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)

Name of Membe[redacted]

1.
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FOIA6

Name of Member's Sisters: [redacted]

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

[redacted]

Name of person preparing this chart

1-7-2002
Date

CERTIFICATION OF VITAL RECORD

COUNTY of SOLANO

STATE FILE NUMBER

CERTIFICATE OF LIVE BIRTH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 451 02079 4807

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? | [redacted] YEAR | 4a. HOUR: 1:04 A. M

FOIA6

PLACE OF BIRTH

5a. PLACE OF BIRTH—NAME OF HOSPITAL: Kaiser Foundation Hospital | 5d. STREET ADDRESS (Give street or rural address or location. Do not use P. O. Box number.): 2600 Alameda Street

5c. CITY OR TOWN: Vallejo | 5b. COUNTY: Solano

MOTHER OF CHILD

6a. MAIDEN NAME OF MOTHER—FIRST NAME: [redacted] | 6b. MIDDLE NAME | 6c. LAST NAME | 7. COLOR OR RACE OF MOTHER: Filipino - Indian

8. AGE OF MOTHER (At time of this birth): 20 YEARS | 9. BIRTHPLACE (State or foreign country): California | 10. MAILING ADDRESS OF MOTHER (If different from usual residence—for notification or birth registration)

USUAL RESIDENCE OF MOTHER (Where does mother live?)

11a. USUAL RESIDENCE OF MOTHER—STREET ADDRESS (Give street or rural address or location. Do not use P. O. Box number.): 1425 Coronel | 11b. IF INSIDE CORPORATE LIMITS CHECK HERE: X | IF OUTSIDE CITY CORPORATE LIMITS CHECK ONE: ☐ ON A FARM ☐ NOT ON A FARM

11c. CITY OR TOWN: Vallejo | 11d. COUNTY: Solano | 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): 27 YEARS | 15. BIRTHPLACE (State or foreign country): Philippines | 16a. PRESENT OR LAST OCCUPATION: Custodian | 16b. KIND OF INDUSTRY OR BUSINESS: Vallejo Unified School District

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. [redacted] | 17d. DATE SIGNED BY INFORMANT: July 28, 1967

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: Vallejo, California

REGISTRAR'S CERTIFICATION

19. DATE ON WHICH NAME ADDED BY SUPPLEMENTAL NAME REPORT | 21. DATE RECEIVED BY LOCAL REGISTRAR: AUG 15 1967

PREVIOUS DELIVERIES TO THIS | 22a. HOW MANY OTHER CHILDREN ARE NOW LIVING? | 22b. HOW MANY OTHER CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD? | 22c. HOW MANY FETUSES BORN DEAD AFTER

173040

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF SOLANO

[redacted] document officially registered and placed [redacted] ASSESSOR/RECORDER.

[redacted] COUNTY ASSESSOR/RECORDER

[redacted] Deputy. DATE ISSUED 12/06/2001

This copy is not valid unless prepared on an engraved border displaying the seal, date of issuance and the original signature of the Deputy

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.
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: [redacted]

1.
2.
3.
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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

1-7-2002

Date

CERTIFICATION OF VITAL RECORD

COUNTY of SOLANO

104 – CERTIFICATE OF LIVE BIRTH 4807 2440
STATE BIRTH CERTIFICATE NUMBER. STATE OF CALIFORNIA LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

THIS CHILD

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

2. SEX: Female | 3A. THIS BIRTH—SINGLE, TWIN, ETC.: Single | 3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.: | 4A. DAY. YEAR [redacted] | 4B. HOUR (24 HOUR CLOCK TIME): 1437

PLACE OF BIRTH

5A. PLACE OF BIRTH—NAME OF HOSPITAL: Kaiser Foundation Hospital | 5B. STREET ADDRESS (STREET, NUMBER, OR LOCATION): 975 Sereno Drive

5C. CITY OR TOWN: Vallejo | 5D. COUNTY: Solano

FOIA6

FATHER OF CHILD

[redacted] | 7. STATE OF BIRTH: Philippines | 8. AGE OF FATHER: 41

MOTHER OF CHILD

9A. BIRTH NAME OF MOTHER—FIRST [redacted] 9B. MIDDLE 9C. LAST | 10. STATE OF BIRTH: California | 11. AGE OF MOTHER: 34

