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

FOIA6

Name of Member's Father [redacted]

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

Name of Member's Brothers:

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:

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

6-14-2002
Date

FOIA6

[redacted] CERTIFICATE OF [redacted] [redacted]

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

THIS CHILD	1a. NAME OF CHILD—FIRST NAME [redacted]				
	2. SEX Female	3a. TWIN BIRTH (SINGLE, TWIN, OR TRIPLE) Twin	3b. INFORMATION OF THIS BIRTH Second	[redacted]	4a. HOUR 12:11
PLACE OF BIRTH	5a. PLACE OF BIRTH—NAME OF HOSPITAL Kern General Hospital			[illegible]	
	5b. CITY OR TOWN Bakersfield			Kern	
OTHER OF CHILD	6a. MAIDEN NAME OF MOTHER—FIRST NAME [redacted]				COLOR OR RACE OF MOTHER Mexican
	8. AGE OF MOTHER (AT TIME OF THIS BIRTH) 39	9. BIRTHPLACE [illegible] California		[redacted]	
SOCIAL RESIDENCE OF MOTHER	[redacted]				
	10. CITY OR TOWN Bakersfield				11. STATE California
FATHER OF CHILD	12a. NAME OF FATHER—FIRST NAME [redacted]				13. COLOR OR RACE OF FATHER Mexican
	14. AGE OF FATHER (AT TIME OF THIS BIRTH) 30 YEARS	15. [illegible] Texas		[illegible]	16. KIND OF INDUSTRY, ETC. Farm
PERMIT'S VERIFICATION	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]
PERMIT'S VERIFICATION	I HEREBY CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD [illegible] HOUR, DATE AND PLACE STATED ABOVE				[illegible] Bakersfield California
REGISTRAR'S VERIFICATION	18. DATE OF WHICH NAME ADDED BY SUPPLEMENTAL NAME REPORT				19. DATE RECEIVED BY LOCAL REGISTRAR [redacted]

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

FOIA6

Name of Member's Father [redacted]

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

Name of Member's Br[redacted]

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

Name of Member's Sister[redacted]

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

[redacted]

Name of person preparing this chart

11-6-01
Date

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

FOIA6

BIRTH BOOK 472

[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: Female	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: Kern Medical Center		5B. STREET NUMBER (FIRST, SECOND, OR LOCATION): 1830 Flower Street		
	5C. CITY OR TOWN: Bakersfield		5D. COUNTY: Kern		
FATHER OF CHILD	6A. NAME OF FATHER—FIRST: [redacted]	6B. MIDDLE	6C. LAST	7. STATE OF BIRTH: California	8. AGE OF FATHER: 16
MOTHER OF CHILD	9A. BIRTH NAME OF MOTHER—FIRST: [redacted]	9B. MIDDLE	9C. LAST	10. STATE OF BIRTH: California	11. AGE OF MOTHER: 15
PARENT'S CERTIFICATION	I CERTIFY THAT I HAVE REVIEWED THE STATE OF CALIFORNIA AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE	12A. PARENT OR OTHER INFORMANT—SIGNATURE: [redacted]		12B. RELATIONSHIP TO CHILD: Mother	[redacted]
ATTENDANT'S CERTIFICATION	I CERTIFY THAT I ATTENDED THIS CHILD AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED.	13A. PHYSICIAN OR OTHER ATTENDANT—SIGNATURE—SCHEDULED TITLE: [redacted]		13B. LICENSE NUMBER: G24971	[redacted]
	14. REQUEST OMISSION FROM SOLICITATION LISTS	[redacted]		California	
LOCAL REGISTRAR	15. DEATH—ENTER DATE OF DEATH	[redacted]		[redacted]	

[redacted]

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF KERN } ss

DATE ISSUED
AUG 0 5 2001

[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.

00037414-AS-IA-BATCH008-DOC0009-MEM-20240 Page 5 of 70

Tejon Indian Tribe

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

Name of member's Children: (Indicate whether child is a male or female)
1.
2.
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FOIA6

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

Name of Member's Brothers:
1. [redacted]
2.
3.
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9.
10.

Name of Member's Sisters:
1. [redacted]
2.
3.
4.
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7.
8.
9.
10.

[redacted]
Name of Person preparing this chart

5-17-02
Date

Certificate of Birth

FOIA6

This is to certify that

[redacted]

was born on

[redacted]

15 lbs. 13 oz.

19 inches

[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 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: (Give name before marriage) [redacted]

Name of Member's Brothers:

1. [redacted]
2. [redacted]
3. [redacted]
4. [redacted]
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 in charge of this chart

9-1-03
Date

FOIA6

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

NOT A VALID IDENTITY

NOT A VALID IDENTITY

[redacted] CERTIFICATE OF LIVE BIRTH [redacted]

THIS CHILD	1a. NAME [redacted]	1b. MIDDLE NAME	1c. LAST NAME
	2. SEX: Male	2a. THIS BIRTH SINGLE, TWIN OR TRIPLET: Single	3. DATE OF BIRTH [redacted]
	4. HOUR [redacted]		
PLACE OF BIRTH	5a. PLACE OF BIRTH (NAME OF HOSPITAL): Kern County General Hospital	5b. STREET ADDRESS: 2830 Flower Street	
	5c. CITY OR TOWN: Bakersfield	5d. COUNTY: Kern	
MOTHER	6. MAIDEN NAME OF MOTHER [redacted]		7. COLOR OR RACE OF MOTHER: Mexican
	8. AGE OF MOTHER (AT TIME OF THIS BIRTH): 21 YEARS	9. BIRTHPLACE (STATE OR FOREIGN COUNTRY): California	10. MAILING ADDRESS OF MOTHER: Same
USUAL RESIDENCE OF MOTHER	11a. USUAL RESIDENCE OF MOTHER [redacted]	11b. IN CORPORATE LIMITS: [ ] YES [ ] NO	11c. OUTSIDE CITY CORPORATE LIMITS: [ ] ON A FARM [X] NOT ON A FARM
	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): 23 YEARS	15. BIRTHPLACE (STATE OR FOREIGN COUNTRY): California	16a. PRESENT OR LAST OCCUPATION: Laborer
	16b. KIND OF INDUSTRY OR BUSINESS: Farm		
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. SIGNATURE [redacted]	18b. ADDRESS: Bakersfield California
REGISTRAR'S CERTIFICATION	19. DATE ON WHICH NAME ADDED BY SUPPLEMENTAL NAME REPORT [redacted]		21. DATE RECEIVED BY LOCAL REGISTRAR [redacted]

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER [redacted]

CERTIFIED COPY OF VITAL RECORDS [redacted]

STATE OF CALIFORNIA
COUNTY OF KERN } ss

DATE ISSUED
SEP 22 2006

[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

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.
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6.
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8.
9.
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FOIA6

Name of Member's Father [redacted]

Name of Member's Mother, use maiden name

Name of Member's Brothers

1.
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Name of M[redacted]

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10.

[redacted]

Name of person preparing this chart

9-1-03

Date

FOIA6

STATE OF CALIFORNIA

COUNTY OF LOS ANGELES REGISTRAR-RECORDER/COUNTY CLERK
CERTIFIED ABSTRACT OF BIRTH

NAME: [redacted]

DATE OF BIRTH: [redacted] SEX: MALE

COUNTY OF BIRTH: LOS ANGELES

BIRTH SURNAME OF MOTHER: [redacted]

DATE FILED: [redacted]

DATE ISSUED: DECEMBER 12, 1997

LOCAL REGISTRATION NUMBER: [redacted]

This certified document is a true abstract of the official record filed with the Registrar-Recorder.

[redacted]

REGISTRAR-RECORDER/COUNTY CLERK

[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 or female)

1. [redacted]
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FOIA6

Name of Member's Father: [redacted]

Name of Member's Mother: (Give name

Name of Memb

1. [redacted]
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Name of Member's

1. [redacted]
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[redacted]

9-21-01
Date

05/25/2001 20:48 [redacted]

[redacted]

STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH CERTIFICATE NUMBER [redacted]

THIS CHILD	1. NAME OF CHILD [redacted]			
	2. SEX: Male	3. [illegible]: Single	[redacted]	
PLACE OF BIRTH	4. PLACE OF BIRTH: Kern County General Hospital		5. STREET ADDRESS: 1830 Flower Street	
	6. CITY OR TOWN: Bakersfield		7. COUNTY: Kern	
MOTHER OF CHILD	8. MAIDEN NAME OF MOTHER [redacted]			9. COLOR OR RACE OF MOTHER: Mexican
	10. AGE OF MOTHER: 22 YEARS	11. BIRTHPLACE: California	12. MAILING ADDRESS OF MOTHER: Same	
USUAL RESIDENCE OF MOTHER	13. USUAL RESIDENCE OF MOTHER [redacted]		14. CORPORATE LIMITS	15. INSIDE CITY CORPORATE LIMITS
	16. CITY OR TOWN: Bakersfield		17. COUNTY: Kern	18. STATE: California
FATHER OF CHILD	19. NAME OF FATHER [redacted]			20. COLOR OR RACE OF FATHER: Mexican
	21. AGE OF FATHER: 25 YEARS	22. BIRTHPLACE: California	23. PRESENT OR LAST OCCUPATION: Laborer	24. KIND OF INDUSTRY OR BUSINESS: Farm
INFORMANT'S CERTIFICATION	[illegible]	[redacted]		25. DATE SIGNED BY INFORMANT: [redacted]
ATTENDANT'S CERTIFICATION	[illegible]	[redacted]		26. ADDRESS: Bakersfield, California
REGISTRAR'S CERTIFICATION	28. DATE ON WHICH NAME ADDED BY SUPPLEMENTAL NAME REPORT	29. [redacted]		30. DATE RECEIVED BY LOCAL REGISTRAR: [redacted]

FOIA6

This is a true certified copy of the record if it bears the seal, imprinted in purple ink, of the Recorder.

FEB 8 1990

COUNTY RECORDER

[redacted]

Deputy

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. _____
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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. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Name of Member's Sisters:

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

[redacted]

Name of person preparing this chart

Date

COUNTY OF LOS ANGELES
DEPARTMENT OF REGISTRAR-RECORDER/COUNTY CLERK

[redacted]

FOIA6

EVENT: BIRTH

AMOUNT: $15.00

DATE: 05/24/01

THIS IS YOUR RECEIPT.

THIS COMPUTER GENERATED ABSTRACT OF BIRTH IS AN OFFICIAL DOCUMENT. [redacted]

STATE OF CALIFORNIA

COUNTY OF LOS ANGELES REGISTRAR-RECORDER/COUNTY CLERK
CERTIFIED ABSTRACT OF BIRTH

NAME: [redacted]

DATE OF BIRTH: [redacted] SEX: MALE

COUNTY OF BIRTH: LOS ANGELES

BIRTH NAME OF MOTHER: [redacted]

NAME OF FATHER: [redacted]

DATE FILED: [redacted]

This certified document is a true abstract of the official record filed with the Registrar-Recorder.

[redacted]

CONNY B. MCCORMACK
REGISTRAR-RECORDER/COUNTY CLERK

DATE ISSUED: MAY 24, 2001

LOCAL REGISTRATION NUMBER: [redacted] [redacted]

Tejon Indian Tribe

2234 4th Street, Wasco, CA 93280

Member's Name: [redacted] (PAGE #1)

Name of Member's Spouse or Maiden Name

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

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

Name of Member's Father [redacted]

Name of Member's Mother, use maiden name

Name of Member's Brothers

1. [redacted]
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FOIA6

Name of Member's Sisters

1. [redacted]
2.
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[redacted]

Name of person preparing this chart

4-24-01

Date

Tejon Indian Tribe

2234 4th Street, Wasco, CA 93280

(PAGE #2)

Member's Name: [redacted]

Name of Member's Spouse or Maiden Name

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

1. [redacted]
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FOIA6

Name of Member's Father

Name of Member's Mother, use maiden name

Name of Member's Brothers

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REFER TO PAGE #1

Name of Member's Sisters

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Name of person preparing this chart

Date

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

FEB 25 1987

TO WHOM IT MAY CONCERN:

This is to certify that [redacted]
enrolled as a California Indian under the Act of May 24, 1950 (64 Stat. 189), and is named on the revised Roll of California Indians, completed as of June 30, 1955, as enrollee number [redacted], date of birth [redacted].

Information as to degree of Indian blood is not shown on this roll, however, other records in this office show her/him to be the daughter of [redacted], 1/2 San Fernandeno

[redacted] 4/4 Tejon, Chumash.

Based on the above relationship the applicant's degree of Indian blood is computed to be 3/4 San Fernandeno, Tejon, Chumash.

Harry M. Burger
Acting Superintendent

CCA/TO5
Revised 7/25/85

FOIA6

Certificate of Baptism

Our Lady of Guadalupe Church

601 E. CALIFORNIA AVENUE
BAKERSFIELD, CALIFORNIA 93307

This is to Certify

That [redacted]

Child of [redacted]

and [redacted]

born in Tejon (CITY) Cal. (STATE)

on the [redacted]

was Baptized

on the [redacted]

According to the Rite of the Roman Catholic Church

by the Reb. [redacted] S.T.L.

the Sponsors being [redacted]

as appears from the Baptismal Register of this Church.

Dated 3 April 1982

[redacted] Pastor

No. 214 F. J. REMEY CO. Inc. MINEOLA N.Y.

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.
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FOIA6

Name of Member's Father [redacted]

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

Name of Member's Brother: [redacted]

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Name of Member's Sisters: [redacted]

1.
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10.

[redacted]

Name of person in charge of this chart

Date

FOIA6

[redacted]

STATE FILE NUMBER

CERTIFICATE OF LIVE BIRTH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER [redacted]

THIS CHILD

1. NAME OF CHILD—FIRST NAME [redacted]
1b. MIDDLE NAME
1c. LAST NAME
2. SEX: Male
3a. THIS BIRTH: SINGLE, TWIN OR MULTIPLE: Single
3b. IF TWIN OR TRIPLET, THIS CHILD BORN 1ST, 2ND, 3RD?
4a. DATE OF BIRTH—MONTH, DAY, YEAR [redacted]
4b. HOUR

PLACE OF BIRTH

5a. PLACE OF BIRTH—NAME OF HOSPITAL: Kern County General Hospital
5b. STREET ADDRESS: 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): 23 YEARS
9. BIRTHPLACE (STATE OR FOREIGN COUNTRY): California
10. MAILING ADDRESS OF MOTHER: Same

USUAL RESIDENCE OF MOTHER

11a. [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 23
11e. COUNTY: Kern
11f. STATE: California

FATHER OF CHILD

12a. NAME [redacted]
13. COLOR OR RACE OF FATHER: Mexican
14. AGE OF FATHER (AT TIME OF THIS BIRTH): 25 YEARS
15. BIRTHPLACE (STATE OR FOREIGN COUNTRY): California
16a. PRESENT OR LAST OCCUPATION: Farm Labor
16b. KIND OF INDUSTRY OR BUSINESS [redacted]

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.
17. [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. [redacted]
18b. ADDRESS: Bakersfield, California

REGISTRAR'S CERTIFICATION

19. DATE ON WHICH NAME ADDED BY SUPPLEMENTAL NAME REPORT
20. [redacted]
21. DATE RECEIVED BY LOCAL REGISTRAR [redacted]

[redacted]

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF KERN } ss

DATE ISSUED
DEC 27 2001

[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

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. _____
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10. _____

FOIA6

Name of Member's Father [redacted]

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

Name of Member's Brothers:

1. [redacted]
2. _____
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Name of Mem[redacted]

1. [redacted]
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10. _____

[redacted]

9-1-03
Date

FOIA6

MINNESOTA DEPARTMENT OF HEALTH
SECTION OF VITAL STATISTICS
CERTIFICATE OF LIVE BIRTH

LOCAL FILE NUMBER [redacted] STATE FILE NUMBE

TYPE/PRINT IN PERMANENT... BLACK INK. FOR INSTRUCTIONS, SEE HANDBOOK.

