Tejon Indian Tribe

2234 4th Street, Wasco, CA 93280

Member's Name: [redacted]

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

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

1.
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FOIA6

Name of Member's Father [redacted]

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

Name of Member's Brothers:

1.
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7.
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10.

Name of Member's Sisters: [redacted]

1.
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[redacted]

Name of person preparing this chart

12-8-03
Date

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF LIVE BIRTH

STATE BIRTH CERTIFICATE NUMBER — STATE OF CALIFORNIA—DEPARTMENT OF HEALTH — 1500 3055 LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

THIS CHILD	1. [redacted]				
	2. SEX: Female	3a. THIS BIRTH WHOLE TOOL OR TRIPLE: Single	3b. IF FOLLOWING TRIPLET THIS CHILD BORN 1ST, 2ND, 3RD:	4a. DA[redacted] YEAR	4b. HOUR: 3 x07 p
PLACE OF BIRTH	5a. PLACE OF BIRTH—NAME OF HOSPITAL: Rodrigo Terronez Memorial Clinic			5a. STREET ADDRESS (STREET AND NUMBER OR LOCATION): Garces and Mettler Highways	5c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): no
	6a. CITY OR TOWN: [redacted]			6b. COUNTY: Kern	
MOTHER OF CHILD	6a. MAIDEN NAME OF MOTHER—FIRST NAME: [redacted]	6b. MIDDLE NAME:		6c. LAST NAME (MAIDEN IN MARRIAGE): FOIA6	7. BIRTHPLACE (STATE OR FOREIGN COUNTRY): California
	8. AGE OF MOTHER (AT TIME OF THIS BIRTH): 22 YEARS	9a. SOCIAL SECURITY NUMBER OF MOTHER: [redacted]	9b. COLOR OR RACE OF MOTHER: cauc.	10a. RESIDENCE OF MOTHER—STREET ADDRESS: 302 garces Highway	10b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): yes
	10c. RESIDENCE OF MOTHER—CITY OR TOWN: [redacted]			10d. RESIDENCE OF MOTHER—COUNTY: [redacted]	10e. RESIDENCE OF MOTHER—STATE: California
FATHER OF CHILD	11a. NAME OF FATHER—FIRST NAME: [redacted]	11b. MIDDLE NAME: [redacted]		11c. LAST NAME: [redacted]	12. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas
	13. AGE OF FATHER (AT TIME OF THIS BIRTH): 22 YEARS	13a. SOCIAL SECURITY NUMBER OF FATHER: 561-82-8308	14. COLOR OR RACE OF FATHER: Mexican	15a. PRESENT OR LAST OCCUPATION: sprayer	15b. KIND OF INDUSTRY OR BUSINESS: farming
INFORMANT'S CERTIFICATION	I HEREBY CERTIFY THAT I HAVE REVIEWED THE ABOVE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE	16. PARENT OR OTHER INFORMANT—SIGNATURE (IF OTHER THAN PARENT SPECIFY): [redacted]			16a. DATE REVIEWED AND SIGNED BY INFORMANT: 7-9-74
ATTENDANT'S CERTIFICATION	I HEREBY CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED ABOVE	17. [redacted] TITLE			17b. DATE SIGNED BY PHYSICIAN OR OTHER ATTENDANT: 7-9-74
		17. [redacted]			17a. PHYSICIAN'S CALIFORNIA LICENSE NUMBER: Calif. C 35751
LOCAL REGISTRAR	18.	19. [redacted]			20. DATE RECEIVED FOR REGISTRATION BY LOCAL REGISTRAR: JUL 18 1974

217198

Tejon Indian Tribe

2234 4th Street, Wasco, CA 93280

Member's Name: [redacted]

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

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

1. [redacted] -F-
2. -M-
3. -F-
4. -M-
5.
6.
7.
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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.
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3.
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8.
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Name of Member's Sisters:

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

[redacted]

Name of person preparing this chart

3-5-01

Date

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

STATE FILE NUMBER

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 1500 3219

THIS CHILD

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

2a. SEX: Male — 3a. THIS BIRTH (SINGLE, TWIN, OR TRIPLET): Single — 3b. IF TWIN OR TRIPLET, THIS CHILD WAS BORN (FIRST, SECOND, THIRD): — 4a. DATE OF BIRTH (MONTH, DAY, YEAR): [redacted] — 4b. HOUR: 8:44 A M

PLACE OF BIRTH

5a. PLACE OF BIRTH (NAME OF HOSPITAL): Kern County General Hospital — 5b. STREET ADDRESS (IF RURAL, GIVE STREET OR RURAL ADDRESS OR LOCATION — DO NOT USE P. O. BOX NUMBER): 1830 Flower Street — INSIDE CITY LIMITS: X

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): 13 YEARS — 9. BIRTHPLACE (STATE OR FOREIGN COUNTRY): California — 10. MAILING ADDRESS OF MOTHER (IF DIFFERENT FROM RESIDENCE OR PLACE OF BIRTH): Same

USUAL RESIDENCE OF MOTHER (WHERE DOES THIS LIVE?)

11a. USUAL RESIDENCE OF MOTHER — STREET ADDRESS (IF RURAL, GIVE STREET OR RURAL ADDRESS OR LOCATION — DO NOT USE P. O. BOX NUMBER): [redacted] — 11a. IF INSIDE CORPORATE LIMITS, CHECK HERE — IF OUTSIDE CITY CORPORATE LIMITS, CHECK ONE: [ ] ON A FARM [ ] NOT ON A FARM

11c. CITY OR TOWN: Bakersfield — 11d. COUNTY: Kern — 11. STATE: California

FATHER OF CHILD

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

14. AGE OF FATHER (AT TIME OF THIS BIRTH): 17 YEARS — 15. BIRTHPLACE (STATE OR FOREIGN COUNTRY): California — 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. [redacted] — 17b. DATE SIGNED BY INFORMANT: June 17, 1962

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. LOCAL REGISTRAR—SIGNATURE: [redacted] — 21. DATE RECEIVED BY LOCAL REGISTRAR: JUN 21 1962

FOIA6

116246

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } ss
COUNTY OF KERN

DATE ISSUED MAY [redacted]

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.

IN REPLY REFER TO
Tribal Operations
006 Sanchez, Mario

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF INDIAN AFFAIRS
Central California Agency
1800 Tribute Road
Post Office Box 15740
Sacramento, California 95813

AUG 1 1 1978

TO WHOM IT MAY CONCERN:

Applicant, [redacted], born [redacted] is identified to be the grandson of [redacted] 4/4 Tejon, who is named on the Roll of California Indians. Based on the stated relationship and the information shown in records in this office, the applicant's degree of Indian blood is computed to be 1/4 Tejon.

FOIA6

Superintendent

NOTE: Mother of the above child is [redacted] who was never enrolled.

CCA/TO4

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)

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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:

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Name of Member's Siste[redacted]

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10.

[redacted]

Name of person preparing this chart

9-1-03
Date

Sutter County Health Department
370 DEL NORTE AVE.
P O BOX 1510, YUBA CITY, CALIFORNIA 95992

ADMINISTRATIVE and NURSING (916) 741-7215
LABORATORY (916) 741-7225
ENVIRONMENTAL HEALTH (916) 741-7219
WIC (916) 741-7224

Allan L. Leavitt
HEALTH ADMINISTRATOR

Sutter County Primary Care Clinic
1965 LIVE OAK BLVD.
P.O. BOX 1520, YUBA CITY, CALIFORNIA 95992
(916) 741-7240

Arch Beard, M.D.
HEALTH OFFICER

104 - 5100 886

STATE BIRTH CERTIFICATE NUMBER — LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA

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: 0257	
PLACE OF BIRTH	5A. PLACE OF BIRTH—NAME OF HOSPITAL OR FACILITY: Fremont Medical Center		5B. STREET ADDRESS (STREET, NUMBER, OR LOCATION): 970 Plumas Street			
	5C. CITY OR TOWN: Yuba City		5D. COUNTY: Sutter			
FATHER OF CHILD	6A. NAME OF FATHER—FIRST: [redacted]	6B. MIDDLE	6C. LAST		7. STATE OF BIRTH: California	8. AGE OF FATHER: 19
MOTHER OF CHILD	9A. NAME OF MOTHER—FIRST: [redacted]	9B. MIDDLE	9C. LAST (BIRTH NAME)		10. STATE OF BIRTH: California	11. AGE OF MOTHER: 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	12A. PARENT OR OTHER INFORMANT—SIGNATURE: Unable to Obtain Signature		12B. RELATIONSHIP TO CHILD: Medical Record	12C. DATE SIGNED: 6-29-87	
ATTENDANT'S CERTIFICATION	I CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED	13A. [redacted] TITLE		13B. LICENSE NUMBER: G13747	13C. DATE SIGNED: 6-29-87	
	14.	13D. TYPED NAME AND ADDRESS: [redacted], M.D. Marysville, Ca.				
LOCAL REGISTRAR	15. DEATH—ENTER DATE OF DEATH	16. LOCAL REGISTRAR—SIGNATURE: [redacted]			17. DATE ACCEPTED FOR REGISTRATION: JUL 02 1987	

FOIA6

CERTIFICATION

THIS IS TO CERTIFY that the above is a true and correct copy of the statements appearing on the BIRTH certificate of said person, as filed in the records of this office.

[redacted]

Sutter County Health Department
Yuba City, California

ISSUED JUL 07 1987

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. _____
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Name of Member's Father [redacted]

Name of Member's Mother: (Give name before marri

Name of Member's Brothers:

1. [redacted]
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6. _____
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FOIA6

Name of Member's Sisters:

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

9-1-03
Date

CERTIFICATION OF VITAL RECORD

COUNTY of SUTTER

HEALTH DEPARTMENT
YUBA CITY CALIFORNIA 95991

104-

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

1-90-51-000860
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

[redacted]

THIS CHILD	FEMALE	SINGLE	-	[redacted]	1043
PLACE OF BIRTH	FREMONT MEDICAL CENTER		97[redacted] STREET		
	YUBA CITY		SUTTER		HOSPITAL
FATHER OF CHILD	[redacted]			CA	10/26/67
MOTHER OF CHILD	[redacted]			CA	02/29/68
PARENT'S CERTIFICATION	[redacted]			MOTHER	5-21-90
CERTIFICATION OF BIRTH	[redacted]	M.D. 330 H STREET, MARYSVILLE		G13747	5/22/90
LOCAL REGISTRAR			[redacted]		MAY 2 9 1990

FOIA6

CERTIFIED COPY OF VITAL RECORDS
SEP 1 8 1991
DATE ISSUED

[redacted]

SUTTER COUNTY PUBLIC HEALTH

Tejon Indian Tribe

2234 4th Street, Wasco, CA 93280

Member's Name: [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. _____
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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. _____
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Name of Member's Sisters:

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10. _____

[redacted]

