

# **13th Submission**

**received on**

**7/30/2007**

STATE CAPITOL  
P.O. BOX 942849  
SACRAMENTO, CA 94249-0030  
(916) 319-2030  
FAX (916) 319-2130

DISTRICT OFFICES  
321 N. DOUTY STREET, SUITE B  
HANFORD, CA 93230  
(559) 585-7170  
FAX (559) 585-7175

601 24<sup>TH</sup> STREET, SUITE A  
BAKERSFIELD, CA 93301  
(661) 334-3745  
FAX (661) 334-3796

# Assembly California Legislature



NICOLE M. PARRA  
ASSEMBLYWOMAN, THIRTIETH DISTRICT

COMMITTEES  
AGRICULTURE, CHAIR  
WATER, PARKS AND WILDLIFE  
INSURANCE  
BANKING AND FINANCE

RECEIVED  
JUL 30 2007  
ASIA-OFA

July 26, 2007

Hon. Carl J. Artman  
Assistant Secretary – Indian Affairs  
U.S. Department of the Interior  
MS 4141 – MIB  
1849 C Street, N.W.  
Washington D.C. 20240

Dear Assistant Secretary Artman,

I am writing to urge the Bureau of Indian Affairs to confirm the federally recognized status of the Tejon Indian Tribe. The Tejon Indian Tribe and its history are well known in Kern County, in part because portions of Kern County comprise the Tribe's aboriginal area. It's understood that even though the Department has a long history of providing services to the Tribe and held land for the benefit of the Tribe through the early 1960's, the Tribe is not presently included on the list of federally recognized tribes. I fully support the confirmation of the Tribe's federal recognition, whether that is accomplished through correction of the list of federally recognized tribes or pursuant to the provisions of the Indian Reorganization Act.

As you know, Ms. Kathryn Montes Morgan is the elected chairperson of the Tejon Indian Tribe. In meetings with tribal representatives, they have explained that federal confirmation would include placing land in Kern County into trust and declaring that land an Indian reservation. I understand that this initial parcel near Mettler, California would be used for residential purposes and that in the future the Tribe could seek to place additional land into trust for other purposes, including economic development. I support establishment of a reservation for the Tribe near Mettler and look forward to working with the Tribe on any additional trust acquisitions.

Please be assured that we know of no local opposition to confirmation of the Tribe's federal recognition and establishment of a reservation. The Tribe certainly deserves as much given its difficult history. I respectfully request that the Department expeditiously

confirm the Tribe's status either by correcting the list of federally recognized tribes to include the Tejon Tribe or by allowing the Tribe to organize pursuant to the Indian Reorganization Act.

Sincerely,

A handwritten signature in black ink, appearing to read "Nicole Parra". The signature is fluid and cursive, with the first name "Nicole" written in a larger, more prominent script than the last name "Parra".

NICOLE M. PARRA  
Member of the Assembly  
30<sup>th</sup> District

Cc: Kathryn Montes Morgan, Chairperson, Tejon Indian Tribe

CAPITOL OFFICE  
STATE CAPITOL  
SACRAMENTO, CA 95814  
TEL (916) 651-4018  
FAX (916) 322-3304

DISTRICT OFFICE  
5001 CALIFORNIA AVE., ROOM 108  
BAKERSFIELD, CA 93309  
TEL (661) 323-0443  
FAX (661) 323-0448

RECEIVED  
JUL 30 2007  
ASIA-DFA

# Senate California Legislature



SENATOR  
**ROY ASHBURN**  
EIGHTEENTH SENATE DISTRICT

COMMITTEES  
RULES  
VICE CHAIR  
PUBLIC EMPLOYMENT  
AND RETIREMENT  
VICE CHAIR  
APPROPRIATIONS  
TRANSPORTATION & HOUSING  
SENATE SELECT COMMITTEE ON  
DEFENSE & AEROSPACE INDUSTRIES  
CHAIR

July 23, 2007

Carl J. Artman  
Assistant Secretary, Indian Affairs  
U.S. Department of the Interior  
MS 4141-MIB  
1849 C Street, N.W.  
Washington, D.C. 20240

Dear Assistant Secretary Artman:

I am writing to urge the Bureau of Indian Affairs to confirm the federally recognized status of the Tejon Indian Tribe. The Tejon Indian Tribe and its history are well known in Kern County, in part because portions of Kern County comprise the Tribe's aboriginal area. I understand that even though the Department has a long history of providing services to the Tribe and held land for the benefit of the Tribe through the early 1960's, the Tribe is not presently included on the list of federally recognized tribes, and I ask that this be corrected.

As you know, Ms. Kathryn Montes Morgan is the elected chairperson of the Tejon Indian Tribe. In our meetings with tribal representatives, they have explained that federal confirmation would include placing land in Kern County into trust and declaring that land an Indian reservation. We understand that this initial parcel near Mettler, California, would be used for residential purposes including economic development. We support establishment of a reservation for the Tribe near Mettler and look forward to working with the Tribe on any additional trust acquisitions.

Please be assured that we know of no local opposition to confirmation of the Tribe's federal recognition and establishment of a reservation. The Tribe certainly deserves as much given its difficult history. I respectfully request that the Department expeditiously confirm the Tribe's status, either by correcting the list of federally recognized tribes to include the Tejon Tribe, or by allowing the Tribe to organize pursuant to the Indian Reorganization Act. I deeply appreciate your consideration, and if you have any questions, please do not hesitate to contact me.

Sincerely,

ROY ASHBURN  
Senator  
18<sup>th</sup> District

# 7/36

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**FOIA6**

**RECEIVED**

JUL 30 2007

151A-051

1 PLACE OF BIRTH. DIST. NO. 1551  
(To be inserted by Registrar)

California State Board of Health  
BUREAU OF VITAL STATISTICS

BOOK 002 PAGE 379  
State Index No. ....

COUNTY OF KERN

STANDARD CERTIFICATE OF BIRTH

Local Registered No. 262

CITY OF BAKERSFIELD

(No. Tejon Ranch ST. WARD)

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

2 Full Name of Child

(If child is not yet named, make supplemental report as directed.)

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX OF CHILD <b>Female</b>	4 Twin, Triplet or Other <small>(To be answered only in event of plural births)</small>	5 Number in Order of Birth	6 DATE OF BIRTH
7 FULL NAME <b>FATHER</b>	8 RESIDENCE <b>Tejon Ranch</b> <small>City State</small>		9 COLOR OR RACE <b>Indian</b>
10 AGE AT LAST BIRTHDAY <b>39</b> <small>(Years)</small>	11 BIRTHPLACE <b>California</b> <small>(State or Country)</small>	12 OCCUPATION <b>Farmer</b> <small>(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment, in which employed (or employer)</small>	13 FULL MAIDEN NAME <b>MOTHER</b>
14 RESIDENCE <b>Same</b> <small>City State</small>	15 COLOR OR RACE <b>Indian</b>	16 AGE AT LAST BIRTHDAY <b>39</b> <small>(Years)</small>	17 BIRTHPLACE <b>California</b> <small>(State or Country)</small>
18 OCCUPATION <b>Housewife</b> <small>(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment, in which employed (or employer)</small>	19 Number of children born to this mother, including present birth	20 Number of children of this mother now living	

**21 CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was Born Alive at 10:00 A.M.  
on the date above stated. (Born alive or Stillborn)

\*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.

(Signature) J.H.Kirby  
Dated Oct. 2 1928 Physician  
(Physician, midwife, father, etc.)

Given name added from a supplemental report 19  
Registrar

Address 1800 Flower St. Bakersfield, Calif.  
Dated Oct. 3 1928 V. Van Ripper  
Registrar or Deputy

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }  
COUNTY OF KERN

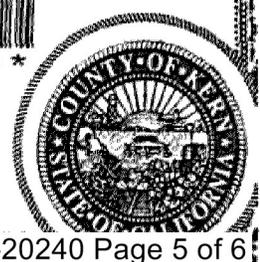
DATE ISSUED  
**JUL 27 2007**

\*000492339\*

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

*James W. Fitch*  
ASSESSOR RECORDER

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



**STATE OF CALIFORNIA  
CERTIFICATION OF VITAL RECORD**

**FOIA6**

CORRECTION FOR BOOK 51-2 PAGE 379 1698 310208

28-059165

**AFFIDAVIT TO AMEND A RECORD**

BIRTH  DEATH  FETAL DEATH  MARRIAGE

1551 262

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

**MAC I INFORMATION AS REPORTED ON THE ORIGINAL REGISTERED CERTIFICATE**

TYPE OR PRINT IN BLACK INK ONLY	1. FIRST NAME	1. M. MIDDLE NAME	1. M. LAST NAME
	2. SEX Female	2. PLACE OF OCCURRENCE	
	3. NAME OF MOTHER	4. BIRTH NAME OF MOTHER	

PAGE 107  
509  
BOM

**PART II STATEMENT OF CORRECTIONS**

3. ITEM NUMBER	4. ERRONEOUS INFORMATION AS STATED ON THE ORIGINAL RECORD	5. CORRECT INFORMATION THAT SHOULD HAVE BEEN STATED ON THE ORIGINAL RECORD AT THE TIME OF OCCURRENCE
1	--- --- (City and County of Birth)	Bakersfield, Kern Tejan Ranch
2	[REDACTED]	[REDACTED]
13	[REDACTED]	[REDACTED]
2 of 2		

REASON FOR CORRECTION: **To add city and county of birth and child's first name to the record. To correct Mother's maiden name.**

**PART III SUPPORTING AFFIDAVITS**

FIRST SUPPORTING AFFIDAVIT	I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the information given above is true and correct.		
	11. RELATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM 1 <i>Myself</i>	12. AGE OF PERSON COMPLETING THE AFFIDAVIT <i>63</i>	
SECOND SUPPORTING AFFIDAVIT	I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the information given above is true and correct.		
	13. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT <i>[Signature]</i>	14. RELATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM 1 <i>Daughter</i>	17. AGE OF PERSON COMPLETING THE AFFIDAVIT <i>62</i>
	15. DATE SIGNED <i>8-5-82</i>	16. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (CITY, COUNTY, STATE) <i>211 Bayview Dr. Arroyo Tron 93203</i>	
STATE OF LOCAL REGISTRAR USE ONLY	18. DATE ACCEPTED <b>AUG 16 1982</b>	19. OFFICER'S SIGNATURE AND TITLE	

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

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }  
COUNTY OF KERN

DATE ISSUED  
**JUL 27 2007**



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

