STATE OF HAWAII

CERTIFICATE OF LIVE BIRTH

FILE NUMBER 151

DEPARTMENT OF HEALTH
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 [X] Twin [ ] Triplet [ ]	4. If Twin or Triplet, Was Child Born: 1st [ ] 2nd [ ] 3rd [ ]	5a. Birth Date: Month August, Day 4, Year 1961
5b. Hour: 7:24 P.M.			
6a. Place of Birth: City, Town or Rural Location: Honolulu	6b. Island: Oahu		
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? If no, give judicial district: Yes [X] No [ ]		
7a. Usual Residence of Mother: City, Town or Rural Location: Honolulu	7b. Island: Oahu	7c. County and State or Foreign Country: Honolulu, Hawaii	
7d. Street Address: 6085 Kalanianaole Highway	7e. Is Residence Inside City or Town Limits? If no, give judicial district: Yes [X] No [ ]		
7f. Mother's Mailing Address	7g. Is Residence on a Farm or Plantation? Yes [ ] No [X]		
8. Full Name of Father: BARACK HUSSEIN OBAMA	9. Race of Father: African		
10. Age of Father: 25	11. Birthplace (Island, State or Foreign Country): Kenya, East Africa	12a. Usual Occupation: Student	12b. Kind of Business or Industry: University
13. Full Maiden Name of Mother: STANLEY ANN DUNHAM	14. Race of Mother: Caucasian		
15. Age of Mother: 18	16. Birthplace (Island, State or Foreign Country): Wichita, Kansas	17a. Type of Occupation Outside Home During Pregnancy: None	17b. Date Last Worked
I certify that the above stated information is true and correct to the best of my knowledge.	18a. Signature of Parent or Other Informant: Stanley Ann Dunham Obama — Parent [X] Other [ ]		18b. Date of Signature: 8-7-61
I hereby certify that this child was born alive on the date and hour stated above.	19a. Signature of Attendant: David A Sinclair — M.D. [X] D.O. [ ] Midwife [ ] Other [ ]		19b. Date of Signature: 8-8-61
20. Date Accepted by Local Reg.: AUG -8 1961	21. Signature of Local Registrar: Uichlee	22. Date Accepted by Reg. General: AUG -9 1961	
23. Evidence for Delayed Filing or Alteration			

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