GRAY ONLY

Character Error Rate (CER): 70.16%

Word Error Rate (WER): 402.14%

BARACK HUSSEIN OBAMA, II 2. Sex 3. This Birth 6. If Twin or Triplet, Was Child Born 1. Month 1. Mont	STATE OF HAWAII	CERTIFICATE OF LIV	E BIRTH	
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County and State or Foreign Country Honolulu To. County and State or Foreign Country Honolulu Hawaii	be. Name of Hospital or Institution (If not in h	ospital or institution, give street addr	ess) 6d. Is Place If no gi	of Birth Inside City or Town Limits?
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I CERTIFY THIS IS A TRUE COPY OR ABSTRACT OF THE RECORD ON FILE IN THE HAWAIN STATE DEPARTMENT OF HEALTH	APR 25 20	11 Olv		maka, Ph.D.

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BARACK HUSSEIN OBAMA African

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3. Evidence for Delayed Filing or Alteration

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Quinn T) Orctee, Ph.D,

STATE REGISTRAR

APR 26 2011

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Character Error Rate (CER): 74.66%

Word Error Rate (WER): 434.88%

STATE OF HAWAII	CERTIFI	CATE OF LIVE	BIRTH	1 61 1	
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	hita, Aansas	Type or Occupation	None	Tregnancy 176.	Delt Last Work
I certify that the above stated information is true and correct	Sa. Signature of Parent or Or	ther Informant	00	Parent 18h.	Date of Signatus
is the best of my knowledge. I hereby certify that this child was born alive on the date and bour stated above. 20. Date Accepted by Local Reg. 2 AUG — 8 1951 23. Evidence for Delayed Filing	ULLER	A Amila	k-	M.D. 19b. M.D. 19b. Midwife Other 22. The Accept	SG/ ted by Reg. Gene S 1961
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Quinn TT Ornten, Phd,

STATE REGISTRAR

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Character Error Rate (CER): 74.66%

Word Error Rate (WER): 434.88%

STATE OF HAWAII	CERTIFICATE OF LIVE	BIRTH	61. 10641
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BARACK	HUSSEIN		OBAMA, II
2. Sex S. This Birth ×	4. If Twin or Triplet, Sa.	Month D	ay Year Sh. Hour /
Male Single 7 Twin Triple	let 2nd 3rd Date	August 4	
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& Name of Hospital or Institution (If not in b Kapiolani Maternity & Gy	ospital or institution, give street address)	6d. Is Place of Birt if ng, give judic Yes A. No	Livelia Circ or Toron Visit V
7a. Usual Residence of Mother: City, Town or Ru	ral Location 7b. Island	7e.	County and State or Foreign Country
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hour stated above.	was A Smile	- Charles and	Midwife B 8 8 6 /
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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 F BARACK HUSSEIN OBAMA, II

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STATE REGISTRAR

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Character Error Rate (CER): 69.44%

Word Error Rate (WER): 403.91%



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

NUMBER

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Maiden Name of Mother 7 114 Race of Mother — EIDE meczucaetan

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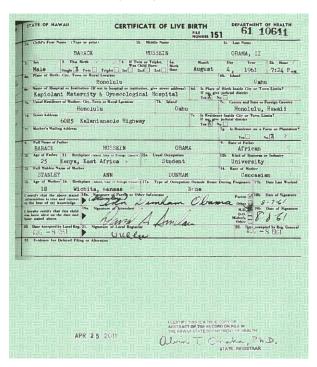
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Character Error Rate (CER): 74.30%

Word Error Rate (WER): 434.88%



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

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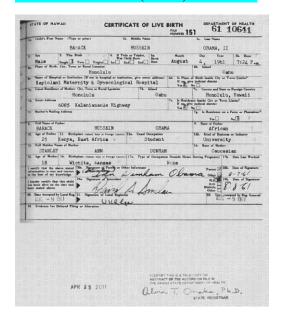
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Character Error Rate (CER): 67.47%

Word Error Rate (WER): 386.83%



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

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- = & Birth: City, Town or Rural Location 6b. Island TT

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se of Hosplial or Institution (I not in hospital or insifiution, give strect address) [6d. To Place of Birth Inside City or Town Limits?

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

___ Honolulu Oahu Honolulu, Hawaii

| Street Address Tre. 6085 Kelanianaole Highway

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BARACK HUSSEIN OBAMA

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

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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,