date

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

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 1c. LAST NAME

2. SEX: Female

3a. THIS BIRTH (SINGLE, TWIN, OR TRIPLET): Single

3b. IF TWIN OR TRIPLET, THIS CHILD (FIRST, SECOND, THIRD)

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 (IF HOSPITAL, GIVE STREET OR RURAL ADDRESS OR LOCATION—DO NOT USE P.O. BOX NUMBER): 1830 Flower Street ☐ INSIDE CITY ☒ OUTSIDE CITY

5c. CITY OR TOWN: Bakersfield

5d. COUNTY: Kern

MOTHER OF CHILD

6a. MAIDEN NAME OF MOTHER—FIRST NAME [redacted] 6b. MIDDLE NAME 6c. LAST NAME

7. COLOR OR RACE OF MOTHER: Mexican

8. AGE OF MOTHER (AT TIME OF THIS BIRTH): 19 YEARS

9. BIRTHPLACE (STATE OR FOREIGN COUNTRY): California

10. MAILING ADDRESS OF MOTHER—STREET AND NUMBER OR RURAL ROUTE NUMBER (FROM WHICH MAIL IS DELIVERED—FOR NOTIFICATION OF BIRTH): Same

USUAL RESIDENCE OF MOTHER (WHERE SHE LIVES)

11a. USUAL RESIDENCE OF MOTHER—STREET ADDRESS (GIVE STREET OR RURAL ROUTE NUMBER): [redacted]

11b. IF INSIDE CORPORATE LIMITS ☐ CHECK HERE

11c. IF OUTSIDE CITY CORPORATE LIMITS CHECK ONE: ☐ ON A FARM ☒ NOT ON A FARM

11d. CITY OR TOWN: Bakersfield

11e. COUNTY: Kern

11f. STATE: California

FATHER OF CHILD

12a. NAME OF FATHER (GIVEN NAME) 12b. (MIDDLE NAME) 12c. (LAST NAME) [redacted]

13. COLOR OR RACE OF FATHER: Mexican

14. AGE OF FATHER (AT TIME OF THIS BIRTH): 22 YEARS

15. BIRTHPLACE (STATE OR FOREIGN COUNTRY): California

16a. PRESENT OR LAST OCCUPATION: Laborer

16b. KIND OF INDUSTRY OR BUSINESS: Sanitation Co.

INFORMANT'S CERTIFICATION

17a. I HAVE REVIEWED THE ABOVE STATED INFORMATION AND HEREBY CERTIFY THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. [redacted]

17b. DATE SIGNED BY INFORMANT [redacted]

ATTENDANT'S CERTIFICATION

18a. I HEREBY CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED ABOVE. [redacted]

18b. ADDRESS: Bakersfield, California

REGISTRAR'S CERTIFICATION

19. DATE ON WHICH NAME ADDED BY SUPPLEMENTAL NAME REPORT [redacted]

20. [redacted]

21. DATE RECEIVED BY LOCAL REGISTRAR [redacted]

[redacted]

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF KERN } ss

DATE ISSUED
MAY 28 2002

[redacted]

This is a true and exact reproduction of the document officially registered and placed on file with the KERN COUNTY RECORDER

This copy is not valid unless prepared on engraved border displaying seal and signature of County Recorder

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE