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 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.

[redacted]

Name of person preparing this chart

3-25-02

Date

CERTIFICATION OF VITAL RECORD

FOIA6

104- 2840

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA

STATE BIRTH CERTIFICATE NUMBER — LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER: 1500

467 FILE 373

THIS CHILD	1A. NAME OF CHILD—FIRST: [redacted]	1B. MIDDLE	1C. LAST		
	2. SEX: Male	3A. THIS BIRTH, SINGLE, THIN, ETC.: Single	3B. IF OUTSIDE THIS CHILD 1ST, 2ND, ETC.: —	4A. DATE OF BIRTH—MONTH, DAY, YEAR: May 15, 1980	4B. HOUR (24 HOUR CLOCK TIME): 2309
PLACE OF BIRTH	5A. PLACE OF BIRTH—NAME OF HOSPITAL: Greater Bakersfield Memorial Hospital	5B. STREET ADDRESS (STREET, NUMBER, OR LOCATION): 420 34th 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: 32
MOTHER OF CHILD	9A. BIRTH NAME OF MOTHER—FIRST: [redacted]	9B. MIDDLE	9C. LAST	10. STATE OF BIRTH: California	11. AGE OF MOTHER: 20
PARENT'S CERTIFICATION	I CERTIFY THAT I HAVE SUPPLIED THE STATE IN INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE	12A. PARENT'S SIGNATURE: [redacted]		12B. RELATIONSHIP TO CHILD: Mother	12C. DATE SIGNED: 5-16-'80
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]		13B. LICENSE NUMBER: A-20443	13C. DATE SIGNED: 5/15/80
	REQUEST NUMBERS FROM Suspension Lists	13D. [redacted]			
LOCAL REGISTRAR	15. DRAWN—DATED DATE OF DRAWN	16. [redacted]		17. DATE RECEIVED FOR REGISTRATION: MAY [illegible] 1980	

213925

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STATE OF CALIFORNIA
COUNTY OF KERN } ss

DATE ISSUED
SEP 11 2001

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James W. Maples
ASSESSOR RECORDER

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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 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.
10.

[redacted]

Name of person preparing this chart

5-15-06

Date

Certificate of Baptism

Church of

Our Lady of Guadalupe Church
601 E. California Ave.
Bakersfield, California 93307

FOIA6

This is to Certify

That [redacted]

Child of

and

born in TEJON, CALIFORNIA

on the 13TH day of AUGUST 1935

was Baptized

on the 15TH day of FEBRUARY 1936

According to the Rite of the Roman Catholic Church

by the Rev.

the Sponsors being [redacted]

as appears from the Baptismal Register of this Church

Date JUNE 30, 1997

[redacted]

Pastor

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) [redacted]

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

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

Name of Member's Father [redacted] (Deceased)

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

Name of Member's Brothers:

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

Name of Member's Sisters:

1. NONE
2.
3.
4.
5.
6.
7.
8.
9.
10.

[redacted]

Name of person preparing this chart

4-16-02

Date

CERTIFICATION OF VITAL RECORD

FOIA6

BIRTH BOOK 4110

CERTIFICATE OF LIVE BIRTH

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH

THIS CHILD	[redacted]				
	Male	Single	-	March 13, 1977	[illegible]
PLACE OF BIRTH	Kern Medical Center			1830 Flower Street	No
	Bakersfield			Kern	
MOTHER OF CHILD	[redacted]				California
	23	unavailable	American Indian	820 Monterey St. #4	YES
	Bakersfield			Kern	California
FATHER OF CHILD	[redacted]				California
	23	unavailable	American Indian	Laborer	Farm
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.				March 13, 1977
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.				3/13/77
					Resident I
LOCAL REGISTRAR	REQUEST OMISSION FROM SOLICITATION LISTS				MAR 18 1977

237137

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STATE OF CALIFORNIA }
COUNTY OF KERN } ss

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ASSESSOR RECORDER

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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/Husband: (if wife, give name before marriage) N/A

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

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

FOIA6

Name of Member's Father [redacted] (Deceased)

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

Name of Member's Brothers:

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

Name of Member's Sisters:

1. NONE
2.
3.
4.
5.
6.
7.
8.
9.
10.

[redacted]

Name of person preparing this chart

4-16-02

Date

CERTIFICATION OF VITAL RECORD

FOIA6

BIRTH BOOK 444

104- CERTIFICATE OF LIVE BIRTH BOOK 444 PAGE 427 0095

STATE BIRTH CERTIFICATE NUMBER — STATE OF CALIFORNIA — 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.: ---	4. BIRTHWEIGHT: 3430 GRAMS	5A. DATE OF BIRTH—MONTH, DAY, YEAR: December 19, 1978	5B. HOUR: 5:13PM
PLACE OF BIRTH	6A. PLACE OF BIRTH—NAME OF HOSPITAL: Greater Bakersfield Memorial Hosp.	6B. STREET ADDRESS (STREET, NUMBER, OR LOCATION): 420 34th Street				
	6C. CITY OR TOWN: Bakersfield	6D. COUNTY: Kern				
MOTHER OF CHILD	7A. BIRTH NAME OF MOTHER—FIRST: [redacted]	7B. MIDDLE	7C. LAST	8. STATE OF BIRTH: California	9. AGE OF MOTHER: 24	
FATHER OF CHILD	10A. NAME OF FATHER—FIRST: [redacted]	10B. MIDDLE	10C. LAST	11. STATE OF BIRTH: California	12. AGE OF FATHER: 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	13A. PARENT OR OTHER INFORMANT—SIGNATURE: [redacted]		13B. RELATIONSHIP TO CHILD: Mother	13C. DATE REVIEWED AND SIGNED: December 20, 1978	
ATTENDANT'S CERTIFICATION	I CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED.			14A. TITLE AND TYPED NAME	14B. DATE ISSUED: December 19, 1978	
	[illegible]				14C. ATTENDANT'S LICENSE NUMBER: 0-427	
LOCAL REGISTRAR	15. SOUTH—FILED BY DATE OF BIRTH				DATE RECEIVED AND RECORDED BY: DEC [illegible] 1978	

237135

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STATE OF CALIFORNIA }ss
COUNTY OF KERN

DATE ISSUED APR 17 2002

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James W. Maples
James W. Maples
ASSESSOR RECORDER

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

TRIBAL ROLL # T1017

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 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: (Give name before marriage) [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

2-14-01

Date

BIRTH BOOK 325

DNP

STATE FILE NUMBER

CERTIFICATE OF LIVE BIRTH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 1500 3573

THIS CHILD

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

2. SEX: Female

3. BIRTH SINGLE, TWIN OR TRIPLET: Single

4a. DATE OF BIRTH: July 21, 1965

4b. HOUR: 2:33 P.

PLACE OF BIRTH

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

5b. STREET ADDRESS: 1830 Flower Street X

5c. CITY OR TOWN: Bakersfield

5d. COUNTY: Kern

MOTHER OF CHILD

6a. MAIDEN NAME OF MOTHER: [redacted]

7. COLOR OR RACE OF MOTHER: Indian

8. AGE OF MOTHER: 17 YEARS

9. BIRTHPLACE: California

10. MAILING ADDRESS OF MOTHER: Rt. 1 Box 462, Arvin, California

USUAL RESIDENCE OF MOTHER

11a. USUAL RESIDENCE OF MOTHER — STREET ADDRESS: Sebastian Road near Rancho Road

11b. IF INSIDE CORPORATE LIMITS: CHECK HERE

IF OUTSIDE CITY CORPORATE LIMITS: U.S. FARM X

11c. CITY OR TOWN: Arvin

11d. COUNTY: Kern

11e. STATE: California

FOIA6

FATHER OF CHILD

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

13. COLOR OR RACE OF FATHER: White

14. AGE OF FATHER: 21 YEARS

15. BIRTHPLACE: California

16a. PRESENT OR LAST OCCUPATION: Laborer

16b. KIND OF INDUSTRY OR BUSINESS: Farm

INFORMANT'S CERTIFICATION

17. [redacted]

17a. DATE SIGNED BY INFORMANT: July 21, 1965

ATTENDANT'S CERTIFICATION

18. [redacted]

18a. ADDRESS: Bakersfield, California

REGISTRAR'S CERTIFICATION

19. DATE ON WHICH NAME ADDED BY SUPPLEMENTAL NAME REPORT

20. [redacted]

21. DATE RECEIVED BY LOCAL REGISTRAR: [illegible]