

STATE OF HAWAII		CERTIFICATE OF LIVE BIRTH		DEPARTMENT OF HEALTH	
		FILE NUMBER 151		61 10641	
1a. Child's First Name (Type or print)		1b. Middle Name		1c. Last Name	
BARACK		HUSSEIN		OBAMA, II	
2. Sex	3. This Birth	4. If Twin or Triplet, Was Child Born	5a. Birth Date	Month Day Year	5b. Hour
Male	Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	August 4, 1961	7:24 P.M.	
6a. Place of Birth: City, Town or Rural Location				6b. Island	
Honolulu				Oahu	
6c. Name of Hospital or Institution (If not in hospital or institution, give street address)				6d. Is Place of Birth Inside City or Town Limits?	
Kapiolani Maternity & Gynecological Hospital				If no, give judicial district	
7a. Usual Residence of Mother: City, Town or Rural Location				7b. Island	
Honolulu				Oahu	
7d. Street Address				7c. County and State or Foreign Country	
6085 Kalaniana'ole Highway				Honolulu, Hawaii	
7f. Mother's Mailing Address				7e. Is Residence Inside City or Town Limits?	
				If no, give judicial district	
				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
				7g. Is Residence on a Farm or Plantation?	
				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
8. Full Name of Father		9. Race of Father			
BARACK HUSSEIN OBAMA		African			
10. Age of Father	11. Birthplace (Island, State or Foreign Country)	12a. Usual Occupation	12b. Kind of Business or Industry		
25	Kenya, East Africa	Student	University		
13. Full Maiden Name of Mother		14. Race of Mother			
STANLEY ANN DUNHAM		Caucasian			
15. Age of Mother	16. Birthplace (Island, State or Foreign Country)	17a. Type of Occupation Outside Home During Pregnancy		17b. Date Last Worked	
18	Wichita, Kansas	None			
I certify that the above stated information is true and correct to the best of my knowledge.		18a. Signature of Parent or Other Informant		18b. Date of Signature	
		Parent <input checked="" type="checkbox"/> Other <input type="checkbox"/>		8-7-61	
I hereby certify that this child was born alive on the date and hour stated above.		19a. Signature of Attendant		19b. Date of Signature	
		M.D. <input checked="" type="checkbox"/> D.O. <input type="checkbox"/> Midwife <input type="checkbox"/> Other <input type="checkbox"/>		8-8-61	
20. Date Accepted by Local Reg.	21. Signature of Local Registrar		22. Date Accepted by Reg. General		
AUG - 8 1961	V. Lee		AUG - 8 1961		
23. Evidence for Delayed Filing or Alteration					

APR 25 2011

I CERTIFY THIS IS A TRUE COPY OR
ABSTRACT OF THE RECORD ON FILE IN
THE HAWAII STATE DEPARTMENT OF HEALTH

Alvin T. Onaka, Ph.D.
STATE REGISTRAR