

GRAY ONLY

Character Error Rate (CER): 70.16%

Word Error Rate (WER): 402.14%

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	5b. Month	5c. Day
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
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			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?		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	
25		Kenya, East Africa		Student	
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			
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	
		[Signature] Dunham Obama		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	
		[Signature] Alvin T. Onaka		8-8-61	
20. Date Accepted by Local Reg.		21. Signature of Local Registrar		22. Date Accepted by Reg. General	
AUG - 8 1961		[Signature] Alvin T. Onaka		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

Alvin T. Onaka, Ph.D.
STATE REGISTRAR

Honolulu Oahu Honolulu, Hawaii

Street Address = Ter & Residence Inside City or Town Limit?

: 6085 Kalaniana'ole Highway eee) alain

Mother's Mailing Address 7g. Ts Residence on @ Farm or Plantation?

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“Ta. Full Name of Father ‘9. Race of Father

BARACK HUSSEIN OBAMA African

‘Age of Father [11. Birthplace (island Suc or Foreign Country) [12a, Usual Occupation 2b.” Kind of Business or Industry

25 Kenya, East Africa + = Student 4 University

Full Maiden Name of Mother T4. Race of Mother

STANLEY ANN DUNHAM Caucasian

Is: Age of Mother] 16. Birthplace (Island, State or Foreign Country) 17a, Type of Occupation

Outside Home During Pregnancy [17b. Date Last Worked

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20, Date Accepted by Local Reg. | > Signature of Local Registrar

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3. 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

Quinn T) Orctee, Ph.D,

STATE REGISTRAR

APR 26 2011

Gray and Blurred

Character Error Rate (CER): 74.66%

Word Error Rate (WER): 434.88%

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	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				Yes <input 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				Yes <input 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		10. Kind of Business or Industry	
BARACK HUSSEIN OBAMA		African		University	
11. Age of Father	12. Birthplace (Island, State or Foreign Country)	13. Usual Occupation		14. Race of Mother	
25	Kenya, East Africa	Student		Caucasian	
15. Full Maiden Name of Mother		16. Age of Mother		17. Type of Occupation Outside Home During Pregnancy	
STANLEY ANN DUNHAM		18		None	
Wichita, Kansas		19. Signature of Parent or Other Informant		18b. Date of Signature	
I certify that the above stated information is true and correct to the best of my knowledge.		20. Signature of Parent or Other Informant		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 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		U. H. Lee		AUG - 8 1961	
23. Evidence for Delayed Filing or Alteration					

APR 25 2011

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Alvin T. Onaka, Ph.D.
STATE REGISTRAR

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Honolulu Oahu Honolulu, Hawaii

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APR 2§ 2011

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Quinn TT Ornten, Phd,

STATE REGISTRAR

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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		
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"/>		
5a. Birth Date			5b. Month			5c. Day		
			August			4		
5d. Year			5e. Hour			5f. Minute		
1961			7:24			P.M.		
6a. Place of Birth: City, Town or Rural Location			6b. Island			6c. Is Place of Birth Inside City or Town Limits?		
Honolulu			Oahu			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
6d. Name of Hospital or Institution (If not in hospital or institution, give street address)			6e. Is Place of Birth Inside City or Town Limits?			6f. County and State or Foreign Country		
Kapiolani Maternity & Gynecological Hospital			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			Honolulu, Hawaii		
7a. Usual Residence of Mother: City, Town or Rural Location			7b. Island			7c. Is Residence Inside City or Town Limits?		
Honolulu			Oahu			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
7d. Street Address			7e. Is Residence Inside City or Town Limits?			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"/>		
7g. Mother's Mailing Address			7h. Is Residence on a Farm or Plantation?			7i. Race of Father		
						African		
8. Full Name of Father			9. Race of Mother			10. Age of Father		
BARACK HUSSEIN OBAMA			Caucasian			25		
11. Birthplace (Island, State or Foreign Country)			12a. Usual Occupation			12b. Kind of Business or Industry		
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					
18a. Signature of Parent or Other Informant			18b. Date of Signature			19a. Signature of Attendant		
[Signature]			8-7-61			[Signature]		
19b. Date of Signature			19c. Date of Signature			20. Date Accepted by Local Reg.		
8-7-61			8-8-61			AUG - 8 1961		
21. Signature of Local Registrar			22. Date Accepted by Reg. General			23. Evidence for Delayed Filing or Alteration		
[Signature]			AUG - 8 1961					