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: Parent | 12C. DATE SIGNED: 7-9-81

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] TITLE | 13B. LICENSE NUMBER: House Officer | 13C. DATE SIGNED: 7-10-81

14. 13D. ▶ [redacted] eno Drive, Vallejo, CA

LOCAL REGISTRAR

15. DEATH—ENTER DATE OF DEATH | 16. [redacted] | 17. DATE ACCEPTED FOR REGISTRATION: AUG 10 1981

CONFIDENTIAL INFORMATION FOR PUBLIC HEALTH USE ONLY

161902

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF SOLANO

This [redacted] ment officially registered and placed on file [redacted] SESSOR/RECORDER

COUNTY ASSESSOR/RECORDER [redacted]

By [redacted] Deputy DATE ISSUED 06/05/2001

This copy is not valid unless prepared on an engraved border displaying the seal, date of issuance and the original signature of the Deputy

SEAL OF THE STATE OF CALIFORNIA

SOLANO COUNTY ASSESSOR 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.
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. [redacted]
2.
3.
4.
5.
6.
7.
8.
9.
10.

[redacted]

1-7-2002
Date

CERTIFICATION OF VITAL RECORD

COUNTY of SOLANO

STATE FILE NUMBER

CERTIFICATE OF LIVE BIRTH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER: Burnett Cole 0105 4800

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: [redacted]

4b. HOUR: 6:36 P

PLACE OF BIRTH

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

5b. STREET ADDRESS OR RURAL ADDRESS OR LOCATION—DO NOT USE P. O. BOX NUMBER: 2100 W. Texas St.

5c. CITY OR TOWN: Fairfield

5d. COUNTY: Solano

FOIA6

MOTHER OF CHILD

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

7. COLOR OR RACE OF MOTHER: Cauc.

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

9. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Calif.

10. MAILING ADDRESS OF MOTHER—IF DIFFERENT FROM USUAL RESIDENCE—FOR NOTIFICATION OF BIRTH:

USUAL RESIDENCE OF MOTHER

11a. USUAL RESIDENCE OF MOTHER—STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION—DO NOT USE P. O. BOX NUMBER): 1425 Coronel

11b. IF INSIDE CORPORATE LIMITS, CHECK HERE: X

IF OUTSIDE CITY CORPORATE LIMITS, CHECK ONE: ☐ ON A FARM ☐ NOT ON A FARM

11c. CITY OR TOWN: Vallejo

11d. COUNTY: Solano

11e. STATE: Calif.

FATHER OF CHILD

12a. NAME OF FATHER—FIRST NAME: [redacted] 12b. MIDDLE NAME 12c. LAST NAME

13. COLOR OR RACE OF FATHER: Cauc.

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

15. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Philipines

16a. PRESENT OR LAST OCCUPATION: Helper

16b. KIND OF INDUSTRY OR BUSINESS: Restaurant

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: April 13, 1965

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: Solano County Hospital

REGISTRAR'S CERTIFICATION

19. DATE ON WHICH NAME ADDED BY SUPPLEMENTAL NAME REPORT

21. DATE RECEIVED BY LOCAL REGISTRAR: APR 19 1965

[redacted]

161901

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF SOLANO

This is a true and exact reproduction of the document officially registered and placed [redacted] COUNTY ASSESSOR/RECORDER

[redacted] Deputy. DATE ISSUED 06/05/2001

This copy is not valid unless prepared on an engraved border displaying the seal, date of issuance and the original signature of the Deputy

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: [redacted]

1.
2.
3.
4.
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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

1-7-2002

Date

CERTIFICATION OF VITAL RECORD

COUNTY of SOLANO

STATE FILE NUMBER

CERTIFICATE OF LIVE BIRTH

DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 480 003614

THIS CHILD

1. NAME OF CHILD: [redacted] FOIA6

2. SEX: MALE

3a. THIS BIRTH (SINGLE, TWIN, TRIPLET): SINGLE

3b. IF TWIN OR TRIPLET (1ST, 2ND, 3RD): [redacted]

