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.
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9.
10.

FOIA6

Name of Member's Father [redacted]

Name of Member's Mother: (a

Name of Member's Brothers:

1.
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Name of Member's Sisters:

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

[redacted]

Name of person preparing this chart

3-10-01

Date

[redacted]

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 BORN (1ST, 2ND, ETC.): | 4A. DATE OF BIRTH — MM/DD/CCYY: [redacted] | 4B. HOUR — 24 HOUR CLOCK (MIL): [redacted]

PLACE

5A. PLACE OF BIRTH — NAME OF HOSPITAL OR FACILITY: BAKERSFIELD MEMORIAL HOSPITAL | 5B. STREET ADDRESS — STREET, NUMBER, OR LOCATION: 420 34TH ST.

5C. CITY: BAKERSFIELD | 5D. COUNTY: KERN | 5E. PLANNED PLACE OF BIRTH: HOSPITAL

FATHER OF CHILD

6A. NAME OF FATHER — FIRST, MIDDLE, LAST (FAMILY): [redacted] | 7. STATE OF BIRTH: CA | 8. DATE OF BIRTH: [redacted]

MOTHER OF CHILD

9A. NAME OF MOTHER — FIRST (GIVEN), 9B. MIDDLE, 9C. LAST (MAIDEN): [redacted] | 10. STATE OF BIRTH: CA | [redacted]

INFORMANT'S CERTIFICATION

I HEREBY CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION 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 | 12C. DATE SIGNED: [redacted]

ATTENDANT'S CERTIFICATION OF BIRTH

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

13A. ATTENDANT'S SIGNATURE — DEGREE OR TITLE: [redacted] | 13B. LICENSE NUMBER: G-66983 | 13C. DATE SIGNED: [redacted]

13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT: [redacted] MD, 420 34TH ST, BAKERSFIELD | 14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT: [redacted] M.D.

LOCAL REGISTRAR

15A. DATE OF DEATH: | 15B. STATE FILE NO. (STATE USE ONLY): | 16. LOCAL REGISTRAR — SIGNATURE: [redacted] MD | DATE ACCEPTED FOR REGISTRATION: [redacted]

[redacted]

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF KERN

ISSUED
JAN 16 2020

DEPARTMENT OF PUBLIC HEALTH

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.
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4.
5.
6.
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9.
10.

FOIA6

Name of Member's Father [redacted]

Name of Member's Mother: (Give name before

Name of Member's Brothers

1. [redacted]
2.
3.
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5.
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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

3-27-02

Date

CERTIFICATION OF VITAL RECORD

FOIA6

[redacted]

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA

[redacted]

THIS CHILD	1a. NAME OF CHILD—FIRST: [redacted]	1b. MIDDLE	1c. LAST		
	2. SEX: Male	3a. TWIN, TRIPLET, ETC.: Single	3b. IF BIRTH WAS TWIN, THIRD, 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 ADDRESS (STREET, NUMBER, 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. BIRTHPLACE OF FATHER: Mexico	8. AGE OF FATHER: 21
MOTHER OF CHILD	9a. BIRTH NAME OF MOTHER—FIRST: [redacted]	9b. MIDDLE	9c. LAST	10. STATE OF BIRTH: California	11. AGE OF MOTHER: 24
PARENT'S CERTIFICATION	I CERTIFY THAT I HAVE SUPPLIED THE STATEMENTS MADE ON THIS CERTIFICATE, AND THAT THE INFORMATION AND THOSE IN ITS THEREOF ARE CORRECT TO THE BEST OF MY KNOWLEDGE. 12a. SIGNATURE OF PARENT OR OTHER INFORMANT—IN NATURE: [redacted]			12b. RELATIONSHIP TO CHILD: Mother	12c. DATE SIGNED: [redacted]
ATTENDANT'S CERTIFICATION	I CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED. 13a. SIGNATURE OF ATTENDANT: REQUEST OMISSION FROM SOLICITATION LISTS			13b. LICENSE NUMBER: Resident	13c. DATE SIGNED: [redacted]
LOCAL REGISTRAR	15. DATE—Month, Day and Year Received: [redacted]			d, California	[redacted]

[redacted]

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF KERN } ss

DATE ISSUED
MAY 20 1997

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 the seal and signature of County Recorder.