1. CHILD'S NAME (First) (Middle) (Last) [redacted]
2. DATE OF BIRTH (Month, Day, Year) [redacted]
3. TIME OF BIRTH [redacted]
4. SEX: Male
5. PLURALITY – Single, Twin, Triplet, etc. (Specify): Single
6. IF NOT SINGLE BIRTH – Born First, Second, Third, etc. (Specify)
7. COUNTY OF BIRTH: Olmsted
8. CITY OR TOWNSHIP OF BIRTH: Rochester
9. PLACE OF BIRTH: ☒ Hospital ☐ Residence ☐ Freestanding Birthing Center ☐ Clinic/Doctor's Office ☐ Other (Specify)
10. FACILITY NAME (If not institution, give street & number): Rochester Methodist Hospital
11. I certify that I [redacted] the place and time and on the date stated. Signature ► [redacted]
12. DATE SIGNED (Month, Day, Year) [redacted]
13. ATTENDANT [redacted] Name ☒ MD ☐ DO ☐ CNM ☐ Other (Specify)
14. ATTENDANT'S MAILING ADDRESS (Street and Number or Rural Route Number, City, State, Zip Code): Mayo Clinic Rochester, MN 55905
15. REG[redacted] Deputy
16. DATE FIL[redacted] Year)
17a. [redacted]
17b. MAIDEN SURNAME [redacted]
18. DATE OF BIRTH (Month, Day, Year) [redacted]
19. [redacted] Minnesota
20a. RESIDENCE OF MOTHER – STATE: Minnesota
20b. COUNTY: Dodge
20c. [redacted]SHIP: Kasson
20d. STREET AND NUMBER [redacted]
20e. INSIDE CITY LIMITS (Yes or No): Yes
21. MOTHER'S MAILING ADDRESS (If same as residence, enter ZIP only): 55944
22. [redacted]
23. DATE OF BIRTH (Month, Day, Year) [redacted]
24. BIRTHPLACE (State or Foreign Country): California
25. [redacted] on this certificate is correct to the best of my knowledge and belief. Signature of Parent ► X [redacted]

DO PARENTS WANT SOCIAL SECURITY NUMBER FOR CHILD? ☐ YES ☒ NO

[redacted]R USE OF REGISTRAR

STATE OF MINNESOTA
COUNTY OF OLMSTED
I certify this to be a true copy of the original record in my custody.
Dated 7-30-91
[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:

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 before [redacted]

Name of Member's Brother:

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

Name of Member's Sister:

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

[redacted]

Name of person prepared this chart

9-1-03
Date

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

FOIA6

[redacted]

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA

THIS CHILD	[redacted]		
	MALE	SINGLE	[redacted]
PLACE OF BIRTH	5A. PLACE OF BIRTH—NAME OF HOSPITAL OR FACILITY: ANTELOPE VALLEY MEDICAL CENTER	5B. STREET ADDRESS: 1600 WEST AVENUE J	
	5C. CITY OR TOWN: LANCASTER	5E. COUNTY: LOS ANGELES	
FATHER OF CHILD	6A. NAME OF FATHER—FIRST [redacted]	6C. LAST	7. STATE OF BIRTH: CALIFORNIA	8. AGE OF FATHER: 20
MOTHER OF CHILD	[redacted]		10. STATE OF BIRTH: MINNESOTA	11. AGE OF MOTHER: 21
PARENT'S CERTIFICATION	STATED INFORMATION HERE THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE	[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	[redacted]	13B. LICENSE NUMBER: G50726	13C. DATE SIGNED: [redacted]
	14.	[redacted] 1620 WEST AVENUE J, LANCASTER		
LOCAL REGISTRAR	15. DEATH—WHEN DATE OF DEATH	[redacted]	17. DATE ACCEPTED FOR REGISTRATION: [redacted]	

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

[redacted]

Registrar-Recorder/County Clerk

MAR 0 2000

[redacted]

This copy not valid unless prepared on engraved border displaying the seal and signature of the Registrar-Recorder/County Clerk.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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. [redacted]
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.

[redacted]

Name of person preparing this chart

9-1-03

Date

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

FOIA6

INFORMATIONAL, NOT A VALID DOCUMENT FOR ESTABLISHMENT

STATE [redacted] CERTIFICATE OF LIVE BIRTH LOCAL REGISTRATION [redacted]
FILE [redacted] DISTRICT AND
NUMBER [redacted] STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH CERTIFICATE NUMBER [redacted]

THIS CHILD	1. [redacted]		
	2. S[redacted] Male Single	[redacted]	4a. HOUR [redacted]
PLACE OF BIRTH	5a. PLACE OF BIRTH—NAME OF HOSPITAL: Kern 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 51	6a. MAIDEN NAME OF MOTHER [redacted]		7. COLOR OR RACE OF MOTHER: Mexican
	8. AGE OF MOTHER (AT TIME OF THIS BIRTH): 20 YEARS	9. BIRTHPLACE (STATE OR FOREIGN COUNTRY): California	10. MAILING ADDRESS OF MOTHER [redacted]
USUAL RESIDENCE OF MOTHER (MAIDEN NAME, MOTHER LIVE)	11a. USUAL RESIDENCE OF MOTHER—STREET ADDRESS (IF NOT IN CITY OR TOWN): [redacted]	11b. IF INSIDE CORPORATE LIMITS: ☐ CHECK HERE	IF OUTSIDE CITY CORPORATE LIMITS: CHECK ONE ☐ ON A FARM ☒ NOT ON A FARM
	11c. CITY OR TOWN: Bakersfield	11d. COUNTY: Kern	11e. STATE: California
FATHER OF CHILD	12a. NAME OF FATHER [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: Plant Food Corp.
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.	17. [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.	18. [redacted]	Bakersfield, California
REGISTRAR'S CERTIFICATION	19. DATE ON WHICH NAME ADDED BY SUPPLEMENTAL NAME REPORT	20. [redacted]	[redacted] REGISTRAR

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } ss
COUNTY OF KERN

DATE ISSUED
SEP 2 0 2003

[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/Hus[redacted]
(If wife, give name before marriage)

Name of member's Children: (Indicate whether child is a 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 na[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

5-17-02
Date

[redacted]

CERTIFICATE OF BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

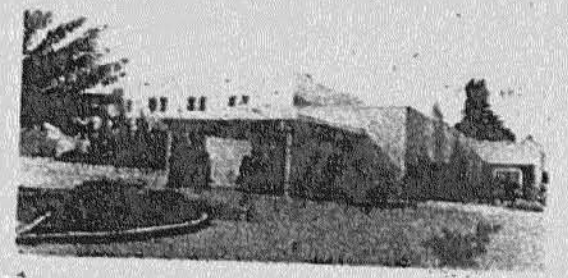
STATE FILE NUMBER | LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMB

THIS CHILD	1A NAME OF CHILD—FIRST GIVEN: [redacted]	1B MIDDLE	1C LAST (FAMILY)		
	2 SEX: Female	Single	2ND ETC: ---	[redacted]	4B HOUR—(24 HOUR CLOCK TIME): [redacted]
PLACE OF BIRTH	5A PLACE OF BIRTH—NAME OF HOSPITAL OR FACILITY: Sierra View District Hospital	5B STREET ADDRESS—STREET NAME OR LOCATION: 465 West Putnam Avenue			
	5C CITY: Porterville	5D COUNTY: Tulare	5E PLANNED PLACE OF BIRTH: Hospital		
FATHER OF CHILD	6A NAME OF FATHER—FIRST GIVEN: [redacted]	6B MIDDLE	6C LAST (FAMILY)	7 STATE OF BIRTH: CA	8 DATE OF BIRTH—[redacted]
MOTHER OF CHILD	9A NAME OF MOTHER—FIRST GIVEN: [redacted]	9B MIDDLE	9C LAST (MAIDEN)	10 STATE OF BIRTH: CA	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	12 [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	13 [redacted]	13B LICENSE NUMBER: A038943		
	13D TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT: Jose R. Salas, M.D. 560 West Putnam Avenue, Suite 2, Porterville, CA 93257	14 TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTEN			
	15A DATE OF DEATH	15B STATE FILE NO. STATE USE ONLY	16 LOCAL REGISTRAR—SIGNATURE	17 DATE ACCEPTED FOR REGISTRA	

Sierra View District Hospital

FOIA6

Porterville, California



Family Birth Center

This Certifies [redacted] was born to [redacted] at [redacted] m. [redacted] this Hospital [redacted]

In Witness Whereof the said Hospital has caused this Certificate to be signed by its duly authorized officer [redacted]

00037414-AS-IA-BATCH008-DOC0009-MEM-20240 Page 29 of 70

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: (m[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

6-25-01

Date

FOIA6

COUNTY OF LOS ANGELES
DEPARTMENT OF REGISTRAR-RECORDER/COUNTY CLERK

[redacted]

EVENT: BIRTH

AMOUNT: $19.00

DATE: 08/26/96

THIS IS YOUR RECEIPT.

