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: (

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. _____

[redacted]

Name of person preparing this chart

8-23-01
Date

[redacted]

CERTIFICATE OF [illegible]
STATE OF CA[illegible]

DATE SIGNED	CERTIFICATE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER
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—MONTH, DAY, YEAR: [redacted]
4B. HOUR—24 HOUR CLOCK TIME: [redacted]			
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		
6A. NAME OF FATHER—FIRST	6B. MIDDLE	6C. LAST	7. STATE OF BIRTH: California
8. AGE OF FATHER: 18			
9A. NAME OF MOTHER—FIRST	9B. MIDDLE	9C. LAST BIRTH NAME	10. STATE OF BIRTH: California
11. AGE OF MOTHER: 15			
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: [redacted]
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: [redacted]	13C. DATE SIGNED: [redacted]
14. REQUEST OMISSION FROM SOLICITATION LISTS	[redacted]		
15. DEATH—ENTER DATE OF DEATH	[redacted]		17. DATE ACCEPTED FOR REGISTRATION: [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

FOIA6

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 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:

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

3-23-01

Date

FOIA6

[redacted]

STATE BIRTH CERTIFICATE NUMBER

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

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

2. SEX	2A. THIS BIRTH, SINGLE, TWIN, ETC.	2B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.	3A. DATE OF BIRTH—MONTH, DAY, YEAR	3B. HOUR—24 HOUR CLOCK TIME
Male	Single		[redacted]	[redacted]

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	20

9A. NAME OF MOTHER—FIRST	9B. MIDDLE	9C. LAST (BIRTH NAME)	10. STATE OF BIRTH	11. AGE OF MOTHER
[redacted]			CA	17

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: [redacted]
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: A35816	13C. DATE SIGNED: [redacted]
14. REQUEST OMISSION FROM SOLICITATION LISTS	[redacted]	A Bakersfield, CA 93305	
15. DEATH—ENTER DATE OF DEATH		17. DATE ACCEPTED FOR REGISTRATION: [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

Tejon Indian Tribe

2234 4th Street, Wasco, CA 93280

[redacted]

Member's Name: _____

Name of Member's Wife/Husband: (if wife, give maiden name & married) _____

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

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

FOIA6

[redacted]

Name of Member's Father _____

Name of Member's Mother: (Gi

[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. _____

[redacted]

Name of person preparing this chart

3-25-01

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

STATE FILE NUMBER [redacted] LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

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

2. SEX	3A. TWIN, TRIPLET, ETC.	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.	4A. DATE OF BIRTH—MONTH, DAY, YEAR	4B. HOUR—(24 HOUR CLOCK TIME)
Male	Single	-	[redacted]	

5A. PLACE OF BIRTH—NAME OF HOSPITAL OR FACILITY	5B. STREET ADDRESS—STREET NUMBER OR LOCATION
Bakersfield Memorial Hosp.	420 34th St.

5C. CITY	5D. COUNTY	5E. PLANNED PLACE OF BIRTH
Bakersfield	Kern	Hosp

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

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

12A. I CERTIFY THAT THE STATED INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE [redacted]

12B. I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR AND PLACE STATED [redacted]

12B. RELATIONSHIP TO CHILD: Mother — 12C. DATE SIGNED [redacted]

13B. LICENSE NUMBER: A-20667 — 13C. DATE SIGNED [redacted]

13D. TYPED NAME, TITLE AND MAILING ADDRESS [redacted] M.D., 420 34th St., 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 [redacted] | 17. DATE ACCEPTED FOR REGISTRATION [redacted]

CERTIFIED COPY OF VITAL RECORDS

[redacted]

STATE OF CALIFORNIA
COUNTY OF KERN } ss

DATE ISSUED
JUL 05 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 OFFICER AND LOCAL REGISTRAR OF BIRTHS AND DEATHS

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

ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Tejon Indian Tribe

2234 4th Street, Wasco, CA 93280

Member's Name: [redacted]

Name of Member's Wife/H

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 maid

Name of Member's Bro

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

Name of Member's Sister

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

Name of person preparing this chart

11-6-01
Date

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

FOIA6

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

STATE FILE NUMBER [redacted] LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

THIS CHILD

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

2. SEX: FEMALE | 3A. THIS BIRTH, SINGLE, TWIN, ETC.: SINGLE | 3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC. | 4A. DATE OF BIRTH — MM/DD/CCYY [redacted] | 4B. HOUR — 24 HOUR CLOCK TIME [redacted]

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 [redacted] 6C. LAST (FAMILY) [redacted] | 7. STATE OF BIRTH: CA | 8. DATE OF BIRTH [redacted]

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 [redacted]

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 [redacted]

CERTIFICATION OF BIRTH

I CERTIFY THAT THIS CHILD WAS BORN ALIVE AT THE DATE, HOUR AND PLACE STATED. [redacted] | 13B. LICENSE NUMBER: RMW893 | 13C. DATE SIGNED [redacted]

13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT [redacted] CNM, 1830 FLOWER ST, BKSFLD | 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 [redacted]

[redacted]

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF KERN } ss.

DATE ISSUED JUL 23 1999 [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 Spouse or Maiden Name

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

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

FOIA6

Name of Member's Father

Name of Member's Mother, use maiden name [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.

[redacted]

Name of person preparing request

9-21-01

Date

STATE OF CALIFORNIA

COUNTY OF LOS ANGELES REGISTRAR-RECORDER/COUNTY CLERK
CERTIFIED ABSTRACT OF BIRTH

NAME: [redacted]

DATE OF BIRTH: [redacted] SEX: FEMALE

COUNTY OF BIRTH: LOS ANGELES

BIRTH SURNAME OF MOTHER: GARCIA

DATE FILED: [redacted]

This certified document is a true abstract of the official record filed with the Registrar-Recorder.

[redacted]

REGISTRAR-RECORDER/COUNTY CLERK

[redacted]

DATE ISSUED: AUGUST 06, 1999

LOCAL REGISTRATION NUMBER: [redacted]

FOIA6

Tejon Indian Tribe

2234 4th Street, Wasco, CA 93280

Member's Name: [redacted]

Name of Member's Wife/Husband: (if any, give maiden name)

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 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

1-15-2002
Date

FOIA6

Notification of Birth Registration

REGISTRAR'S NUMBER [redacted]

THIS CHILD	CHILD'S FIRST NAME [redacted]	MIDDLE NAME	LAST NAME	
	PLACE OF BIRTH: Bakersfield California		DATE OF BIRTH [redacted]	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 [redacted]

MAILING ADDRESS [redacted]
Tehachapi, California

[redacted] M.D.
[redacted] REGISTRAR
KERN COUNTY HEALTH DEPARTMENT

[redacted]
STATE DIRECTOR OF PUBLIC HEALTH
AND STATE REGISTRAR OF VITAL STATISTICS

STATE OF CALIFORNIA (REV. 7-1-62) Form B 85.48 DEPARTMENT OF PUBLIC HEALTH