Date

CERTIFICATE OF LIVE BIRTH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

1500 293

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

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 [redacted]
4b. HOUR: 6:22 A M			
5a. PLACE OF BIRTH—NAME OF HOSPITAL: Mercy Hospital	5b. STREET ADDRESS (NUMBER AND STREET OR LOCATION): 2215 Truxtun Avenue	5c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): Yes	
5d. CITY OR TOWN: Bakersfield	5e. COUNTY: Kern		
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: [redacted] YEARS	9. COLOR OR RACE OF MOTHER: Indian	10a. RESIDENCE OF MOTHER—STREET ADDRESS (STREET AND NUMBER OR RURAL ROUTE): [redacted]	10b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): No
10c. RESIDENCE OF MOTHER—CITY OR TOWN: Buttonwillow	10d. RESIDENCE OF MOTHER—COUNTY: Kern	10e. RESIDENCE OF MOTHER—STATE: California	
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): 29 YEARS	14. COLOR OR RACE OF FATHER: White	15a. PRESENT OR LAST OCCUPATION: Farmer	15b. KIND OF INDUSTRY OR BUSINESS: Farming
ANT'S CATION: I HEREBY CERTIFY THAT I HAVE REVIEWED THE ABOVE-STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. [redacted]			16a. DATE REVIEWED AND SIGNED BY INFORMANT: January 17, 1968
ANT'S CATION: I HEREBY CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED ABOVE.	17c. ADDRESS: Bakersfield, California		17b. DATE SIGNED BY PHYSICIAN OR OTHER ATTENDANT: 1-25-68
			17d. PHYSICIAN'S CALIFORNIA LICENSE NUMBER: AD3707
AL TRAR 18. [redacted]			20. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR: FEB 1 1968

21a. HOW MANY OTHER CHILDREN BORN ALIVE? 21b. HOW MANY OTHER CHILDREN NOW LIVING? 21c. HOW MANY FETUSES BORN DEAD? 21d. DATE OF LAST LIVE BIRTH 21e. DATE OF LAST FETAL DEATH

FOIA6

Tejon Indian Tribe

2234 4th Street, Wasco, CA 93280

Member's Name: [redacted]

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

Name of member's Children: (Indicate whether child is male of 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. _____
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Name of Member's Sisters:

1. _____
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[redacted]

Name of person preparing this chart

3-22-02
Date

CERTIFICATION OF VITAL RECORDS

104 - STATE BIRTH CERTIFICATE NUMBER

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA

1500 6385
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

BOOK 550 PAGE 247

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): 1224
PLACE OF BIRTH	5A. PLACE OF BIRTH—NAME OF HOSPITAL OR FACILITY: San Dimas Family Birth Center		5B. STREET ADDRESS (STREET, NUMBER, OR LOCATION): 820 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: CA	8. AGE OF FATHER: 26
	[redacted]				
MOTHER OF CHILD	9A. NAME OF MOTHER—FIRST	9B. MIDDLE	9C. LAST (BIRTH NAME)	10. STATE OF BIRTH: CA	11. AGE OF MOTHER: 24
	[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			12D. RELATIONSHIP TO CHILD: Father	12C. DATE SIGNED: 08-30-84
ATTENDANT'S CERTIFICATION	I CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED			13B. LICENSE NUMBER: G9024	13C. DATE SIGNED: 08-30-84
	14.	13D. TYPED NAME AND ADDRESS: [redacted]		treet, Bakersfield, CA 93301	
LOCAL REGISTRAR	15. DEATH—ENTER DATE OF DEATH			17. DATE ACCEPTED FOR REGISTRATION: SEP 14 1984	

FOIA6

098260

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF KERN } ss

DATE ISSUED
SEP 07 1994

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]
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 of female)

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Name of Member's Father [redacted]

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

Name of Member [redacted]

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FOIA6

Name of Member's Sisters:

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[redacted]