THIS COMPUTER GENERATED ABSTRACT OF BIRTH IS AN OFFICIAL DOCUMENT. [redacted]

STATE OF CALIFORNIA

COUNTY OF LOS ANGELES REGISTRAR-RECORDER/COUNTY CLERK
CERTIFIED ABSTRACT OF BIRTH

NAME: [redacted]

DATE OF BIRTH: [redacted] SEX: MALE

COUNTY OF BIRTH: LOS ANGELES

BIRTH SURNAME OF MOTHER: [redacted]

SURNAME OF FATHER: [redacted]

DATE FILED: [redacted]

This certified document is a true abstract of the official record filed with the Registrar-Recorder.

[redacted]

CONNY B. MCCORMACK
REGISTRAR-RECORDER/COUNTY CLERK

DATE ISSUED: AUGUST 26, 1996

LOCAL REGISTRATION NUMBER: [redacted]

[redacted]

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.
6.
7.
8.
9.
10.

FOIA6

Name of Member's Father: [redacted]
Name of Member's Mother: (Give 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]
Name of Person preparing this chart

5-17-02
Date

CERTIFICATION OF VITAL RECORD

OFFICE OF VITAL RECORDS

COUNTY OF TULARE

TULARE, CALIFORNIA

FOIA6

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA

USE BLACK INK ONLY

[redacted]

STATE FILE 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: SIERRA VIEW DISTRICT HOSPITAL		5B. STREET ADDRESS — STREET NUMBER OR LOCATION: 465 WEST PUTNAM AVENUE		
	5C. CITY: PORTERVILLE		5D. COUNTY: TULARE		5E. PLANNED PLACE OF BIRTH: HOSPITAL
FATHER OF CHILD	6A. NAME OF FATHER — FIRST (GIVEN) [redacted]	6B. MIDDLE	6C. LAST (FAMILY) [redacted]		7. STATE OF BIRTH: CA / 8. DATE OF BIRTH [redacted]
MOTHER OF CHILD	9A. NAME OF MOTHER — FIRST (GIVEN) [redacted]	9B. MIDDLE	9C. LAST (MAIDEN) [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]
CERTIFICATION OF BIRTH	I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR AND PLACE STATED. [redacted]			13B. LICENSE NUMBER: A51165	13C. DATE SIGNED [redacted]
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT: CAROLYN SIMMONS, MD, 1107 W POPLAR, PORTERVILLE			14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT: –	
LOCAL REGISTRAR	15A. DATE OF DEATH	15B. STATE FILE NO. (STATE USE ONLY)	16. LOCAL R [redacted]		[redacted]

[redacted]

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF TULARE

[redacted]

OFFICE OF VITAL STATISTICS, COUNTY OF TULARE HEALTH AND HUMAN SERVICE AGENCY

DATE ISSUED DEC - 9 1998

[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 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. [redacted]
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]

9-1-03
Date

[redacted]

MINNESOTA DEPARTMENT OF HEALTH
SECTION OF VITAL STATISTICS

CERTIFICATE OF LIVE BIRTH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS, SEE HANDBOOK

1. CHILD'S NAME (First) (Middle) (Last) [redacted]
2. DATE OF BIRTH (Month, Day, Year) [redacted]
3. TIME OF BIRTH [redacted]
4. SEX Female
5. PLURALITY Single, Twin, Triplets, etc. (Specify) Single
6. IF NOT SINGLE BIRTH - Born First, Second, Third, etc. (Specify)
7. COUNTY OF BIRTH Olmsted
8. CITY OR TOWNSHIP OF BIRTH Rochester
9. PLACE OF BIRTH (Specify) Hospital
10. FACILITY NAME (If not institution, give street & number) Rochester Methodist Hospital
11. I certify that I attended the birth of this child who was born alive at the place and on the date stated. Signature [redacted]
12. DATE SIGNED (Month, Day, Year) [redacted]
13. ATT[redacted] F. Andrew Bock D.O.
14. ATTENDANT'S MAILING ADDRESS (Street [redacted], City, State, Zip Code) Mayo Clinic Rochester, MN 55905
[redacted]
16. DATE [redacted]
17. MAY[redacted]
[redacted]
18. MOTHER'S DATE OF BIRTH (Month, Day, Year) February 7, 1962
19. MOTHER'S BIRTHPLACE (State or Foreign Country) Minnesota
20a. RESIDENCE OF MOTHER STATE Minnesota
20b. COUNTY Dodge
20c. CITY OR TOWNSHIP Kasson
[redacted]
20d. INSIDE CITY LIMITS (Yes or No) Yes
21. MOTHER'S MAILING ADDRESS (If same as residence, enter ZIP only) 55944
22. FATHER'S NAME (First, Middle, Last) [redacted]
23. FATHER'S DATE OF BIRTH (Month, Day, Year) November 18, 1963
24. FATHER'S BIRTHPLACE (State or Foreign Country) California
25. I certify that the information on this certificate is correct to the best of my knowledge and belief. Signature of parent X [redacted]

DO PARENTS WANT SOCIAL SECURITY NUMBER FOR CHILD? YES NO

[redacted] USE OF REGISTRAR

FOIA6

STATE OF MINNESOTA COUNTY OF DODGE
I certify this to be a true copy of the original record in my custody.
Dated at Mantorville, MN 4-30-99
SUE [redacted]
COUN[redacted]
By [redacted]

Tejon Indian Tribe

2234 4th Street, Wasco, CA 93280

Member's Name: [redacted]

Name of Member's Wife/Husband:

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 before marriage)

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]

9-1-03
Date

FOIA6

BIRTH BOOK [redacted]

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 [redacted]			
	2. SEX: Male	Single	[redacted]	4a. MOTHER [redacted]
PLACE OF BIRTH	5a. PLACE OF BIRTH—NAME OF HOSPITAL: Kern County General Hospital		5d. STREET ADDRESS: 1830 Flower Street	
	5c. CITY OR TOWN: Bakersfield		5e. COUNTY: Kern	
MOTHER OF CHILD	6a. MAIDEN NAME OF MOTHER [redacted]			7. COLOR OR RACE OF MOTHER: Mexican
	8. AGE OF MOTHER: 27 YEARS	9. BIRTHPLACE: California	10. MAILING ADDRESS OF MOTHER: Same	
USUAL RESIDENCE OF MOTHER	11a. [redacted]		11b. IF INSIDE CORPORATE LIMITS (CHECK ONE):	IF OUTSIDE CITY CORPORATE LIMITS (CHECK ONE): ON A FARM / X NOT ON A FARM
	11c. CITY OR TOWN: Bakersfield		11d. COUNTY: Kern	11e. STATE: California
FATHER OF CHILD	12a. NAME OF FATHER [redacted]			13. COLOR OR RACE OF FATHER: Mexican
	14. AGE OF FATHER: 29 YEARS	15. BIRTHPLACE: California	16a. PRESENT OR LAST OCCUPATION: Laborer	16b. KIND OF INDUSTRY OR BUSINESS: Southern Pacific
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]			
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. [redacted]		Bakersfield California	
REGISTRAR'S CERTIFICATION	19. DATE ON WHICH NAME ADDED BY SUPPLEMENTAL NAME REPORT [redacted]		20. DATE RECEIVED BY LOCAL REGISTRAR [redacted]	

TOTAL P.01

Tejon Indian Tribe

2234 4th Street, Wasco, CA 93280

FOIA6

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

Name of Member's Father [redacted]

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

Name of Member's Brothers:

1. [redacted]
2. [redacted]
3. [redacted]
4. [redacted]
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

Date

CERTIFICATION OF VITAL RECORD

FOIA6

STATE FILE NUMBER [redacted]

CERTIFICATE OF LIVE BIRTH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER [redacted]

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 [redacted]

4b. HOUR [redacted]

PLACE OF BIRTH

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

5b. STREET ADDRESS: 1830 Flower Street

5c. CITY OR TOWN: Bakersfield

5d. COUNTY: Kern

MOTHER OF CHILD

6a. [redacted]

7. COLOR OR RACE OF MOTHER: Mexican

8. AGE OF MOTHER: 18 YEARS

9. BIRTHPLACE (STATE OR FOREIGN COUNTRY): California

10. MAILING ADDRESS OF MOTHER: Same

USUAL RESIDENCE OF MOTHER

11a. USUAL RESIDENCE OF MOTHER—STREET ADDRESS [redacted]

11b. IF INSIDE CITY CORPORATE LIMITS: ☐ CHECK HERE

IF OUTSIDE CITY CORPORATE LIMITS: ☐ ON A FARM ☒ NOT ON A FARM

11c. CITY OR TOWN: Bakersfield

11d. COUNTY: Kern

11e. STATE: California

FATHER OF CHILD

12a. NAME OF FATHER [redacted]

13. COLOR OR RACE OF FATHER: Mexican

14. AGE OF FATHER: 24 YEARS

15. BIRTHPLACE (STATE OR FOREIGN COUNTRY): California

16a. PRESENT OR LAST OCCUPATION: Laborer

16b. KIND OF INDUSTRY OR BUSINESS: Farm

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] INFORMANT

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 [redacted]

18b. ADDRESS: Bakersfield, California

REGISTRAR'S CERTIFICATION

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

21. DATE [redacted] REGISTRAR

[redacted]

[redacted]

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF KERN } ss

DATE ISSUED
MAY 21 2002

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

[redacted]
ASSESSOR 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

Tejon Indian Tribe

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

Name of member's Children: (Indicate whether child is a 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. [redacted]
2.
3.
4.
5.
6.
7.
8.
9.
10.

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

[redacted]
Name of Person preparing this chart

5-17-01
Date

Taft, California

West Side District Hospital

Certificate of Birth

This Certifies

that [redacted] *was born to*

[redacted] *in this Hospital*

on 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]

Administrator

FOIA6

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. [redacted]
2.
3.
4.
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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.
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10.

Name of Member's Sisters

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

[redacted]

Name of person preparing this chart

9-1-03

Date

Notification of Birth Registration

REGISTRAR NUMBER [redacted]

THIS CHILD	CHILD'S FIRST NAME [redacted]	MIDDLE NAME	LAST NAME	
	PLACE OF BIRTH HANFORD, CALIFORNIA		DATE OF BIRTH [redacted]	SEX FEMALE
MAIDEN NAME OF MOTHER	FIRST NAME [redacted]	MIDDLE NAME	LAST NAME	
NAME OF FATHER	FIRST NAME [redacted]	MIDDLE NAME	LAST NAME	

THE CERTIFICATE OF BIRTH OF THE ABOVE CHILD HAS BEEN REGISTERED WITH YOUR LOCAL REGISTRAR OF VITAL STATISTICS. IF THE INFORMATION IS INCORRECT OR INCOMPLETE, NOTIFY YOUR LOCAL REGISTRAR IMMEDIATELY.

MAILING ADDRESS [redacted]
GENERAL DELIVERY
SELMA, CALIFORNIA

[redacted]
AND STATE REGISTRAR OF VITAL STATISTICS

STATE OF CALIFORNIA (REV. 7-1-47) FORM VS-88 DEPARTMENT OF PUBLIC HEALTH

FOIA6

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. [redacted]
2.
3.
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FOIA6

Name of Member's Father: [redacted]

Name of Member's Mother: (G

Name of Member's Brothers:

1. [redacted]
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Name of Member's Sisters:

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8.
9.
10.

[redacted]

Name of Person preparing this chart

3-23-01
Date

Notification of Birth Registration

REGISTRA[redacted]
NUMBER

THIS CHILD	CHILD'S FIRST NAME [redacted]	MIDDLE NAME	LAST NAME	
	PLACE OF BIRTH HANFORD, CALIFORNIA		DATE OF BIRTH [redacted]	SEX FEMALE
MAIDEN NAME OF MOTHER	FIRST NAME [redacted]	MIDDLE NAME	LAST NAME	
NAME OF FATHER	FIRST NAME [redacted]	MIDDLE NAME	LAST NAME	

THE CERTIFICATE OF BIRTH OF THE ABOVE CHILD HAS BEEN REGISTERED WITH YOUR LOCAL REGISTRAR OF VITAL STATISTICS. IF THE INFORMATION IS INCORRECT OR INCOMPLETE, NOTIFY YOUR LOCAL REGISTRAR IMMEDIATELY.

MAILING ADDRESS [redacted]
GENERAL DELIVERY
SELMA, CALIFORNIA

[redacted]
STATE DIRECTOR OF PUBLIC HEALTH
AND STATE REGISTRAR OF VITAL STATISTICS

STATE OF CALIFORNIA (REV. 7-1-49) FORM VS-89 DEPARTMENT OF PUBLIC HEALTH

FOIA6

Tejon Indian Tribe

2234 4th Street, Wasco, CA 93280

Member's Name: [redacted]

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

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

1.
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FOIA6

Name of Member's Father [redacted]

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

Name of Member's Brothers:

1. [redacted]
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10.

Name of Member's Sisters:

1. [redacted]
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[redacted]

9-1-03
Date

FOIA6

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH: Dist. No. [redacted]
Local Registered No. [redacted]

COUNTY OF KERN

CITY OR RURAL REGISTRATION DISTRICT: Bakersfield

Kern General Hospital

2. FULL NAME OF CHILD: [redacted]

3. Sex: Female | Twin, triplet, or other: | Number, in order of birth:

6. Premature: | Full term: | 7. Date of birth (month, day, year): [redacted]

FATHER

5. Full name: [redacted]

9. Residence (usual place of abode): Tejon Ranch, near Bakersfield, Calif.

10. Color or race: Indian | 11. Age at last birthday: 27 years

12. Birthplace (State or country): California

OCCUPATION

13. Trade, profession, or particular kind of work done, as painter, sawyer, bookkeeper, etc.: Laborer

14. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: -

15. Date (month and year) last engaged in this work

16. Total time (years) spent in this work

MOTHER

17. Full maiden name: [redacted]

18. Residence (usual place of abode): Same

19. Color or race: Indian | 20. Age at last birthday: 24 years

21. Birthplace (State or country): California

OCCUPATION

22. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

23. Industry or business in which work was done, as silk house, laundry, silk mill, etc.: None

24. Date (month and year) last engaged in this work

25. Total time (years) spent in this work

26. If stillborn, period of gestation: months or weeks

27. Cause of stillbirth: Before labor / During labor

28. Was a post-visitation for Contraceptive Sterilization used? Yes | If so, what? If not, why?

29. Specify congenital or prenatal defects

30. Number of children of this mother (including this child): (a) Born alive and now living: 3 (b) Born alive but now dead: 1 (c) Stillborn: 0

31. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of the child, who was Born Alive (born alive or stillborn) [redacted] on the date above stated.

[redacted]

Signed: Physician (Physician, midwife, father, etc.)

Address: Bakersfield, Calif.

32. [redacted] Date: [redacted] Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make the report. A stillborn child means that no other signs of life were shown after complete separation from the mother.

Given name added from a supplemental report

Date of

Registrar

Tejon Indian Tribe

2234 4th Street, Wasco, CA 93280

Member's Name: [redacted]

Name of Member's Spouse or Maiden Name

Name of [redacted]

1.
2.
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FOIA6

Name of Member's Father [redacted]

Name of Member's Mother, use maiden name

Name of [redacted]

1.
2.
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10.

Name of Member's Sisters

1. [redacted]
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[redacted]

Name of person preparing this chart

2-24-01

Date

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

FOIA6

Dissemination No. [redacted]

1. [redacted] FULL NAME OF CHILD

[redacted] MAIDEN SURNAME OF MOTHER FOOK [redacted]

2. PLACE OF BIRTH: (a) County KERN
(b) City or Town Bakersfield Rural
IF OUTSIDE CITY OR TOWN LIMITS, WRITE RURAL
(c) Name of Hospital or Institution at home
IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET NUMBER OR LOCATION
(d) Mother's stay before delivery: In Hospital or Institution — In this community Life
SPECIFY WHETHER YEARS, MONTHS OR DAYS

3. USUAL RESIDENCE OF MOTHER: (a) Length of Residence in California:
(b) State California Life
(c) County Kern Life
(d) City or Town Bakersfield Life
IF OUTSIDE CITY OR TOWN LIMITS, WRITE RURAL
(e) Street and Number Clyde Street

4. SEX Female
5. Twin or Triplet ____ If So—Born 1st ____ 2d ____ 3d ____
6. Number of Months of Pregnancy 9
7. DATE OF BIRTH April 19, 1942 (MONTH BY NAME, DAY, YEAR)

FATHER OF CHILD	MOTHER OF CHILD
8. FULL NAME [redacted]	15. FULL MAIDEN NAME [redacted]
9. COLOR OR RACE Mexican 10. Age at time of this birth 32 YEARS	16. COLOR OR RACE Mexican 17. Age at time of this birth 23 YEARS
11. LENGTH OF RESIDENCE IN CALIFORNIA Life YEARS MONTHS DAYS	18. BIRTHPLACE Bakersfield, California
12. BIRTHPLACE Bakersfield, California	19. USUAL OCCUPATION housewife
13. USUAL OCCUPATION laborer	20. INDUSTRY OR BUSINESS
14. INDUSTRY OR BUSINESS	

21. CHILDREN BORN TO THIS MOTHER:
(a) How many other children of this mother are now living? 2
(b) How many other children were born alive but are now dead? 0
(c) How many children were born dead? 0

22. MOTHER'S MAILING ADDRESS FOR REGISTRATION NOTICE:
[redacted]
Bakersfield
California

23. I Hereby Certify, That I attended the birth of this child who was born alive at the hour of [redacted] M. on the date above stated and that the information given was furnished by [redacted] related to this child as father

24. DATE RECEIVED BY LOCAL REGISTRAR [redacted]
25. REGISTRAR [redacted]
26. GIVEN NAME ADDED [redacted] D.
DATE YEAR

Attendant's Own Signature [redacted]
M. D., Midwife or Other father Date Signed [redacted]
Bakersfield, California

[redacted]

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF KERN } ss

DATE ISSUED
JUN 26 2001

[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

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

1. [redacted]
2. [redacted]
3.
4.
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FOIA6

Name of Member's Father: [redacted]

Name of Member's Mother: ([redacted]

Name of Member's Brothers:

1. [redacted]
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Name of Member's Sisters:

1. [redacted]
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10.

[redacted]

Name of person in genealogy chart

3-5-01

Date

FOIA6

CERTIFICATE OF LIVE BIRTH

REGISTRATION DISTRICT NO. [redacted] REGISTRAR'S NUMBER [redacted] STATE FILE NO.

THIS CHILD

1a. CHILD'S 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 BORN 1ST, 2ND, 3RD?
4a. DATE OF BIRTH [redacted] 4b. HOUR

PLACE OF BIRTH

5a. PLACE OF BIRTH — CITY OR TOWN: Bakersfield
5b. COUNTY: Kern
6a. FULL NAME AND ADDRESS OF HOSPITAL OR INSTITUTION: Kern General Hospital Bakersfield, California (Rd route)

RESIDENCE OF MOTHER

6c. RESIDENCE OF MOTHER - STREET ADDRESS: 904 Quantico Street
6d. COUNTY: Kern
6e. CITY OR TOWN: Bakersfield
6f. STATE: California

MOTHER OF CHILD

7a. MAIDEN NAME OF MOTHER [redacted]
8. COLOR OR RACE OF MOTHER: Indian
9. AGE OF MOTHER: 19 YEARS
10. BIRTHPLACE: California
11. MAILING ADDRESS OF MOTHER: [redacted] Bakersfield-California

FATHER OF CHILD

12a. NAME OF FATHER [redacted]
13. COLOR OR RACE OF FATHER: Mexican
14. AGE OF FATHER: 41 YEARS
15. BIRTHPLACE: Mexico
16a. USUAL OCCUPATION: Boiler Maker-Helper
16b. KIND OF BUSINESS OR INDUSTRY: Southern Pacific Round House

INFORMANT'S CERTIFICATION

I HEREBY CERTIFY THAT THE ABOVE STATED INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE
17a. [redacted]
17b. DATE SIGNED [redacted]

ATTENDANT'S CERTIFICATION

I HEREBY CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR AND DATE STATED ABOVE
18a. [redacted]
18b. ADDRESS: Bakersfield-California

REGISTRAR'S CERTIFICATION

19. DATE RECEIVED BY LOCAL REGISTRAR [redacted]
20. [redacted]
21. DATE ON WHICH GIVEN NAME ADDED

LEAVE BLANK

FOR MEDICAL AND HEALTH USE ONLY

CHILDREN PREVIOUSLY BORN TO THIS MOTHER (DO NOT INCLUDE THIS CHILD)
22a. HOW MANY OTHER CHILDREN ARE NOW LIVING? 2
22b. HOW MANY OTHER CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD? 0
22c. HOW MANY CHILDREN WERE STILLBORN (BORN DEAD AFTER 20 WEEKS PREGNANCY)? 0

23. LENGTH OF PREGNANCY: 10 WEEKS
23a. WEIGHT AT BIRTH: 6 LBS. 8 OZS.
24. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: No
24a. STATE ANY OPERATION FOR DELIVERY: Episiotomy and Low Forceps
24b. DESCRIBE ANY CONGENITAL MALFORMATIONS: No
24c. DESCRIBE ANY BIRTH INJURY: No
24d. WAS PROPHYLACTIC DRUG USED IN BABY'S EYES? ☒ YES ☐ NO — IF YES, STATE DRUG: 1%AgNO3
25a. WAS A SEROLOGICAL TEST FOR SYPHILIS MADE IN THIS MOTHER? ☒ YES ☐ NO
25b. IF SO AT WHAT MONTH OF PREGNANCY? 26 Weeks
25c. IF NOT, WHY NOT?

STATE OF CALIFORNIA — DEPARTMENT OF PUBLIC HEALTH

FOIA6

STATE OF CALIFORNIA
COUNTY OF [illegible]

I, Chas. H. Shomate, County Recorder of said County, do hereby certify that the annex [illegible] true and correct [illegible] [redacted] Birth Records [illegible] [redacted] now in my office, and that said copy has been compared with original and is a correct transcript therefrom.

Witness my hand and official seal this [redacted] day of October A. D. [redacted]

Ch[redacted]order
In[redacted]ornia
By [redacted]epnty

Tejon Indian Tribe

2234 4th Street, Wasco, CA 93280

Member's Name: [redacted]

Name of Member's Wife/Husband: [redacted]

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

1.
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10.

FOIA6

Name of Member's Father [redacted]

Name of Member's Mother: [redacted]

Name of Member's [redacted]

1.
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10.

Name of Member's [redacted]

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[redacted]

3-20-02
Date

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA

STATE BIRTH CERTIFICATE NUMBER [redacted]

1A. NAME OF CHILD—FIRST 1B. MIDDLE 1C. LAST
[redacted]

2. SEX: Male
3A. THIS BIRTH, SINGLE, TWIN, ETC. SEE IF MULTIPLE THIS CHILD 1ST, 2ND, ETC.: Single
4A. DATE OF BIRTH—MONTH, DAY, YEAR [redacted]
4B. HOUR—24 HOUR CLOCK TIME [redacted]

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

6A. NAME OF FATHER—FIRST 6B. MIDDLE 6C. LAST
[redacted]
7. STATE OF BIRTH: California
8. AGE OF FATHER: 42

9A. NAME OF MOTHER—FIRST 9B. MIDDLE 9C. LAST (MAIDEN NAME)
[redacted]
10. STATE OF BIRTH: California
11. AGE OF MOTHER: 30

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]

I CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED [redacted]
13B. LICENSE NUMBER: A24108
13C. DATE SIGNED [redacted]

14. [redacted] ersfield, California 93305

15. DEATH—ENTER DATE OF DEATH [redacted]
17. DATE ACCEPTED BY REGISTRATION [redacted]

FOIA6

THIS IS TO CERTIFY THAT THIS IS
A TRUE COPY OF THE DOCUMENT ON
FILE IN THIS OFFICE.