4a. DATE OF BIRTH (MONTH, DAY, YEAR): DECEMBER 29, 1963

4b. HOUR: 7:54 A

PLACE OF BIRTH

5a. PLACE OF BIRTH (NAME OF HOSPITAL): VALLEJO GENERAL HOSPITAL

5b. STREET ADDRESS (OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBER): 601 TENNESSEE STREET

5c. CITY OR TOWN: VALLEJO

5d. COUNTY: SOLANO

MOTHER OF CHILD

6a. MAIDEN NAME OF MOTHER (FIRST NAME, MIDDLE NAME, LAST NAME): [redacted]

7. COLOR OR RACE OF MOTHER: FILIPINO

8. AGE OF MOTHER (AT TIME OF THIS BIRTH): 16 YEARS

9. BIRTHPLACE (STATE OR FOREIGN COUNTRY): CALIFORNIA

10. MAILING ADDRESS OF MOTHER (IF DIFFERENT FROM USUAL RESIDENCE—FOR REGISTRATION OF BIRTH):

USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?)

11a. USUAL RESIDENCE OF MOTHER—STREET ADDRESS (OR RURAL ADDRESS OR LOCATION): 1425 CORNEL AVENUE

11b. IF INSIDE CORPORATE LIMITS, CHECK HERE: X

IF OUTSIDE CITY CORPORATE LIMITS, CHECK ONE: ☐ ON A FARM ☐ NOT ON A FARM

11c. CITY OR TOWN: VALLEJO

11d. COUNTY: SOLANO

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): 23 YEARS

15. BIRTHPLACE (STATE OR FOREIGN COUNTRY): PHILIPPINE [redacted]

16a. PRESENT OR LAST OCCUPATION: BARTENDER

16b. KIND OF INDUSTRY OR BUSINESS: GREEN VALLEY COUNTRY CLUB

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. [redacted]

17b. DATE SIGNED BY INFORMANT: DECEMBER 29, 1963

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: VALLEJO, CALIFORNIA

REGISTRAR'S CERTIFICATION

19. DATE ON WHICH NAME ADDED BY SUPPLEMENTAL NAME REPORT:

20. [redacted]

21. DATE RECEIVED BY LOCAL REGISTRAR: JAN 13 1964

161900

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF SOLANO

[redacted] t officially registered and placed [redacted]
SOR/RECORDER. COUNTY ASSESSOR/RECORDER

[redacted] puty. DATE ISSUED 06/05/200

This copy is not valid unless prepared on an engraved border displaying the seal, date of issuance and the original signature of the Deputy

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.
6.
7.
8.
9.
10.

Name of Member's Father [redacted]

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

Name of Mem[redacted]

1. [redacted]
2.
3.
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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

9-1-03
Date

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

351 MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

CERTIFICATE OF LIVE BIRTH 1200136022045

STATE OF CALIFORNIA

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

THE CHILD	[redacted]		
	2. SEX: MALE	3. SINGLE	4. DATE OF BIRTH: FOIAG	4B. HOUR (24 HOUR CLOCK TIME): 2030
PLACE OF BIRTH	5A. PLACE OF BIRTH — NAME OF HOSPITAL OR FACILITY: KAISER FOUNDATION HOSPITAL	5B. STREET ADDRESS — STREET NUMBER OR LOCATION: 9961 SIERRA		
	5C. CITY: FONTANA	5D. COUNTY: SAN BERNARDINO	5E. PLANNED PLACE OF BIRTH: HOSPITAL	
FATHER OF CHILD	[redacted]		7. STATE OF BIRTH: MEXICO	8. DATE OF BIRTH: [illegible]/20/197[illegible]
MOTHER OF CHILD	[redacted]		10. STATE OF BIRTH: CA	11. DATE OF BIRTH: 07/14/1977
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: Father	12C. DATE SIGNED: 11/25/2001
CERTIFICATION OF BIRTH	I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR AND PLACE STATED	13A. ATTENDANT OR C[redacted]	13B. LICENSE NUMBER: A074475	13C. DATE SIGNED: 11/27/01
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT: [redacted] M.D. 9961 SIERRA AVE FONTANA		[redacted] OTHER THAN ATTENDANT: SECY.	
LOCAL REGISTRAR	[redacted]	15B. STATE FILE NO. (STATE USE ONLY)	16. LOCAL REGISTRAR — SIGNATURE: [redacted] MD	17. DATE ACCEPTED FOR REGISTRATION: 12/04/2001

1133964

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SAN BERNARDINO } SS

DATE ISSUED 02/15/2002

[redacted]

00037414-AS-IA-BATCH008-DOC0020-MEM-20240 Page 11 of 33

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. _____

Name of Member's Father [redacted]

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

Name of Mem[redacted]

1. _____
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

9-1-03
Date

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORDS

COUNTY OF SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH
851 MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA

1200336007441

STATE FILE NUMBER — LOCAL REGISTRATION DISTRICT — LOCAL REGISTRATION NUMBER

1A. NAME OF CHILD: [redacted]

FOIA6

2. SEX	3A. TWIN, TRIPLE, ETC.	3B. IF MULTIPLE	4A. MONTH	4B. HOUR
MALE	SINGLE		14/17/2003	0844

PLACE OF BIRTH	5A. PLACE OF BIRTH — NAME OF HOSPITAL OR FACILITY	5B. STREET ADDRESS — NUMBER, NAME OR LOCATION
	KAISER FOUNDATION HOSPITAL	9961 SIERRA AVE

5C. CITY	5D. COUNTY	5E. PLANNED PLACE OF BIRTH
FONTANA	SAN BERNARDINO	HOSPITAL

FATHER OF CHILD	6A. NAME OF FATHER — FIRST (GIVEN)	6B. MIDDLE	6C. LAST (FAMILY)	7. STATE OF BIRTH	8. DATE OF BIRTH
	[redacted]			MEXICO	1/2[illegible]/197[illegible]

MOTHER OF CHILD	9A. [illegible]	9B. MIDDLE	9C. LAST (MAIDEN)	10. STATE OF BIRTH	11. DATE OF BIRTH
	[redacted]			CA	07/14/1977

INFORMANT CERTIFICATION	[illegible]	[redacted]	12. [illegible]
	[illegible]		Parents 4/18/03

CERTIFICATION OF BIRTH	[illegible]	13. LICENSE NUMBER	13C. DATE SIGNED
	[redacted]	NONE	4-22-03

	MAILING ADDRESS	14. TYPED NAME AND TITLE OF PERSONS IF OTHER THAN ATTENDANT
	[redacted] M.D. 9961 SIERRA AVE FONTANA	

LOCAL REGISTRAR	15A. [illegible]	15B. STATE FILE NO. (STATE USE ONLY)	16. LOCAL REGISTRAR — SIGNATURE	17. DATE ACCEPTED FOR REGISTRATION
			[redacted] MD	05/09/2003

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. _____

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. _____

FOIA6

Name of Member's Sisters

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

[redacted]

Name of person preparing this chart

12-1-05

Date

Certificate of Baptism

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 LOS ANGELES, CALIFORNIA

FOIA6

on the [redacted] day of [redacted]

was Baptized

on the [redacted] day of [redacted]

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.

Date DEC. 01, 2005 [redacted]

Pastor

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.
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

Date

CERTIFICATION OF VITAL RECORD

104 – 1500 2070

STATE BIRTH CERTIFICATE NUMBER

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

PAGE 253 BOOK 581

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—MONTH, DAY, YEAR: [redacted]	4B. HOUR—(24 HOUR CLOCK TIME): 0746
PLACE OF BIRTH	5A. PLACE OF BIRTH—NAME OF HOSPITAL OR FACILITY: Kern Medical Center		5B. STREET ADDRESS 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: Texas	8. AGE OF FATHER: 22
	[redacted]				
MOTHER OF CHILD	[redacted]			10. STATE OF BIRTH: California	11. AGE OF MOTHER: 20
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: [redacted]
ATTENDANT'S CERTIFICATION	I CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED	[redacted] FOIA6		13B. LICENSE NUMBER: G46440	
	14. [redacted] M.D., Bakersfield, California				
LOCAL REGISTRAR	15. DEATH—ENTER DATE OF DEATH	16. LOCAL REGISTRAR—SIGNATURE [redacted]		17. DATE ACCEPTED FOR REGISTRATION: MAR 3 1 1986	

117508

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF KERN } ss

DATE ISSUED MAY 2 6 1995

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.

DO NOT ACCEPT IF 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.
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. [redacted]
2.
3.
4.
5.
6.
7.
8.
9.
10. [redacted]

July 14, 01
Date

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

FOIA6

BIRTH BOOK 506

104 - CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA 1500 4036

STATE BIRTH CERTIFICATE NUMBER — LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

THIS CHILD	1A. NAME OF CHILD—FIRST: [redacted]	1B. MIDDLE	1C. LAST
	1D. Female	1E. ETC. Single	1F. 2ND. ETC.
	1G. [redacted]	1H. 0304	
PLACE OF BIRTH	2A. PLACE OF BIRTH—NAME OF HOSPITAL OR FACILITY: Kern Medical Center	2B. STREET ADDRESS (STREET NUMBER, OR LOCATION): 1830 Flower Street	
	2C. CITY OR TOWN: Bakersfield	2D. COUNTY: Kern	
FATHER OF CHILD	3A. NAME OF FATHER—FIRST: [redacted]	3B. MIDDLE	3C. LAST
	7. STATE OF BIRTH: Texas	8. AGE OF FATHER: 18	
MOTHER OF CHILD	[redacted]	10. STATE OF BIRTH: California	11. AGE OF MOTHER: 16
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: June 15, 1982
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: June 15, 1982
	14. REQUEST OMISSION FROM SOLICITATION LISTS	15. [redacted]	
LOCAL REGISTRAR	16. DEATH—ENTER DATE OF DEATH	17. [redacted]	17. DATE ACCEPTED FOR REGISTRATION: JUN 25 1982

BOOK 506 PAGE 161

183316

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } ss
COUNTY OF KERN

DATE ISSUED JAN 16 2001

[redacted]
ASSESSOR 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.

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. _____
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 Ma[redacted]

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

[redacted]

Name of person preparing this chart

Date

CERTIFICATION OF VITAL RECORD

04 - [redacted] — STATE BIRTH CERTIFICATE NUMBER

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA

1500 7238 — LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

THIS CHILD	1A. NAME OF CHILD—FIRST	1B. MIDDLE	1C. LAST		
	[redacted]				
	Female	Single	1ST, 2ND, ETC.	[redacted]	CLOCK TIME: 1036
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 OR TOWN: Bakersfield		5D. COUNTY: Kern		
FATHER OF CHILD	6A. NAME OF FATHER—FIRST	6B. MIDDLE	6C. LAST	7. STATE OF BIRTH: Texas	8. AGE OF FATHER: 24
MOTHER OF CHILD	9A. NAME OF MOTHER—FIRST	9B. MIDDLE	9C. LAST (BIRTH NAME)	10. STATE OF BIRTH: California	11. AGE OF MOTHER: 22
PARENT'S CERTIFICATION	I HEREBY CERTIFY THAT THE ABOVE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE		[redacted] FOIA6	12B. RELATIONSHIP TO CHILD: Mother	12C. DATE SIGNED: [redacted]
ATTENDANT'S CERTIFICATION	I CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED			13B. LICENSE NUMBER: G-39758	13C. [redacted]
	14. [redacted]		Bakersfield, California		
LOCAL REGISTRAR	15. DEATH—ENTER DATE OF DEATH	16. LOCAL REGISTRAR—SIGNATURE: [redacted]		17. DATE ACCEPTED FOR REGISTRATION: SEP 19 1988	

SOCIAL SECURITY

HEALTH

[redacted]

SIGNATURE

113560

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF KERN } ss

DATE ISSUED
APR 12 1995

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 Wife/Husband: (if wife, give name before marriage) 0 0

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

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

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

FOIA6

Name of Member's Sisters:

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

[redacted]

Name of person preparing this chart

10-5-00

Date

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of YUBA

MARYSVILLE, CALIFORNIA

Page 336

FOIA6

STATE FILE NUMBER

CERTIFICATE OF LIVE BIRTH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRAR'S DISTRICT AND CERTIFICATE NUMBER 5800-336

THIS CHILD

1. 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?
4. DATE OF BIRTH [redacted]
4. HOUR: 11:3[illegible] PM

PLACE OF BIRTH

5a. PLACE OF BIRTH—NAME OF HOSPITAL: United [illegible] Air Force Hospital
5b. STREET ADDRESS OR LOCATION
5c. CITY OR TOWN: Beale Air Force Base
5d. COUNTY: Yuba

MOTHER OF CHILD

6a. MAIDEN NAME OF MOTHER—FIRST NAME, 6b. MIDDLE NAME, 6c. LAST NAME [redacted]
7. COLOR OR RACE OF MOTHER: White
8. AGE OF MOTHER AT TIME OF THIS BIRTH: 29 YEARS
9. BIRTHPLACE (STATE OR FOREIGN COUNTRY): California
10. MAILING ADDRESS OF MOTHER—
11a. USUAL RESIDENCE OF MOTHER—STREET ADDRESS: 5[illegible] Feather River Blvd
11b. IF INSIDE CORPORATE LIMITS, CHECK HERE
11c. IF OUTSIDE CITY CORPORATE LIMITS, ON A FARM / NOT ON A FARM
11c. CITY OR TOWN: Marysville
11d. COUNTY: Yuba
11e. STATE: California

FATHER OF CHILD

12a. NAME OF FATHER—FIRST NAME, 12b. MIDDLE NAME, 12c. LAST NAME [redacted]
13. COLOR OR RACE OF FATHER: White
14. AGE OF FATHER AT TIME OF THIS BIRTH: 27 YEARS
15. BIRTHPLACE (STATE OR FOREIGN COUNTRY): California
16. OCCUPATION: A1C
16a. KIND OF INDUSTRY OR BUSINESS: USAF

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 [redacted]
DATE SIGNED BY INFORMANT: May 4, 1965
ADDRESS: [illegible]

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

REGISTRAR'S CERTIFICATION

19. DATE ON WHICH NAME ADDED BY SUPPLEMENTAL NAME RECORD
DATE RECEIVED BY LOCAL REGISTRAR: 5-7-65

22058

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF YUBA } SS

This is a true and exact reproduction of the document officially registered and placed [redacted] RECORDER.

ATTEST [redacted]

YUBA COUNTY CLERK-RECORDER

DATE ISSUED MAR 22 2004

This copy not valid unless prepared on engraved border displaying seal and signature of Deputy County Clerk-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] 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)

Name of Member's Brother

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

Name of Member's Sister [redacted]

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

[redacted]

Name of person preparing this chart

3-25-02
Date

STATE FILE NUMBER

CERTIFICATE OF LIVE BIRTH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER: BOOK 350 PAGE 37 3600 1858

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: [redacted]	4a. HOUR: 1:45P
PLACE OF BIRTH	5a. PLACE OF BIRTH—NAME OF HOSPITAL: 831ST TACTICAL HOSPITAL		5a. STREET ADDRESS: GEORGE AIR FORCE BASE	
	5c. CITY OR TOWN: VICTORVILLE, CALIFORNIA		5e. COUNTY: SAN BERNARDINO	
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: CAUC.
	8. AGE OF MOTHER: 24 YEARS	9. BIRTHPLACE: CALIFORNIA	10. MAILING ADDRESS OF MOTHER: 479th CAMRON	
USUAL RESIDENCE OF MOTHER	11a. USUAL RESIDENCE OF MOTHER—STREET ADDRESS: DESERT CAFE APTS.		11b. IF INSIDE CORPORATE LIMITS: ☐ CHECK HERE	IF OUTSIDE CITY CORPORATE LIMITS: ☐ ON A FARM ☒ NOT ON A FARM
	11c. CITY OR TOWN: ADELANTO		11d. COUNTY: SAN BERNARDINO	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: CAUC.
	14. AGE OF FATHER: 22 YEARS	15. BIRTHPLACE: CALIFORNIA	16a. PRESENT OR LAST OCCUPATION: A/2C	16b. KIND OF INDUSTRY OR BUSINESS: USAF
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. SIGNATURE OF OTHER INFORMANT: [redacted]	17b. DATE SIGNED BY INFORMANT: 7 APR 60	
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: 831st TACTICAL HOSPITAL	
REGISTRAR'S CERTIFICATION	19. DATE ON WHICH NAME ADDED BY SUPPLEMENTAL NAME REPORT	20. [redacted] FOIA6	21. DATE RECEIVED BY LOCAL REGISTRAR: 4-15-60	

RECORDER SAN BERNARDINO COUNTY, CALIF. COUNTY OF SAN BERNARDINO

I hereby certify that this is a true copy of the record if the seal of this office is impressed in purple ink- - - - - - - -

[redacted] JUL 18 1988

Auditor-Recorder
San Bernardino County, Calif.

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]
2.
3.
4.
5. [redacted] DAUGHTER
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 sheet)

8/8/00
Date

THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT REPRODUCTION
OF THE ORIGINAL RECORD AS RECORDED IN THIS OFFICE
AUTHORITY OF RULE 54A, AR

ISSUED: NOV 22 1989

LOCAL REGISTRAR

STATE OF TEXAS — CERTIFICATE OF BIRTH — BIRTH NO.

1. PLACE OF BIRTH
a. COUNTY: TARRANT
b. CITY OR TOWN: FORT WORTH
c. NAME OF HOSPITAL OR INSTITUTION: USAF HOSPITAL CARSWELL
d. IS PLACE OF BIRTH INSIDE CITY LIMITS? YES [X] NO [ ]

2. USUAL RESIDENCE OF MOTHER
a. STATE: TEXAS
b. COUNTY: TARRANT
c. CITY OR TOWN: FORT WORTH
d. STREET ADDRESS: 321 ATHENIA DRIVE
e. IS RESIDENCE INSIDE CITY LIMITS? YES [X] NO [ ]
f. IS RESIDENCE ON A FARM? YES [ ] NO [X]

FOIA6

3. NAME: [redacted]
4. DATE OF BIRTH: [redacted]
5. SEX: MALE
6a. THIS BIRTH: SINGLE [ ] TWIN [ ] TRIPLET [ ]
6b. IF TWIN OR TRIPLET, WAS CHILD BORN: 1st [ ] 2nd [ ] 3rd [ ]
7. NAME: [redacted]
8. COLOR OR RACE: CAUCASIAN
9. AGE: 25
10. BIRTHPLACE: CALIFORNIA
11. USUAL OCCUPATION: AIRMAN
11a. KIND OF BUSINESS OR INDUSTRY: U. S. AIR FORCE
12. MAIDEN NAME: [redacted]
13. COLOR OR RACE: CAUCASIAN
14. AGE: 27
15. BIRTHPLACE: CALIFORNIA
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (DO NOT include this child)
a. How many OTHER children were born alive but are now dead? 0
b. How many children were born dead (after 20 weeks pregnancy)? 0
c. How many OTHER children are now living? 2
17. I hereby certify that this child was born alive on the date stated above.
ATTENDANT AT BIRTH: M.D. [X] D.O. [ ] MIDWIFE [ ] OTHER [ ]
DATE SIGNED: [redacted]
7:59 P
REGISTRAR'S REG. NO. 8301
OCT 28 1963

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.

Name of Member's Fath[redacted]

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

Name of M[redacted]

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

FOIA6

Name of Me[redacted]

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

[redacted]

July 14, 01
Date

CERTIFICATION OF VITAL RECORD

104 -

STATE BIRTH CERTIFICATE NUMBER

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA

1500 0182

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: [redacted]	4B. HOUR—(24 HOUR CLOCK TIME): 1906
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: Texas	8. AGE OF FATHER: 20
MOTHER OF CHILD	9A. NAME OF MOTHER—FIRST [redacted]	9B. MIDDLE	9C. LAST (BIRTH NAME)	10. STATE OF BIRTH: California	11. AGE OF MOTHER: 18
PARENT'S CERTIFICATION	I C[redacted] STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE	[redacted]		12B. RELATIONSHIP TO CHILD: Mother	12C. DATE SIGNED: January 4, 1984
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: January 4, 1984
	14. REQUEST OMISSION FROM SOLICITATION LISTS	[redacted]		lifornia	
LOCAL REGISTRAR	15. DEATH—ENTER DATE OF DEATH	[redacted]		17. DATE ACCEPTED FOR REGISTRATION: JAN 6 1984	

FOIA6

BOOK 537 PAGE 232

117507

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF KERN } ss

DATE ISSUED
MAY 24 1995

[redacted]
ASSESSOR 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.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Tejon Indian Tribe

2234 4th Street, Wasco, CA 93280

Member's Nam[redacted]

Name of Member's [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. _____

Name of Member's Father [redacted]

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

Name of Mem[redacted]

1. _____
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

10-5-00

Date

CERTIFICATION OF VITAL RECORD

County of San Bernardino

DIVISION OF VITAL RECORDS

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

STATE FILE NUMBER

CERTIFICATE OF LIVE BIRTH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER BOOK 385 PAGE 48 3600

FOIA6

THIS CHILD	1a. NAME OF CHILD—FIRST NAME [redacted]		1c. LAST NAME [redacted]	
	FEMALE	SINGLE		4a. HOUR 3:45 A
PLACE OF BIRTH	5a. PLACE OF BIRTH—NAME OF HOSPITAL 831st TACTICAL HOSPITAL		5b. STREET ADDRESS GEORGE AIR FORCE BASE	
	5c. CITY OR TOWN VICTORVILLE		5d. COUNTY SAN BERNARDINO	
MOTHER OF CHILD	6a. MAIDEN NAME OF MOTHER [redacted]	6b. MIDDLE NAME	6c. LAST NAME	7. COLOR OR RACE OF MOTHER CAUCASIAN
	8. AGE OF MOTHER 26 YEARS	9. BIRTHPLACE CALIFORNIA	10. MAILING ADDRESS OF MOTHER 479th Hedron	
USUAL RESIDENCE OF MOTHER	11a. USUAL RESIDENCE OF MOTHER—STREET ADDRESS DESERT CAFE APTS APT # 1		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 ADELANTO		11d. COUNTY SAN BERNARDINO	11e. STATE CALIFORNIA
FATHER OF CHILD	12a. NAME OF FATHER [redacted]			13. COLOR OR RACE OF FATHER CAUCASIAN
	14. AGE OF FATHER 24 YEARS	15. BIRTHPLACE CALIFORNIA	16a. PRESENT OR LAST OCCUPATION AIRMAN SECOND CLASS	16b. KIND OF INDUSTRY OR BUSINESS USAF
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 [redacted]			DATE SIGNED BY INFORMANT 22 JAN 62
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			ADDRESS 831st TACTICAL HOSPITAL
REGISTRAR'S CERTIFICATION	19. DATE ON WHICH NAME ADDED BY SUPPLEMENTAL NAME REPORT			DATE RECEIVED BY LOCAL REGISTRAR 2-2-62

701798

MAR 3 0 2001

DATE ISSUED

[redacted]

Auditor/Controller-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 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 Brother[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]

Name of person preparing this chart

3-23-01

Date

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.

APR 26 1984

104 - 83-156699 CERTIFICATE OF LIVE BIRTH 1500 4271

THIS CHILD: [redacted]

Male | Single | FOIA6 | 0510

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: [redacted] | 7. STATE OF BIRTH: PA | 8. AGE OF FATHER: 18

MOTHER OF CHILD: [redacted] | 10. STATE OF BIRTH: CA | 11. AGE OF MOTHER: 14

PARENT'S CERTIFICATION: [redacted] | 12A. RELATIONSHIP TO CHILD: Mother | 12C. DATE SIGNED: 6-27-83

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] | 13A. LICENSE NUMBER: Resident | 13C. DATE SIGNED: 6-26-83

13D. TYPE NAME AND ADDRESS: Bakersfield, CA

LOCAL REGISTRAR: 15. DEATH—ENTER DATE OF DEATH | 16. [redacted] | 17. DATE ACCEPTED FOR REGISTRATION: 6-29-83