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.
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10.

Name of Member's Sisters:

1.
2.
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8.
9.
10.

[redacted]

Name of person preparing this chart

12-8-09
Date

FOIA6

104- CERTIFICATE OF LIVE BIRTH 1500 0612

STATE BIRTH CERTIFICATE NUMBER — STATE OF CALIFORNIA — LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

BOOK 446 PAGE 401

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. ---	4. BIRTHWEIGHT GRAMS	5A. DATE OF BIRTH—MONTH, DAY, YEAR February 5, 1979	5B. HOUR 0516
PLACE OF BIRTH	6A. PLACE OF BIRTH—NAME OF HOSPITAL Delano Community Hospital	6B. STREET ADDRESS (STREET, NUMBER, OR LOCATION) 1401 Garces Highway				
	6C. CITY OR TOWN Delano	6D. COUNTY Kern				
MOTHER OF CHILD	7A. BIRTH NAME OF MOTHER—FIRST [redacted]	7B. MIDDLE	7C. LAST	8. STATE OF BIRTH California	9. AGE OF MOTHER 19	
FATHER OF CHILD	10. [redacted]			11. STATE OF BIRTH California	12. AGE OF FATHER 19	
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 ► X [redacted]		13B. RELATIONSHIP TO CHILD	13C. DATE REVIEWED AND SIGNED February 6,1979	
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. PH[redacted] SIGNAT[redacted]		NAME	14B. DATE SIGNED February 6,1979	
		14C. A[redacted]		, CA	14D. ATTENDANT'S LICENSE NUMBER A30702	
LOCAL REGISTRAR	15. DEATH—ENTER DATE OF DEATH	16. LO[redacted]			17. DATE ACCEPTED FOR REGISTRATION FEB 15 1979	

This is a true [illegible] of the record of [illegible] in purple ink of the Recorder

MAR [illegible] 19[illegible]

COUNTY RECORDER

[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 or female)

1. [redacted]
2.
3.
4.
5.
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7.
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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:

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

12-8-03

Date

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

FOIA6

STATE File Number K 114 Reg 453 CERTIFICATE OF LIVE BIRTH REGISTRATION DISTRICT No. 1500 REGISTRAR'S SERIAL No. 4073

THIS CHILD

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

1. SEX: Female | 2a. THIS BIRTH (SINGLE, TWIN, OR TRIPLET): Single | 2b. IF TWIN OR TRIPLET, WAS CHILD BORN 1ST, 2ND, OR 3RD: | 3. DATE OF BIRTH (MONTH, DAY, YEAR): July 27,1953 | 4. HOUR: 8:20P M

PLACE OF BIRTH

5a. COUNTY: Kern | 5b. CITY OR TOWN: Bakersfield | ☑ WITHIN CITY LIMITS ☐ OUTSIDE CITY LIMITS

5c. FULL NAME OF HOSPITAL OR INSTITUTION: Kern General Hospital | 5d. ADDRESS: 1830 Flower Street

MOTHER OF CHILD

6a. STATE: California | 6b. COUNTY: Kern | 6c. CITY OR TOWN: Delano | ☐ WITHIN CITY LIMITS ☑ OUTSIDE CITY LIMITS | 6d. STREET OR RURAL ADDRESS: 1157 Glenwood Street

7a. MAIDEN NAME OF MOTHER—FIRST NAME: [redacted] 7b. MIDDLE NAME 7c. LAST NAME | 8. COLOR OR RACE OF MOTHER: Mexican

9. AGE OF MOTHER (at last birthday): 24 YEARS | 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): California | 11. MAILING ADDRESS OF MOTHER: Geo Del Delano, California

FATHER OF CHILD

12a. NAME OF FATHER—FIRST NAME: [redacted] 12b. MIDDLE NAME 12c. LAST NAME | 13. COLOR OR RACE OF FATHER: Filipino

14. AGE OF FATHER (at last birthday): 48 YEARS | 15. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Philippine Islands | 16a. USUAL OCCUPATION: Farm Laborer | 16b. KIND OF BUSINESS OR INDUSTRY: Different Places

INFORMANT'S CERTIFICATION

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

17a. SIGNATURE OF PARENT OR OTHER INFORMANT: [redacted] | 17b. DATE SIGNED BY PARENT OR OTHER INFORMANT: July 27,1953

ATTENDANT'S CERTIFICATION

I HEREBY CERTIFY THAT I ATTENDED THIS BIRTH 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 RECEIVED BY LOCAL REGISTRAR: AUG 10 1953 | 20. [redacted] | 21. [redacted]

CERTIFIED COPY OF VITAL RECORDS

STATE OF ARIZONA | DEPARTMENT OF VITAL RECORDS | DATE ISSUED [redacted]

THIS CERTIFICATION 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.
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6.
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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. [redacted]
2.
3.
4.
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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

12-8-03

Date

STATE OF CALIFORNIA

COUNTY OF SAN FRANCISCO

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

Name: [redacted]

Date of Birth: 05/28/1994 Hour: 0704 Sex: MALE

County of Birth: SAN FRANCISCO

FOIA6

Father's Name: [redacted]

State of Birth: CA Date of Birth: 10/31/61

Mother's Birth Name: [redacted]

State of Birth: CA Date of Birth: 07/09/62

Date Filed: JUNE 24, 1994

Date Issued: SEPTEMBER 20, 1994 Local Registration Number: 19438005036

380116420

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.
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. [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

6-23-01

Date

CERTIFICATION OF VITAL RECORD

COUNTY of KERN

1655 CHESTER AVENUE, BAKERSFIELD, CALIFORNIA 93301

FOIA6

BOOK 80 PAGE 114 DISTRICT NO. 1551 REGISTRAR'S NO. 1375

114

1. FULL NAME OF CHILD [redacted] MAIDEN SURNAME OF MOTHER [redacted]

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 9 Hr 25 Min IN COMMUNITY 9 Hr 25 Min

3. USUAL RESIDENCE OF MOTHER: (A) LENGTH OF RESIDENCE IN CALIFORNIA: 20
(B) STATE California
(C) COUNTY Kern
(D) CITY OR TOWN Arvin — YEARS 2 MONTHS 8
(E) STREET AND NUMBER [redacted]

4. SEX Female
5. TWIN OR TRIPLET — IF SO—BORN 1ST 2D 3D
6. NUMBER OF MONTHS OF PREGNANCY 40 wks
7. DATE OF BIRTH October 4-1946

FATHER OF CHILD

8. FULL NAME [redacted]
9. COLOR OR RACE Philippino
10. AGE AT TIME OF THIS BIRTH 40 YEARS
11. LENGTH OF RESIDENCE IN CALIFORNIA 7 YEARS
12. BIRTHPLACE PhilippineIslands
13. USUAL OCCUPATION Laborer
14. INDUSTRY OR BUSINESS Farm

MOTHER OF CHILD

15. FULL MAIDEN NAME [redacted]
16. COLOR OR RACE Indian
17. AGE AT TIME OF THIS BIRTH 20 YEARS
18. BIRTHPLACE California
19. USUAL OCCUPATION Housewife
20. INDUSTRY OR BUSINESS Own home

21. CHILDREN BORN TO THIS MOTHER:
(A) HOW MANY OTHER CHILDREN OF THIS MOTHER ARE NOW LIVING? 1
(B) HOW MANY OTHER CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD? 0
(C) HOW MANY CHILDREN WERE BORN DEAD? 0

22. MOTHER'S MAILING ADDRESS FOR REGISTRATION NOTICE:
Mrs. [redacted]
[redacted]
Arvin, California

23. I HEREBY CERTIFY, THAT I ATTENDED THE BIRTH OF THIS CHILD WHO WAS BORN ALIVE AT THE HOUR OF 4:40 P. M. ON THE DATE ABOVE STATED AND THAT THE INFORMATION GIVEN WAS FURNISHED BY [redacted] RELATED TO THIS CHILD AS Mother
ATTENDANT'S OWN SIGNATURE [redacted]
M.D., MIDWIFE OR OTHER M. D. DATE SIGNED 10-4-1946
ADDRESS Bakersfield, California

24. DATE RECEIVED BY LOCAL REGISTRAR OCT 16 1946
25. REGISTRAR'S SIGNATURE [redacted]
26. GIVEN NAME ADDED ____ DATE ____ BY ____ REGISTRAR

CERTIFIED COPY OF VITAL RECORDS

015633

STATE OF CALIFORNIA }
COUNTY OF KERN } ss

DATE ISSUED OCT 17 1991

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

Gale S. Enstad
COUNTY CLERK-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. [redacted]
2.
3.
4.
5.
6.
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FOIA6

Name of Member's Father

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

Name of Member's Brothers:

1. [redacted]
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6.
7.
8.
9.
10.

Name of Member's Sisters:

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

[redacted]

Name of person preparing this chart

Date

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

FOIA6

FOR USE BY PUBLIC AGENCY ONLY

BOOK 297 PAGE 762

STATE FILE NUMBER

CERTIFICATE OF LIVE BIRTH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 1500 6420

THIS CHILD	1a NAME OF CHILD—FIRST NAME [redacted]	1b MIDDLE NAME	1c LAST NAME	
	2 SEX: Male	3a THIS BIRTH (SINGLE, TWIN, OR SIXTEEN): Single	3b IF TWIN OR TRIPLET, THIS CHILD BORN 1ST, 2ND, 3RD?	4a DATE OF BIRTH—MONTH, DAY, YEAR: October 31,1961
	4b HOUR: 1:02 P			
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]	6b MIDDLE NAME	6c LAST NAME	7. COLOR OR RACE OF MOTHER: Mexican
	8 AGE OF MOTHER (AT TIME OF THIS BIRTH): 33 YEARS	9 BIRTHPLACE (STATE OR FOREIGN COUNTRY): California	10 MAILING ADDRESS OF MOTHER: Gen.Del. Delano,California	
USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?)	11a USUAL RESIDENCE OF MOTHER—STREET ADDRESS [redacted]	11b IF INSIDE CORPORATE LIMITS: X CHECK HERE	IF OUTSIDE CITY CORPORATE LIMITS: CHECK ONE ☐ ON A FARM ☐ NOT ON A FARM	
	11c CITY OR TOWN: Delano	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: Filipino
	14 AGE OF FATHER (AT TIME OF THIS BIRTH): 54 YEARS	15 BIRTHPLACE (STATE OR FOREIGN COUNTRY): Philippine Islands	16a PRESENT OR LAST OCCUPATION: Labor	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: October 31,1961	
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	20 [redacted]	21 DATE RECEIVED BY LOCAL REGISTRAR: NOV 8 1961	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS
COUNTY OF KERN