Name of person preparing this chart

3-22-02
Date

CERTIFICATION OF VITAL RECORD

COUNTY of KERN

1655 CHESTER AVENUE, BAKERSFIELD, CALIFORNIA 93301

104-

STATE FILE NUMBER

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

1 91 15 005687

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—MONTH DAY YEAR: [redacted]	4B HOUR—12A HOUR CLOCK TIME: 0239
PLACE OF BIRTH	5A PLACE OF BIRTH—NAME OF HOSPITAL OR FACILITY: BAKERSFIELD MEMORIAL HOSPITAL	5B STREET ADDRESS—STREET NUMBER OR LOCATION: 420 34TH STREET			
	5C CITY: BAKERSFIELD	5D COUNTY: KERN	5E PLANNED PLACE OF BIRTH: BIRTH CENTER		
FATHER OF CHILD	6A NAME OF FATHER—FIRST (GIVEN) [redacted]	6B MIDDLE	6C LAST (FAMILY) [redacted]	7 STATE OF BIRTH: CA	8 DATE OF BIRTH: 01/04/58
MOTHER OF CHILD	9A NAME OF MOTHER—FIRST (GIVEN) [redacted]	9B MIDDLE	9C LAST (MAIDEN)	10 STATE OF BIRTH: CA	11 DATE OF BIRTH: 09/01/59
PARENT'S CERTIFICATION	I CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE	12 [redacted]	12B RELATIONSHIP TO CHILD: MOTHER	12C DATE SIGNED: 06/22/91	
CERTIFICATION OF BIRTH	13 THE DATE HOUR AND PLACE STATED	13 [redacted]	13B LICENSE NUMBER: C-34437	13C DATE SIGNED: 06/21/91	
	13D TYPED NAME TITLE AND MAILING ADDRESS OF ATTENDANT: [redacted] M.D., 420 34TH STREET, BAKERSFIELD		14 TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT: –		
LOCAL REGISTRAR	15A DATE OF DEATH	15B STATE FILE NO. (STATE USE ONLY)	16 LOCAL REGISTRAR—SIGNATURE: [redacted]	17 DATE ACCEPTED FOR REGISTRATION: JUL 8 1991	

FOIA6

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF KERN } ss

DATE ISSUED
SEP 11 1992

[redacted]

COUNTY CLERK RECORDER

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

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

Tejon Indian Tribe

2234 4th Street, Wasco, CA 93280

Member's Name: [redacted]

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

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

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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:

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[redacted]

Name of person preparing this chart

11-29-01
Date

CERTIFICATION OF VITAL RECORD

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

STATE FILE NUMBER: 1199815003043
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

THIS CHILD	1A. NAME OF CHILD — FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)		
	[redacted]				
	2. SEX: FEMALE	3A. THIS BIRTH SINGLE, TWIN, ETC: SINGLE	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC: -	4A. DATE OF BIRTH — MM/DD/CCYY: [redacted]	4B. HOUR — (24 HOUR CLOCK TIME): 1616
PLACE OF BIRTH	5A. PLACE OF BIRTH — NAME OF HOSPITAL OR FACILITY: SAN JOAQUIN COMMUNITY HOSPITAL		5B. STREET ADDRESS — STREET NUMBER, OR LOCATION: 2615 EYE STREET		
	5C. CITY: BAKERSFIELD		5D. COUNTY: KERN		5E. PLANNED PLACE OF BIRTH: HOSPITAL
FATHER OF CHILD	6A. NAME OF FATHER — FIRST (GIVEN)	6B. MIDDLE	6C. LAST (FAMILY)	7. STATE OF BIRTH: CA	8. DATE OF BIRTH: 08/06/1977
	[redacted]				
MOTHER OF CHILD	9A. NAME OF MOTHER — FIRST (GIVEN)	9B. MIDDLE	9C. LAST (MAIDEN)	10. STATE OF BIRTH: CA	11. DATE OF BIRTH: 06/21/1978
	[redacted]				
INFORMANT CERTIFICATION	I CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE			12B. RELATIONSHIP TO CHILD: MOTHER	12C. DATE SIGNED: 04/17/1998
CERTIFICATION OF BIRTH	I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR AND PLACE STATED			13B. LICENSE NUMBER: A38848	13C. DATE SIGNED: 04/17/1998
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT			14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT	
	[redacted] MD, 2317 17TH ST, BKFLD, CA 93301			DAWN R EVENSON, SERVICE REP	
LOCAL REGISTRAR	15A. DATE OF DEATH	15B. STATE FILE NO (STATE USE ONLY)	[redacted]	17. DATE ACCEPTED FOR REGISTRATION: 05/01/1998	

FOIA6

222328

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF KERN } ss

DATE ISSUED
NOV 2 9 2001

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

[redacted]
ASSESSOR RECORDER

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE