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. [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]

Name of person completing this form

2/14/01

Date

FOIA6

1500 5020

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA

104 - STATE BIRTH CERTIFICATE NUMBER

THIS CHILD
1A. NAME OF CHILD — FIRST: [redacted]
1B. M. INITIAL: [redacted]
1C. LAST: [redacted]
2. SEX: FEMALE
2A. THIS BIRTH SINGLE, TWIN, ETC.: SINGLE
2B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.:
3. DATE OF BIRTH — MONTH, DAY, YEAR: [redacted]
3A. HOUR — USE FOUR CLOCK TIME: 1310
4. SEX OF BIRTH: [redacted]

PLACE OF BIRTH
5A. PLACE OF BIRTH — NAME OF HOSPITAL OR FACILITY: West Side District Hospital
5B. STREET ADDRESS (STREET, NUMBER, OR LOCATION): 110 E. North Street
5C. CITY OR TOWN: Taft
5D. COUNTY: Kern

FATHER OF CHILD
6A. NAME OF FATHER — FIRST: [redacted]
6B. MIDDLE: [redacted]
6C. LAST: [redacted]
7. STATE OF BIRTH: Mexico
8. AGE OF FATHER: 20

MOTHER OF CHILD
9A. MAIDEN NAME OF MOTHER — FIRST: [redacted]
9B. [redacted]
9C. [redacted]
10. STATE OF BIRTH: CA
11. AGE OF MOTHER: 18

PARENTS CERTIFICATION
I CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.
[redacted]
12A. RELATIONSHIP TO CHILD: mother
12B. DATE SIGNED: 7-27-83

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]
13. LICENSE NUMBER: A-15751
13A. DATE SIGNED: 9-28-83

14. REQUEST OMISSION FROM SOLICITATION LISTS

LOCAL REGISTRAR
15. DEATH — ENTER DATE OF DEATH
[redacted]
Way. Taft, CA 93268
17. DATE ACCEPTED FOR REGISTRATION: AUG 1 1983

PAGE 528 BOOK 175

TRIBAL ROLL # T2003

Tejon Indian Tribe

2234 4th Street, Wasco, CA 93280

Member's Name: [redacted]

Name of Member's Wife (Giving your name before marriage) [redacted]

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 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

2-14-01

Date

CERTIFICATION OF VITAL RECORD

COUNTY of KERN

HEALTH DEPARTMENT
1700 FLOWER STREET, BAKERSFIELD, CALIFORNIA 93305-4198

FOIA6

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

1 91 15 007958
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER

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—MONTH, DAY, YEAR: August 9, 1991
4B. HOUR—(24 HOUR CLOCK TIME): 1552

5A. PLACE OF BIRTH—NAME OF HOSPITAL OR FACILITY: Delano Regional Medical Center
5B. STREET ADDRESS—STREET, NUMBER, OR LOCATION: 1401 Garces Highway
5C. CITY: Delano
5D. COUNTY: Kern
5E. PLANNED PLACE OF BIRTH: Hospital

6A. NAME OF FATHER—FIRST (GIVEN): [redacted]
6B. MIDDLE:
6C. LAST (FAMILY):
7. STATE OF BIRTH: CA
8. DATE OF BIRTH: Unknown

9A. NAME OF MOTHER—FIRST (GIVEN): [redacted]
9B. MIDDLE:
9C. LAST (MAIDEN):
10. STATE OF BIRTH: CA
11. DATE OF BIRTH: 07-21-65

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: 08-09-91

I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR AND PLACE STATED: [redacted]
13B. LICENSE NUMBER: A22835
13C. DATE SIGNED: 08-09-91

13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT: [redacted] MD; 719 Main Street, Delano CA, 93215
14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT:

15A. DATE OF DEATH:
15B. STATE FILE NO. (STATE USE ONLY):
16. LOCAL REGISTRAR [redacted]
17. DATE ACCEPTED FOR REGISTRATION: SEP 5 1991

10909

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF KERN } ss

DATE ISSUED
OCT 0 9 1991

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 [redacted] AND LOCAL REGISTRAR
OF BIRTHS AND DEATHS

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

Name of Member's Father [redacted]

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

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.
10.

[redacted]

Name of person preparing this chart

6-4-02
Date

CERTIFICATION OF VITAL RECORD

COUNTY of KERN

1655 CHESTER AVENUE, BAKERSFIELD, CALIFORNIA 93301

STATE FILE NUMBER: Book 4 14 PAGE 153

CERTIFICATE OF LIVE BIRTH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER: 1500 4030

THIS CHILD

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

1b. MIDDLE NAME: [redacted]

1c. LAST NAME: [redacted]

2. SEX: FEMALE

3a. THIS BIRTH: SINGLE

3b. IF TWIN OR TRIPLET, THIS CHILD BORN 1ST, 2ND, 3RD?:

4a. DATE OF BIRTH—MONTH, DAY, YEAR: JULY 19, 1958

4b. HOUR: 2:19 P

PLACE OF BIRTH

5a. PLACE OF BIRTH—NAME OF HOSPITAL: MERCY HOSPITAL

5b. STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBER): 2215 TRUXTUN AVENUE

5c. CITY OR TOWN: BAKERSFIELD

5d. COUNTY: KERN

MOTHER OF CHILD

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

6b. MIDDLE NAME: [redacted]

6c. LAST NAME: [redacted]

7. COLOR OR RACE OF MOTHER: WHITE

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—STREET ADDRESS: 1318 5th STREET

FOIA6

11b. IF INSIDE CITY CORPORATE LIMITS: YES — 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—FIRST NAME: [redacted]

12b. MIDDLE NAME: [redacted]

12c. LAST NAME: [redacted]

13. COLOR OR RACE OF FATHER: WHITE

14. AGE OF FATHER (AT TIME OF THIS BIRTH): 21 YEARS

15. BIRTHPLACE (STATE OR FOREIGN COUNTRY): CALIFORNIA

16a. PRESENT OR LAST OCCUPATION: STEEL WORKER

16b. KIND OF INDUSTRY OR BUSINESS: GRIFFIN STEEL CO.

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: July 21 1958

17c. ADDRESS: 138-1st St. Bakersfield Calif.

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]

REGISTRAR'S CERTIFICATION

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

20. [redacted]

21. DATE RECEIVED BY LOCAL REGISTRAR: JUL 25 1958

CERTIFIED COPY OF VITAL RECORDS

061642

STATE OF CALIFORNIA
COUNTY OF KERN

DATE ISSUED: JUN 4 - 1993

[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) [redacted]

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

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

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.

FOIA6

Name of Member's Sisters:

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

[redacted]

Name of person preparing this chart

4.1.02

Date

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

STATE FILE NUMBER

CERTIFICATE OF LIVE BIRTH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 1500 5706

THIS CHILD

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

1b. MIDDLE NAME

1c. LAST NAME

2. SEX: MALE

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

3b. IF PERSON WAS LIVE, THIS CHILD WAS 1ST, 2ND, 3RD?

4. DATE OF BIRTH—MONTH, DAY, YEAR: SEPTEMBER 21, 1961

4a. HOUR: 5:05 A. M.

PLACE OF BIRTH

5a. PLACE OF BIRTH—NAME OF HOSPITAL: MERCY HOSPITAL

5a. STREET ADDRESS (GIVE STREET OR RURAL LOCATION OR FARM. DO NOT USE P. O. BOX NUMBER): 2215 TRUXTUN AVENUE ☐ INSIDE ☐ OUTSIDE

5c. CITY OR TOWN: BAKERSFIELD

5d. COUNTY: KERN

FOIA6

MOTHER OF CHILD

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

6b. MIDDLE NAME

6c. LAST NAME

7. COLOR OR RACE OF MOTHER: WHITE

8. AGE OF MOTHER (AT TIME OF THIS BIRTH): 24 YEARS

9. BIRTHPLACE (STATE OR FOREIGN COUNTRY): CALIFORNIA

10. MAILING ADDRESS OF MOTHER—IF SAME AS RESIDENCE, WRITE "SAME": SAME

USUAL RESIDENCE OF MOTHER

11a. USUAL RESIDENCE OF MOTHER—STREET ADDRESS (FURNISH LOCATION IF RURAL): 2841 KENTUCKY STREET

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—FIRST NAME: [redacted]

12b. MIDDLE NAME

12c. LAST NAME

13. COLOR OR RACE OF FATHER

14. AGE OF FATHER (AT TIME OF THIS BIRTH): 24 YEARS

15. BIRTHPLACE (STATE OR FOREIGN COUNTRY): CALIFORNIA

16a. PRESENT OR LAST OCCUPATION: IRON WORKER

16b. KIND OF INDUSTRY OR BUSINESS: SAN JOSE STEEL CO.

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 OF OTHER PERSON: [redacted]

17b. DATE SIGNED BY INFORMANT: SEPTEMBER 22, 1961

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: [redacted]

20. [redacted]

21. DATE RECEIVED BY LOCAL REGISTRAR: OCT 2 1961

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF KERN } ss

DATE ISSUED: MAY 22 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

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. _____

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. _____

FOIA6

Name of Member's Sisters:

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

[redacted]

Name of person preparing this chart

4/14/02
Date

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA

STATE BIRTH CERTIFICATE NUMBER | 1509 | 6718 LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

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

SEX	3A. THIS BIRTH, SINGLE, TWIN, ETC.	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.	4A. DATE OF BIRTH—MONTH, DAY, YEAR	4B. HOUR—(24 HOUR CLOCK TIME)
Male	Single		September 03, 1987	1832

5A. PLACE OF BIRTH—NAME OF HOSPITAL OR FACILITY	5B. STREET ADDRESS (STREET, NUMBER, OR LOCATION)
San Joaquin Community Hospital	2615 Eye Street
5C. CITY OR TOWN	**5D. COUNTY**
Bakersfield, 93301	Kern

6A. NAME OF FATHER—FIRST	6B. MIDDLE	6C. LAST	7. STATE OF BIRTH	8. AGE OF FATHER
[redacted]			CA	25

9A. NAME OF MOTHER—FIRST	9B. MIDDLE	9C. LAST (BIRTH NAME)	10. STATE OF BIRTH	11. AGE OF MOTHER
[redacted]			CA	22

I CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.	12A. X [redacted]	12B. RELATIONSHIP TO CHILD: Mother	12C. DATE SIGNED: 09-03-87
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: A35816	13C. DATE SIGNED: 09-03-87
14.	15. [redacted] 3807 Union Avenue Bakersfield, California 93305		
15. DEATH—ENTER DATE OF DEATH	16. LOCAL REGISTRAR—NUMBER [redacted]		17. DATE ACCEPTED FOR REGISTRATION: SEP 14 1987

FOIA6

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

[redacted]

LOCAL REGISTRAR OF VITAL STATISTICS
KERN COUNTY HEALTH DEPARTMENT
BAKERSFIELD, CALIFORNIA 93305

OCT 2 0 1987

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 male or female)

1. [redacted] (M)
2. (M)
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.
10.

[redacted]

Name of person preparing this chart

2-18-02

Date

CERTIFICATE OF LIVE BIRTH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

DISTRICT AND CERTIFICATE NUMBER 1500 5122

THIS CHILD

1a NAME OF CHILD (FIRST NAME): [redacted]

2 SEX: FEMALE | SINGLE

4a DATE OF BIRTH (MONTH, DAY, YEAR): SEPTEMBER 3, 1959

4b HOUR: 10:08 A.M.

PLACE OF BIRTH

5a PLACE OF BIRTH—NAME OF HOSPITAL: MERCY HOSPITAL

5b STREET ADDRESS: 2215 TRUXTUN AVENUE

5c CITY OR TOWN: BAKERSFIELD

5d COUNTY: KERN

MOTHER OF CHILD

6a MAIDEN NAME OF MOTHER: [redacted]

7 COLOR OR RACE OF MOTHER: WHITE

8 AGE: 22 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: 2841 KENTUCKY STREET

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: [redacted]

13 COLOR OR RACE OF FATHER: WHITE

14 AGE: 22 YEARS

15 BIRTHPLACE (STATE OR FOREIGN COUNTRY): CALIFORNIA

16a PRESENT OR LAST OCCUPATION: STEEL WORKER

16b KIND OF INDUSTRY OR BUSINESS: MAC CARTHY TANK & STEEL

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]

DATE SIGNED BY INFORMANT: 9-23-59

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]

ADDRESS: 235 [illegible]

BAKERSFIELD, CALIFORNIA

REGISTRAR'S CERTIFICATION

19 DATE ON WHICH NAME ADDED BY SUPPLEMENTAL NAME REPORT

20 [redacted]

DATE RECEIVED BY LOCAL REGISTRAR: SEP 21 1959

FOIA6

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 before marriage)

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]

Name of person preparing this chart

4/14/02
Date

FOIA6

4-

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

STATE FILE NUMBER

1500 9833
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1A. NAME OF CHILD—FIRST GIVEN	1B. MIDDLE	1C. LAST FAMILY	
[redacted]			
2. SEX: Male	3A. THIS BIRTH SINGLE, TWIN, ETC: Single	3B. IF MULTIPLE THIS CHILD 1ST 2ND ETC: -	4A. DATE OF BIRTH—MONTH DAY YEAR: November 14, 1989
4B. HOUR—24 HOUR CLOCK TIME: 1017			
5A. PLACE OF BIRTH—NAME OF HOSPITAL OR FACILITY: Bakersfield Memorial Hospital	5B. STREET ADDRESS—STREET NUMBER OR LOCATION: 420 34th Street		
5C. CITY: Bakersfield	5D. COUNTY: Kern	5E. PLANNED PLACE OF BIRTH: Hospital	
6A. NAME OF FATHER—FIRST GIVEN	6B. MIDDLE	6C. LAST FAMILY	7. STATE OF BIRTH: CA
8. DATE OF BIRTH—MONTH DAY YEAR: 09-21-61			
9A. NAME OF MOTHER—FIRST GIVEN	9B. MIDDLE	9C. LAST MAIDEN	10. STATE OF BIRTH: CA
11. DATE OF BIRTH—MONTH DAY YEAR: 05-03-65			
[redacted]			
I CERTIFY THAT THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE	12A. PARENT OR OTHER INFORMANT—SIGNATURE	12B. RELATIONSHIP TO CHILD: Mother	12C. DATE SIGNED: 11-15-89
I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR AND PLACE STATED	13A.	13B. LICENSE NUMBER: C-041192	13C. DATE SIGNED: 11-17-89
[redacted]			
13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT: T. Chung, M.D. 420 34th Street, Bakersfield, CA.		14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT	
15A. DATE OF DEATH	15B. STATE FILE NO. (STATE USE ONLY)	16. LOCAL REGISTRAR—SIGNATURE	17. DATE ACCEPTED FOR REGISTRATION: NOV 27 1989
[redacted]			

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

[redacted]

LOCAL REGISTRAR OF VITAL STATISTICS
KERN COUNTY HEALTH DEPARTMENT
BAKERSFIELD, CALIFORNIA 93305

ISSUED BY KERN COUNTY HEALTH DEPARTMENT

JAN 18 1990

Tejon Indian Tribe

2234 4th Street, Wasco, CA 93280

Member's Name: [redacted]

Name of Member's Wife: [redacted]

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. [redacted]
8. [redacted]
9. [redacted]
10. [redacted]

FOIA6

Name of Member's Father [redacted]

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

Name of Member's Brothers: [redacted]

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: [redacted]

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

[redacted]

Name of person preparing this chart

11-6-01

Date

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

104-

STATE FILE NUMBER

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

1500 1099

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

BOOK 666 PAGE 229

THIS CHILD	1A. NAME OF CHILD—FIRST (GIVEN) [redacted]	1B. MIDDLE [redacted]	1C. LAST (FAMILY) [redacted]		
	2. SEX: MALE	3A. THIS BIRTH: SINGLE, TWIN, ETC.: SINGLE	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.: -	4A. DATE OF BIRTH—MONTH, DAY, YEAR: FEBRUARY 3, 1990	4B. HOUR—24 HOUR CLOCK TIME: 0730
PLACE OF BIRTH	5A. PLACE OF BIRTH—NAME OF HOSPITAL OR FACILITY: MERCY-SAN DIMAS FAM BIRTH CNTR	5B. STREET ADDRESS—STREET, NUMBER, OR LOCATION: 820 34TH STREET			
	5C. CITY: BAKERSFIELD	5D. COUNTY: KERN		5E. PLANNED PLACE OF BIRTH: BIRTH CENTER	
FATHER OF CHILD	6A. NAME OF FATHER—FIRST (GIVEN) [redacted]	6B. MIDDLE [redacted]	6C. LAST (FAMILY) [redacted]	7. STATE OF BIRTH: CA	8. DATE OF BIRTH—MONTH, DAY, YEAR: 9/23/65
MOTHER OF CHILD	9A. NAME OF MOTHER—FIRST (GIVEN) [redacted]	9B. MIDDLE [redacted]	9C. LAST (MAIDEN) [redacted]	10. STATE OF BIRTH: CA	11. DATE OF BIRTH—MONTH, DAY, YEAR: 5/3/65
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. [redacted]			12B. RELATIONSHIP TO CHILD: MOTHER	12C. DATE SIGNED: 2/3/90
CERTIFICATION OF BIRTH	I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR AND PLACE STATED. [redacted]			13B. LICENSE NUMBER: 616431	13C. DATE SIGNED: 2/3/90
	13D. TYPED NAME, TITLE, AND MAILING ADDRESS OF ATTENDANT: [redacted] MD, 820 34TH ST. BKFD			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 REGISTRAR—SIGNATURE: [redacted] M.D. [redacted]		17. DATE ACCEPTED FOR REGISTRATION: FEB 19 1990

CONFIDENTIAL INFORMATION FOR PUBLIC HEALTH USE ONLY

FOIA6

209484

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF KERN } ss

DATE ISSUED
AUG 09 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. NONE
6.
7.
8.
9.
10. [redacted]

Name of Member's Father [redacted]

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

Name of Member's Brothers: [redacted]

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

FOIA6

Name of Member's Sisters: [redacted]

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

[redacted]

Name of person preparing this chart

11-6-01
Date

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA

STATE BIRTH CERTIFICATE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER: 1500 8958

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

2. SEX: Male

3A. THIS BIRTH, SINGLE, TWIN, ETC.: Single

3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.: --

4A. DATE OF BIRTH—MONTH, DAY, YEAR: December 10, 1985

4B. HOUR—(24 HOUR CLOCK TIME): 0253

5A. PLACE OF BIRTH—NAME OF HOSPITAL OR FACILITY: Kern Medical Center

5B. STREET ADDRESS (STREET, NUMBER, OR LOCATION): 1830 Flower Street

5C. CITY OR TOWN: Bakersfield

5D. COUNTY: Kern

FOIA6

8A. NAME OF FATHER—FIRST: [redacted] 8B. MIDDLE: [redacted] 8C. LAST: [redacted]

7. STATE OF BIRTH: California

8. AGE OF FATHER: 20

9A. NAME OF MOTHER—FIRST: [redacted] 9B. MIDDLE: [redacted] 9C. LAST (BIRTH NAME): [redacted]

10. STATE OF BIRTH: California

11. AGE OF MOTHER: 20

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: December 10, 1985

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: A36663

13C. DATE SIGNED: December 10, 1985

14. [redacted] M.D., Bakersfield, California

15. DEATH—ENTER DATE OF DEATH: [redacted]

17. DATE ACCEPTED FOR REGISTRATION: DEC 17 1985

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

[redacted]

LOCAL REGISTRAR OF VITAL STATISTICS
KERN COUNTY HEALTH DEPARTMENT
BAKERSFIELD, CALIFORNIA 93305

FEB 4 1986

ISSUED BY KERN COUNTY HEALTH DEPARTMENT

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 male or female)

1. [redacted] (F)
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

2-19-01

Date

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

STATE FILE NUMBER Book 275 Page 127

CERTIFICATE OF LIVE BIRTH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 1500 6459

THIS CHILD

1a NAME OF CHILD—FIRST NAME [redacted]

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—MONTH, DAY, YEAR: November 6, 1958

4b HOUR: 11:30 P.M.

PLACE OF BIRTH

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

5b STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION OF HOSPITAL): 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 [redacted]

6c LAST NAME [redacted]

7 COLOR OR RACE OF MOTHER: Indian

8 AGE OF MOTHER (AT TIME OF THIS BIRTH): 20 YEARS

9 BIRTHPLACE (STATE OR FOREIGN COUNTRY): California

10 MAILING ADDRESS OF MOTHER—STREET OR RURAL ROUTE (FOR USE IN REPORTING BIRTH): Route 1 Box 463 A Arvin, California

USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?)

11a USUAL RESIDENCE OF MOTHER—STREET ADDRESS OR LOCATION: Tejon Ranch

11b IF INSIDE CORPORATE LIMITS: [ ] CHECK HERE

IF OUTSIDE CITY CORPORATE LIMITS: [ ] ON A FARM [ ] NOT ON A FARM

11c CITY OR TOWN: Arvin

11d COUNTY: Kern

11e STATE: California

FATHER OF CHILD

12a NAME OF FATHER—FIRST NAME [redacted]

12b MIDDLE NAME [redacted]

12c LAST NAME [redacted]

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: Differnt People

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 DATE SIGNED BY INFORMANT: November 7, 1958

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, California

REGISTRAR'S CERTIFICATION

19 DATE ON WHICH NAME ADDED BY SUPPLEMENTAL NAME REPORT:

21 DATE RECEIVED BY LOCAL REGISTRAR: NOV 14 1958

[redacted]

FOIA6

158430

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF KERN } ss

DATE ISSUED MAY 25 2000

[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. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Name of Member's Father: [redacted]

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

Name of Member's Brothers:

FOIA6

1. _____
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]
Name of Person preparing this chart

5-26-2002
Date

CERTIFICATION OF VITAL RECORD

SANTA BARBARA COUNTY

SANTA BARBARA, CALIFORNIA

CERTIFICATE OF LIVE BIRTH 1200142002906

STATE OF CALIFORNIA

USE BLACK INK ONLY

STATE FILE NUMBER | LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

THIS CHILD

1A. NAME OF CHILD — FIRST (GIVEN): [redacted]
1B. MIDDLE: [redacted]
1C. LAST (FAMILY): [redacted]

2. SEX: FEMALE
3A. THIS BIRTH, SINGLE, TWIN, ETC.: SINGLE
3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.:
4A. DATE OF BIRTH — MONTH/DAY/YY: 07/10/2001
4B. HOUR — (24 HOUR CLOCK TIME): 0933

PLACE OF BIRTH

5A. PLACE OF BIRTH — NAME OF HOSPITAL OR FACILITY: COTTAGE HOSPITAL
5B. STREET ADDRESS — STREET, NUMBER, OR LOCATION: PUEBLO AT BATH STREET
5C. CITY: SANTA BARBARA
5D. COUNTY: SANTA BARBARA
5E. PLANNED PLACE OF BIRTH: HOSPITAL

FATHER OF CHILD

6A. NAME OF FATHER — FIRST (GIVEN): [redacted]
6B. MIDDLE: [redacted]
6C. LAST (FAMILY): [redacted]
7. STATE OF BIRTH: CA
8. DATE OF BIRTH: 06/16/1982

MOTHER OF CHILD

9A. NAME OF MOTHER — FIRST (GIVEN): [redacted]
9B. MIDDLE: [redacted]
9C. LAST (MAIDEN): [redacted]
10. STATE OF BIRTH: CA
11. DATE OF BIRTH: 09/20/1981

INFORMANT 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: FATHER
12C. DATE SIGNED: 07/11/2001

CERTIFICATION OF BIRTH

I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR AND PLACE STATED. 13 [redacted]
13B. LICENSE NUMBER: A-19257
13C. DATE SIGNED: 07/12/2001

13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT: [redacted] MD, 2323 OAK PARK LANE, SB
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. LOC [redacted]
17. DATE ACCEPTED FOR REGISTRATION: 07/20/2001

FOIA6

S 209 12

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SANTA BARBARA } SS

DATE ISSUED: FEB 2 [redacted] 2002

This is a true and exact reproduction of the document officially registered or recorded on file in the office of the SANTA BARBARA COUNTY CLERK-RECORDER [redacted]

SANTA BARBARA COUNTY CLERK RECORDER RECORDER

This copy not valid unless prepared on engraved security paper bearing the seal of the County Clerk 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. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Name of Member's Father: [redacted]

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

Name of Member's Brothers:

FOIA6

1. _____
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]
Name of Person preparing this chart

9-9-2002
Date

CERTIFICATION OF VITAL RECORD

COUNTY of KERN

1655 CHESTER AVENUE, BAKERSFIELD, CALIFORNIA 93301

04-

STATE FILE NUMBER

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
PLEASE USE BLACK INK ONLY

1 91 15 004879

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

BOOK 699 PAGE 187

THIS CHILD	1A. NAME OF CHILD—FIRST (GIVEN) [redacted]	1B. MIDDLE	1C. LAST (FAMILY)	
	2. SEX: Female	3A. TWIN, SINGLE, TRIPLET, ETC: Single	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC	4A. DATE OF BIRTH—MONTH, DAY, YEAR: June 10, 1991	4B. HOUR—24 HOUR CLOCK TIME: 1227
PLACE OF BIRTH	5A. PLACE OF BIRTH—NAME OF HOSPITAL OR FACILITY: Bakersfield Memorial Hospital	5B. STREET ADDRESS—STREET, NUMBER OR LOCATION: 420 34th Street		
	5C. CITY: Bakersfield	5D. COUNTY: Kern	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—MONTH, DAY, YEAR: 05-28-69
MOTHER OF CHILD	9A. NAME OF MOTHER—FIRST (GIVEN) [redacted]	9B. MIDDLE	9C. LAST (FAMILY)	10. STATE OF BIRTH: CA	11. DATE OF BIRTH—MONTH, DAY, YEAR: 10-13-70
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: 06-11-91
CERTIFICATION OF BIRTH	I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR AND PLACE STATED. 13. [redacted]		13B. LICENSE NUMBER: A-032889	13C. DATE SIGNED: 06-11-91
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT: [redacted] M.D. 420 34th Street, Bakersfield, CA.		14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT	
LOCAL REGISTRAR	15A. DATE OF DEATH	15B. STATE FILE NO (STATE USE ONLY)	[redacted]	DATE ACCEPTED FOR REGISTRATION: JUN 14 1991

FOIA6

052141

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF KERN } ss

DATE ISSUED
FEB 22 1993

[redacted]

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Gale S. Enstad
COUNTY CLERK-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)

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

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

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.

FOIA6

Name of Member's Sisters:

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

[redacted]

Name of person preparing this chart

11-5-01
Date

CERTIFICATION OF VITAL RECORD

104 - 1500 6576

STATE BIRTH CERTIFICATE NUMBER

CERTIFICATE OF LIVE BIRTH
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. TYPE BIRTH, SINGLE, TWIN, ETC.: Single	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.: –	4. DATE OF BIRTH—MONTH, DAY, YEAR: August 24, 1988	5. HOUR—(24 HOUR CLOCK TIME): 0317	
PLACE OF BIRTH	5A. PLACE OF BIRTH—NAME OF HOSPITAL OR FACILITY: 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. STATE OF BIRTH: CA	8. AGE OF FATHER: 42
MOTHER OF CHILD	9A. NAME OF MOTHER—FIRST: Yvonnda	9B. MIDDLE: Lynn	9C. LAST (BIRTH NAME): Cleveland		10. STATE OF BIRTH: CA	11. AGE OF MOTHER: 24
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 [redacted]			12B. RELATIONSHIP TO CHILD: Mother	12C. DATE SIGNED: August 24, 1988	
ATTENDANT'S CERTIFICATION	I CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THIS HOUR, DATE AND PLACE STATED [redacted]		OR TITLE	13B. LICENSE NUMBER: Resident	13C. DATE SIGNED: August 24, 1988	
	14. [redacted]		15. [redacted] Bakersfield, California			
LOCAL REGISTRAR	16. DEATH—ENTER DATE OF DEATH	18. LOCAL REGISTRAR [redacted]			17. DATE ACCEPTED FOR REGISTRATION: AUG 29 1988	

BOOK 632 PAGE 289

FOIA6

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF KERN

DATE ISSUED
JUL 26 1994

[redacted]
COUNTY CLERK RECORDER

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

Name of Member's Father [redacted]

Name of Member's Mother, use maiden name [redacted]

Name of Member's Brothers

1. [redacted]
2. [redacted]
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

5-15-06

Date

Qui crediderit et baptizatus fuerit, salvus erit. Marc. XVI, 16.

Ex Libris Baptizatorum

Parochiae: Stæ Malachiae in Tehachapi

Die Decima 3ª mensis Augusti A. D. 1916.

Rev. [redacted] baptizavit

[redacted]

FOIA6

nat. [redacted] die 20 mensis aprilis A. D. 1916

~~filium~~ [redacted]

filiam

et uxoris ejus [redacted]

Patrinus: [redacted]

Matrina: [redacted]

Datum at Tehachapi, Calif.

die 13ª mensis Augti A. D. 1916.

JOHN F. SALZIDER CO., 1339-41 RESERVOIR ST., CHICAGO.

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

Name of Member's Father [redacted]

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

Name of Member's Brothers:

FOIA6

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

9-1-03

Date

FOIA6

BIRTH BOOK 358

CERTIFICATE OF LIVE BIRTH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

STATE BIRTH CERTIFICATE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 1500 2973

THIS CHILD

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

1b. MIDDLE NAME:

1c. LAST NAME:

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—MONTH, DAY, YEAR: June 29, 1970

4b. HOUR: 9:43 A. M.

PLACE OF BIRTH

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

5b. STREET ADDRESS (STREET, AND NUMBER, OR LOCATION): 1830 Flower Street

5c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): No

5d. CITY OR TOWN: Bakersfield

5e. COUNTY: Kern

MOTHER OF CHILD

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

6b. MIDDLE NAME:

6c. LAST NAME (MAIDEN SURNAME):

7. BIRTHPLACE (STATE OR FOREIGN COUNTRY): California

8. AGE OF MOTHER (AT TIME OF THIS BIRTH): 29 YEARS

9. COLOR OR RACE OF MOTHER: Indian

10a. RESIDENCE OF MOTHER—STREET ADDRESS (STREET AND NUMBER, RURAL ADDRESS, OR LOCATION): Rt 1 Box 463- A

10b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): NO

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): 30 YEARS

14. COLOR OR RACE OF FATHER: Indian

15a. PRESENT OR LAST OCCUPATION: Laborer

15b. KIND OF INDUSTRY OR BUSINESS: Cattle Ranch

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]

16b. DATE REVIEWED AND SIGNED BY INFORMANT: June 30, 1970

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] M.D.

17a. DATE SIGNED BY PHYSICIAN OR OTHER ATTENDANT: July 3, 1970

17b. PHYSICIAN'S CALIFORNIA LICENSE NUMBER: Resident

LOCAL REGISTRAR

18. REQUEST OMISSION FROM SOLICITATION LISTS

[redacted]

20. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR: JUL 7 1970

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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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

11-06-01

Date

COUNTY of KERN • Health Department

CERTIFIED ABSTRACT OF BIRTH

This is to certify that this document is a true abstract of the official record filed with the Vital Records Section of the Department of Health Services.

[redacted]

HEALTH OFFICER AND LOCAL REGISTRAR OF BIRTHS AND DEATHS

NAME: [redacted]

DATE OF BIRTH: SEPTEMBER 16,1993 SEX: FEMALE

COUNTY OF BIRTH: KERN

BIRTH NAME OF MOTHER: [redacted]

NAME OF FATHER: [redacted]

DATE FILED: SEPTEMBER 22,1993 ISSUED: NOVEMBER 17,1993

LOCAL REGISTRATION NUMBER: 008276

15-057911

FOIA6

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

[redacted]

Name of person preparing this chart

6-17-01
Date

CERTIFICATION OF VITAL RECORD

FOIA6

COUNTY of KERN

1655 CHESTER AVENUE, BAKERSFIELD, CALIFORNIA 93301

CERTIFICATE OF LIVE BIRTH

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH

STATE BIRTH CERTIFICATE NUMBER

1500 5679

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

THIS CHILD

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

1b. MIDDLE NAME

1c. LAST NAME

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—MONTH, DAY, YEAR: November 4, 1976

4b. HOUR: 8:41 a. m

PLACE OF BIRTH

5a. PLACE OF BIRTH—NAME OF HOSPITAL: West Side District

5b. STREET ADDRESS (STREET, AND NUMBER, OR LOCATION): 110 East North Street

5c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): Yes

5d. CITY OR TOWN: Taft

5e. COUNTY: Kern

MOTHER OF CHILD

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

6b. MIDDLE NAME

6c. LAST NAME (MAIDEN SURNAME)

7. BIRTHPLACE (STATE OR FOREIGN COUNTRY): California

8. AGE OF MOTHER (AT TIME OF THIS BIRTH): 18 YEARS

8a. SOCIAL SECURITY NUMBER OF MOTHER: 557-23-1155

9. COLOR OR RACE OF MOTHER: Indian

10a. RESIDENCE OF MOTHER—STREET ADDRESS (STREET AND NUMBER, RURAL ADDRESS OR LOCATION): P.O. Box C

10b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): No

10c. RESIDENCE OF MOTHER—CITY OR TOWN: Fellows

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): (Unknown)

13. AGE OF FATHER (AT TIME OF THIS BIRTH): 21 YEARS

13a. SOCIAL SECURITY NUMBER OF FATHER: (Unknown)

14. COLOR OR RACE OF FATHER: White

15a. PRESENT OR LAST OCCUPATION: Roustabout

15b. KIND OF INDUSTRY OR BUSINESS: Oil Company

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. PARENT OR OTHER INFORMANT—SIGNATURE (IF OTHER THAN PARENT, SPECIFY): [redacted]

16b. DATE REVIEWED AND SIGNED BY INFORMANT: Parent, 11/5/76

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] TITLE

17b. DATE SIGNED BY PHYSICIAN OR OTHER ATTENDANT: 11-15-76

17c. [redacted]

17d. PHYSICIAN'S CALIFORNIA LICENSE NUMBER: A-15751

LOCAL REGISTRAR

18. REQUEST OMISSION FROM SOLICITATION LISTS

19. [redacted]

20. DATE RECEIVED FOR REGISTRATION BY LOCAL REGISTRAR: NOV 22 1976

21a. DATE OF LAST LIVE BIRTH

21b. DATE OF LAST FETAL DEATH

051333

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF KERN } ss

DATE ISSUED
FEB 03 1993

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

[redacted]
COUNTY CLERK 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)

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 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

Date

FOIA6

Notification of Birth Registration

REGISTRAR'S NUMBER 3911

THIS CHILD	CHILD'S FIRST NAME [redacted]	MIDDLE NAME	LAST NAME
	PLACE OF BIRTH Arvin, California	DATE OF BIRTH July 19, 1951	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]

[redacted]

STATE DIRECTOR OF PUBLIC HEALTH
AND STATE REGISTRAR OF VITAL STATISTICS

STATE OF CALIFORNIA (REV. 7-1-68) FORM R.S.S. 88 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 or female)

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

FOIA6

Name of Member's Father

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]

Name of person preparing this chart

3-10-01

Date

REGISTRATION DISTRICT NO. 1851 — FILE NUMBER 6595 — CERTIFICATE OF LIVE BIRTH — STATE FILE NO. Book 1341 Page 340

THIS CHILD

1a. CHILD'S FIRST NAME: [redacted] — 1b. MIDDLE NAME — 1c. LAST NAME

2. SEX: Male — 3a. THIS BIRTH: SINGLE, TWIN, OR TRIPLET — 3b. IF PLURAL, THIS BIRTH WAS: FIRST, SECOND, THIRD — 4a. DATE OF BIRTH (MONTH, DAY, YEAR): December 28, 1949 — 4b. HOUR: 12:30

PLACE OF BIRTH

5a. PLACE OF BIRTH — CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Bakersfield — 5b. NAME OF NEAREST TOWN — 5c. COUNTY: Kern

5d. FULL NAME AND ADDRESS OF HOSPITAL OR INSTITUTION — IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR RURAL LOCATION: Kern General Hospital 1830 Flower Street Bakersfield, California

RESIDENCE OF MOTHER

6a. RESIDENCE OF MOTHER — STREET ADDRESS (IF RURAL, GIVE LOCATION): Tejon Ranch 1 mi. S of Arvin — 6b. COUNTY: Kern

6c. CITY, TOWN, OR TOWNSHIP — 6d. WITHIN CITY LIMITS? (YES, NO, RURAL AREA OR NEAREST TOWN): Rural — 6e. STATE: California

MOTHER OF CHILD

7a. MOTHER'S FIRST NAME: [redacted] — 7b. MIDDLE NAME — 7c. LAST NAME — 8. COLOR OR RACE OF MOTHER: Indian

9a. AGE OF MOTHER: [redacted] — 9b. BIRTHPLACE (STATE OR FOREIGN COUNTRY): California — 10. MAILING ADDRESS OF MOTHER (IF DIFFERENT FROM RESIDENCE): Post Office Box 1560

[redacted]

11a. AGE OF FATHER: [redacted] — 11b. BIRTHPLACE (STATE OR FOREIGN COUNTRY): California — 12. USUAL OCCUPATION: Farm Laborer — 13. KIND OF BUSINESS OR INDUSTRY: Tejon Ranch

INFORMANT'S CERTIFICATION

I HEREBY CERTIFY THAT THE ABOVE STATED IN FORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. — 17a. SIGNATURE OF PARENT OR OTHER INFORMANT: [redacted] — 17b. DATE SIGNED: [illegible] 1949

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

REGISTRAR'S CERTIFICATION

19. DATE RECEIVED BY LOCAL REGISTRAR: Jan 4 1949 — 20. [redacted] — 21. DATE ON WHICH GIVEN NAME ADDED

LEAVE BLANK

FOIA6

Tejon Indian Tribe

2234 4th Street, Wasco, CA 93280

Member's Name: [redacted]

Name of Member's husband/wife: (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 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

3-10-01

Date

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

County of San Bernardino

DIVISION OF VITAL RECORDS

222 WEST HOSPITALITY LANE, SAN BERNARDINO, CALIFORNIA 92415-0022

FOIA6

CERTIFICATE OF LIVE BIRTH 36002889 BOOK 507 PAGE 299

STATE BIRTH CERTIFICATE NUMBER — STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH — LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

THIS CHILD

1a. NAME OF CHILD — FIRST NAME: [redacted] 1b. MIDDLE NAME: [redacted] 1c. LAST NAME: [redacted]

2. SEX: Male

3. DATE OF BIRTH: March 22, 1971

4. HOUR: [illegible]

PLACE OF BIRTH

5a. PLACE OF BIRTH (NAME OF HOSPITAL): Needles Municipal Hospital

5b. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 143 "H" Street

5c. INSIDE CITY CORPORATE LIMITS: Yes

5d. CITY OR TOWN: Needles

5e. COUNTY: San Bernardino

MOTHER OF CHILD

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

7. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Hedera, California

8. AGE OF MOTHER (AT TIME OF THIS BIRTH): 18 YEARS

9. COLOR OR RACE OF MOTHER: Cauc

10a. RESIDENCE OF MOTHER—STREET ADDRESS: 4101 Front Street

10b. INSIDE CITY CORPORATE LIMITS: Yes

10c. RESIDENCE OF MOTHER—CITY: Needles

10d. RESIDENCE OF MOTHER—COUNTY: San Bernardino

10e. RESIDENCE OF MOTHER—STATE: California

FATHER OF CHILD

11a. NAME OF FATHER — FIRST NAME: [redacted] 11b. MIDDLE NAME: [redacted] 11c. LAST NAME: [redacted]

12. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Bakersfield, Calif.

13. AGE OF FATHER (AT TIME OF THIS BIRTH): 21 YEARS

14. COLOR OR RACE OF FATHER: [redacted]

15a. PRESENT OR LAST OCCUPATION: [redacted]

15b. KIND OF INDUSTRY OR BUSINESS: Recreation

INFORMANT'S CERTIFICATION

I HEREBY CERTIFY THAT I HAVE RECORDED THE ABOVE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. 16a. [redacted] 16b. DATE SIGNED: March 23, 1971

ATTENDANT'S CERTIFICATION

I HEREBY CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE TIME, DATE AND PLACE STATED ABOVE. 17a. [redacted] TITLE: C-N 17b. DATE SIGNED: March 23, 1971

LOCAL REGISTRAR

18. [redacted] 19. [redacted] 20. DATE ACCEPTED FOR REGISTRATION: 3-31-71

528189

APR 15 1999

[redacted]

Auditor-Recorder

This copy not valid unless prepared on engraved border displaying seal and signature of 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 Spouse or Maiden Name

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

1. [redacted] — F
2. — F
3. — M
4. — F
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

6-17-01

Date

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

FOIA6

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
VITAL STATISTICS

BOOK 007 PAGE 182
653

Local Registered No.

1. PLACE OF BIRTH. Dist. No. 1551

COUNTY OF KERN

STANDARD CERTIFICATE OF BIRTH

CITY OR RURAL REGISTRATION DISTRICT Bakersfield

No. Kern General Hospital St. 4W Ward

If birth occurred in a hospital or institution, give its NAME instead of street and number

2. FULL NAME OF CHILD [redacted]

[If child is not yet named, make supplemental report as directed.]

3. Sex Female

If plural births { 4. Twin, triplet, or other
5. Number, in order of birth

6. Premature
Full term

7. Date of birth (month, day, year) November 26 1935

FATHER

8. Full name [redacted]

9. Residence (usual place of abode; if nonresident, give place and State) Tejon Ranch, Bakersfield, Calif.

10. Color or race Mexican

11. Age at last birthday 24 years

12. Birthplace California
State or country

OCCUPATION

13. Trade, profession, or particular kind of work done, as spinner, 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 19

16. Total time (years) spent in this work

MOTHER

17. Full maiden name [redacted]

18. Residence (usual place of abode; if nonresident, give place and State) Same

19. Color or race Mexican

20. Age at last birthday 17 years

21. Birthplace California
State or country

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 own home, lawyer's office, silk mill, etc. Own Home

24. Date (month and year) last engaged in this work 19

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 prophylactic for Ophthalmia Neonatorum used? Yes If so, what? 1% Ag No 3

29. Specify congenital crippling deformities

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

31. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:50P m. on the date above stated.
Born alive or stillborn

[redacted]
(Signed)

Physician
Physician, midwife, father, etc.

Bakersfield, Calif.
Address

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report
Date of
Registrar

32. Filed Dec. 2, 1935 P. J. Cuneo
Date Registrar

107109

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF KERN } ss

DATE ISSUED
JAN 21 1999

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

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]

Name of person preparing this chart _____ Date _____

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

FOIA6

104

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

1941902467
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER

THIS CHILD

[redacted]

2. SEX: MALE
3. TIME BORN, SINGLE, TWIN, ETC.: SINGLE
4A. DATE OF BIRTH (MONTH, DAY, YEAR): 03/10/1994
4B. HOUR (24 HOUR CLOCK TIME): 1640

PLACE OF BIRTH

5A. PLACE OF BIRTH (NAME OF HOSPITAL OR FACILITY): GLENDALE ADVENTIST MED. CENTER
5B. STREET ADDRESS: 1509 E. WILSON TERRACE
5C. CITY: GLENDALE
5D. COUNTY: LOS ANGELES
5E. PLANNED PLACE OF BIRTH: HOSPITAL

FATHER OF CHILD

6A. NAME OF FATHER: [redacted]
6B. MIDDLE
6C. LAST (FAMILY): [redacted]
7. STATE OF BIRTH: CA
8. DATE OF BIRTH: 11/26/75

MOTHER OF CHILD

9A. NAME OF MOTHER: [redacted]
9B. MIDDLE
9C. LAST (FAMILY): [redacted]
10. STATE OF BIRTH: AZ
11. DATE OF BIRTH: 12/07/75

PARENT'S CERTIFICATION

I, CERTIFY THAT I HAVE GIVEN BLOOD OR TISSUE SPECIMEN AND THAT IT IS TRUE AND CORRECT, TO THE BEST OF MY KNOWLEDGE.
12A. PARENT OR OTHER GUARDIAN (SIGNATURE): [redacted]
12B. RELATIONSHIP TO CHILD: MOTHER
12C. DATE SIGNED: 03/11/94

CERTIFICATION OF BIRTH

I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE TIME, DATE AND PLACE STATED.
[redacted]
13A. LICENSE NUMBER: G071989
13C. DATE SIGNED: 03/11/94

13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT: [redacted] MD, 1509 WILSON TERRACE, GLENDALE
14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT

LOCAL REGISTRAR

15A. DATE OF TRANSCRIPT
15B. STATE FILE NO. (STATE USE ONLY)
16. LO [redacted]
17. DATE ACCEPTED FOR REGISTRATION: 05/16/1994

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

[redacted]

Registrar-Recorder/County Clerk

SEP 23 2003

1901160066

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] TRIBAL ROLL #: T

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] (M)
2. (M)
3. (F)
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]

Name of person preparing Document

2-19-01

Date

FOIA6

This is a true certified copy of the record
it bears the seal imprinted in purple ink
of the Registrar-Recorder

MAY 8 1979

[redacted] REGISTRAR-RECORDER
LOS ANGELES COUNTY, CALIFORNIA

REGISTRAR-RECORDER LOS ANGELES COUNTY CALIFORNIA

CERTIFICATE OF LIVE BIRTH 0190-098631

STATE OF CALIFORNIA-DEPARTMENT OF HEALTH

THIS CHILD	[redacted]			
	SEX: MALE	SINGLE	NOVEMBER 26,1975	HOUR: 1852
PLACE OF BIRTH	CALIFORNIA HOSPITAL MEDICAL CENTER		1414 SO. HOPE ST.	YES
	LOS ANGELES		LOS ANGELES	
MOTHER OF CHILD	[redacted]			MEXICO
	30	566-64-2060	WHITE	728 SO. AVE. 60	YES
	LOS ANGELES		LOS ANGELES	CALIFORNIA
FATHER OF CHILD	[redacted]			CALIFORNIA
	43	568-38-0915	AMER. INDIAN	STATIONARY ENGINEER	HOSPITAL
INFORMANT'S CERTIFICATION	[redacted]			11-28-75
ATTENDANT'S CERTIFICATION	[redacted]			
LOCAL REGISTRAR	[redacted]			DEC 3 1975

Tejon Indian Tribe

2234 4th Street, Wasco, CA 93280

Member's Name: [redacted]

Name of Member's Husband/Wife: (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 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

3-10-01

Date

CERTIFICATION OF VITAL RECORD

COUNTY of SUTTER

YUBA CITY, CALIFORNIA

FOIA6

CERTIFICATE OF LIVE BIRTH

STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

5100-498

THIS CHILD	[redacted]			
	MALE	SINGLE	JUNE 16, 1972	7:17 A.M.
PLACE OF BIRTH	FREMONT MEDICAL CENTER		970 PLUMAS STREET	YES
	YUBA CITY		SUTTER	CALIFORNIA
MOTHER OF CHILD	[redacted]			
	19	548-79-9536	CAUCASIAN	5478 FEATHER RIVER BLVD.	NO
	MARYSVILLE		YUBA	CALIFORNIA
FATHER OF CHILD	[redacted]			CALIFORNIA
	22	INDIAN	BEE KEEPER	
ATTENDANT'S CERTIFICATION	[redacted]			6/21/72
				A 70553
LOCAL REGISTRAR				6-16-72

[redacted]

Tejon Indian Tribe

2234 4th Street, Wasco, CA 93280

Member's Name: [redacted]

Name of Member's Wife/Husband [redacted] (Give maiden name before marriage)

Name of member's Children: (Indicate whether [redacted]

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

(M)
(M)

FOIA6

Name of Member's Father [redacted]

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

Date

FOIA6

STATE FILE NUMBER Book 270 PAGE 294

CERTIFICATE OF LIVE BIRTH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 1500 4168

THIS CHILD

1a NAME OF CHILD—FIRST NAME [redacted]

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—MONTH DAY YEAR: July 24, 1958

4b HOUR: 5:26 P.M.

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 NUMBERS): 1830 Flower Street

5c CITY OR TOWN: Bakersfield

5d COUNTY: Kern

MOTHER OF CHILD

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

7 COLOR OR RACE OF MOTHER: Indian

9 AGE OF MOTHER AT TIME OF THIS BIRTH: 22 YEARS

9 BIRTHPLACE (STATE OR FOREIGN COUNTRY): California

10 MAILING ADDRESS OF MOTHER: P.O. Box 82 Arvin, California

USUAL RESIDENCE OF MOTHER

11a USUAL RESIDENCE OF MOTHER—STREET ADDRESS: El Tejon Ranch

11b IF INSIDE CITY CORPORATE LIMITS: CHECK HERE

IF OUTSIDE CITY CORPORATE LIMITS: CHECK ONE — X 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—FIRST NAME [redacted]

13 COLOR OR RACE OF FATHER: Indian

14 AGE OF FATHER AT TIME OF THIS BIRTH: 42 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: 7-25-58

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: AUG 4 1958

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. – M
3. – F
4. – M
5. – M
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

6-14-2012

Date

FOIA6

Certificate of Baptism

Church of

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

This is to Certify

That [redacted]

Child of [redacted]

and [redacted]

born in BAKERSFIELD, (CITY) CALIFORNIA (STATE)

on the 9TH day of NOVEMBER 1939

was **Baptized**

on the 8TH day of JANUARY 1940

According to the Rite of the Roman Catholic Church

by the Rev. [redacted]

the Sponsors bei[redacted]

as appears from the Baptismal Register of this Church.

Dated APRIL 21, 1995

Pastor

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]
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

FOIA6

State of California
DEPARTMENT OF
PUBLIC HEALTH

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

UNLESS VALIDATED ON THE REVERSE, THIS CERTIFIED COPY IS ISSUED WITHOUT CHARGE FOR LIMITED USE UNDER AUTHORITY OF SECTIONS 6103 OR 6107 OF THE GOVERNMENT CODE.

[redacted]

Date: JANUARY 6, 1971

161462 DELAYED REGISTRATION OF BIRTH

FACTS OF BIRTH

[redacted]

Male | January 22, 1932 | Reg. Ruth Duran, Mrs. Angelita Montes

Celon Indian Reservation | Celon Ranch | Kern County, California

MOTHER

[redacted]

California | Indian

FATHER

[redacted]

California | Indian

PLACE OF ATTENDANT

[redacted]

12-[illegible]-70 | 534 West 6th St. San Pedro Calif. 90731

FIRST REPORTING AUTHORITY

[redacted]

SECOND REPORTING AUTHORITY

[redacted]

[illegible] 233 Monroe St. Reno Nev.

SUPPORTING DOCUMENTS

A. C.O. Honorable Discharge U.S. Navy, Recorder, Kern Co., Calif. 8-21-10 | 9-20-10

B.

C. 1-21-32 | Celon Ind. Res. Calif.

STATE REGISTRAR

[illegible] | DATE REGISTERED | [illegible] | JAN 7 [illegible]

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

[redacted]
Name of person preparing this chart

3-17-01
Date

CERTIFICATION OF VITAL RECORD

COUNTY of KERN

FOIA6

1655 CHESTER AVENUE, BAKERSFIELD, CALIFORNIA 93301

04 - (STATE BIRTH CERTIFICATE NUMBER)

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA

1500 1941
(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.	4A. DATE OF BIRTH—MONTH, DAY, YEAR: March 14, 1987	4B. HOUR—(24 HOUR CLOCK TIME): 1631
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 OR TOWN: Bakersfield, 93301		5D. COUNTY: Kern		
FATHER OF CHILD	6A. NAME OF FATHER—FIRST [redacted]	6B. MIDDLE	6C. LAST	7. STATE OF BIRTH: Mexico	8. AGE OF FATHER: 26
MOTHER OF CHILD	9A. NAME OF MOTHER—FIRST [redacted]	9B. MIDDLE	9C. LAST (BIRTH NAME)	10. STATE OF BIRTH: CA	11. AGE OF MOTHER: 29
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	12A. PARENT OR OTHER INFORMANT—SIGNATURE X [redacted]		12B. RELATIONSHIP TO CHILD: Mother	12C. DATE SIGNED: 03-14-87
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: GC46440	13C. DATE SIGNED: 03-14-87
	14. REQUEST SUPPRESSION FROM SOLICITATION LISTS	[redacted]	ont, California 93241		
LOCAL REGISTRAR	15. DEATH—ENTER DATE OF DEATH	[redacted]		17. DATE ACCEPTED FOR REGISTRATION: MAR 3 1 1987	

BOOK 601 PAGE 479

CERTIFIED COPY OF VITAL RECORDS

037491

STATE OF CALIFORNIA
COUNTY OF KERN } ss

DATE ISSUED
AUG 2 4 1992

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

[redacted]
COUNTY CLERK RECORDER

Seal, Rank, 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.
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

3-10-01

Date

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

FOIA6

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

1199919077603

STATE FILE NUMBER | LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

THIS CHILD	1A. NAME OF CHILD — FIRST (GIVEN) [redacted]	1B. MIDDLE [redacted]	1C. LAST (FAMILY) [redacted]	
	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 08/01/1999	4B. HOUR — (24 HOUR CLOCK TIME) 1203
PLACE OF BIRTH	5A. PLACE OF BIRTH — NAME OF HOSPITAL OR FACILITY GLENDALE ADVENTIST MED CTR	5B. STREET ADDRESS — STREET, NUMBER, OR LOCATION 1509 E. WILSON TERRACE		
	5C. CITY GLENDALE	5D. COUNTY LOS ANGELES	5E. PLANNED PLACE OF BIRTH HOSPITAL	
FATHER OF CHILD	6A. NAME OF FATHER — FIRST (GIVEN) [redacted]	6B. MIDDLE [redacted]	6C. LAST (FAMILY) [redacted]	7. STATE OF BIRTH CA	8. DATE OF BIRTH 11/26/1975
MOTHER OF CHILD	9A. NAME OF MOTHER — FIRST (GIVEN) [redacted]	9B. MIDDLE [redacted]	9C. LAST (MAIDEN) [redacted]	10. STATE OF BIRTH AZ	11. DATE OF BIRTH 12/07/1975
INFORMANT CERTIFICATION	I 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 08/02/1999
CERTIFICATION OF BIRTH	I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR AND PLACE STATED.	[redacted]		13B. LICENSE NUMBER RESIDENT	13C. DATE SIGNED 08/02/1999
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT [redacted] MD, 1509 WILSON TERRACE, GLENDALE			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 [redacted]		17. DATE ACCEPTED FOR REGISTRATION 08/21/1999

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

[redacted]

Registrar-Recorder/County Clerk

JAN 29 2001

19-214388

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 W[redacted] maiden 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 _____

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

[redacted]

Date

STATE OF CALIFORNIA

COUNTY OF KERN

This is to certify that this document is a true abstract of the official record filed with the Kern County Department of Public Health.

Name: [redacted]

Date of Birth: 05/30/1999

Hour: 0107

Sex: FEMALE

County of Birth: KERN

Father's Name: -

State of Birth: -

Date of Birth: -

Mother's Birth Name: [redacted]

State of Birth: CA

Date of Birth: 01/28/1979

Date Filed: JULY 6, 1999

Date Issued: OCTOBER 4, 1999

Local Registration Number: 1199915004714

[redacted]

HEALTH OFFICER AND LOCAL REGISTRAR

009997

FOIA6

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

[redacted]

Name of person preparing this chart

11-6-01
Date

FOIA6

104- CERTIFICATE OF LIVE BIRTH 4200 80-330

STATE OF C LIFORNIA

STATE BIRTH CERTIFICATE NUMBER — LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

THIS CHILD	1a. NAME OF CHILD—FIRST: [redacted]	1b. MIDDLE	1c. LAST	
	2. SEX: Male	3a. TRIPLE, QUADS, TWIN: Single	3b. IF MULTIPLE, THIS CHILD BORN 1ST, 2ND, 3RD: –	4a. DATE OF BIRTH—MONTH, DAY, YEAR: February 5, 1980
	4b. HOUR (24 HOUR CLOCK TIME): 0641			
PLACE OF BIRTH	5a. PLACE OF BIRTH—NAME OF HOSPITAL: Cottage Hospital	5b. STREET ADDRESS (NUMBER, STREET, OR LOCATION): Pueblo at Bath Street		
	5c. CITY OR TOWN: Santa Barbara	5d. COUNTY: Santa Barbara		
FATHER OF CHILD	6a. NAME OF FATHER—FIRST: [redacted]	6b. MIDDLE	6c. LAST	7. STATE OF BIRTH: CA / 8. AGE OF FATHER: 29
MOTHER OF CHILD	9a. BIRTH NAME OF MOTHER—FIRST: [redacted]	9b. MIDDLE	9c. LAST	10. STATE OF BIRTH: IL / 11. AGE OF MOTHER: 19
PARENTS CERTIFICATION	I CERTIFY THAT I HAVE INFORMED THE PERSON ...	12a. PARENT OR OTHER INFORMANT—SIGNATURE: [redacted]	12b. RELATIONSHIP TO CHILD: Father	12c. DATE SIGNED: 2-6-80
ATTENDANT OR CERTIFICATION	I CERTIFY THAT I ATTENDED THE BIRTH ...	13a. LICENSE NUMBER: G-35922	13c. DATE SIGNED: 2-12-1980	
	14.	15. [redacted]	es Avenue Santa Barbara	
LOCAL REGISTRAR	16. DATE—ENTER DATE OF BIRTH	17. [redacted]	17. DATE ACCEPTED FOR STATE REGISTRAR: Feb. 15, 1980	

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] (M)
2. (M)
3. (M)
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.
8.
10.

Name of Member's Sisters:

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

[redacted]

Name of person preparing this chart

11-6-01

Date

The Holy Sacrament of Baptism

This is to Certify

That [redacted]

The Son / The Daughter of [redacted]

and

born in TEJON RANCH CA. (CITY) on 6-1-1950

was Baptized on OCTOBER.22 1950 in the Church of

SAINT THOMAS CHURCH ARVIN CA. (CITY)

according to the Rite of the Roman Catholic Church

by Rev. [redacted]

Sponsors [redacted] and [redacted]

as recorded in the Baptismal Register of this Church [redacted]

Dated 9-28-2001

SEAL OF CHURCH

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

FOIA6

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 or female)

1. [redacted] (M)
2. (F)
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

11-30-01
Date

The Holy Sacrament of Baptism

FOIA6

That [redacted]

The Son / The Daughter of [redacted]

and

born in Tejon Ranch (CITY) on March 3, 1957

was Baptized on September 8 1957 in the Church of

Saint Thomas Church ARVIN, CA. (CITY)

according to the Rite of the Roman Catholic Church

by Rev. [redacted]

Sponsors were [redacted] and [redacted]

as recorded [redacted] smal Register of this Church

[redacted] Pastor

Dated November 30, 2001

SEAL OF CHURCH

FORM NO. 1042

Going therefore, teach ye all nations; baptizing them in the name of the Father, and of the Son, and of the Holy Ghost Matt. 28-19

© 1978 J. Donnelly Co., Kansas City, Missouri

00037414-AS-IA-BATCH008-DOC0015-MEM-20240 Page 67 of 156

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] (F)
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

Date

FOIA6

THE UNITED STATES OF AMERICA

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

Notification of Birth Registration

This certifies that the following Record of Birth is registered and preserved in the office of the State Registrar of Vital Statistics at Sacramento California and of the Kern County Recorder

Name [redacted] *Sex* Male *No.* 3693-1551-1200

Date of Birth Oct. 19, 1943 *Place of Birth* Kern General Hospital, Bakersfield

Name of Father [redacted]

Maiden Name of Mother [redacted]

[redacted]

[redacted]

Special Agent, Bureau of the Census

U. S. GOVERNMENT PRINTING OFFICE 1941: O-288033

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. - F
3. - F
4. - M
5. - F
6. - F
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

3-5-01

Date

CERTIFICATE OF BAPTISM

FOIA6

Our Lady of Guadalupe Church

HOLY GHOST FATHERS
P. O. BOX 156 STATION B
BAKERSFIELD, CALIFORNIA

THIS CERTIFIES THAT

[redacted]

Child of [redacted]

and [redacted]

born in Lefon - Calif

on the 22 day of December, 1929

was BAPTIZED on

the 29 day of March, 1930

according to the Rite of the Roman Catholic Church

by the Rev. [redacted]

the sponsors being [redacted]

and [redacted]

as appears from the Baptismal Register of this Church.

Dated August 14, 1954

Rev. T. Charles Dooley C.S.Sp.

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] MALE
2. FEMALE
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]

Name of person preparing this chart

9-1-03

Date

THE UNITED STATES OF AMERICA

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

Notification of Birth Registration

This certifies that the following Record of Birth is registered and preserved in the office of the State Registrar of Vital Statistics at Sacramento and of the Kern County Recorder.

Name [redacted] *Sex* Male *No.* 3270-1551-1285

Date of Birth Nov. 23, 1939 *Place of Birth* Kern General Hospital

Name of Father [redacted]

Maiden Name of Mother [redacted]

[redacted]

[redacted]
Special Agent, Bureau of the Census.

5672

O. U. S. GOVERNMENT PRINTING OFFICE - 1936

FOIA6

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] (F)
2. (F)
3. (F)
4. (M)
5. (M)
6. (M)
7. (M)
8. (F)
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

6-17-01

Date

FOIA6

Form 2

BEGIN RESERVED FOR BINDING
WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD
Read Instructions on Back
VITAL STATISTICS

99
01

BOOK 71 PAGE 295 District No. 1551 Registrar's No. 54

295

1. [redacted]
Full Name of Child — Maiden Surname of Mother

2. Place of Birth: (a) County: Kern
(b) City or Town: Bakersfield
(c) Name of Hospital or Institution: Kern General Hospital
(d) Mother's Stay Before Delivery in Hospital or Institution: 2 Hr 49 Min

3. Usual Residence of Mother — (a) Length of Residence in California:
State: California 25 Years
County: Kern 25 Years
City or Town: Bakersfield 25 Years
Street and Number: Box 1560

4. Sex: Male
5. Twin or Triplet:
6. Number of Mother's Previous Children: 9
7. Date of Birth: January 11-1946

FATHER OF CHILD

8. Full Name: [redacted]
9. Color or Race: Indian
10. Age at Time of This Birth: 35
11. Length of Residence in California: 35 Years
12. Birthplace: California
13. Usual Occupation: Ranch work
14. Industry or Business: El Tejon Ranch

MOTHER OF CHILD

15. Full Maiden Name: [redacted]
16. Color or Race: Indian
17. Age at Time of This Birth: 25 Years
18. Birthplace: California
19. Usual Occupation: House wife
20. Industry or Business: Own home

21. Children Born to This Mother:
(a) How many other children of this mother are now living: 3
(b) How many other children were born alive but are now dead: 1
(c) How many children were born dead: 0

22. Mother's Mailing Address for Registration Notice:
Mrs. [redacted]
Box 1560
Bakersfield, California

23. I Hereby Certify, That I Attended the Birth of This Child Who Was Born Alive at the Hour of 3:39 A.M. on the Date Above Stated and That the Information Given Was Furnished by [redacted] Related to This Child as Mother.

24. Date Received by Local Registrar: [illegible] 1946
25. Registrar's Signature: [redacted]
26. Given Name Added: By: [illegible]

Attendant's Own Signature: [redacted]
M. D., Midwife or Other: M. D.
Date Signed: 1-11-1946
Address: Bakersfield, California

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. [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

11-06-01

Date

CERTIFICATION OF VITAL RECORD

FOIA6

104- 1500 3291

STATE BIRTH CERTIFICATE NUMBER

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

THIS CHILD	1A. NAME OF CHILD—First	1B. MIDDLE	1C. LAST		
	[redacted]				
	2. SEX: Male	3A. Type Birth: Single, Twin, etc.: Single	3B. If Multiple, Triplet, 1st, 2nd, etc.: –	4. DATE OF BIRTH—Month, Day, Year: June 11, 1979	5B. HOUR: 0207
PLACE OF BIRTH	6A. PLACE OF BIRTH—Name of Hospital: Kern Medical Center		6B. STREET ADDRESS (Home, Residence or Institution): 1830 Flower Street		
	6C. CITY OR TOWN: Bakersfield		6D. COUNTY: Kern		
MOTHER OF CHILD	7A. BIRTH NAME OF MOTHER—First	7B. MIDDLE	7C. LAST	8. STATE OF BIRTH: [illegible]	9. AGE OF MOTHER: [illegible]
	[redacted]				
FATHER OF CHILD	10A. NAME OF FATHER—First	10B. MIDDLE	10C. LAST	11. STATE OF BIRTH: California	12. AGE OF FATHER: 32
	[redacted]				
PARENT'S CERTIFICATION	I certify that I have given the true information and that it is true and correct to the best of my knowledge.	13A. PARENT OR GUARDIAN—SIGNATURE: [redacted]		13B. RELATIONSHIP TO CHILD: Mother	13C. DATE SIGNED: June 11, 1979
ATTENDANT'S CERTIFICATION	I certify that I attended this birth and that the child was born alive at the place, date and place stated.	14A. PHYSICIAN OR OTHER PERSON WHO ATTENDED THE BIRTH—DECLARE OR TITLE AND TYPED NAME: [redacted]			14B. DATE SIGNED: June 11, 1979
	REQUEST OMISSION FROM SOLICITATION LISTS	14C. ADDRESS: Bakersfield, California		M.D.	14D. ATTENDANT'S LICENSE NUMBER: Resident
LOCAL REGISTRAR	15. DEATH—Cause Date of Death	16. LOCAL REGISTRAR—SIGNATURE: [redacted]			JUL 3 1979

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF KERN

DATE ISSUED
JUL 26 1994

[redacted]
COUNTY CLERK RECORDER

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)

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 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

11-5-01
Date

CERTIFICATION OF VITAL RECORD

FOIA6

104 -

STATE BIRTH CERTIFICATE NUMBER

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA

1500 8612

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

THIS CHILD	1A. NAME OF CHILD—FIRST / 1B. MIDDLE / 1C. LAST: [redacted]			
	2. SEX: Male	3A. THIS BIRTH SINGLE, TWIN, ETC.: Single	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.: --	4A. DATE OF BIRTH: November 14, 1986 / 4B. HOUR—24 HOUR CLOCK TIME: 0402
PLACE OF BIRTH	5A. PLACE OF BIRTH—NAME OF HOSPITAL OR FACILITY: Kern Medical Center		5B. STREET ADDRESS: 1830 Flower Street	
	5C. CITY OR TOWN: Bakersfield		5D. COUNTY: Kern	
FATHER OF CHILD	6A. NAME OF FATHER—FIRST / 6B. MIDDLE / 6C. LAST: [redacted]		7. STATE OF BIRTH: California	8. AGE OF FATHER: 40
MOTHER OF CHILD	9A. NAME OF MOTHER—FIRST / 9B. MIDDLE / 9C. LAST (BIRTH NAME): [redacted]		10. STATE OF BIRTH: California	11. AGE OF MOTHER: 22
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	[redacted]	12B. RELATIONSHIP TO CHILD: Mother	12C. DATE SIGNED: November 14, 1986
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: Resident	13C. DATE SIGNED: November 14, 1986
		[redacted] M.D., Bakersfield, California		
LOCAL REGISTRAR	15. DEATH—ENTER DATE OF DEATH	[redacted]		17. DATE ACCEPTED FOR REGISTRATION: NOV 21 1986

BOOK 595 PAGE 17

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF KERN

DATE ISSUED
JUL 2 6 1994

[redacted]
COUNTY CLERK RECORDER

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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)

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

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

Date

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

FOIA6

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

1199615006896

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

032 PIE 308

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 08/11/1996	4B. HOUR — (24 HOUR CLOCK TIME) 0728	
PLACE OF BIRTH	5A. PLACE OF BIRTH — NAME OF HOSPITAL OR FACILITY SAN JOAQUIN COMM. HOSP.-FBC		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) WITHHELD	6B. MIDDLE	6C. LAST (FAMILY)		7. STATE OF BIRTH	8. DATE OF BIRTH
MOTHER OF CHILD	9A. NAME OF MOTHER — FIRST (GIVEN) [redacted]	9B. MIDDLE	9C. LAST (MAIDEN)		10. STATE OF BIRTH CA	11. DATE OF BIRTH 01/28/79
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.	12A. PARENT OR OTHER INFORMANT — SIGNATURE [redacted]			12B. RELATIONSHIP TO CHILD MOTHER	12C. DATE SIGNED 08/11/96
CERTIFICATION OF BIRTH	I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR AND PLACE STATED.	[redacted]			13B. LICENSE NUMBER C41192	13C. DATE SIGNED 08/11/96
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT [redacted] MD, 3805 SAN DIMAS #A, BKFLD, CA 93301				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 REGISTRAR — SIGNAT [redacted]		17. DATE ACCEPTED FOR REGISTRATION 08/28/1996	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF KERN

DATE ISSUED
JAN 3 0 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

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

COUNTY OF KERN STATE OF CALIFORNIA

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 before marriage)

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]

Name of person preparing this chart

11-6-01

Date

FOIA6

104 -

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA

4200

82-2350

THIS CHILD

[redacted]

MALE	BINGLE	-	JUNE 16, 1982	1957

PLACE OF BIRTH

COTTAGE HOSPITAL

FIELD AT BATH STREET

SANTA BARBARA

SANTA BARBARA

FATHER OF CHILD

[redacted]

CA 32

MOTHER OF CHILD

[redacted]

IL 21

PARENT'S CERTIFICATION

MOTHER 6/17/82

ATTENDANT'S CERTIFICATION

[redacted]

B-32295 7/8/1982

[redacted]

, 215 PESETAS LANE, S.B.

LOCAL REGISTRAR

[redacted]

This is a true copy of the original record on file in the Office of the County Clerk-Recorder, Santa Barbara, California.

[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 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. [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

11-6-01

Date

CERTIFICATION OF VITAL RECORD

FOIA6

104-

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA

1500

STATE BIRTH CERTIFICATE NUMBER | LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

THIS CHILD	1A. NAME OF CHILD—FIRST	1B. MIDDLE	1C. LAST		
	[redacted]				
	2. SEX: Male	3A. TWIN, TRIPLET, ETC.: Single	3B. IF MULTIPLE THIS CHILD 1ST, 2ND, ETC.: --	4A. DATE OF BIRTH—MONTH, DAY, YEAR: December 24, 1981	4B. HOUR (24 HOUR CLOCK TIME): 1713
PLACE OF BIRTH	5A. PLACE OF BIRTH—NAME OF HOSPITAL: Kern Medical Center		5B. STREET ADDRESS (STREET, AVENUE, OR LOCATION): 1830 Flower Street		
	5C. CITY OR TOWN: Bakersfield,		5D. COUNTY: Kern		
FATHER OF CHILD	6A. NAME OF FATHER—FIRST	6B. MIDDLE	6C. LAST	7. STATE OF BIRTH: California	8. AGE OF FATHER: 33
	[redacted]				
MOTHER OF CHILD	9A. MAIDEN NAME OF MOTHER—FIRST	9B. MIDDLE	9C. LAST	10. STATE OF BIRTH: Oklahoma	11. AGE OF MOTHER: 22
	[redacted]				
PARENT'S CERTIFICATION	I CERTIFY THAT I HAVE REVIEWED THE BIRTH INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE	12A. [redacted]		12B. RELATIONSHIP TO CHILD: Mother	12C. DATE SIGNED: December 26, 1981
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: Resident	13C. DATE SIGNED: December 26, 1981
	14. REQUEST OMISSION FROM SOLICITATION LISTS			California	
LOCAL REGISTRAR	15. DEATH—SHOW DATE OF DEATH	[redacted]			17. DATE ACCEPTED FOR REGISTRATION: JAN 4 1982

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF KERN } ss

DATE ISSUED
JUL 26 1994

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

[redacted]
COUNTY CLERK 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. [redacted] -f
2. -f-
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

7-3-2010

Date

FOIA6

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES

OFFICE OF
STATE REGISTRAR
OF VITAL STATISTICS

This is to certify that this is a true copy of the document filed in this office, if validated on the reverse.

[redacted]

JANUARY 5, 1987

104-54-385462 DELAYED REGISTRATION OF BIRTH

MC

[redacted]

F | 11-03-54 | [illegible]

Tehon Ranch | Keyin, CA | Kern County, CA

[redacted]

Tehon Ranch | American Indian

[redacted]

Tehon Ranch | American Indian

[redacted]

6-27-86 | 2234 4th Street, Wasco, CA

[redacted]

6-25-86 | 711 San Emidio St. [illegible] 93268

1 or the mother of child.

[redacted]

159706

[redacted]

DO NOT WRITE BELOW THIS SPACE—FOR STATE REGISTRAR ONLY

[illegible]

[redacted]

[redacted]

[redacted]

STATE OF CALIFORNIA DEPARTMENT OF HEALTH SERVICES OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

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] 1)
2. 1)
3. 1)
4. (M)
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.
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7.
8.
9.
10.

[redacted]

Name of person preparing this chart

3-23-01

Date

FOIA6

CALIFORNIA VITAL RECORD

STATE BIRTH CERTIFICATE NUMBER

CERTIFICATE OF LIVE BIRTH

STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 1500 0697

THIS CHILD

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

1b. MIDDLE [redacted]

1c. LAST NAME [redacted]

2. SEX Female

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

3b. IF MULTIPLE, THIS CHILD BORN FIRST, SECOND, THIRD

4a. DATE OF BIRTH—MONTH, DAY, YEAR February 10, 1969

4b. HOUR 10:08 A.M.

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

5b. STREET ADDRESS (STREET AND NUMBER, OR LOCATION) 1830 Flower Street

5c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) No

5d. CITY OR TOWN [illegible]d

5e. COUNTY Kern

MOTHER OF CHILD

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

6b. MIDDLE NAME [redacted]

6c. LAST NAME (MAIDEN NAME) [redacted]

6. AGE OF MOTHER (AT TIME OF THIS BIRTH) 18 YEARS

9. COLOR OR RACE OF MOTHER White

7. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Oklahoma

10c. RESIDENCE OF MOTHER—CITY OR TOWN Irvin

10d. RESIDENCE OF MOTHER—STREET ADDRESS (STREET AND NUMBER, RURAL ADDRESS, OR LOCATION) Rt. 1 Box 163-A

10e. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) NO

10b. RESIDENCE OF MOTHER—COUNTY Kern

10f. RESIDENCE OF MOTHER—STATE California

FATHER OF CHILD

11a. NAME OF FATHER—FIRST NAME [redacted]

11b. MIDDLE NAME [redacted]

11c. LAST NAME [redacted]

13. AGE OF FATHER (AT TIME OF THIS BIRTH) 23 YEARS

14. COLOR OR RACE OF FATHER Mexican

12. BIRTHPLACE (STATE OR FOREIGN COUNTRY) California

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

15a. PRESENT OR LAST OCCUPATION Labor[redacted]

15b. KIND OF INDUSTRY OR BUSINESS Farm

16a. PARENT OR [redacted]

16b. DATE REVIEWED AND SIGNED BY INFORMANT February 10, 1969

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]

17b. DATE SIGNED BY PHYSICIAN OR OTHER ATTENDANT February 10, 1969

17c. [redacted]

17d. PHYSICIAN'S CALIFORNIA LICENSE NUMBER Applied for

09[illegible]

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF KERN } ss

ISSUED [redacted]

ASSESSOR RECORDER

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

Name of Member's Sisters:

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

[redacted]

Name of person preparing this chart

3-10-01

Date

FOIA6

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA

1500 351

STATE BIRTH CERTIFICATE NUMBER | LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

NAME OF CHILD — FIRST | 1B. MIDDLE | 1C. LAST

[redacted]

2. SEX	3A. THIS BIRTH, SINGLE, TWIN, ETC.	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.	4A. DATE OF BIRTH—MONTH, DAY, YEAR	4B. HOUR (24 HOUR CLOCK TIME)
Female	Single	-	October 28, 1981	2035

5A. PLACE OF BIRTH—NAME OF HOSPITAL	5B. STREET ADDRESS (STREET NUMBER, OR LOCATION)
Kern Medical Center	1830 Flower Street
5C. CITY OR TOWN	5D. COUNTY
Bakersfield	Kern

6A. NAME OF FATHER—FIRST	6B. MIDDLE	6C. LAST	7. STATE OF BIRTH	8. AGE OF FATHER
[redacted]			Mexico	26

9A. BIRTH NAME OF MOTHER—FIRST	9B. MIDDLE	9C. LAST	10. STATE OF BIRTH	11. AGE OF MOTHER
[redacted]			California	28

I CERTIFY THAT I HAVE REVIEWED THE STATISTICAL 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: 1981 October 28

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

13B. LICENSE NUMBER: G45506

13C. DATE SIGNED: 1981 October 28

REQUEST OMISSION FROM SOLICITATION LISTS

ifornia

15. DEATH—ENTER DATE OF DEATH

17. DATE RECEIVED: NOV 3 1981

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

[redacted]

Local Registrar of Vital Statistics
KERN COUNTY HEALTH DEPARTMENT
BAKERSFIELD, CALIFORNIA 93305

NOV 16 1981

ISSUED BY KERN COUNTY HEALTH DEPARTMENT

Tejon Indian Tribe

2234 4th Street, Wasco, CA 93280

Member's Name: [redacted]

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

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

Name of Member's Brothers: [redacted]

1.
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]

6-17-01
Date

BIRTH BOOK 461

104-

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA

1500 7524

STATE BIRTH CERTIFICATE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

THIS CHILD

1A. NAME OF CHILD—FIRST: [redacted]
1B. MIDDLE: [redacted]
1C. LAST: [redacted]
2. SEX: Male
3A. TWIN, TRIPLET, ETC.: Single
3B. IF MULTIPLE, 1ST, 2ND, ETC.:
4A. DATE OF BIRTH—MONTH, DAY, YEAR: December 26, 1979
5A. HOUR: 0842

PLACE OF BIRTH

6A. PLACE OF BIRTH—NAME OF HOSPITAL: West Side District
6B. STREET ADDRESS (STREET, NUMBER, OR LOCATION): 110 East North Street
6C. CITY OR TOWN: Taft
6D. COUNTY: Kern

MOTHER OF CHILD

7A. BIRTH NAME OF MOTHER—FIRST: [redacted]
7B. MIDDLE: [redacted]
7C. LAST: [redacted]
8. STATE OF BIRTH: Ca
9. AGE OF MOTHER: 21

FATHER OF CHILD

10A. NAME OF FATHER—FIRST: WI
10B. MIDDLE: T H E I. D
10C. LAST:
11. STATE OF BIRTH:
12. AGE OF FATHER:

PARENT'S CERTIFICATION

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.
12A. [redacted]
12B. RELATIONSHIP TO CHILD: Mother
12C. DATE REVIEWED AND SIGNED: 12/28/79

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. [redacted]
14B. TITLE AND TYPED NAME: [redacted] M.D.
14B. DATE SIGNED: 1-3-80
14C. [redacted]
14D. ATTENDANT'S LICENSE NUMBER: A-15751

REQUEST OMISSION FROM SOLICITATION LISTS

109 Adkisson Way, Taft, California

LOCAL REGISTRAR

15. DEATH—ENTER DATE OF DEATH
16. LOCAL REGISTRAR: [redacted]
17. DATE ACCEPTED FOR REGISTRATION: JAN 14 1980

LOCAL BOOK 461 PAGE 248

FOIA6

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.
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

3-10-01

Date

Notification of Birth Registration

REGISTRAR'S NUMBER 410

THIS CHILD	CHILD'S FIRST NAME [redacted]	MIDDLE NAME [redacted]	LAST NAME [redacted]
	PLACE OF BIRTH Bakersfield (Tejon Ranch) Calif.		DATE OF BIRTH Jan. 24, 1953 — SEX Female
MAIDEN NAME OF MOTHER	FIRST NAME [redacted]	MIDDLE NAME	LAST NAME [redacted]
NAME OF FATHER	FIRST [redacted]	MIDDLE NAME	LAST NAME [redacted]

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] Bakersfield, Calif.

[redacted] M.D. CPH.
LOCAL REGISTRAR OF VITAL STATISTICS
KERN COUNTY HEALTH DEPARTMENT

[redacted] M.D.
AND STATE REGISTRAR OF VITAL STATISTICS
DEPARTMENT OF PUBLIC HEALTH

STATE OF CALIFORNIA

(REV. 7-1-48) FORM R & S-98

FOIA6

Tejon Indian Tribe

2234 4th Street, Wasco, CA 93280

TRIBAL ROLL: #T

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 or female)

1. [redacted] (F)
2. (F)
3. (M)
4. (M)
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

2-19-01

Date

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

FOIA6

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
VITAL STATISTICS

Local Registered No. 808

STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH. Dist. No. 1501
COUNTY OF KERN
CITY or RURAL REGISTRATION DISTRICT BAKERSFIELD
No. San Joaquin Hospital, Inc. or, Ltd. Ward
If birth occurred in a hospital or institution, give its NAME instead of street and number

2. FULL NAME OF CHILD [redacted]
[If child is not yet named, make supplemental report as directed.]

3. Sex Female | If plural births: 4. Twin, triplet, or other; 5. Number, in order of birth
6. Premature ___ Full term ✓ | 7. Date of birth (month, day, year) Dec. 22, 1937

FATHER	MOTHER
8. Full name [redacted]	17. Full maiden name [redacted]
9. Residence (usual place of abode; If nonresident, give place and State) c/o Tejon Ranch Bakersfield, Calif.	18. Residence (usual place of abode; If nonresident, give place and State) c/o Tejon Ranch Bakersfield, Calif.
10. Color or race Spanish; 11. Age at last birthday 29 years	19. Color or race Spanish; 20. Age at last birthday 20 years
12. Birthplace California (State or country)	21. Birthplace California (State or country)
OCCUPATION: 13. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rider	OCCUPATION: 22. Trade, profession or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
14. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Tejon Ranch	23. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
15. Date (month and year) last engaged in this work Dec., 1937; 16. Total time (years) spent in this work 20	24. Date (month and year) last engaged in this work Dec., 19 37; 25. Total time (years) spent in this work 2

26. If stillborn, period of gestation ___ months or weeks | 27. Cause of stillbirth ___ Before labor ___ During labor ___

28. Was a prophylactic for Ophthalmia Neonatorum used? Yes If so, what? 1% silver nitrate | 29. Specify congenital crippling deformities ___

30. Number of children of this mother (Attime of this birth and including this child) 2 (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

31. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:05 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signed) [redacted] M.D.
Physician
Physician, midwife, father, etc.

Given name added from a supplemental report ___ Date of ___ Registrar

Address Bakersfield, California

32. Filed Dec. 29, 1937 Date P. J. Cuneo Registrar

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF KERN } ss.

DATE ISSUED MAY 25 2000

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

[redacted]
ASSESSOR 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)

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 before marriage) [redacted]

Name of Member's Brothers:

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

Name of Member's Sisters: [redacted]

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

[redacted]

Name of person preparing this chart

5-17-01

Date

FOIA6

S b b

104 - 1500 4583

STATE BIRTH CERTIFICATE NUMBER

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

BOOK 566 PAGE 248

THIS CHILD

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

2. SEX: Female
3A. TYPE BIRTH (SINGLE, TWIN, ETC.): Single
3B. IF MULTIPLE, THIS CHILD (1ST, 2ND, ETC.): --
4A. DATE OF BIRTH—MONTH, DAY, YEAR: June 25, 1985
4B. HOUR—(24 HOUR CLOCK TIME): 1204

PLACE OF BIRTH

5A. PLACE OF BIRTH—NAME OF HOSPITAL OR FACILITY: 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. STATE OF BIRTH: California
8. AGE OF FATHER: 38

MOTHER OF CHILD

9A. NAME OF MOTHER—FIRST: [redacted]
9B. MIDDLE:
9C. LAST (BIRTH NAME):
10. STATE OF BIRTH: California
11. AGE OF MOTHER: 27

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
12A. SIGNATURE OF PARENT OR OTHER INFORMANT—[redacted]
12B. RELATIONSHIP TO CHILD: Mother
12C. DATE SIGNED: June 27, 1985

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: A24108
13C. DATE SIGNED: June 25, 1985

14. REQUEST OMISSION FROM SOLICITATION LISTS
13D. [redacted] .D., Bakersfield, California

LOCAL REGISTRAR

15. DEATH—ENTER DATE OF DEATH:
16. [redacted] D. C. Lee
17. DATE ACCEPTED FOR REGISTRATION: JUL 10 1985

[illegible] certified copy
[illegible]
[illegible] purge [illegible] of the Recorder

SEP 11 1986

[redacted]

Deputy

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]

Name of person preparing this chart _____ Date _____

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

FOIA6

104

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

19219113527

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

THE CHILD	1A. NAME OF CHILD [redacted]	1B. MIDDLE	1C. LAST [redacted]	
	2. SEX: MALE	3A. SINGLE	4A. DATE OF BIRTH: AUGUST 25, 1992	4B. HOUR: 1618
PLACE OF BIRTH	5A. PLACE OF BIRTH: GLENDALE ADVENTIST MED. CENTER	5B. STREET ADDRESS: 1509 E. WILSON TERRACE		
	5C. CITY: GLENDALE	5D. COUNTY: LOS ANGELES	5E. PLANNED PLACE OF BIRTH: HOSPITAL	
FATHER OF CHILD	6A. NAME OF FATHER [redacted]	6B. MIDDLE	6C. LAST [redacted]	7. STATE OF BIRTH: CA / 8. DATE OF BIRTH: 11/26/75
MOTHER OF CHILD	9A. NAME OF MOTHER [redacted]	9B. MIDDLE	9C. LAST [redacted]	10. STATE OF BIRTH: AZ / 11. DATE OF BIRTH: 12/7/75
PARENT'S CERTIFICATION	I CERTIFY THAT I HAVE INVESTIGATED THE STATED INFORMATION AND THAT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.	12A. PARENT OR OTHER INFORMANT [redacted]	12B. RELATIONSHIP TO CHILD: MOTHER	12C. DATE SIGNED: 8/26/92
CERTIFICATION OF BIRTH	I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED. [redacted]		13B. LICENSE NUMBER: RESIDENT	13C. DATE SIGNED: 8/26/92
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT [redacted] MD, 1509 E WILSON TERR, GLENDALE		14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT	
LOCAL REGISTRAR	[redacted]	15A. STATE FILE NUMBER	15B. LOCAL REGISTRAR [redacted]	17. DATE ACCEPTED FOR REGISTRATION: SEP 17 1992

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

[redacted]

Registrar-Recorder/County Clerk

SEP 22 2003

190160067

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 [redacted] (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 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]

2-19-01
Date

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

FOIA6

CERTIFICATE OF LIVE BIRTH

0190-058832

STATE BIRTH CERTIFICATE NUMBER | STATE OF CALIFORNIA—DEPARTMENT OF HEALTH | LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

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 BORN 1ST 2ND 3RD?
4a. DATE OF BIRTH—MONTH DAY YEAR: JULY 14, 1977
4b. HOUR: 0304

PLACE OF BIRTH

5a. PLACE OF BIRTH—NAME OF HOSPITAL: CALIFORNIA HOSPITAL MEDICAL CENTER
5b. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 1414 SO. HOPE ST.
5c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): YES
5d. CITY OR TOWN: LOS ANGELES
5e. COUNTY: LOS ANGELES

MOTHER OF CHILD

6a. MAIDEN NAME OF MOTHER—FIRST NAME: [redacted]
6b. MIDDLE NAME
6c. LAST NAME (MAIDEN SURNAME)
7. BIRTHPLACE (STATE OR FOREIGN COUNTRY): MEXICO
8. AGE OF MOTHER (AT TIME OF THIS BIRTH): 40 YEARS
9. SOCIAL SECURITY NUMBER OF MOTHER: 566-64-2060
9. COLOR OR RACE OF MOTHER: WHITE
10a. RESIDENCE OF MOTHER—STREET ADDRESS (STREET AND NUMBER, RURAL ADDRESS OR LOCATION): 728 SO. AVE. 60
10b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): YES
10c. RESIDENCE OF MOTHER—CITY OR TOWN: LOS ANGELES
10d. RESIDENCE OF MOTHER—COUNTY: LOS ANGELES
10e. RESIDENCE OF MOTHER—STATE: CALIFORNIA

FATHER

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): 45 YEARS
14. SOCIAL SECURITY NUMBER OF FATHER: 568-30-0915
15. COLOR OR RACE OF FATHER: AMER. INDIAN

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. PARENT OR OTHER INFORMANT—SIGNATURE (IF OTHER THAN PARENT SPECIFY): [redacted]
16b. DATE REVIEWED AND SIGNED BY INFORMANT: 7-15-1977

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
17a. [redacted] OR TITLE
17b. DATE SIGNED BY PHYSICIAN OR OTHER ATTENDANT: 7-14-77
17c.
17d. PHYSICIAN'S CALIFORNIA LICENSE NUMBER: A22763

LOCAL REGISTRAR

18.
19. [redacted]
20. DATE RECEIVED: JUL 19 1977

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

[redacted]
Registrar-Recorder/County Clerk

FEB 19 1994
19-687807

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

Tejon Indian Tribe

2234 4th Street Wasco, CA 93280

Member's Name: [redacted] TRIBAL ROLL: #T

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.
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

2-19-01

Date

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

FOIA6

CERTIFICATE OF LIVE BIRTH

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH

0190-027286

THIS CHILD	1a NAME OF CHILD—FIRST NAME [redacted]	1b MIDDLE NAME	1c LAST NAME	
	2 SEX: FEMALE	3 SINGLE	4a DATE OF BIRTH: APRIL 10, 1974	4b HOUR: 4:53 A
PLACE OF BIRTH	5a PLACE OF BIRTH—NAME OF HOSPITAL: WHITE MEMORIAL MEDICAL CENTER		5b STREET ADDRESS: 1720 BROOKLYN AVENUE	5c INSIDE CITY LIMITS: YES
	5e CITY OR TOWN: LOS ANGELES		5f COUNTY: LOS ANGELES	
MOTHER OF CHILD	6a MAIDEN NAME OF MOTHER [redacted]	6b MIDDLE NAME	6c LAST NAME [redacted]	7 BIRTHPLACE: MEXICO
	8 AGE OF MOTHER: [illegible] YEARS	9 SOCIAL SECURITY NUMBER OF MOTHER: 566 64 20[illegible]	9 COLOR OR RACE OF MOTHER: CAUCASIAN	10a RESIDENCE OF MOTHER—STREET ADDRESS: 720 50 AVENUE 60
	10b RESIDENCE OF MOTHER—CITY OR TOWN: LOS ANGELES		10c RESIDENCE OF MOTHER—COUNTY: LOS ANGELES	10d RESIDENCE OF MOTHER—STATE: CALIFORNIA 90042
FATHER OF CHILD	11a NAME OF FATHER—FIRST NAME [redacted]	11b MIDDLE NAME	11c LAST NAME	12 BIRTHPLACE: CALIFORNIA
	13 AGE OF FATHER: 42 YEARS	13a SOCIAL SECURITY NUMBER OF FATHER: 568 38 0915	14 COLOR OR RACE OF FATHER: CAUCASIAN	15a PRESENT OR LAST OCCUPATION: STEAM ENGINEER
				15b KIND OF INDUSTRY OR BUSINESS: HOSPITAL
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	15c PARENT OR OTHER INFORMANT—SIGNATURE OF OTHER THAN PARENT SPECIFIED [redacted]		16a DATE REVIEWED AND SIGNED BY INFORMANT: APRIL 11, 1974
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]	DEGREE OR TITLE: M.D	17a DATE CERTIFIED BY PHYSICIAN: APRIL 10, 1974
			ES 90033	17b PHYSICIAN'S CALIFORNIA LICENSE NUMBER: A15642
LOCAL REGISTRAR	18	[redacted]		20 DATE FILED: APR 19 1974

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

[redacted]

Registrar-Recorder/County Clerk

19-687810

This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk

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] (M)
2. (M)
3. (F)
4. (F)
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.
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6.
7.
8.
9.
10.

[redacted]

Name of person preparing this chart

6-17-01

Date

FOIA6

CORRECTION FOR BOOK 60 PAGE 6 BOOK 342 PAGE 51

AFFIDAVIT TO CORRECT A RECORD

1/8-11/1859

REGISTRANT INFORMATION

[redacted]

BAKERSFIELD, KERN COUNTY

JUNE 30, 1948

JULY 8, 1948

[redacted]

[redacted]

STATEMENT OF CORRECTIONS

[redacted]

TO CORRECT A RECORD THAT WAS INCORRECTLY STATED ON ORIGINAL BIRTH CERTIFICATE

28th

[redacted]

Box 463

Calif.

5/6/68

Calif.

SECOND SUPPORTING AFFIDAVIT

November

28th

[redacted]

735 S. Stockton St.

5/6/68

Calif.

Calif.

FOR USE OF STATE REGISTRAR

DEC 6 1967

FOIA6

Book Number

[redacted]

2. PLACE OF BIRTH (County) Kern
(B) City or Town Bakersfield
(C) Name of Hospital or Institution Kern General Hospital

(B) Mother's Usual Residence Bakersfield
Indian Ranch

4. Sex Male
5. Type of Birth Single
6. Date of Birth

FATHER OF CHILD

8. Full Name [redacted]
9. Color or Race Indian
10. Age at Time of Birth 38
(a) Length of Residence in California all
(b) Birthplace California
(c) Usual Occupation Labor
(d) Industry or Business Indian Ranch

MOTHER OF CHILD

[redacted]
California
Housewife
Box 1560
Bakersfield, California

23. I hereby certify that I attended the birth of this child on the information given was born alive.
[redacted]

24. Date Received by Local Reg.
25. Registrar's Signature
[redacted]
26. Given Name Added

27. (a) Pregnancy, Complications of No
(b) Labor, Complications of No
(c) Was There an Operation for Delivery Yes
Low Forceps
(d) Was a Prophylactic Drug Used in the Baby's Eyes Yes
If Yes, State Drug 1% AgNO3

No
No
No
Man

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF LIVE BIRTH

FEDERAL SECURITY AGENCY
U.S. PUBLIC HEALTH SERVICE

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 before marriage

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

9-9-2002
Date

STATE OF CALIFORNIA

COUNTY of KERN • Health Department

CERTIFIED ABSTRACT OF BIRTH

This is to certify that this document is a true abstract of the official record filed with the Vital Records Section, California Department of Health Services.

NAME: [redacted]

DATE OF BIRTH: JANUARY 11,1994 SEX: MALE

COUNTY OF BIRTH: KERN

BIRTH NAME OF MOTHER: [redacted]

NAME OF FATHER: [redacted]

DATE FILED: FEBRUARY 2,1994 ISSUED: APRIL 22, 1994

LOCAL REGISTRATION NUMBER: 000505

15-08041

[redacted]

HEALTH OFFICER AND LOCAL REGISTRAR OF BIRTHS AND DEATHS

FOIA6

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 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

6-17-01

Date

FOIA6

542

104 - 1500 2347

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA

STATE BIRTH CERTIFICATE NUMBER — LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

THIS CHILD

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

2. SEX: Male
3A. THIS BIRTH, SINGLE, TWIN, ETC.: Single
3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.: ---
4A. DATE OF BIRTH—MONTH, DAY, YEAR: April 3, 1984
4B. HOUR—24 HOUR CLOCK TIME: 0529

PLACE OF BIRTH

5A. PLACE OF BIRTH—NAME OF HOSPITAL OR FACILITY: Greater Bakersfield Memorial Hosp.
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: [redacted] 6C. LAST: [redacted]
7. STATE OF BIRTH: California
8. AGE OF FATHER: 35

MOTHER OF CHILD

9A. NAME OF MOTHER—FIRST: [redacted] 9B. MIDDLE: [redacted] 9C. LAST (BIRTH NAME): [redacted]
10. STATE OF BIRTH: California
11. AGE OF MOTHER: 26

PARENT'S CERTIFICATION

I HEREBY CERTIFY THAT I HAVE SUPPLIED 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: 4-4-'84

ATTENDANT'S CERTIFICATION

I CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED
13. [redacted] SIGNATURE OR TITLE
13B. LICENSE NUMBER: A-24108
13C. DATE SIGNED: 4-5-'84
14. REQUEST OMISSION FROM SOLICITATION LISTS
13D. TYPED NAME: [redacted], M.D., Bakersfield, California

LOCAL REGISTRAR

15. DEATH—ENTER DATE OF DEATH
16. LOCAL REGISTRAR—SIGNATURE: [redacted]
17. DATE ACCEPTED FOR REGISTRATION: APR 11 1984

BOOK 542 PAGE 48

[redacted]

Tejon Indian Tribe

2234 4th Street, Wasco, CA 93280

Member's Name: [redacted]

Name of Member's [redacted] 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 before marriage)

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]

Name of person preparing this chart

3/6/1

Date

FOIA6

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA

1. STATE BIRTH CERTIFICATE NUMBER

1500 4220
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

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

2. SEX	3A. THIS BIRTH, SINGLE, TWIN, ETC.	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.	4. BIRTHWEIGHT	5A. DATE OF BIRTH—MONTH, DAY, YEAR	5B. HOUR
Male	Single	---	3529 GRAMS	August 13, 1978	6:06PM

6A. PLACE OF BIRTH—NAME OF HOSPITAL	6B. STREET ADDRESS (STREET, NUMBER, OR LOCATION)
Greater Bakersfield Memorial Hosp.	420 34th Street
6C. CITY OR TOWN	**6D. COUNTY**
Bakersfield	Kern

7A. BIRTH NAME OF MOTHER—FIRST	7B. MIDDLE	7C. LAST	8. STATE OF BIRTH	9. AGE OF MOTHER
[redacted]			California	21

10A. NAME OF FATHER—FIRST	10B. MIDDLE	10C. LAST	11. STATE OF BIRTH	12. AGE OF FATHER
[redacted]			Mexico	24

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 August 14, 1978
I CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED.	14. ► [redacted]	REE OR TITLE AND TYPED NAME	14B. DATE SIGNED August 13, 1978
REQUEST OMISSION FROM SOLICITATION LISTS	14C. ADDRESS ► Bakersfield, California		14D. ATTENDANT'S LICENSE NUMBER G-9024
15. DEATH—ENTER DATE OF DEATH	16. LOCAL REGISTRAR—SIGNATURE [redacted]		17. DATE ACCEPTED FOR REGISTRATION AUG 21 1978

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

[redacted]

ISSUED BY
KERN COUNTY HEALTH DEPARTMENT

SEP 1 1978

Local Registrar of Vital Statistics
KERN COUNTY HEALTH DEPARTMENT
BAKERSFIELD, CALIFORNIA 93302

Tejon Indian Tribe

2234 4th Street, Wasco, CA 93280

Member's Name: [redacted]

Name of Member's Wife [redacted]

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 before marriage) [redacted]

Name of Member's Brothers:

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

Name of Member's Sisters:

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

[redacted]

Name of person preparing this chart

3-25-02
Date

CERTIFICATION OF VITAL RECORD

VERIFICATION BOX (TO RIGHT OF ARROW, HOLD BETWEEN THUMB AND FOREFINGER OR BREATHE ON IT, COLOR WILL DISAPPEAR, THEN REAPPEAR)

STATE OF ARIZONA

FOIA6

ORIGINAL STATE COPY

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES – OFFICE OF VITAL RECORDS
CERTIFICATE OF LIVE BIRTH

BIRTH NO. B 102-1967-000341

CHILD'S NAME A. FIRST [redacted]	B. MIDDLE	C. LAST [redacted]	
SEX FEMALE	3A. PLURALITY (SPECIFY) SINGLE	3B. IF MULTIPLE BIRTH (SPECIFY)	4A. DATE OF BIRTH (MONTH, DAY, YEAR) JANUARY 02, 1967
4B. HOUR OF BIRTH	5. PLACE OF BIRTH A. COUNTY MARICOPA		B. TOWN OR CITY
6. PLACE OF BIRTH ☐ HOSPITAL ☐ FREESTANDING BIRTHING CENTER ☐ RESIDENCE		C. FACILITY NAME (IF NOT INSTITUTION GIVE STREET AND NUMBER)	
☐ CLINIC/DOCTOR'S OFFICE ☐ OTHER (SPECIFY)			
7. FATHER'S NAME (FIRST, MIDDLE, LAST, SUFFIX (Optional)) [redacted]		9. DATE OF BIRTH (MONTH, DAY, YEAR)	8. PLACE OF BIRTH (STATE OR COUNTRY)
10. MOTHER'S MAIDEN NAME (FIRST, MIDDLE, LAST) [redacted]		12. DATE OF BIRTH (MONTH, DAY, YEAR)	11. PLACE OF BIRTH (STATE OR COUNTRY)
13. MOTHER'S USUAL RESIDENCE A. STATE	B. COUNTY	C. TOWN OR CITY	
D. STREET ADDRESS OR R.F.D.	15. IN CITY LIMITS ☐ YES ☒ NO	16. MOTHER'S MAILING ADDRESS (IF DIFFERENT FROM ITEM 13)	

DATE REGISTERED: JANUARY 11, 1967

DATE ISSUED: MAY 04, 2001

[redacted]

STATE REGISTRAR

2448030

This is a true certification of the facts on file in the OFFICE OF VITAL RECORDS, DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of

This copy not valid unless prepared on engraved form displaying state seal and impressed with raised seal of issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Arizona Department of Health Services

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

[redacted]

Name of person preparing this chart _____ Date _____

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

FOIA6

1199619101574

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

THIS CHILD

1A. NAME OF CHILD — FIRST (GIVEN): [redacted]
1B. MIDDLE: [redacted]
1C. LAST (FAMILY): [redacted]

2. SEX: FEMALE
3A. THIS BIRTH, SINGLE, TWIN, ETC.: SINGLE
3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.: -
4A. DATE OF BIRTH — MM-DD-CCYY: 08/25/1996
4B. HOUR — 24 HOUR CLOCK TIME: 1115

PLACE OF BIRTH

5A. PLACE OF BIRTH — NAME OF HOSPITAL OR FACILITY: GLENDALE ADVENTIST MED CTR
5B. STREET ADDRESS — STREET NUMBER, OR LOCATION: 1509 E. WILSON TERRACE
5C. CITY: GLENDALE
5D. COUNTY: LOS ANGELES
5E. PLANNED PLACE OF BIRTH: HOSPITAL

FATHER OF CHILD

6A. NAME OF FATHER — FIRST (GIVEN): [redacted]
6B. MIDDLE: [redacted]
6C. LAST (FAMILY): [redacted]
7. STATE OF BIRTH: CA
8. DATE OF BIRTH: 11/26/75

MOTHER OF CHILD

[redacted]
10. STATE OF BIRTH: AZ
11. DATE OF BIRTH: 12/07/75

PARENT'S CERTIFICATION

12A. I CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.
12B. PARENT OR LEGAL GUARDIAN — SIGNATURE: [redacted]
12B. RELATIONSHIP TO CHILD: [redacted] REC CLERK
12C. DATE SIGNED: 08/26/96

CERTIFICATION OF BIRTH

13A. I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.
13A. ATTENDANT OR CERTIFIER — SIGNATURE, DEGREE OR TITLE: [redacted]
13B. LICENSE NUMBER: A60067
13C. DATE SIGNED: 08/26/96
13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT: [redacted] MD, 801 S CHEVY CHASE, GLENDALE, CA 91205
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 REGISTRAR — SIGNATURE: [redacted]
17. DATE ACCEPTED FOR REGISTRATION: 09/30/1996

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

[redacted]
Registrar-Recorder/County Clerk

JAN 29 2001

19-214389

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

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] (M)
2. (M)
3. (M)
4. (F)
5. (F)
6. (F)
7.
8.
9.
10.

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

6-17-01

Date

FOIA6

SOCIAL SECURITY

HEALTH S

[redacted]

THIS NUMBER HAS BEEN ESTABLISHED FOR

[redacted]

BIRTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

[redacted]

Female

July 11, 1971

Kern County General Hosp

1830 Flower Street

No

Bakersfield

Kern

[redacted]

New Mexico

Mexican

No

Bakersfield

Kern

California

[redacted]

California

Indian

Taborer

Coca Cola

July 15, 1971

[redacted]

JUL 29 1971

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 or female)

1. [redacted] FEMALE
2. MALE
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

9-1-03
Date

CERTIFICATION OF VITAL RECORD

COUNTY of SUTTER

YUBA CITY, CALIFORNIA

FOIA6

CERTIFICATE OF LIVE BIRTH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

5100 - 149

THIS CHILD	1a. NAME OF CHILD—FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME	
	[redacted]			
	2. SEX: Female	3a. TWIN, TRIPLET, ETC.: Single	3b. IF TWIN OR TRIPLET, THIS CHILD BORN 1ST, 2ND, 3RD?	4a. DATE OF BIRTH—MONTH, DAY, YEAR: February 29, 1968	4b. HOUR: 6:22 A
PLACE OF BIRTH	5a. PLACE OF BIRTH—NAME OF HOSPITAL: Fremont Hospital		5b. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 970 Plumas Street	5c. WITHIN CITY CORPORATE LIMITS? (YES OR NO): Yes
	5d. CITY OR TOWN: Yuba City		5e. COUNTY: Sutter	
MOTHER OF CHILD	6a. MAIDEN NAME OF MOTHER—FIRST NAME	6b. MIDDLE NAME	6c. LAST NAME (MAIDEN NAME)	7. BIRTHPLACE (STATE OR FOREIGN COUNTRY): California
	[redacted]			
	8. AGE OF MOTHER (AT TIME OF THIS BIRTH): 26 YEARS	9. COLOR OR RACE OF MOTHER: American-Indian	10a. RESIDENCE OF MOTHER—STREET ADDRESS (STREET AND NUMBER, RURAL ROUTES OR LOCATION): Route 1 Box 158	10b. INSIDE CITY CORPORATE LIMITS? (YES OR NO): No
	10c. RESIDENCE OF MOTHER—CITY OR TOWN: Wheatland		10d. RESIDENCE OF MOTHER—COUNTY: Sutter	10e. RESIDENCE OF MOTHER—STATE: California
FATHER OF CHILD	11a. NAME OF FATHER—FIRST NAME	11b. MIDDLE NAME	11c. LAST NAME	12. BIRTHPLACE (STATE OR FOREIGN COUNTRY): California
	[redacted]			
	13. AGE OF FATHER (AT TIME OF THIS BIRTH): 28 YEARS	14. COLOR OR RACE OF FATHER: American-Indian	15a. KIND OF BUSINESS OR INDUSTRY: Laborer	15b. KIND OF BUSINESS OR INDUSTRY: Bees
INFORMANT'S CERTIFICATION	I HEREBY CERTIFY THAT I HAVE REVIEWED THE ABOVE STATEMENTS OF INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.	16a. PARENT OR OTHER INFORMANT—SIGNATURE (IF OTHER THAN PARENT, SPECIFY): [redacted]		16b. DATE RECEIVED BY INFORMANT: February 29, 1968
ATTENDANT'S CERTIFICATION	I HEREBY CERTIFY THAT I ATTENDED THIS [redacted] AND THAT THE CHILD WAS BORN ALIVE [redacted] AT THE HOUR, DATE AND PLACE STATED ABOVE.	[redacted]	[redacted]	17a. DATE SIGNED BY ATTENDANT OR OTHER ATTENDANT: [redacted]
				17b. PHYSICIAN'S CALIFORNIA LICENSE NUMBER: C 15905
LOCAL REGISTRAR	18. [redacted]			19. DATE FILED BY LOCAL REGISTRAR: 3-6-68

26038

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SUTTER } SS

This is a true and correct reproduction of the document officially registered and placed on [redacted]

ATTEST [redacted]

DATE ISSUED [redacted]

[redacted]

SUTTER COUNTY RECORDER CLERK

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

Tejon Indian Tribe

2234 4th Street, Wasco, CA 93280

Member's Name: [redacted]

Name of Member's Wi[redacted]

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

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

Name of person preparing this chart

Date

FOIA6

BIRTH BOOK 446

104-

STATE BIRTH CERTIFICATE NUMBER

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA

1500 0455

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

BOOK 446 PAGE 230

THIS CHILD	1A. NAME OF CHILD—FIRST	1B. MIDDLE	[redacted]		1C. LAST	
	2. SEX: Female	3A. TWIN, SINGLE, TRIPLET, ETC.: Single	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.: ---	4. BIRTHWEIGHT: 6 lb. 4 oz.	5A. DATE OF BIRTH—MONTH, DAY, YEAR: January 28, 1979	5B. HOUR: 0648
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	7B. MIDDLE	7C. LAST		8. STATE OF BIRTH: Oklahoma	9. AGE OF MOTHER: 33
FATHER OF CHILD	10A. NAME OF FATHER—FIRST	10B. MIDDLE	10C. LAST		11. STATE OF BIRTH: California	12. AGE OF FATHER: 35
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: January 29, 1979
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. ► [redacted]			OR TITLE AND TYPED NAME	14B. DATE SIGNED: January 28, 1979
	REQUEST OMISSION FROM SOLICITATION LISTS	14C. ► Bakersfield, California				14D. ATTENDANT'S LICENSE NUMBER: G-9024
LOCAL REGISTRAR	15. DEATH—ENTER DATE OF DEATH	16. LOCAL REGISTRAR—SIGN: [redacted]				17. DATE ACCEPTED FOR REGISTRATION: 1979

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

[redacted]

COUNTY RECORDER KERN COUNTY, CA

Tejon Indian Tribe

Member's Name: [redacted]

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

Name of member's Chil[redacted]

1. [redacted] d is a male or female)
2. [redacted] F
3. [redacted] F
4. [redacted] M
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] art

10-3-2004
Date

FOIA6

Page 1854

DISTRICT NO. 1551 REGISTRAR'S NO. 178

[redacted]

CHILD

MAIDEN SURNAME OF MOTHER

BIRTH: (A) COUNTY Kern

TOWN Bakersfield

HOSPITAL OR INSTITUTION

Kern General Hospital

HOSPITAL OR INSTITUTION, GIVE STREET NUMBER OR RURAL

'S STAY BEFORE DELIVERY

ITAL OR INSTITUTION 1 Dr. 10 Hr. (IN THIS COMMUNITY) 29 Years

5. TIME OF BIRTH 15 Min. IF SO—BORN 1ST 2D. 3D.

TRIPLET

FATHER OF CHILD

[redacted]

Mexican 10. AGE AT TIME OF THIS BIRTH 40 YEARS

RESIDENCE IN CALIFORNIA 40 YEARS MONTHS DAYS

California

OCCUPATION Laborer

NESS El Tejon Ranch

THIS MOTHER.

MANY OF THE CHILDREN OF THIS MOTHER ARE NOW LIVING 4

MANY OF THE CHILDREN WERE BORN LIVE BUT ARE NOW DEAD 2

WERE BORN DEAD 0

THAT ATTENDED THE BIRTH OF THIS CHILD WHO WAS

[redacted]

RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

ADDRESS

B. USUAL RESIDENCE OF MOTHER

(A) LENGTH OF RESIDENCE IN CALIFORNIA 29 YEARS 58 MONTHS DAYS

(B) STATE California

(C) COUNTY Kern

(D) CITY OR TOWN Bakersfield 9

IF OUTSIDE CITY OR TOWN LIMITS, GIVE NEAREST TOWN

(E) STREET AND NUMBER El Tejon Ranch

6. NUMBER OF MONTHS OF PREGNANCY 9

7. DATE OF BIRTH January 24-1948

MONTH DAY YEAR

MOTHER OF CHILD

5. FULL MAIDEN NAME

[redacted]

16. COLOR OR RACE Mexican 17. AGE AT TIME OF THIS BIRTH 29 YEARS

18. BIRTHPLACE California

19. USUAL OCCUPATION Housewife

20. INDUSTRY OR BUSINESS Own home

22. MOTHER'S MAILING ADDRESS FOR REGISTRATION NOTICE

Mrs. [redacted]

P.O. Box 1560

Bakersfield, California

7:31 P. M. ON THE DATE ABOVE STATED AND THAT

THIS CHILD AS Mother

SIGNATURE

M. D. DATE SIGNED 1-24-

Bakersfield, California

Tribal Roll # T1004

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.
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

1-19-01

Date

FOIA6

[redacted] DEC 28 1959

STATE FILE NUMBER

CERTIFICATE OF LIVE BIRTH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

COPY OF REGISTRATION DISTRICT AND CERTIFICATE NUMBER 1500 [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—MONTH, DAY, YEAR: December 27,1959	4b. HOUR: 4:08 P
PLACE OF BIRTH	5a. PLACE OF BIRTH—NAME OF HOSPITAL: Born enroute to Kern County Gen.Hospital		5b. STREET ADDRESS: 1830 Flower Street	
	5c. CITY OR TOWN: Bakersfield		5d. COUNTY: Kern	
MOTHER OF CHILD	6a. MAIDEN NAME OF MOTHER: [redacted]			7. COLOR OR RACE OF MOTHER: Mexican
	8. AGE OF MOTHER: 41 YEARS	9. BIRTHPLACE: California	10. MAILING ADDRESS OF MOTHER: Rt.1 Box 463-A Arvin,California	
USUAL RESIDENCE OF MOTHER	11a. USUAL RESIDENCE OF MOTHER—STREET ADDRESS: Tejon Ranch		11b. IF INSIDE CORPORATE LIMITS: ☐ CHECK HERE	11c. IF OUTSIDE CITY CORPORATE LIMITS: ☒ ON A FARM ☐ NOT ON A FARM
	11d. CITY OR TOWN: Arvin		11e. COUNTY: Kern	11f. STATE: California
FATHER OF CHILD	12a. NAME OF FATHER: [redacted]			13. COLOR OR RACE OF FATHER: Mexican
	14. AGE OF FATHER: 51 YEARS	15. BIRTHPLACE: California	16a. PRESENT OR LAST OCCUPATION: Farm Labor	16b. KIND OF INDUSTRY OR BUSINESS: Tejon Ranch
INFORMANT'S CERTIFICATION	I HAVE REVIEWED THE ABOVE STATED INFORMATION AND I 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]ember 27,1959
ATTENDANT'S CERTIFICATION	I HEREBY CERTIFY THAT I ATTENDED THE BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED ABOVE	18a. [redacted]		ADDRESS: [redacted]akersfield,California
REGISTRAR'S CERTIFICATION	19. DATE ON WHICH NAME ADDED BY SUPPLEMENTAL NAME REPORT	20. [redacted]		DATE RECEIVED BY LOCAL REGISTRAR: JAN 7 1960

STATE OF CALIFORNIA)
SS
COUNTY OF KERN)

I HEREBY CERTIFY the foregoing to be a full, true and correct copy of the instrument recorded in the office of the County Recorder of Kern County.

IN WITNESS WHEREOF I have hereunto set my hand and affixed my seal this 11th day of July 19 77.

[redacted], County Recorder

By [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. _____
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. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

[redacted]

Name of person preparing this chart

11-5-01

Date

FOIA6

104 - CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA

4200 79-31

THIS CHILD	[redacted]				
	Male	Single	3033	January 4, 1979	1706
PLACE OF BIRTH	Cottage Hospital		Pueblo at Bath Street		
	Santa Barbara		Santa Barbara		
MOTHER OF CHILD	[redacted]			Illinois	18
FATHER OF CHILD	[redacted]			California	28
PARENT'S CERTIFICATION	[redacted]				January 5, 1979
ATTENDANT'S CERTIFICATION	[redacted]				January 9, 1979
					A-14300
LOCAL REGISTRAR	[redacted]				Jan. 18, 1979

[redacted]

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] - MALE -
2. - MALE -
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

3-17-01
Date

Book 151 Page 891

CERTIFICATE OF LIVE BIRTH

STATE OF CALIFORNIA — DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRAR'S DISTRICT AND CERTIFICATE NUMBER 1500 - 3068

THIS CHILD

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

2. SEX: Female

3. TWIN, TRIPLET, ETC.: Single

4. DATE OF BIRTH: June 6, 1957

5. HOUR: 8:24 a.

PLACE OF BIRTH

6. NAME OF HOSPITAL: Kern General Hospital

7. STREET ADDRESS: 1830 Flower Street

8. CITY OR TOWN: Bakersfield

9. COUNTY: Kern

MOTHER OF CHILD

10. MAIDEN NAME OF MOTHER: [redacted]

11. COLOR OR RACE OF MOTHER: Mexican

12. AGE OF MOTHER AT TIME OF THIS BIRTH: 27 years

13. BIRTHPLACE (STATE OR FOREIGN COUNTRY): California

14. MAILING ADDRESS OF MOTHER: P. O. Box 1560 Tejon Ranch Bakersfield, California

USUAL RESIDENCE OF MOTHER

15. USUAL RESIDENCE OF MOTHER — STREET ADDRESS: Tejon Ranch

16. IF INSIDE CITY CORPORATE LIMITS (CHECK HERE): X

17. CITY OR TOWN: Bakersfield

18. COUNTY: Kern

19. STATE: California

FATHER OF CHILD

20. NAME OF FATHER: [redacted]

21. COLOR OR RACE OF FATHER: Mexican

22. AGE OF FATHER AT TIME OF THIS BIRTH: 47 years

23. BIRTHPLACE (STATE OR FOREIGN COUNTRY): California

24. PRESENT OR LAST OCCUPATION: Laborer

25. KIND OF INDUSTRY OR BUSINESS: Farm

INFORMANT'S CERTIFICATION

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

27. PARENT OR OTHER INFORMANT: [redacted]

28. DATE SIGNED BY INFORMANT: 6-6-57

ATTENDANT'S CERTIFICATION

29. I HEREBY CERTIFY THAT I ATTENDED THE BIRTH OF THE CHILD ABOVE NAMED AT THE TIME AND PLACE STATED.

30. ATTENDANT: Bakersfield, California

CORONER'S CERTIFICATION

31. CORONER'S NAME AND CORONER'S FILE REPORT

32. DATE RECEIVED BY COUNTY REGISTRAR: JUL [illegible]

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] F
2. M
3. M
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

1-14-02

Date

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

FOIA6

STATE FILE NUMBER

CERTIFICATE OF LIVE BIRTH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 7097 36152

THIS CHILD	1a NAME OF CHILD—FIRST NAME: [redacted]	1b MIDDLE NAME	1c LAST NAME	
	2 SEX: Female	3a THIS BIRTH: Single	3b IF IN MORE THAN ONE BIRTH, BORN 1ST, 2ND, 3RD	4a DATE OF BIRTH—MONTH, DAY, YEAR: August 1, 1957	4b HOUR: 4:38 P
PLACE OF BIRTH	5a PLACE OF BIRTH—NAME OF HOSPITAL: Los Angeles County Harbor General Hospital		5b STREET ADDRESS OR LOCATION: 1124 West Carson Street	
	5c CITY OR TOWN: Torrance		5d COUNTY: Los Angeles	
MOTHER OF CHILD	6a MAIDEN NAME OF MOTHER—FIRST NAME: [redacted]	6b MIDDLE NAME	6c LAST NAME	7 COLOR OR RACE OF MOTHER: Indian
	8 AGE OF MOTHER AT TIME OF THIS BIRTH: 26 YEARS	9 BIRTHPLACE (STATE OR FOREIGN COUNTRY): California	10 MAILING ADDRESS OF MOTHER	
USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?)	11a USUAL RESIDENCE OF MOTHER—STREET ADDRESS OR LOCATION: 1612 Felix Street		11b INSIDE CITY LIMITS: ☒ YES ☐ NO	11c ON A FARM: ☐ YES ☒ NO
	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: Indian
	14 AGE: 31 YEARS	15 BIRTHPLACE (STATE OR FOREIGN COUNTRY): Oklahoma	16 OCCUPATION (KIND OF WORK DONE): Attendant	16a KIND OF INDUSTRY OR BUSINESS: Service Station
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: August 2, 1957
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: Harbor General Hospital Torrance, California
REGISTRAR'S CERTIFICATION	19 DATE ON WHICH NAME ADDED BY SUPPLEMENTAL NAME REPORT	20 [redacted]		21 DATE RECEIVED BY LOCAL REGISTRAR: AUG 5 1957

FILED AUG 23 1957 [redacted] COUNTY RECORDER

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

[redacted]

Registrar-Recorder/County Clerk

DEC 31 1997

19-140284

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 Wife/Husband: (if wife, give name before marriage) divorced

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

1.
2.
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FOIA6

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

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

Name of Member's Brothers:

1. [redacted] (half-brother)
2. (half brother)
3. (half brother)
4.
5.
6.
7.
8.
9.
10.

Name of Memb[redacted]

1.
2.
3.
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6.
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[redacted]

Name of person preparing this chart

11-6-01
Date

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES

OFFICE OF
THE STATE REGISTRAR
OF VITAL STATISTICS

This is to certify that this is a true copy of the document filed in this office, if validated on the reverse.

[redacted]

AUG 1 1980

5

'D CERTIFICATE OF BIRTH

STATE FILE NO. 107158

REGISTRANT PERSONAL DATA

1a FIRST NAME [redacted]
1b MIDDLE NAME
1c LAST NAME
2 SEX: Female
3 DATE OF BIRTH: 11-10-55
4 PLACE OF BIRTH (City or town): Yuba City, California
5 PLACE OF BIRTH (County): Sutter

FATHER OF REGISTRANT

6a NAME OF FATHER (First name) [redacted]
6b MIDDLE NAME
6c LAST NAME
7 BIRTHPLACE (State or country): Texas
8 COLOR OR RACE: White

MOTHER OF REGISTRANT

9a MAIDEN NAME OF MOTHER (First name) [redacted]
9b MIDDLE NAME
9c LAST NAME
10 BIRTHPLACE (State or country): California
11 COLOR OR RACE: White

REGISTRANT OR APPLICANT

I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT
12 SIGNATURE [redacted] Mother
13 ADDRESS OF REGISTRANT OR APPLICANT (Street address): 330 South Lakeview Avenue
ADDRESS OF REGISTRANT OR APPLICANT (City and state): Bakersfield, California

NOTARY PUBLIC

SUBSCRIBED AND SWORN TO BEFORE ME THIS 12th DAY OF June 1958
NOTARY PUBLIC IN AND FOR THE COUNTY OF Kern
STATE OF California
14 SIGNATURE AND SEAL OF NOTARY PUBLIC [redacted]
MY COMMISSION EXPIRES JANUARY 11, 1962

DO NOT WRITE BELOW THIS LINE—FOR USE OF STATE REGISTRAR

ABSTRACT OF SUPPORTING EVIDENCE

NAME AND KIND OF DOCUMENT, BY WHOM ISSUED AND SIGNED, DATE ISSUED, DATE ORIGINAL MADE

A. Under seven years of age, documentary evidence not required
B.
C.
D.

REGISTRANT INFORMATION AS STATED IN DOCUMENTS

BIRTHDATE OR AGE, BIRTHPLACE, NAME OF FATHER, MAIDEN NAME OF MOTHER

A.
B.
C.
D.

STATE REGISTRAR

I HEREBY CERTIFY THAT NO PRIOR CERTIFICATE HAS BEEN FOUND ON FILE IN THIS OFFICE FOR THE ABOVE REGISTRANT. THE EVIDENCE HAS BEEN REVIEWED AND SAID EVIDENCE SUPPORTS THE FACTS AS SET FORTH IN THE PRECEDING ABSTRACT.

STATE REGISTRAR [redacted]
DATE FILED JUN 24 1958

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

FOIA6

Tejon Indian Tribe

2234 4th Street, Wasco, CA 93280

Member's Name: [redacted]

Name of Member's Wife/Husband (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: (Give name before marriage)

Name of Member's Brothers: [redacted]

1.
2.
3.
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7.
8.
9.
10.

Name of Member's Sisters: [redacted]

1.
2.
3.
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8.
9.
10.

[redacted]

Name of person preparing this chart

1-15-02

Date

CERTIFICATION OF VITAL RECORD

STATE OF CALIFORNIA

DEPARTMENT OF HEALTH SERVICES

FOIA6

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA

USE BLACK INK ONLY.

104 94 147604
STATE FILE NUMBER

1 1994 15 003938
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

THIS CHILD	1A. NAME OF CHILD — FIRST (GIVEN) [redacted]	1B. MIDDLE	1C. LAST (FAMILY)		
	2. SEX: Female	3A. THIS BIRTH SINGLE, TWIN, ETC.: Single	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.: ---	4A. DATE OF BIRTH — MM/DD/CCYY: 05/03/1994	4B. HOUR — (24 HOUR CLOCK TIME): 1618
PLACE OF BIRTH	5A. PLACE OF BIRTH — NAME OF HOSPITAL OR FACILITY: Kern Medical Center		5B. STREET ADDRESS — STREET, NUMBER, OR LOCATION: 1830 Flower Street		
	5C. CITY: Bakersfield		5D. COUNTY: Kern	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: 02/25/1977
MOTHER OF CHILD	9A. NAME OF MOTHER — FIRST (GIVEN) [redacted]	9B. MIDDLE	9C. LAST (MAIDEN)	10. STATE OF BIRTH: CA	11. DATE OF BIRTH: 02/16/1979
INFORMANT CERTIFICATION	I 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: 05/04/1994
CERTIFICATION OF BIRTH	I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR AND PLACE STATED.	13A. ATTENDANT OR CERTIFIER — SIGNATURE — DEGREE OR TITLE [redacted] MD		13B. LICENSE NUMBER: Resident	13C. DATE SIGNED: 05/03/1994
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT: Bakersfield, CA			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 REGISTRAR — SIGNATURE [redacted] MD		17. DATE ACCEPTED FOR REGISTRATION: 05/10/1994

984809

This is to certify that this document is a true copy of the official record filed with the Office of Vital Records.

[redacted]
STATE REGISTRAR OF VITAL RECORDS

00 SEP -1 AM 9:38
DATE ISSUED

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

MID-CITY BANK NOTE COMPANY

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

Name of Member's Sisters: [redacted]

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

[redacted]

Name of person preparing this chart

1-15-02
Date

CERTIFICATION OF VITAL RECORD

FOIA6

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA

USE BLACK INK ONLY

STATE FILE NUMBER: 1200115003845

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

THIS CHILD	1A. NAME OF CHILD — FIRST (GIVEN) [redacted]	1B. MIDDLE [redacted]	1C. LAST (FAMILY) [redacted]		
	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: 05/18/2001	4B. HOUR — (24 HOUR CLOCK TIME): 0806
PLACE OF BIRTH	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 (GIVEN) [redacted]	6B. MIDDLE [redacted]	6C. LAST (FAMILY) [redacted]	7. STATE OF BIRTH: CA	8. DATE OF BIRTH: 02/25/1977
MOTHER OF CHILD	9A. NAME OF MOTHER — FIRST (GIVEN) [redacted]	9B. MIDDLE [redacted]	9C. LAST (MAIDEN) [redacted]	10. STATE OF BIRTH: CA	11. DATE OF BIRTH: 02/16/1979
INFORMANT CERTIFICATION	I 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: 05/18/2001
CERTIFICATION OF BIRTH	I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR AND PLACE STATED	[redacted]	OR TITLE [redacted]	13B. LICENSE NUMBER: C-039927	13C. DATE SIGNED: 05/18/2001
	13D. TYPED NAME, TITLE AND MAILING ADDRES [redacted], MD, 420 34TH STREET, BAKERSFIELD			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 REGISTRAR — SIGNATURE [redacted] MD		17. DATE ACCEPTED FOR REGISTRATION: 06/04/2001

222108

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF KERN } ss

DATE ISSUED
NOV 30 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

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 Spouse or Maiden Name _____

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

1. _____
2. _____
3. _____ FOIA6
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. _____
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

1-14-02
Date

The Holy Sacrament of Baptism

This is to Certify

That [redacted] FOIAG

~~The Son~~ The Daughter of [redacted]

and

born in Taft, CA (CITY) on April 7 19 74

was Baptized on June 1 19 74 in the Church of

St. Mary, 110 E. Woodrow St. Taft, CA 93268 (CITY)

according to the Rite of the Roman Catholic Church

by Rev. [redacted]

Sponsors were [redacted] and [redacted]

as recorded in the Baptismal Register of this Church

[redacted] Pastor

Dated March 22, 1990

SEAL OF CHURCH

FORM NO. 1942

Going therefore, teach ye all nations, baptizing them in the name of the Father, and of the Son, and of the Holy Ghost Matt. 28-19

© 1973 I. Benzinger Co., Kansas City, Missouri

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

[redacted]

Name of person preparing this chart

5-3-01

Date

CERTIFICATION OF VITAL RECORD

FOIA6

BOOK 437 PAGE 37 328

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA

STATE BIRTH CERTIFICATE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

THIS CHILD	1A. NAME OF CHILD—FIRST	1B. MIDDLE	1C. LAST		
	[redacted]				
	2. SEX: Female	3A. TWIN, TRIPLET, ETC.	3B. IF MULTIPLE, TYPE BORN: 1st, 2nd, etc.	4. WEIGHT: 3827 grams	5A. DATE OF BIRTH—MONTH, DAY, YEAR: June 21, 1978	5B. HOUR: 2:40 a.m.
PLACE OF BIRTH	6A. PLACE OF BIRTH—NAME OF HOSPITAL: West Side District		6B. STREET ADDRESS (STREET, NUMBER, OR LOCATION): 110 East North Street			
	6C. CITY OR TOWN: Taft		6D. COUNTY: Kern			
MOTHER OF CHILD	7A. BIRTH NAME OF MOTHER—FIRST	7B. MIDDLE	7C. LAST	8. STATE OF BIRTH: California	9. AGE OF MOTHER: 21	
	[redacted]					
FATHER OF CHILD	10A. NAME OF FATHER—FIRST	10B. MIDDLE	10C. LAST	11. STATE OF BIRTH: California	12. AGE OF FATHER: 24	
	[redacted]					
PARENT'S CERTIFICATION	[illegible]	13A. FATHER OR DIRECTOR (INFORMANT)—SIGNATURE: X [redacted]		13B. RELATIONSHIP TO CHILD: [redacted]ther	13C. DATE SIGNED: 6/22/78	
ATTENDANT'S CERTIFICATION	[illegible]	14A. [redacted]		14B. PRINTED NAME: [redacted] M.D.	14D. DATE SIGNED: 29 Jun 78	
		14C. [redacted]			14E. LICENSE NUMBER: C-19783	
LOCAL REGISTRAR	15. DATE—Enter Date of Death	16. [redacted]			17. DATE RECEIVED BY LOCAL REGISTRAR: JUL 10 1978	

34531

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF KERN } ss

DATE ISSUED
SEP 17 1996

[redacted]

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This copy is not valid unless prepared on security paper bearing 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) [redacted]

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

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

Name of Member's Sisters: [redacted]

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

[redacted]

Name of person preparing this chart

11-29-01

Date

BIRTH BOOK 417

CERTIFICATE OF LIVE BIRTH

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH

STATE BIRTH CERTIFICATE NUMBER

1500 0913

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

THIS CHILD

1a NAME OF CHILD FIRST NAME: [redacted]

1b MIDDLE NAME: [redacted]

1c LAST NAME: [redacted]

3a SEX: Male

3c THIS BIRTH SINGLE TWIN OR TRIPLET: Single

3b IF TWIN OR TRIPLET THIS CHILD BORN 1ST 2ND 3RD

4a DATE OF BIRTH—MONTH DAY YEAR: February 25, 1977

4b HOUR: 6:35 a.

PLACE OF BIRTH

5a PLACE OF BIRTH NAME OF HOSPITAL: West Side District

5b STREET ADDRESS STREET AND NUMBER OR LOCATION: 110 East North Street

5c INSIDE CITY CORPORATE LIMITS: Yes

5d CITY OR TOWN: Taft

5e COUNTY: Kern

MOTHER OF CHILD

6a MAIDEN NAME OF MOTHER FIRST NAME: [redacted]

6b MIDDLE NAME: [redacted]

6c LAST NAME BEFORE MARRIAGE: [redacted]

7 BIRTHPLACE STATE OR FOREIGN COUNTRY: California

8 AGE OF MOTHER AT TIME OF THIS BIRTH: 19 YEARS

8a SOCIAL SECURITY NUMBER OF MOTHER: 570-02-8402

9 ETHNIC OR RACE OF MOTHER: Indian

10a RESIDENCE OF MOTHER STREET ADDRESS OR RURAL LOCATION: P.O. Box 63

10b INSIDE CITY CORPORATE LIMITS: No

10c RESIDENCE OF MOTHER CITY OR TOWN: Fellows

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: [redacted]

11c LAST NAME: [redacted]

12 BIRTHPLACE STATE OR FOREIGN COUNTRY: California

13 AGE OF FATHER AT TIME OF THIS BIRTH: 23 YEARS

13a SOCIAL SECURITY NUMBER OF FATHER: 549-96-8505

14 ETHNIC OR RACE OF FATHER: White

15a PRESENT OR LAST OCCUPATION: Roustabout

15b KIND OF INDUSTRY OR BUSINESS: Union Oil Co.

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 AND BELIEF

16a PARENT OR OTHER INFORMANT SIGNATURE OF OTHER THAN PARENT SPECIFY: [redacted]

16b DATE REVIEWED AND SIGNED BY INFORMANT: Parent, 2/27/77

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]

17b DATE SIGNED: 2/28/77

17c PHYSICIAN'S REGISTRATION OR LICENSE NUMBER: A-15751

LOCAL REGISTRAR

18 REQUEST OMISSION FROM SOLICITATION LISTS

19 [redacted]

20 DATE RECEIVED FOR REGISTRATION BY LOCAL REGISTRAR: MAR 3 1977

21 PREVIOUS DELIVERIES 16

21a HOW MANY OTHER CHILDREN STILL LIVING

FOIA6

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 before marriage)

Name of Member's Brothers: [redacted]

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

Name of Member's Sisters: [redacted]

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

[redacted]

Name of person preparing this chart

1-15-02

Date

CERTIFICATION OF VITAL RECORD

FOIA6

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

STATE FILE NUMBER

1199815001697
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

THIS CHILD	1A. NAME OF CHILD — FIRST (GIVEN) [redacted]	1B. MIDDLE	1C. LAST (FAMILY)		
	2. SEX: FEMALE	3A. THIS BIRTH, SINGLE, TWIN, ETC.: SINGLE	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.: -	4A. DATE OF BIRTH — MM/DD/CCYY: 02/20/1998	4B. HOUR — (24 HOUR CLOCK TIME): 1628
PLACE OF BIRTH	5A. PLACE OF BIRTH — NAME OF HOSPITAL OR FACILITY: KERN MEDICAL CENTER		5B. STREET ADDRESS — STREET, NUMBER, OR LOCATION: 1830 FLOWER ST.		
	5C. CITY: BAKERSFIELD		5D. COUNTY: KERN	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: 02/25/1977
MOTHER OF CHILD	9A. NAME OF MOTHER — FIRST (GIVEN) [redacted]	9B. MIDDLE	9C. LAST (MAIDEN)	10. STATE OF BIRTH: CA	11. DATE OF BIRTH: 02/16/1979
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: 02/20/1998
CERTIFICATION OF BIRTH	I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR AND PLACE STATED. [redacted] TITLE			13B. LICENSE NUMBER: A60206	13C. DATE SIGNED: 02/20/1998
	13D. TYPED NAME, TITLE AND MAILING [redacted] MD, 1830 FLOWER ST., BAKERSFIELD			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 REGISTRAR — SIGN [redacted]		17. DATE ACCEPTED FOR REGISTRATION: 03/13/1998

081887

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STATE OF CALIFORNIA
COUNTY OF KERN } ss

DATE ISSUED
APR 20 1998

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[redacted]
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 [redacted]

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

1. [redacted] — M
2. — M
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.
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

2-14-04

Date

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

FOIA6

CERTIFICATE OF LIVE BIRTH

STATE BIRTH CERTIFICATE NUMBER

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH

1500

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 2333

THIS CHILD

1a. NAME OF CHILD—FIRST NAME: [redacted]
1b. MIDDLE NAME: [redacted]
1c. LAST NAME: [redacted]

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—MONTH, DAY, YEAR: May 24, 1976
4b. HOUR: 8:29 a. m

PLACE OF BIRTH

5a. PLACE OF BIRTH—NAME OF HOSPITAL: West Side District
5b. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 110 East North Street
5c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): Yes
5d. CITY OR TOWN: Taft
5e. COUNTY: Kern

MOTHER OF CHILD

6a. MAIDEN NAME OF MOTHER—FIRST NAME: [redacted]
6b. MIDDLE NAME: [redacted]
6c. LAST NAME (MAIDEN SURNAME): [redacted]
7. BIRTHPLACE (STATE OR FOREIGN COUNTRY): California
8. AGE OF MOTHER AT TIME OF THIS BIRTH: 21 YEARS
8a. SOCIAL SECURITY NUMBER OF MOTHER: 555 88 7596
9. COLOR OR RACE OF MOTHER: Indian
10a. RESIDENCE OF MOTHER—STREET ADDRESS: 58 F Street
10b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): No
10c. RESIDENCE OF MOTHER—CITY OR TOWN: Fellows
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: [redacted]
12. BIRTHPLACE (STATE OR FOREIGN COUNTRY): California
13. AGE OF FATHER AT TIME OF THIS BIRTH: 26 YEARS
13a. SOCIAL SECURITY NUMBER OF FATHER: 545 72 8964
14. COLOR OR RACE OF FATHER: White
15a. PRESENT OR LAST OCCUPATION: Production Operator
15b. KIND OF INDUSTRY OR BUSINESS: Oil Industry

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. PARENT OR OTHER INFORMANT—SIGNATURE (IF OTHER THAN PARENT, SPECIFY): [redacted]
16b. DATE REVIEWED AND SIGNED BY INFORMANT: Parent, 5/25/76

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]
17b. DATE SIGNED BY PHYSICIAN OR MIDWIFE: 6-3-76
17c. [redacted]
17d. PHYSICIAN'S CALIFORNIA LICENSE NUMBER: A-07090

LOCAL REGISTRAR

18.
19. [redacted]
20. DATE RECEIVED FOR REGISTRATION BY LOCAL REGISTRAR: JUN 4 1976

PREVIOUS DELIVERIES TO: 21a. HOW MANY OTHER CHILDREN: 21b. HOW MANY OTHER CHILDREN NOW LIVING: 21c. HOW MANY OTHER CHILDREN NOW DEAD: 21d. DATE OF LAST LIVE BIRTH: 21e. DATE OF LAST FETAL DEATH:

178651

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STATE OF CALIFORNIA
COUNTY OF KERN } ss

DATE ISSUED
NOV 27 2000

[redacted]
ASSESSOR RECORDER

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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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10.

FOIA6

Name of Member's Father [redacted]

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

Name of Member's Brothers:

1.
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4.
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6.
7.
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Name of Member's Sisters [redacted]

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

[redacted]

Name of person preparing this chart

11-29-01

Date

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

FOIA6

1199715002948

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

STATE FILE NUMBER | LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

THIS CHILD	1A. NAME OF CHILD — FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)		
	[redacted]				
	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: 03/31/1997	4B. HOUR — (24 HOUR CLOCK TIME): 1200
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)	7. STATE OF BIRTH: CA	8. DATE OF BIRTH: 08/06/1977
	[redacted]				
MOTHER OF CHILD	9A. NAME OF MOTHER — FIRST (GIVEN)	9B. MIDDLE	9C. LAST (MAIDEN)	10. STATE OF BIRTH: CA	11. DATE OF BIRTH: 06/21/1978
	[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.	12A. PARENT OR OTHER INF[redacted]		12B. RELATIONSHIP TO CHILD: SECRETARY	12C. DATE SIGNED: 04/14/1997
CERTIFICATION OF BIRTH	I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR AND PLACE STATED.	1[redacted]		13B. LICENSE NUMBER: A38848	13C. DATE SIGNED: 04/14/1997
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT: MANMOHINI RAM, MD, 2317 17TH ST, BKFLD, CA 93301			14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT: FLEUR DAHILIG, DEPT. SEC.	
LOCAL REGISTRAR	15A. DATE OF DEATH	15B. STATE FILE NO. (STATE USE ONLY)	16. LOCAL REGISTRAR — SIGNATU[redacted]		17. DATE ACCEPTED FOR REGISTRATION: 04/16/1997

222329

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STATE OF CALIFORNIA
COUNTY OF KERN } ss

DATE ISSUED
NOV 2 9 2001

[redacted]
ASSESSOR RECORDER

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Tejon Indian Tribe

2234 4th Street, Wasco, CA 93280

Member's Name: [redacted]

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

Name of member's Children: (Indicate adopted child by sign of family)

1. [redacted] M
2.
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10.

FOIA6

Name of Member's Father [redacted]

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

Name of Member's Brothers: [redacted]

1.
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7.
8.
9.
10.

Name of Member's Sisters:

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

Name of person preparing this chart

1-15-2002
Date

STATE OF TEXAS

TEXAS DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

FOIA6

STATE OF TEXAS — CERTIFICATE OF BIRTH — BIRTH NO. 142-75-052894

1. PLACE OF BIRTH a. COUNTY: Harris	2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE: Texas b. COUNTY: Harris
b. CITY OR TOWN (If outside city limits, give precinct no.): Houston	c. CITY OR TOWN (If outside city limits, give precinct no.): Houston
c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): –	d. STREET ADDRESS (If rural, give location): 5201 Gano
CHILD 3. NAME (Type or Print) (a) First (b) Middle (c) Last: [redacted]	4. DATE OF BIRTH: March 12, 1975
5. SEX: Male — SINGLE [X] TWIN [ ] TRIPLET [ ]	6b. IF TWIN OR TRIPLET, WAS CHILD BORN 1st [ ] 2nd [ ] 3rd [ ]
FATHER 7. NAME (a) First (b) Middle (c) Last: [redacted]	8. COLOR OR RACE: White
9. AGE (At time of this birth): 22 YEARS	10. BIRTHPLACE (State or foreign country): Idaho
11a. USUAL OCCUPATION: Foreman	11b. KIND OF BUSINESS OR INDUSTRY: Ranch
MOTHER 12. MAIDEN NAME (a) First (b) Middle (c) Last: [redacted]	13. COLOR OR RACE: White
14. AGE (At time of this birth): 17 YEARS	15. BIRTHPLACE (State or foreign country): California
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many OTHER children are now living? 0	b. How many OTHER children were born alive but are now dead? 0
c. How many children were born dead (fetal deaths after 20 weeks pregnancy)? 0	
17. INFORMANT: [redacted]	
18. I [redacted] child who was born alive on the date stated above at 7:15 P. M.	19a. NAME: [redacted]
19b. ADDRESS: 811 East Bird, Nampa, Idaho	
20a. FILE NO.: 6093	20b. FILE DATE: March 19, 1975
20c. SIGNATURE OF STATE REGISTRAR: [redacted]	

This is to certify that this is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Rule 54a, Article 4477, Revised Civil Statutes of Texas

ISSUED FEB 5 1980

[redacted]

STATE REGISTRAR

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY.

CERTIFICATION OF VITAL RECORD

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 before marriage) [redacted]

Name of Member's Brothers:

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

Name of Member's Sisters:

1.
2.
3.
4.
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7.
8.
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10.

[redacted]

Name of person preparing this chart

1-8-2003

Date

FOIA6

MERCY MEDICAL CENTER

NAMPA, IDAHO

Certificate of Birth

This Certifies that [redacted]

was born to [redacted]

in this Hospital at 4:12 a.m. on Wednesday

the 5th day of April 1978

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]