[redacted]

LEON M HEBERTSON, M.D.
LOCAL REGISTRAR OF VITAL STATISTICS
KERN COUNTY HEALTH DEPARTMENT
BAKERSFIELD, CALIFORNIA 93305

JUL 2 2 1988

ISSUED BY KERN COUNTY HEALTH DEPARTMENT

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 number of each)

1. [redacted]
2.
3.
4.
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6.
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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.
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10.

Name of Member's Sisters

1. [redacted]
2.
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7.
8.
9.
10.

[redacted]

Name of person preparing this chart

6-17-01

Date

FOIA6

CERTIFICATE OF LIVE BIRTH

STATE FILE No

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC

REGISTRAT [redacted]
DISTRICT N

THIS CHILD (TYPE OR PRINT NAME)

1a. CHILD [redacted]

2. SEX: Female

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

3b. IF TWIN OR TRIPLET, THIS CHILD BORN 1ST, 2ND, 3RD [redacted]

PLACE OF BIRTH 051

5a. COUNTY: Kern

5b. CITY OR TOWN: Bakersfield

5c. FULL NAME OF HOSPITAL OR INSTITUTION: Kern General Hospital

5d. ADDRESS (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS): 1830 Flower Street

USUAL RESIDENCE OF MOTHER (REPEAT ONLY IF DIFFERENT FROM ABOVE)

6a. STATE: California

6b. COUNTY: Kern

6c. CITY OR TOWN: Bakersfie

6d. STREET OR RURAL ADDRESS [redacted]

MOTHER OF CHILD

7a. MAIDEN NAME OF MOTHER [redacted]

8. COLOR OR RACE OF MOTHER: Mexican

9. AGE: 25 YEARS

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): California

11. MAILING ADDRESS OF MOTHER: Same

FATHER OF CHILD

12a. NAME OF FATHER [redacted]

13. COLOR OR RACE OF FATHER: Mexican

14. AGE: 49 YEARS

15. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Mexico

16a. USUAL OCCUPATION: Laborer

16b. KIND OF BUSINESS OR IND: S.P. Railroad

INFORMANT'S CERTIFICATION

I HEREBY CERTIFY THAT THE ABOVE STATED INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

17a. [redacted]

17b. DATE SIGNED BY PARENT OR OTHER INFOR [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. ADDRESS: Bakersfield, Californ

REGISTRAR'S CERTIFICATION

19. DATE RECEIVED BY REGISTRAR [redacted]

21. DATE ON WHICH NAME ADDED BY SUPPLEMENTAL NAME RE [redacted]

Tejon Indian Tribe

2234 4th Street, Wasco, CA 93280

Member's Name: [redacted]

Name of Member's W[redacted]

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

1. [redacted]
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FOIA6

Name of Member's Father [redacted]

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

Name of Me[redacted]

1. [redacted]
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10.

Name of Me[redacted]

1. [redacted]
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8.
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10.

[redacted]

Name of person preparing this chart

3-6-01

Date

FOIA6

[redacted]

This is to certify that this is a true copy of the document filed in this office.

Milton L. Halverson, M. D.
State Registrar of Vital Statistics
[redacted]
Bureau of Records and Statistics
Sacramento, California Date: JANUARY 24, 1950

[redacted]

CERTIFICATE OF LIVE BIRTH

[redacted]

AFFIDAVIT ... ECT A RECORD

[redacted]

This is to certify that this is a true copy of the document filed in this office.

Milton L. Halverson, M. D.
[redacted]
Bureau of Records and Statistics
Sacramento, California Date: JANUARY 17, 1950

For Official Use Only

[redacted]

IN REPLY REFER TO:
Tribal Operations
006 Cerda

UNITED STATES
DEPARTMENT OF THE INTERIOR

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

JUL 27 1978

FOIA6

TO WHOM IT MAY CONCERN:

Applicant, [redacted], born [redacted], is identified to be the daughter 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 1/2 Tejon.

Superintendent

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. [redacted]
2.
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FOIA6

Name of Member's Father [redacted]

Name of Member's Mother, use maiden name

Name of Member's Brothers

1. [redacted]
2.
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Name of Member's Sisters

1. [redacted]
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[redacted]

Name of person preparing this chart

3-5-01

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

[redacted]

Female | Single

[redacted]

PLACE OF BIRTH

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

5b: 1830 Flower Street

5c CITY OR TOWN: Bakersfield

5e COUNTY: Kern

MOTHER OF CHILD

6a MAIDEN NAME OF MOTHER [redacted]

7 COLOR OR RACE OF MOTHER: Mexican

8 AGE OF MOTHER: 19 YEARS

9 BIRTHPLACE (STATE OR FOREIGN COUNTRY): California

10 MAILING ADDRESS OF MOTHER: Same

USUAL RESIDENCE OF MOTHER

11a USUAL RESIDENCE OF MOTHER—STREET ADDRESS [redacted]

11b IF INSIDE CORPORATE LIMITS (CHECK HERE): ☐

IF OUTSIDE CITY CORPORATE LIMITS (CHECK ONE): ☐ ON A FARM ☒ NOT ON A FARM

11c: Bakersfield

11d COUNTY: Kern

11e STATE: California

FATHER OF CHILD

12a NAME OF FATHER [redacted]

12b COLOR OR RACE OF FATHER: Mexican

13 AGE OF FATHER: 19 YEARS

14 BIRTHPLACE (STATE OR FOREIGN COUNTRY): California

15a PRESENT OR LAST OCCUPATION: Laborer

16a KIND OF INDUSTRY OR BUSINESS: Farm

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]

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 [redacted]

18b ADDRESS: Bakersfield, California

REGISTRAR'S CERTIFICATION

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

21 DATE RECEIVED BY LOCAL REGISTRAR [redacted]

[redacted]

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF KERN } ss

DATE ISSUED FEB 23 2001

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

[redacted]

ASSESSOR RECORDER

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Tribal Operatio

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF INDIAN AFFAIRS

Central California Agency
1800 Tribute Road, Suite 111
Sacramento, California 95815-4314

MAR 18 1991

FOIA6

American Indian Council
of Central California
P.O. Box 3341
Bakersfield, California 93385

TO WHOM IT MAY CONCERN:

Applicant, [redacted]

Born [redacted], is identified to be the daughter

of [redacted] 1/4 Yokut

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 1/8 Yokut

Harvey M. Bryson
Superintendent

The 1972 Judgment Roll is only considered as a payment list and inclusion on the payment list does not denote tribal membership.

Tejon Indian Tribe

2234 4th Street, Wasco, CA 93280

Member's Name: [redacted]

Name of Member's Spouse o[redacted]

Name of Member's Children (Indicate 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, use maiden name [redacted]

Name of Member's Brothers

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

Name of Member's Sisters

1. [redacted]
2.
3.
4.
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7.
8.
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10.

[redacted]

Name of Person preparing this chart

7-20-02

Date

CERTIFICATION OF VITAL RECORD

COUNTY of KERN

1655 CHESTER AVENUE, BAKERSFIELD, CALIFORNIA 93301

FOIA6

CERTIFICATE OF LIVE BIRTH

[redacted]

STATE BIRTH CERTIFICATE NUMBER — STATE OF CALIFORNIA—DEPARTMENT OF HEALTH

THIS CHILD

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

2 SEX: Male

3a THIS BIRTH SINGLE TWIN OR TRIPLET: single

4a DATE OF BIRTH—MONTH DAY YEAR: [redacted]

4b HOUR: [redacted]

PLACE OF BIRTH

5a PLACE OF BIRTH—NAME OF HOSPITAL: Greater Bakersfield Memorial Hosp.

