

# Exhibit 1

## CERTIFICATION OF LIVE BIRTH

STATE OF HAWAII  
HONOLULU



DEPARTMENT OF HEALTH  
HAWAII U.S.A.

CERTIFICATE NO. 154-1961-01016

CHILD'S NAME  
BARACK HUSSEIN OBAMA II

DATE OF BIRTH  
August 4, 1961

HOUR OF BIRTH  
7:24 PM

SEX  
MALE

CITY, TOWN OR LOCATION OF BIRTH  
HONOLULU

ISLAND OF BIRTH  
OAHU

COUNTY OF BIRTH  
HONOLULU

MOTHER'S MAIDEN NAME  
STANLEY ANN OLINHAM

MOTHER'S RACE  
CAUCASIAN

FATHER'S NAME  
BARACK HUSSEIN OBAMA

FATHER'S RACE  
AFRICAN

DATE FILED BY REGISTRAR  
August 8, 1961



13-CV-01880-EXH 1-21

OHS# 1 (Rev 11/01) LASER

This copy serves as prima facie evidence of the fact of birth in any court proceeding. [HRS 338-13(b), 338-19]

**ANY ALTERATIONS INVALIDATE THIS CERTIFICATE**

THERE IS NO  
EXHIBIT 2  
J. V. J.

Exhibit 7

## Exhibit 3

### AFFIDAVIT

In the State of Kentucky, County of Warren,  
Timothy Adams, being duly sworn, deposes and says that he is  
Timothy Adams, residing at 1132 Fairview Ave, Bowling Green, KY and that the  
statements below are true concerning his employment at the City and County of Honolulu  
Elections Division in Honolulu, Hawaii:

1. I was employed at the City and County of Honolulu Elections Division from May 2008 through September 2008.
2. My position at the City and County of Honolulu Elections Division was Senior Elections Clerk.
3. My responsibilities were to oversee the activities of the Absentee Ballot Office.
4. During the course of my employment, I became aware that many requests were being made to the City and County of Honolulu Elections Division, the Hawaii Office of Elections, and the Hawaii Department of Health from around the country to obtain a copy of then-Senator Barack Obama's long-form, hospital-generated birth certificate.
5. Senior officers in the City and County of Honolulu Elections Division told me on multiple occasions that no Hawaii long-form, hospital-generated birth certificate existed for Senator Obama in the Hawaii Department of Health and there was no record that any such document had ever been on file in the Hawaii Department of Health or any other branch or department of the Hawaii government.
6. Senior officers in the City and County of Honolulu Elections Division further told me on multiple occasions that Hawaii State government officials had made inquiries about Sen. Obama's birth records to officials at Queens Medical Center and Kapi'olani Medical Center in Honolulu and that neither hospital had any record of Senator Obama having been born there, even though Governor Abercrombie is now asserting and various Hawaii government officials continue to assert Barack Obama, Jr. was born at Kapi'olani Medical Center on Aug. 4, 1961.
7. During the course of my employment, I came to understand that for political reasons, various officials in the government of Hawaii, including then-Governor Linda Lingle and various officials of the Hawaii Department of Health, including Dr. Chiyome Fukino, the director of the Hawaii Department of Health, were making representations that Senator Obama was born in Hawaii, even though no government official in Hawaii could find a



long-form birth certificate for Senator Obama that had been issued by a Hawaii hospital at the time of his birth.

8. During the course of my employment, I was told by senior officers in the City and County of Honolulu Elections Division to stop inquiring about Senator Obama's Hawaii birth records, even though it was common knowledge among my fellow employees that no Hawaii long-form, hospital-generated birth certificate existed for Senator Obama.

In witness whereof he has hereto set his hand and seal.

Heather Whitefield  
Financial Sales Consultant  
(Title)

I, Heather Whitefield, a Notary Public of the County and State aforesaid, hereby certify that James Earl Ray personally known to me to be the affiant in the foregoing affidavit, personally appeared before me this day and having been by me duly sworn deposes and says that the facts set forth in the above affidavit are true and correct.

Witness my hand and official seal this the 20<sup>th</sup> day of January, 2011.

Heather Whitefield  
Notary Public

My Commission expires:

7/11/2011.

Timothy C. Adams

## Exhibit 3

In witness whereof he has hereto set his hand and seal.

*Richard W. White*  
*Richard W. White*  
(Title)

*Richard W. White*, a Notary Public of the County and State aforesaid, hereby  
certify that *James H. White* personally known to me to be the affiant in the  
foregoing affidavit, personally appeared before me this day and having been by me duly sworn  
deposes and says that the facts set forth in the above affidavit are true and correct.

Witness my hand and official seal this the 20<sup>th</sup> day of January, 2011.

*Richard W. White*  
Notary Public

My Commission expires:  
7/11/2011

*Timothy Lee Adams*

## Exhibit 4



### DEPARTMENT OF HEALTH

## News Release

**LINDA LINGLE**  
GOVERNOR

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CHIYOME LEINAALA FUKINO M.D.  
DIRECTOR  
Phone: (808) 586-44 10  
Fax: (808) 586-4444

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For Immediate Release: October 31, 2008

08-93

### STATEMENT BY DR. CHIYOME FUKINO

"There have been numerous requests for Sen. Barack Hussein Obama's official birth certificate. State law (Hawai'i Revised Statutes §338-18) prohibits the release of a certified birth certificate to persons who do not have a tangible interest in the vital record.

"Therefore, I as Director of Health for the State of Hawai'i, along with the Registrar of Vital Statistics who has statutory authority to oversee and maintain these type of vital records, have personally seen and verified that the Hawai'i State Department of Health has Sen. Obama's original birth certificate on record in accordance with state policies and procedures.

"No state official, including Governor Linda Lingle, has ever instructed that this vital record be handled in a manner different from any other vital record in the possession of the State of Hawai'i."

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For more information, contact:  
Janice Okubo  
Communications Office  
Phone: (808) 586-4442

## Exhibit 5



### DEPARTMENT OF HEALTH

### News Release

**LINDA LINGLE**  
GOVERNOR

CHIYOME LEINALEA FUKINO M.D.  
DIRECTOR  
Phone: (808) 586-44 10  
Fax: (808) 586-4444

For Immediate Release: July 27, 2009

09-063

### STATEMENT BY HEALTH DIRECTOR CHIYOME FUKINO, M.D.

"I, Dr. Chiome Fukino, Director of the Hawaii State Department of Health, have seen the original vital records maintained on file by the Hawaii State Department of Health verifying Barack Hussein Obama was born in Hawaii and is a natural-born American citizen. I have nothing further to add to this statement or my original statement issued in October 2008 over eight months ago."

###



## Exhibit 6



Judith L. Corley  
PHONE: (202) 434-1622  
FAX: (202) 654-9120  
EMAIL: JCorley@perkinscoie.com

700 Thirteenth Street, N.W., Suite 600  
Washington, D.C. 20005-3960  
PHONE: 202.654.6200  
FAX: 202.654.6211  
www.perkinscoie.com

April 22, 2011

Loretta J. Fuddy, ACSW, MPH  
Director of Health  
State of Hawaii Department of Health  
1250 Punchbowl Street, Room 325  
Honolulu, Hawaii 96813

Dear Ms. Fuddy:

I am writing on behalf of my client, President Barack Obama. Enclosed please find a letter from my client requesting two certified copies of his original certificate of live birth and authorizing me to act on his behalf in completing this request.

As you know, several years ago, my client requested a certified copy of his birth certificate and received, pursuant to the policy and practice of the Hawaii Department of Health, a Certification of Live Birth, sometimes referred to as a "short-form" or abbreviated birth certificate. This Certification of Live Birth is, of course, legally sufficient evidence of birth in the State of Hawaii. Moreover, it is my understanding that it is, and has been, the Department of Health's longstanding policy and practice to provide only the "short-form" version when a certified copy of a birth certificate is requested.