DATE ISSUED
MAY 1 2 2006

000424059

[redacted]

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This copy is not valid unless prepared on engraved border displaying seal and signature of the 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. [redacted]
2.
3.
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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

12-13-03

Date

CERTIFICATION OF VITAL RECORD

FOIA6

STATE FILE NO. Book 235 Page 84

CERTIFICATE OF LIVE BIRTH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

REGISTRATION DISTRICT No. 1500 REGISTRAR'S NUMBER 4262

THIS CHILD (TYPE OR PRINT NAME)	1a. CHILD'S 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: August 11, 1955	4b. HOUR: 4:48 p.
PLACE OF BIRTH 013	5a. COUNTY: Kern		5b. CITY OR TOWN: Bakersfield		
	5c. FULL NAME OF HOSPITAL OR INSTITUTION: Kern General Hospital		5d. ADDRESS [redacted]		
USUAL RESIDENCE OF MOTHER	6a. STATE: California	6b. COUNTY: Kern	6c. CITY OR TOWN: Delano	6d. STREET OR RURAL ADDRESS: 1457 Glenwood Street	
MOTHER OF CHILD	7a. MAIDEN NAME OF MOTHER—FIRST NAME [redacted]	7b. MIDDLE NAME	7c. LAST NAME	8. COLOR OR RACE OF MOTHER: Indian	
	9. AGE OF MOTHER (AT TIME OF THIS BIRTH): 25 YEARS	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): California	11. MAILING ADDRESS OF MOTHER: Gen. Del. Delano, 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 OF FATHER (AT TIME OF THIS BIRTH): 49 YEARS	15. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Phillipine Islands	16a. USUAL OCCUPATION: Laborer	16b. KIND OF BUSINESS OR INDUSTRY: Farm	
INFORMANT'S CERTIFICATION	I HEREBY CERTIFY THAT THE ABOVE STATED INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.	17a. SIGNATURE OF PARENT OR OTHER INFORMANT [redacted]		17b. DATE SIGNED BY PARENT OR OTHER INFORMANT: 8-12-55	
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 RECEIVED BY LOCAL REGISTRAR: AUG 18 1955	20. [redacted]		21. DATE ON WHICH NAME ADDED BY SUPPLEMENTAL NAME REPORT	

[redacted]

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF KERN } ss

DATE ISSUED JUN 16 2003

000290751

[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

FOIA6

Certificate of Baptism

Our Lady of Guadalupe Church

1015 CLINTON STREET
DELANO, CALIFORNIA 93215

This is to Certify

That [redacted]

Child of [redacted]

and [redacted]

born in BAKERSFIELD CA.

on the 11 day of AUGUST 1955

was **Baptized**

on the 09 day of OCTOBER 1955

According to the Rite of the Roman Catholic Church

by the Rev. [redacted]

the Sponsors being [redacted]

as appears from the Baptismal Register of this Church.

Dated 09/13/03

[redacted]

Pastor

NO 314 F.J. REMEY CO., Inc. MINEOLA, NY

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)

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

6-23-01
Date

FOIA6

3335

[redacted]

HOUR
5:15 P. M.

COLOR OR RACE OF MOTHER
Filipino

OUTSIDE CITY CORPORATE LIMITS
ON A FARM
NOT ON A FARM

STATE
California

COLOR OR RACE OF FATHER
Filipino

KIND OF INDUSTRY OR BUSINESS
Farm

DATE SIGNED BY INFORMANT
November 11, 1963

ADDRESS
1062 South K Street

DATE RECEIVED BY LOCAL REGISTRAR
DEC 6, 1963

[redacted]

00037414-AS-IA-BATCH008-DOC0016-MEM-20240 Page 16 of 43

FOIA6

State of California County of Tulare

I Hereby Certify this Document to be a full, true and correct copy of the original instrument filed for record in this office, as provided by law.

In Witness Whereof, I have hereunto set my hand and affixed my Official Seal, this SEP 20 1968

[redacted] Recorder

By [redacted] Deputy

00037414-AS-IA-BATCH008-DOC0016-MEM-20240 Page 17 of 43

Tejon Indian Tribe

2234 4th Street, Wasco, CA 93280

[redacted]

Member's Name: _____

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. _____
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. _____

[redacted]

Name of person preparing this chart _____

6-25-01

Date

FOIA6

REGISTRATION DISTRICT NO. 1551 REGISTRAR'S NUMBER 40417 **CERTIFICATE OF LIVE BIRTH** STATE FILE NO. Book 152 Page 427

THIS CHILD

1a CHILD'S 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, WAS CHILD BORN FIRST, SECOND, ETC.? | 4a DATE OF BIRTH — MONTH DAY YEAR: August 13, 1950 | 4b HOUR: 1:16

PLACE OF BIRTH

5a PLACE OF BIRTH — CITY OR TOWN — IF OUTSIDE CORPORATE LIMITS WRITE RURAL AND NAME OF NEAREST TOWN: Bakersfield | 5b COUNTY: Kern

5c FULL NAME AND ADDRESS OF HOSPITAL OR INSTITUTION — IF NOT IN HOSPITAL OR INSTITUTION GIVE STREET ADDRESS OR LOCATION: Kern General Hospital 1930 Flower Street-Bakersfield, California

RESIDENCE OF MOTHER (WHERE DOES SHE LIVE?)

6a RESIDENCE OF MOTHER — STREET ADDRESS: [redacted] | 6b COUNTY: Kern

6c CITY OR TOWN — IF OUTSIDE CORPORATE LIMITS WRITE RURAL AND NAME OF NEAREST TOWN: Arvin | 6c STATE: California

MOTHER OF CHILD

7a MAIDEN NAME OF MOTHER — FIRST NAME [redacted] 7b MIDDLE NAME 7c LAST NAME | 8 COLOR OR RACE OF MOTHER: Mexican

9 AGE OF MOTHER — AT TIME OF THIS BIRTH: 20 YEARS | 10 BIRTHPLACE — STATE OR FOREIGN COUNTRY: California | 11 MAILING ADDRESS OF MOTHER — IF DIFFERENT FROM USUAL RESIDENCE: 142 B Street

FATHER OF CHILD

12a NAME OF FATHER — FIRST NAME [redacted] 12b MIDDLE NAME 12c LAST NAME | 13 COLOR OR RACE OF FATHER: Filipino

14 AGE OF FATHER — AT TIME OF THIS BIRTH: 42 YEARS | 15 BIRTHPLACE — STATE OR FOREIGN COUNTRY: Philippine Islands | 16a USUAL OCCUPATION: Foreman | 16b KIND OF BUSINESS OR INDUSTRY: [redacted]

INFORMANT'S CERTIFICATION

I HEREBY CERTIFY THAT THE ABOVE STATED INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE | 17a SIGNATURE OF PARENT OR OTHER INFORMANT [redacted] | 17b DATE SIGNED: 8-16-50

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 [redacted] | 18a ADDRESS: Bakersfield, Calif.

REGISTRAR'S NOTIFICATION

19 DATE RECEIVED BY LOCAL REGISTRAR: 8-18-50 | 20 [redacted] | 21 DATE ON WHICH GIVEN NAME ADDED

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

12-8-05
Date

CERTIFICATE OF LIVE BIRTH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

1500 1023

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE BIRTH CERTIFICATE NUMBER

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. CHILD BORN 1ST, 2ND, 3RD

4a. DATE OF BIRTH—MONTH, DAY, YEAR March 5, 1970

4b. HOUR 1:04 A.M.

PLACE OF BIRTH

5a. PLACE OF BIRTH—NAME OF HOSPITAL Delano Hospital, Incorporated

5b. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 1330 Jefferson, Strect

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

5d. CITY OR TOWN Delano

5e. COUNTY Kern

5f. BIRTHPLACE California

MOTHER

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

6b. MIDDLE NAME

6c. LAST NAME [redacted]

7. COLOR OR RACE

8. OTHER

FOIA6

Tejon Indian Tribe

2234 4th Street, Wasco, CA 93280

Member's Name: [redacted]

Name of Member's Wife/

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

12-8-03
Date

COUNTY of KERN

1655 CHESTER AVENUE, BAKERSFIELD, CALIFORNIA 93301

FOIA6

04 - _____ CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA 1500 0795

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: January 19, 1988	4B. HOUR—24 HOUR CLOCK TIME: 1032
PLACE OF BIRTH	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 OR TOWN: Delano		5D. COUNTY: Kern		
FATHER OF CHILD	6A. NAME OF FATHER—FIRST	6B. MIDDLE	6C. LAST	7. STATE OF BIRTH: CA	8. AGE OF FATHER: 28
	[redacted]				
MOTHER OF CHILD	9A. NAME OF MOTHER—FIRST	9B. MIDDLE	9C. LAST (BIRTH NAME)	10. STATE OF BIRTH: CA	11. AGE OF MOTHER: 28
	[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 INFORMANT—SIGNATURE [redacted]		12B. RELATIONSHIP TO CHILD: Mother	12C. DATE SIGNED: 1-19-88
ATTENDANT'S CERTIFICATION	I CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED			13B. LICENSE NUMBER: A41751	13C. DATE SIGNED: 1-19-88
	14.			treet Delano, CA 93215	
LOCAL	15. DEATH—ENTER DATE OF DEATH			17. DATE ACCEPTED FOR REGISTRATION	

054409

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF KERN } ss

DATE ISSUED
MAR 1? 199?

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.

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. [redacted]
2.
3.
4.
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FOIA6

Name of Member's Father [redacted]

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

Name of Member's Brothers:

1. [redacted]
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Name of Member's Sisters:

1. [redacted]
2.
3.
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10.

[redacted]

Name of person preparing this chart

12-8-03
Date

FOIA6

1551 6617 CERTIFICATE OF LIVE BIRTH STATE FILE NO. Book 171 Page 478

THIS CHILD

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

2. SEX: Female | 3a. TWIN, TRIPLET, OR SINGLE: Single | 3b. IF TWIN OR TRIPLET, THIS CHILD WAS: | 4a. DATE OF BIRTH: December 21, 1951 | 4b. HOUR: 6:50P

PLACE OF BIRTH

5a. PLACE OF BIRTH — CITY OR TOWN OF OCCURRENCE: Enroute to Kern General Hospital - Bakersfield - Rural | 5b. COUNTY: Kern

5c. FULL NAME AND ADDRESS OF HOSPITAL OR INSTITUTION: Born enroute to Hospital (Kern General Hospital)

MOTHER OF CHILD

6a. RESIDENCE OF MOTHER: Barlow Rch | 6b. COUNTY: Kern

6c. CITY: Arvin | 6d. STATE: California

7a. MAIDEN NAME OF MOTHER: [redacted] 7b. MIDDLE NAME 7c. LAST NAME | 8. COLOR OR RACE OF MOTHER: Mexican

9. AGE OF MOTHER: 23 | 10. BIRTHPLACE: California | 11. MAILING ADDRESS OF MOTHER: Box 483 Arvin California

FATHER OF CHILD

12a. NAME OF FATHER: [redacted] | 12b. COLOR OR RACE OF FATHER: Filipino

13. AGE OF FATHER: 43 | 14. BIRTHPLACE: Philippine Islands | 15. USUAL OCCUPATION: Farm Laborer | 16. KIND OF BUSINESS OR INDUSTRY: Barlow Rch.

17. INFORMANT'S CERTIFICATION: [redacted] | 17a. DATE SIGNED: December 22, 1951

17b. ADDRESS: Bakersfield

18. REGISTRAR'S ACCEPTANCE: 12-22-51 | 19. DATE RECEIVED BY LOCAL REGISTRAR | 20. DATE ON WHICH GIVEN NAME ADDED

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 of female)

1.
2.
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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.
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6.
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9.
10.

Name of Member's Sisters:

1.
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3.
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[redacted]

12-8-03
Date

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of CONTRA COSTA

MARTINEZ, CALIFORNIA

FOIA6

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

19707005595

STATE FILE NUMBER | LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

THIS CHILD	1A. NAME OF CHILD — FIRST (GIVEN) [redacted]	1B. MIDDLE	1C. LAST (FAMILY)		
	2. SEX: MALE	3A. THIS BIRTH, SINGLE, TWIN, ETC.: SINGLE	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.: -	4A. DATE OF BIRTH — MM/DD/CCYY: 07/17/1997	4B. HOUR — (24 HOUR CLOCK TIME): 2021
PLACE OF BIRTH	5A. PLACE OF BIRTH — NAME OF HOSPITAL OR FACILITY: JOHN MUIR MEDICAL CENTER	5B. STREET ADDRESS — STREET, NUMBER, OR LOCATION: 1601 YGNACIO VALLEY RD.			
	5C. CITY: WALNUT CREEK	5D. COUNTY: CONTRA COSTA	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: 10/31/1961
MOTHER OF CHILD	9A. NAME OF MOTHER — FIRST (GIVEN) [redacted]	9B. MIDDLE	9C. LAST (MAIDEN)	10. STATE OF BIRTH: CA	11. DATE OF BIRTH: 07/09/1962
FORMANT 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 — [redacted]	12B. RELATIONSHIP TO CHILD: MOTHER	12C. DATE SIGNED: 07/18/1997	
CERTIFICATION OF BIRTH	I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR AND PLACE STATED	[redacted] OR TITLE	13B. LICENSE NUMBER: G52764	13C. DATE SIGNED: 07/18/1997	
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT: L SANDY HUGHES, MD, 112 LA CASA VIA, WALNUT CREEK	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: 08/05/1997	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF CONTRA COSTA } SS

DATE ISSUED 08/14/1997

This is a true and [illegible] of the document [illegible] on file in the office of the CONTRA COSTA COUNTY DEPARTMENT OF HEALTH SERVICES.

[redacted]

CONTRA COSTA COUNTY HEALTH OFFICER

This copy not valid unless prepared on engraved border displaying seal and signature of Contra Costa County Health Officer

CONTRA COSTA COUNTY HEALTH OFFICER MARTINEZ, CALIF.

00037414-AS-IA-BATCH008-DOC0016-MEM-20240 Page 27 of 43

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.
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9.
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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

6-4-2002
Date

FOIA6

00037414-AS-IA-BATCH008-DOC0016-MEM-20240 Page 29 of 43

104 - 1500 1616

STATE BIRTH CERTIFICATE NUMBER — LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA

BOOK 601 PAGE 138

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 4, 1987 | 4B. HOUR—(24 HOUR CLOCK TIME): 0621

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: 42

MOTHER OF CHILD

9A. NAME OF MOTHER—FIRST: [redacted] | 9B. MIDDLE | 9C. LAST (BIRTH NAME) | 10. STATE OF BIRTH: California | 11. AGE OF MOTHER: 36

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: March 4, 1987

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: G 54418 | 13C. DATE SIGNED: March 4, 1987

LOCAL REGISTRAR

15. DEATH—ENTER DATE OF DEATH | [redacted] field, California | 17. DATE ACCEPTED FOR REGISTRATION: MAR 13 1987

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

6-14-2002
Date

CERTIFICATION OF VITAL RECORD

FOIA6

District No. 1501 — Registrar's No. 399 — Book 89 Page 134

1. Name: [redacted] — Maiden Surname: [redacted]

2. PLACE OF BIRTH: (a) County: Kern
(b) City or Town: BAKERSFIELD (If outside city or town limits, write RURAL)
(c) Name of Hospital or Institution: Wee Project Maternity Home (If not in hospital or institution, give street address or location)
(d) Mother's stay before delivery: 6 hrs. In Hospital or Institution; 24 yrs. In this community (Specify whether years, months or days)

3. USUAL RESIDENCE OF MOTHER: (a) Length of Residence in California:
(a) State: California — 24 Years
(b) County: Kern — 24 Years
(c) City or Town: Bakersfield — 24 Years (If outside city or town limits, write RURAL)
(d) Street and Number: [redacted]

4. SEX: Female
5. Twin or Triplet: — If So—Born 1st 2d 3d
6. Number of Months of Pregnancy: 9
7. DATE OF BIRTH: March 4, 1947

FATHER OF CHILD

8. FULL NAME: [redacted]
9. COLOR or RACE: Filipino
10. Age at time of this birth: 36 Years
11. LENGTH OF RESIDENCE IN CALIFORNIA: 10 Years
12. BIRTHPLACE: Philippine Islands
13. USUAL OCCUPATION: Farm Labor
14. INDUSTRY or BUSINESS: Schuman Co.

MOTHER OF CHILD

15. FULL MAIDEN NAME: [redacted]
16. COLOR or RACE: American Indian — Age at time of this birth: 24 Years
17. BIRTHPLACE: California
18. USUAL OCCUPATION: Housewife
19. INDUSTRY OR BUSINESS: Own Home
20. MOTHER'S MAILING ADDRESS FOR REGISTRATION NOTICE: [redacted] Bakersfield, Calif.

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? 0
(c) How many children were born dead? 0

22. I Hereby Certify, That I attended the birth of this child who was born alive at the hour of 3:01 A.M. on the date above stated and that the information given was furnished by Mrs. [redacted] related to this child as Mother

23. DATE RECEIVED BY LOCAL REGISTRAR: March 7, 1947
24. REGISTRAR'S SIGNATURE: [redacted]
25. GIVEN NAME ADDED: [redacted] Date — Registrar

Attendant's Own Signature: [redacted]
M. D., Midwife or Other: PHYSICIAN — Date Signed: 3/8/47
Address: [redacted] Bakersfield, Calif.

233659

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } ss
COUNTY OF KERN }

DATE ISSUED MAY 21 2002

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.

[redacted]

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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. [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

6-14-2002
Date

FOIA6

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

STATE FILE No. Book 198 Page 301 — **CERTIFICATE OF LIVE BIRTH** — STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH — REGISTRATION DISTRICT No. 1500 — REGISTRAR'S NUMBER 5892

THIS CHILD

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

2. SEX: Female — 3a. TWIN, TRIPLET, OR SINGLE: Single — 3b. IF TWIN OR TRIPLET, THIS CHILD WAS 1ST, 2ND, 3RD — 4a. DATE OF BIRTH—MONTH, DAY, YEAR: October 24, 1953 — 4b. HOUR: 4:25 PM

PLACE OF BIRTH

5a. COUNTY: Kern — 5b. CITY OR TOWN: Oildale — ☒ WITHIN CORPORATE LIMITS ☐ WITHIN CITY LIMITS

5c. FULL NAME OF HOSPITAL OR INSTITUTION: Cottage Hospital — 5d. ADDRESS: 120 Minner Ave.

0213

MOTHER OF CHILD

6a. STATE: California — 6b. COUNTY: Kern — 6c. CITY OR TOWN: Delano — ☐ WITHIN CORPORATE LIMITS ☐ WITHIN CITY LIMITS — 6d. STREET OR RURAL ADDRESS: [redacted]

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

9. AGE OF MOTHER (AT TIME OF THIS BIRTH): 30 YEARS — 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): California — 11. MAILING ADDRESS OF MOTHER (IF DIFFERENT FROM RESIDENCE): [redacted]

FATHER OF CHILD

12a. NAME OF FATHER—FIRST NAME: [redacted] — 12b. MIDDLE NAME — 12c. LAST NAME: [redacted] — 13. COLOR OR RACE OF FATHER: Filipino

14. AGE OF FATHER (AT TIME OF THIS BIRTH): 43 YEARS — 15. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Phillipine Islands — 16a. USUAL OCCUPATION: Foreman — 16b. KIND OF BUSINESS OR INDUSTRY: Grape Vineyards

INFORMANT'S CERTIFICATION

I HEREBY CERTIFY THAT THE ABOVE GIVEN INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. — 17a. SIGNATURE OF PARENT OR OTHER INFORMANT: [redacted] — 17b. DATE SIGNED BY PARENT OR OTHER INFORMANT: October 26, 1953

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: 1130 K[redacted]ton Oildale

REGISTRAR'S CERTIFICATION

19. DATE RECEIVED BY LOCAL REGISTRAR: OCT 28 1953 — 20. [redacted] — 21. DATE ON WHICH NAME ADDED BY SUPPLEMENTAL NAME REPORT

152357

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF KERN } ss

DATE ISSUED
APR 05 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

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

THE WEST BASE NOTE COMPANY — ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Tejon Indian Tribe

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

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

1.
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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.
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8.
9.
10.

[redacted]
Name of Person preparing this chart

6-4-02
Date

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

FOIA6

BOOK 438 PAGE 204 00 3913

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 | 1C. LAST

2. SEX	3A. TWIN, TRIPLET, ETC.	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.	4. BIRTHWEIGHT	5A. DATE OF BIRTH—MONTH, DAY, YEAR	5B. HOUR
Male	Single		3799 GRAMS	July 28, 1978	3:06 a

PLACE OF BIRTH

6A. PLACE OF BIRTH—NAME OF HOSPITAL: Kern Medical Center | 6B. STREET ADDRESS (STREET, NUMBER, OR LOCATION): 1830 Flower Street

6C. CITY OR TOWN: Bakersfield | 6D. COUNTY: Kern

MOTHER OF CHILD

7A. BIRTH NAME OF MOTHER—FIRST: [redacted] | 7B. MIDDLE | 7C. LAST | 8. STATE OF BIRTH: California | 9. AGE OF MOTHER: 28

FATHER OF CHILD

10A. NAME OF FATHER—FIRST: [redacted] | 10B. MIDDLE | 10C. LAST | 11. STATE OF BIRTH: California | 12. AGE OF FATHER: 34

PARENT'S CERTIFICATION

I CERTIFY THAT I HAVE REVIEWED THE ENTRY ON THIS CERTIFICATE 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 SIGNED: July 28, 1978

ATTENDANT'S CERTIFICATION

I CERTIFY THAT I ATTENDED THIS BIRTH WHICH OCCURRED AT THE HOUR, DATE AND PLACE STATED

14A. SIGNATURE: [redacted] | 14B. DATE SIGNED: July 28, 1978

14C. LICENSE NUMBER: Resident

LOCAL REGISTRAR

15. DEATH—ENTER DATE OF BIRTH | 16. [redacted] | 17. DATE ACCEPTED BY LOCAL REGISTRAR: AUG 7 1978

241686

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF KERN } ss

DATE ISSUED MAY 22 2002

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.

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.
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8.
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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

9-9-2002
Date

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

FOIA6

CERTIFICATE OF LIVE BIRTH

STATE BIRTH CERTIFICATE NUMBER: 1818

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER: 1500

THIS CHILD

1a. NAME OF CHILD—FIRST NAME: [redacted]
1b. MIDDLE NAME:
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: April 29, 1972
4b. HOUR: 4:04 A

PLACE OF BIRTH

5a. PLACE OF BIRTH—NAME OF HOSPITAL: North Kern-South Tulare District Hospital
5b. STREET ADDRESS (STREET AND NUMBER, OR LOCATION): 1330 Jefferson Street
5c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): yes
5d. CITY OR TOWN: Delano
5f. 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
9. COLOR OR RACE OF MOTHER: Filipino-Indian
10a. RESIDENCE OF MOTHER—STREET ADDRESS: [redacted]
10b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): yes
10c. RESIDENCE OF MOTHER—CITY OR TOWN: Delano
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
14. COLOR OR RACE OF FATHER: Negro
15a. PRESENT OR LAST OCCUPATION: Mechanic
15b. KIND OF INDUSTRY OR BUSINESS: Automobiles

INFORMANT'S CERTIFICATION

I HEREBY CERTIFY THAT I HAVE SUPPLIED THE ABOVE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

16a. PARENT OR OTHER INFORMANT—SIGNATURE (OR OTHER TITLE, IF PARENT, SPECIFY): [redacted]
16b. DATE SIGNED AND SIGNED BY INFORMANT: April 29, 1972

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.

17a. [redacted]
17b. DATE SIGNED BY ATTENDANT OR OTHER AUTHORIZED PERSON: May 1, 1972
17c. [redacted]
17d. PHYSICIAN'S CALIFORNIA LICENSE NUMBER: OA06105

LOCAL REGISTRAR

18. REQUEST OMISSION FROM SOLICITATION LISTS.
19. [redacted]
20. DATE RECEIVED BY REGISTRAR OF LOCAL REGISTRATION: MAY 8 1972

1,52356

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF KERN

DATE ISSUED APR 05 2000

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[redacted]
ASSESSOR RECORDER

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Tejon Indian Tribe

Member's Name: [redacted]

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

Name of member's Children: (Indicate whether child is a 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:

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]

[redacted]
Name of Person preparing this chart

6-14-2002
Date

CERTIFICATION OF VITAL RECORD

FOIA6

CERTIFICATE OF LIVE BIRTH

STATE OF CALIFORNIA-DEPARTMENT OF HEALTH

STATE BIRTH CERTIFICATE NUMBER: 1500 4806

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 THIS BIRTH WAS A TWIN OR TRIPLET, CHILD BORN 1ST, 2ND, 3RD?: ----

4a. DATE OF BIRTH—MONTH, DAY, YEAR: October 6, 1975

4b. HOUR: 3:27PM

PLACE OF BIRTH

5a. PLACE OF BIRTH—NAME OF HOSPITAL: Greater Bakersfield Memorial Hosp.

5b. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 420 - 34th Street

5c. INSIDE CITY LIMITS?: Yes

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): Texas

8. AGE OF MOTHER AT TIME OF THIS BIRTH: 27 YEARS

8a. SOCIAL SECURITY NUMBER OF MOTHER: [redacted]

9. COLOR OR RACE OF MOTHER: Mexican

10a. RESIDENCE OF MOTHER—STREET ADDRESS: [redacted]

10b. INSIDE CITY LIMITS?: Yes

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

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: 24 YEARS

13a. SOCIAL SECURITY NUMBER OF FATHER: [redacted]

14. COLOR OR RACE OF FATHER: Indian

15a. PRESENT OR LAST OCCUPATION: Forklift Operator

15b. KIND OF INDUSTRY OR BUSINESS: Del Mart Comp.

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 (OTHER THAN PARENT SPECIFY): [redacted]

16b. DATE SIGNED: October 6, 1975

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. SIGNATURE AND TITLE: [redacted]

17b. DATE SIGNED: October 8, 1975

17c. [redacted]

17d. PHYSICIAN'S CALIFORNIA LICENSE NUMBER: G-16273

LOCAL REGISTRAR

18. [redacted]

19. [redacted]

20. DATE RECEIVED BY LOCAL REGISTRAR: OCT 17 1975

PREVIOUS DELIVERIES TO THIS MOTHER | 21a. NOW MANY OTHER CHILDREN OF THIS MOTHER ARE NOW LIVING | 21b. HOW MANY OTHER CHILDREN OF THIS MOTHER WERE BORN ALIVE BUT ARE NOW DEAD | 21c. HOW MANY OTHER FETUSES WERE BORN DEAD AFTER 20 WEEKS GESTATION | 21d. DATE OF LAST LIVE BIRTH (MONTH, YEAR) | 21e. DATE OF LAST OTHER TERMINATION OF PREGNANCY (MONTH, YEAR)

050702

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STATE OF CALIFORNIA } ss
COUNTY OF KERN }

DATE ISSUED AUG 0 8 1997

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[redacted]
ASSESSOR RECORDER

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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. [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.
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

6-14-2002
Date

CERTIFICATION OF VITAL RECORD

FOIA6

CERTIFICATE OF LIVE BIRTH

STATE BIRTH CERTIFICATE NUMBER — STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH — LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER: 1500 4907

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: October 19, 1971
	4b. HOUR: 11:30 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 St	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): Texas
	8. AGE OF MOTHER (AT TIME OF THIS BIRTH): 23 YEARS	9. COLOR OR RACE OF MOTHER: Mexican	10a. RESIDENCE OF MOTHER—STREET ADDRESS (STREET AND NUMBER, NAME, NUMBER, OR LOCATION): 1705 Belmont	10b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): YES
	10c. RESIDENCE OF MOTHER—CITY OR TOWN: Delano	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): 20 YEARS	14. COLOR OR RACE OF FATHER: Filipino	15a. PRESENT OR LAST OCCUPATION: Fort Lift Operator	15b. KIND OF INDUSTRY OR BUSINESS: Agriculture
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 OF OTHER THAN PARENT, SPECIFY: [redacted]	16b. DATE REVIEWED AND SIGNED BY INFORMANT: October 19, 1971	
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 PERSONAL OR BEFORE ATTENDANT: October 19, 1971	
		17c. [redacted]	17d. PHYSICIAN'S CALIFORNIA LICENSE NUMBER: G 12163	
LOCAL REGISTRAR	18.	19. [redacted]	20. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR: NOV 1 1971	

241547

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STATE OF CALIFORNIA }
COUNTY OF KERN } ss

DATE ISSUED
MAY 24 2002

[redacted]
ASSESSOR RECORDER

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

6-14-2007
Date

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

FOIA6

Book 160 Page 234

REGISTRATION DISTRICT NO. 1551 REGISTRAR'S NUMBER 1057

CERTIFICATE OF LIVE BIRTH

STATE FILE NO.

THIS CHILD (TYPE OR PRINT NAME)	1a. CHILD'S 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: 3-4-51	4b. HOUR: 11:37 A
PLACE OF BIRTH	5a. PLACE OF BIRTH — CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL AND NAME OF NEAREST TOWN): Oildale		5b. COUNTY: Kern	
	5c. FULL NAME AND ADDRESS OF HOSPITAL OR INSTITUTION — (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Cottage Hospital			
RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?) 0201	6a. RESIDENCE OF MOTHER — STREET ADDRESS (IF RURAL, GIVE LOCATION): Rt. 1 Box 1424		6b. COUNTY: Kern	
	6c. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL AND NAME OF NEAREST TOWN): Delano		6d. STATE: California	
MOTHER OF CHILD	7a. MAIDEN NAME OF MOTHER — FIRST NAME [redacted]	7b. MIDDLE NAME	7c. LAST NAME	8. COLOR OR RACE OF MOTHER: Indian
	9. AGE OF MOTHER (AT TIME OF THIS BIRTH): 28 YEARS	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): California	11. MAILING ADDRESS OF MOTHER (IF DIFFERENT FROM USUAL RESIDENCE): same	
FATHER OF CHILD	12a. NAME OF FATHER — FIRST NAME [redacted]	12b. MIDDLE NAME	12c. LAST NAME	13. COLOR OR RACE OF FATHER: Filipino
	14. AGE OF FATHER (AT TIME OF THIS BIRTH): 39 YEARS	15. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Philippine Islands	16a. USUAL OCCUPATION: Laborer	16b. KIND OF BUSINESS OR INDUSTRY: farming
INFORMANT'S CERTIFICATION	I HEREBY CERTIFY THAT THE ABOVE STATED INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.	17a. SIGNATURE OF PARENT OR OTHER INFORMANT [redacted]		17b. DATE SIGNED: 3-7-51
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: 1010 Main Delano
REGISTRAR'S CERTIFICATION	19. DATE RECEIVED BY LOCAL REGISTRAR: 3-13-51	20. [redacted]		21. DATE ON WHICH GIVEN NAME ADDED

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STATE OF CALIFORNIA }
COUNTY OF KERN } ss

DATE ISSUED MAY 24 2002

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