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.

Name of Member's Father [redacted]

Name of Member's Mother, use maiden name

Name of Member's Brothers

1. [redacted] FOIA6
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

5-26-02

Date

[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	1B. MIDDLE	1C. LAST			
	[redacted]					
	2. SEX: Female	3A. THIS BIRTH, SINGLE, TWIN, ETC.: Single	3B. IF MULTIPLE THIS CHILD 1ST, 2ND, ETC.	4. BIRTHWEIGHT: 4200 GRAMS	5A. DATE OF BIRTH—MONTH, DAY, YEAR: [redacted]	5B. HOUR
PLACE OF BIRTH	6A. PLACE OF BIRTH—NAME OF HOSPITAL: St. Luke's Hospital		6B. STREET ADDRESS (STREET, NUMBER, OR LOCATION): 3555 Army Street			
	6C. CITY OR TOWN: San Francisco		6D. COUNTY: San Francisco			
MOTHER OF CHILD	7A. BIRTH NAME OF MOTHER—FIRST	7B. MIDDLE	7C. LAST	8. STATE OF BIRTH: California	9. AGE OF MOTHER: 16	
	[redacted]					
FATHER OF CHILD	10A. NAME OF FATHER—FIRST	10B. MIDDLE	10C. LAST	11. STATE OF BIRTH: Peru	12. AGE OF FATHER: 20	
	[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	13A. PARENT OR OTHER INFORMANT—SIGNATURE: [redacted]		13B. RELATIONSHIP TO CHILD: Mother	13C. DATE REVIEWED AND 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.	14A. [illegible] SIGNATURE: HR Melone		14B. DEGREE OR TITLE AND TYPED NAME: H. R. Melone, MD	14B. DATE SIGNED: [redacted]	
		14C. ADDRESS: 1640 Valencia Street			14D. ATTENDANT'S LICENSE NUMBER: C10093	
LOCAL REGISTRAR	15. DEATH—ENTER DATE OF DEATH	16. LOCAL REGISTRAR—SIGNATURE: Mergen F. Schurman, MD			17. DATE ACCEPTED FOR REGISTRATION: [redacted]	

THIS IS TO CERTIFY THAT, IF BEARING THE SEAL OF THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH, THIS IS A TRUE COPY OF THE DOCUMENT [redacted]

RECEIPT NO. [redacted]

DATED: [illegible] DIRECTOR OF PUBLIC HEALTH

SAN FRANCISCO, CALIFORNIA

FOIA6

Tejon Indian Tribe

Member's Name: [redacted]

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

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

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

Name of Member's Father: [redacted]

Name of Member's Mother: (Gi

Name of Member's Brothers:

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

FOIA6

Name of Member's Sisters:

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

[redacted]

Name of Person preparing this chart

5-26-2002

Date

Certificate of Baptism

This Certifies

That [redacted]

FOIA6

Born [redacted]

was

Baptized

in the Name of the Father, and of the Son, and of the Holy Ghost.

on the [redacted] in the year of our Lord [redacted]

at Temple United Methodist Church – San Francisco – California

by [redacted] Pastor.

[redacted]

Go ye therefore, and teach all nations, baptizing them in the name of the Father, and of the Son, and of the Holy Ghost.
Matthew 28:19

Date (of this Certificate) [redacted]