

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
Male <input checked="" type="checkbox"/>	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
5b. Hour /							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 Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
7a. Usual Residence of Mother: City, Town or Rural Location				7b. Island		7c. County and State or Foreign Country	
Honolulu				Oahu		Honolulu, Hawaii	
7d. Street Address					7e. Is Residence Inside City or Town Limits?		
6085 Kalaniana'ole Highway					If no, give judicial district Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
7f. Mother's Mailing Address						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		Parent <input checked="" type="checkbox"/>		18b. Date of Signature	
		<i>Ann Dunham Obama</i>		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		M.D. <input checked="" type="checkbox"/>		19b. Date of Signature	
		<i>Paul A. Decker</i>		D.O. <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		<i>U. L. Lee</i>		AUG - 8 1961			
23. Evidence for Delayed Filing or Alteration							

MAR 15 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