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

APR 25 2011

Alvin T. Oleska, Ph.D.
STATE REGISTRAR

STATE OF HAWAII CERTIFICATE OF LIVE BIRTH ae Se] Oesi.

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'Child's First Name (Type or print) Tbh, Middle Neme te Last Name

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t { Honolulu } ee Hawaii

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| _ BARACK HUSSEIN OBAMA African

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3a 25 enya, East Africa > i Student University

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| STANLEY ANN DUNHAM Caucasian

| i 'of Wether] 16. Birthplace (inined, Sas w Fowign Comey] Te. Type of Occupation Outside Home During Pregnancy |17b. Dete Last Worked

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APR 25 2011 pada

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STATE REGISTRAR

Dilation and Erosion

Character Error Rate (CER): 69.44%

Word Error Rate (WER): 403.91%

STATE OF HAWAII		CERTIFICATE OF LIVE BIRTH		DEPARTMENT OF HEALTH	
		FILE NUMBER 151		61 10644	
1. Child's First Name (Type or print)		1b. Middle Name		1c. Last Name	
BARACK		HUSSEIN		OBAMA, II	
2. Sex		3. Date of Birth		4. Month	
Male		August 4, 1961		7:24 P.M.	
5. Place of Birth (City, Town or Rural Location)		6. Date of Birth		7. Time of Birth	
Honolulu		August 4, 1961		7:24 P.M.	
8. Name of Hospital or Institution (If not in hospital or institution, give street address)		9. In Place of Birth Inside City or Town Limits?		10. Is the child a resident of Hawaii?	
Kapiolani Maternity & Gynecological Hospital		Yes		Yes	
11. Total Number of Children (City, Town or Rural Location)		12. Address		13. County and State or Foreign Country	
Honolulu		Honolulu, Hawaii		Honolulu, Hawaii	
14. Street Address		15. Is the child a resident of Hawaii?		16. Is the child a resident of Hawaii?	
6085 Kalanianaʻole Highway		Yes		Yes	
17. Mother's Maiden Name		18. Race of Father		19. Race of Mother	
BARACK		OBAMA		African	
20. Age of Father (If Birthplace «isang & sal Occupation [128 Kind of Business or Industry		21. Birthplace «isang & sal Occupation [128 Kind of Business or Industry		22. Kind of Business or Industry	
25 Kenya, East Africa		Student		University	
23. Full Name of Mother		24. Race of Mother		25. Kind of Business or Industry	
ANNE		OBAMA		University	
26. Age of Mother (If Birthplace «isang & sal Occupation [128 Kind of Business or Industry		27. Birthplace «isang & sal Occupation [128 Kind of Business or Industry		28. Kind of Business or Industry	
25 Kenya, East Africa		Student		University	
29. Signature of Father		30. Signature of Mother		31. Signature of Registrar	
Barack Obama		Anne Obama		Alvin T. Obama	
32. Date of Birth		33. Date of Birth		34. Date of Birth	
August 4, 1961		August 4, 1961		August 4, 1961	
35. Signature of Registrar		36. Signature of Registrar		37. Signature of Registrar	
Alvin T. Obama		Alvin T. Obama		Alvin T. Obama	
38. Signature of Registrar		39. Signature of Registrar		40. Signature of Registrar	
Alvin T. Obama		Alvin T. Obama		Alvin T. Obama	

STATE OF HAWAII CERTIFICATE OF LIVE BIRTH DEPARTMENT OF HEALTH
i est OL 10644

NUMBER

= Child's First Name = (Type or print) 1b. Middle Name 1c. Last Name

HUSSEIN OBAMA, II

Month Day Year)Sb Hour 7

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Honolulu Cahu

= -Rame of Hospital or Institution (if wot in hoeplial or insiliutlon, give eirect address) [6d.” To
Place of Birth Inside City or Town Limits?

Kapiolani Maternity & Gynecological Hospital we cre facie ‘distri

= Chiy, Town or Rural Upention [7b Island ~—— |e. Couniy and Sisie or Foreign Country

nolulu | Gatrale | Honolulu, Hawaii

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6085 Kalanianacle nee a YaRian

Fa.) Full Name of Father 19: Race of Father

BARACK HUSSEIN OBAMA African

P16. Age of Fether [11. Birthplocce «isang & sal Occupation [128 Kind of Business or Industry

25 Kenya, East Africa 7 Student University

Maiden Name of Mother 7 114 Race of Mother —
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aa TOD: Date of Sigmanare—
ae i e767”

19b. Date of Signature
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APR 25 2011

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STATE REGISTRAR,

Gray, Blur, and Dilation & Erosion

Character Error Rate (CER): 74.30%

Word Error Rate (WER): 434.88%

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	5a. Birth Date	5b. Month	5c. Year
Male	Single	1st	August	4	1961
6a. Place of Birth, City, Town or Rural Location		6b. Island		6c. Time	
Honolulu		Oahu		7:24 P.M.	
7a. Name of Hospital or Institution (If not in hospital or institution, give street address)		7b. Is Place of Birth Inside City or Town Limits?		7c. Country and State or Foreign Country	
Kapiolani Maternity & Gynecological Hospital		Yes		Honolulu, Hawaii	
7d. Usual Residence of Mother - City, Town or Rural Location		7e. Island		7f. Is Residence Inside City or Town Limits?	
Honolulu		Oahu		Yes	
7g. Street Address		7h. Is Residence on a Farm or Plantation?		Yes	
6085 Kalaniana'olaha Highway		Yes		No	
8. Full Name of Father		9. Race of Father		10. Date Last Worked	
BARACK		AFRICAN		None	
11. Birthplace (State, Town or Foreign Country)		12. Kind of Business or Industry		13. Date of Signature	
Kenya, East Africa		University		8-7-61	
14. Full Maiden Name of Mother		15. Race of Mother		16. Date of Signature	
STANLEY ANN DUNHAM		Caucasian		8-8-61	
17. Birthplace (State, Town or Foreign Country)		18. Type of Occupation Outside Home During Pregnancy		19. Date of Signature	
Wichita, Kansas		None		8-8-61	
20. I certify that the above stated information is true and correct to the best of my knowledge.		21. Signature of Parent or Other Informant		22. Signature of Registrar	
		Barack Hussein Obama		Alvin T. Obama	
23. I hereby certify that this child was born alive on the date and hour stated above.		24. Signature of Local Registrar		25. Date Accepted by Reg. General	
		Alvin T. Obama		RUG - 8-8-61	
26. Date Accepted by Local Reg.		27. Signature of Local Registrar		28. Date Accepted by Reg. General	
RUG - 8-8-61		Alvin T. Obama		RUG - 8-8-61	
29. Evidence for Delayed Filing or Alteration		30. Signature of Local Registrar		31. Date Accepted by Reg. General	
		Alvin T. Obama		RUG - 8-8-61	

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Alvin T. Obama, Ph.D.
STATE REGISTRAR

STATE OF HAWAII CERTIFICATE OF LIVE BIRTH DEPARTMENT OF HEALTH
i est OL 10644

NUMBER

= Child's Firat Name = (Type or print) Ib. Middie Name Te. Last Name
HUSSEIN OBAMA, II

Month Day Year)Sb Hour 7
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Honolulu Cahu

= -Rame of Hospital or Institution (if wot in hoeplial or insiliutlon, give eirect address) [6d.” To
Place of Birth Inside City or Town Limits?

Kapiolani Maternity & Gynecological Hospital we cre facie ‘distri

= Chiy, Town or Rural Upention [7b Island ~— |e. Couniy and Sisie or Foreign Country
nolulu | Gatrale | Honolulu, Hawaii

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6085 Kalanianacle nee a YaRian

Fa.) Full Name of Father 19: Race of Father

BARACK HUSSEIN OBAMA African

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25 Kenya, East Africa 7 Student University

Maiden Name of Mother 7 114 Race of Mother —

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aa TOD: Date of Sigmanare—

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19b. Date of Signature

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APR 25 2011

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STATE REGISTRAR,

Gray & Bilateral-Filtered

Character Error Rate (CER): 67.47%

Word Error Rate (WER): 386.83%

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 <input checked="" type="checkbox"/> Female <input type="checkbox"/>		3. Date of Birth Month Day Year August 4, 1961		4. Time of Birth Hour Minute 7:24 P.M.	
5a. Place of Birth: City, Town or Rural Location Honolulu		5b. Island Oahu		6. Date of Birth Month Day Year August 4, 1961	
7a. Name of Hospital or Institution (If not in hospital or institution, give street address) Kapiolani Maternity & Gynecological Hospital		7b. Place of Birth Inside City or Town Limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		7c. County and State or Foreign Country Honolulu, Hawaii	
8. Street Address 6085 Kelaniana'ole Highway		9. Is Residence on a Farm or Plantation? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		10. Race of Father African	
11. Full Name of Father BARACK HUSSEIN OBAMA		12. Age of Father (If Birthplace stated, town or foreign country) 25 Kenya, East Africa		13. Kind of Business or Industry University	
14. Full Name of Mother STANLEY ANN DUNHAM		15. Age of Mother (If Birthplace stated, town or foreign country) 18 Michigan, U.S.A.		16. Kind of Business or Industry Caucasian	
17. Type of Occupation Outside Home During Pregnancy None		18. Date of Signature 8-7-61		19. Date of Signature 8-8-61	
20. Date of Signature 8-8-61		21. Signature of Registrar Alvin T. Ochs, P.H.D.		22. Date of Signature 8-8-61	
23. Evidence for Delayed Filing or Alteration					

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Alvin T. Ochs, P.H.D.
STATE REGISTRAR

STATE OF HAWAII CERTIFICATE OF LIVE BIRTH DEPARTMENT OF HEALTH
Mey) OL 10644

NUMBER

Child's First Name (Type or print) Tb. Middle Name Te, Last Name

HUSSEIN OBAMA, IT

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b Honolulu Oahu

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Birth Inside City or Town Limits?

Kapiolani Maternity & Gynecological Hospital i fore iriae

iy, Towa or Rural Lpcation Tb. Waland fe. Couniy and State or Forelgn Country

___ Honolulu Oahu Honolulu, Hawaii

| Street Address Tre.

6085 Kelaniana'ole Highway

~ Mother's Mailing Address

Inside City or Town Limi?
ive judicial district

BARACK HUSSEIN OBAMA

Age of Father [11. Birthplace (island Suse or Foreign County) 12a, Usuel Occupstion 12h. Kind
of Business or Indusiry
25 Kenya, Hast Africa » | Student. University

FIG. Full Maiden Name of Mother [14 Race of Mother

STANLEY ANN DUNHAM Caucasian

TS. Age of Mother] 16, Birthplace (tsiand, Suse or Foreign Count 17a, Type of Occupation
Outside Home During Pregnancy] Tb. Date Last Worked
18 | Wichita, Sansas_ __None _

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to the best of my knowledge. . bn AOL,

Thereby certify that this ehta 1% wey

‘was born alive on the date and 4

hour sisted above, Ln

2. Date Aceepied by Local Reg. 21. Signature of Local A

AUG -S (961 ip

23. Evidence for Delayed Filing or Alteration

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

APR 2 2011 : ste, 4
te Qlunn T, Onrsrea, Phd,

STATE REGISTRAR,