

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 Male	3. This Birth Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	4. If Twin or Triplet, Was Child Born 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	5a. Birth Date	Month August	Day 4,
6a. Place of Birth: City, Town or Rural Location Honolulu			6b. Inland <input type="checkbox"/> Oahu <input type="checkbox"/>		
6c. Name of Hospital or Institution (If not in hospital or institution, give street address) Kapiolani Maternity & Gynecological Hospital			6d. Is Place of Birth Inside City or Town Limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
7a. Usual Residence of Mother: City, Town or Rural Location Honolulu			7c. County and State or Foreign Country Honolulu, Hawaii		
7d. Street Address 6085 Kalaniana'ole Highway		7b. Inland <input type="checkbox"/> Oahu <input type="checkbox"/>		7e. Is Residence Inside City or Town Limits? 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 BARACK		11. Birthplace (Island, State or Foreign Country) HUSSEIN		9. Race of Father African	
10. Age of Father 25		12a. Usual Occupation Kenya, East Africa		12b. Kind of Business or Industry Student	
13. Full Maiden Name of Mother STANLEY		16. Birthplace (Island, State or Foreign Country) ANN		14. Race of Mother DUNHAM	
15. Age of Mother 18		17a. Type of Occupation Outside Home During Pregnancy Wichita, Kansas		17b. Date Last Worked None	
18a. Signature of Parent or Other Informant <i>Barack Obama</i>		18b. Date of Signature 8-7-61		19. Date of Signature 8-8-61	
19a. Signature of Attendant <i>Ann Dunham</i>		20. Date Accepted by Local Reg. AUG - 8 1961		21. Signature of Local Registrar <i>Uwelee</i>	
22. Date Accepted by Reg. General AUG - 8 1961		23. Evidence for Delayed Filing or Alteration			

I CERTIFY THIS IS A TRUE COPY OR
 ABSTRACT OF THE RECORD ON FILE IN
 THE HAWAII STATE DEPARTMENT OF HEALTH
 APR 25 2011
Olvin T. Orsaka, Ph.D.
 STATE REGISTRAR