

| 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? If no, give judicial district |   |                   |
| Kapiolani Maternity & Gynecological Hospital   |   |  | 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? If no, give judicial district             |   | 7f. Is Residence on a Farm or Plantation?                           |                   |
| 6085 Kalaniana'ole Highway   |   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                    |   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |                   |
| 7f. Mother's Mailing Address   |   | 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   |   | 15. Age of Mother   |                   |
| STANLEY ANN DUNHAM   |   | Caucasian  |   | 18  |                   |
| 16. Birthplace (Island, State or Foreign Country)  |   | 17a. Type of Occupation Outside Home During Pregnancy                                  |   | 17b. Date Last Worked   |                   |
| Wichita, Kansas  |   | None   |   | 8-7-61  |                   |
| 18a. Signature of Parent or Other Informant  |   | 18b. Date of Signature   |   | 19b. Date of Signature  |                   |
| Stanley Ann Dunham Obama   |   | 8-7-61   |   | 8-8-61  |                   |
| 19a. Signature of Attendant  |   | 20. Date Accepted by Local Reg.  |   | 21. Signature of Local Registrar                                    |                   |
| David A. Amela   |   | AUG - 8 1961   |   | U. H. Lee   |                   |
| 22. Date Accepted by Reg. General  |   | 23. Evidence for Delayed Filing or Alteration  |   |   |                   |
| AUG - 8 1961   |   |  |   |   |                   |

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