5b STREET ADDRESS: 420 - 34th Street

5c INSIDE CITY CORPORATE LIMITS: Yes

5d CITY OR TOWN: Bakersfield

5e COUNTY: Kern

MOTHER OF CHILD

[redacted]

7 BIRTHPLACE: California

8 AGE OF MOTHER AT TIME OF THIS BIRTH: 24 YEARS

[redacted] Mexican

10a INSIDE CITY CORPORATE LIMITS: [redacted]

10c RESIDENCE OF MOTHER—CITY OR TOWN: Bakersfield

10d RESIDENCE OF MOTHER—COUNTY: Kern

10e RESIDENCE OF MOTHER—STATE: California

FATHER OF CHILD

[redacted]

12 BIRTHPLACE: Texas

13 AGE OF FATHER AT TIME OF THIS BIRTH: 30 YEARS

13a SOCIAL SECURITY NUMBER OF FATHER: unknown

14 COLOR OR RACE OF FATHER: Mexican

15a PRESENT OR LAST OCCUPATION: [redacted]

15b KIND OF INDUSTRY OR BUSINESS: unknown

INFORMANT'S CERTIFICATION

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 ▶ [redacted]

16b DATE REVIEWED AND 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

17a PHYSICIAN: [redacted]

17b DATE SIGNED BY PHYSICIAN: [redacted]

17c ADDRESS: [redacted]

PHYSICIAN'S CALIFORNIA LICENSE NUMBER: A-11001

LOCAL REGISTRAR

18 REQUEST OMISSION FROM SOLICITATION LISTS: [redacted]

[redacted]

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STATE OF CALIFORNIA
COUNTY OF KERN } ss

DATE ISSUED

DEC 08 1993

[redacted]

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Tejon Indian Tribe

2234 4th Street, Wasco, CA 93280

Member's Name: [redacted]

Name of Member's Wife/[redacted] N/A

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

1.
2.
3.
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FOIA6

Name of Member's Father [redacted]

Name of Member's Mother [redacted]

Name of Member's Brothers:

1. [redacted]
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Name of Member's Sisters:

1. [redacted]
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10.

[redacted]

Name of person preparing this chart

3-5-01

Date

FOIA6

CERTIFICATE OF LIVE BIRTH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

STATE FILE NO.

REGISTRATION DISTRICT NO. [redacted]

THIS CHILD (TYPE OR PRINT NAME)	1a. CHILD'S FIRST NAME [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 [redacted]
PLACE OF BIRTH	5a. COUNTY: Kern		5b. CITY OR TOWN: Bakersfield	
	5c. FULL NAME OF HOSPITAL OR INSTITUTION: Kern General Hospital		5d. ADDRESS [redacted]	
USUAL RESIDENCE OF MOTHER	6a. STATE: California	6b. COUNTY: Kern	6c. CITY OR TOWN: Bakersfield	6d. STREET OR RURAL ADDRESS
MOTHER OF CHILD	7a. MAIDEN NAME OF MOTHER—FIRST NAME [redacted]			
	9. AGE OF MOTHER: 22			
FATHER OF CHILD	12a. NAME [redacted]			
	14. AGE OF FATHER (AT TIME OF THIS BIRTH): 46 YEARS	15. BIRTHPLACE: Mexico	16a. USUAL OCCUPATION: Laborer	
INFORMANT'S CERTIFICATION	I HEREBY CERTIFY THAT THE ABOVE STATED INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.	17a. SIGNATURE OF [illegible] OTHER INFORMANT [illegible]		17b. DATE SIGNED [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. SIGNATURE: Albert		18b. ADDRESS: Bakersfield, California
REGISTRAR'S CERTIFICATION	19. [redacted]	20. SIGN[illegible]		21. DATE ON WHICH NAME ADDED BY [illegible]

Yolanda Sánchez

Tejon Indian Tribe

2234 4th Street, Wasco, CA 93280

FOIA6

Member's Name: [redacted]

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

Name of mem[redacted]

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Name of Member's Father [redacted]

Name of Member's Mother: (S

Name of Mem[redacted]

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10.

Name of Mem[redacted]

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[redacted]

35-01

Date

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

FOIA6

CERTIFICATE OF LIVE BIRTH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

[redacted]

THIS CHILD	1a. [redacted]			
	2. SEX: Female	3a. Single	4c. DATE OF BIRTH: [redacted]	4a. HOUR: [redacted]
PLACE OF BIRTH	5a. PLACE OF BIRTH: Kern County General Hospital		5c. STREET ADDRESS: 1830 Flower Street	5c. INSIDE CITY CORPORATE LIMITS: No
	5b. CITY OR TOWN: Bakersfield		5d. COUNTY: Kern	
MOTHER OF CHILD	6a. [redacted]			7. BIRTHPLACE: California
	8. AGE OF MOTHER: 24 YEARS	9. COLOR OR RACE OF MOTHER: Mexican	10c. RESIDENCE OF MOTHER: [redacted]	10d. INSIDE CITY CORPORATE LIMITS: YES
	10e. RESIDENCE OF MOTHER—CITY OR TOWN: Bakersfield		10b. RESIDENCE OF MOTHER—COUNTY: Kern	10d. RESIDENCE OF MOTHER—STATE: California
FATHER OF CHILD	11a. NAME OF FATHER—FIRST NAME: [redacted]	11b. MIDDLE NAME	11c. LAST NAME	12. BIRTHPLACE: California
	13. AGE: 24 YEARS	Mexican	Foreman	15a. KIND OF INDUSTRY OR BUSINESS: U. S. Forest Service
INFORMANT'S CERTIFICATION	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. [redacted]		16c. [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.	17a. [redacted]	17c. TITLE: M.D.	17d. DATE SIGNED: 1-6-71
		17e. [redacted]		17b. PHYSICIAN'S CALIFORNIA LICENSE NUMBER: C 31792
LOCAL REGISTRAR	18.	19. [redacted]		21. [redacted]

[redacted]

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STATE OF CALIFORNIA
COUNTY OF KERN } ss.

DATE ISSUED
FEB 05 2001

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James W. Maples
ASSESSOR RECORDER

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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. [redacted] — M
2.
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FOIA6

Name of Member's Father [redacted]

Name of Member's Mother, use maiden name

Name of Mem[redacted]

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Name of Member's Sisters

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8.

[redacted]

Name of person preparing this chart

1-15-2003

Date

CERTIFICATION OF VITAL RECORD

FOIA6

CERTIFICATE OF LIVE BIRTH

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH

[redacted]

STATE BIRTH CERTIFICATE NUMBER

THIS CHILD	1a. NAME OF CHILD—FIRST NAME: [redacted]	1b. MIDDLE NAME	1c. LAST NAME	
	2. SEX: Female	OR TRIPLET: single	CHILD BORN 1ST, 2ND, 3RD:	[redacted] HOUR: [redacted]
PLACE OF BIRTH	5a. PLACE OF BIRTH—NAME OF HOSPITAL: Kern Medical Center		[redacted] OR LOCATION: 1830 Flower Street	5c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): No
	5b. CITY OR TOWN: Bakersfield		5c. COUNTY: Kern	
MOTHER OF CHILD	6. [redacted]			7. BIRTHPLACE (STATE OR FOREIGN COUNTRY): California
	8. AGE (AT TIME OF THIS BIRTH): 16 YEARS	OR MOTHER: unavailable	Amer. Indian	[redacted] STREET ADDRESS OR LOCATION: [redacted] 10b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): YES
	10c. RESIDENCE OF MOTHER—CITY OR TOWN: Arvin		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): 16 YEARS	OR FATHER: unavailable	Mex. Amer.	14. PRESENT OR LAST OCCUPATION: Labor 15a. KIND OF INDUSTRY OR BUSINESS: Packing shed
INFORMANT'S CERTIFICATION	I HEREBY CERTIFY THAT I HAVE REVIEWED THE ABOVE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE	16. [redacted]		16a. DATE REVIEWED AND 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	17. [redacted]		17a. [redacted] LICENSE NUMBER: Resident I
LOCAL REGISTRAR	18. REQUEST OMISSION FROM SOLICITATION LISTS			20. [redacted]

PREVIOUS DELIVERIES TO: 21a. HOW MANY OTHER CHILDREN; 21b. HOW MANY OTHER CHILDREN DEAD; 21c. HOW MANY OTHER CHILDREN DEAD; 21d. DATE OF LAST LIVE BIRTH (ENTER MONTH, DAY, YEAR); 21e. DATE OF LAST FETAL DEATH (ENTER MONTH, DAY, YEAR)

213867

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STATE OF CALIFORNIA
COUNTY OF KERN } ss

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James W. Maples
ASSESSOR RECORDER

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