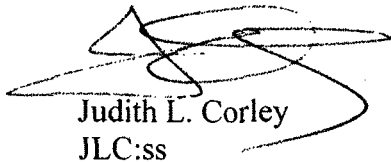
We understand that the Department of Health has adopted this policy for sound administrative reasons. However, we are writing to request a waiver of the Department of Health's policy, so that my client can obtain two certified copies of his original, "long form" birth certificate. Waiver of the Department's policy in this instance would allow my client to make a certified copy of his original birth certificate publicly available and would also relieve the burden currently being placed on the Department of Health by the numerous inquiries it receives from the media and others relating to my client's birth record.



We are of course, willing to complete any necessary paperwork and pay the standard required fees to fulfill this request. Pursuant to my client's authorization, I will be coming to your offices to pick up the copies of the certificates.

Thank you for your assistance.

Sincerely,



Judith L. Corley  
JLC:ss

## Exhibit 7

THE WHITE HOUSE

WASHINGTON

April 22, 2011

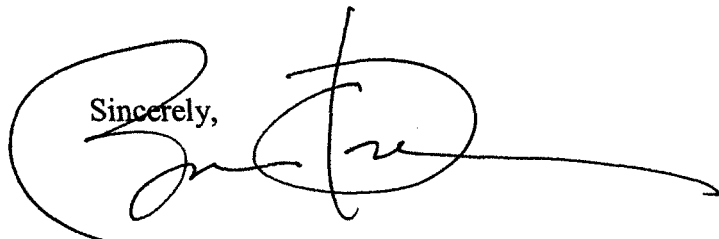
Loretta J. Fuddy, A.C.S.W., M.P.H.  
Director of Health  
State of Hawaii  
Department of Health  
1250 Punchbowl Street, Room 325  
Honolulu, HI 96813

Dear Ms. Fuddy:

I am writing to request two certified copies of my original certificate of live birth. With this letter, I hereby authorize my personal counsel, Ms. Judith Corley of Perkins Coie in Washington, D.C., to act on my behalf in providing any additional information or paying any fees required by the Department of Health to fulfill my request. Ms. Corley is also authorized to make any necessary arrangements for delivery of the certified copies from your office.

Thank you for your assistance.

Sincerely,

A handwritten signature in black ink, appearing to be 'Barack Obama', written over the word 'Sincerely,'.

Barack Obama

## Exhibit 8

NEIL ABERCROMBIE  
GOVERNOR OF HAWAII



STATE OF HAWAII  
DEPARTMENT OF HEALTH  
P. O. BOX 3378  
HONOLULU, HI 96801-3378

In reply, please refer to:  
File:

April 25, 2011

The Honorable Barack Obama  
President of the United States  
The White House  
1600 Pennsylvania Avenue, NW  
Washington, DC 20500

Dear President Obama:

I have reviewed your request for two certified copies of your original Certificate of Live Birth. As the Director of Health for the State of Hawaii, I have the legal authority to approve the process by which copies of such records are made. Through that authority, in recognition of your status as President of the United States, I am making an exception to current departmental policy which is to issue a computer-generated certified copy.

We hope that issuing you these copies of your original Certificate of Live Birth will end the numerous inquiries received by the Hawaii Department of Health to produce this document. Such inquiries have been disruptive to staff operations and have strained State resources.

Enclosed please find two certified copies of your original Certificate of Live Birth. I have witnessed the copying of the certificate and attest to the authenticity of these copies. A receipt for the payment of these documents is attached for your files. Please let us know if we can be of further assistance.

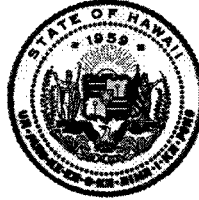
Sincerely,

A handwritten signature in black ink, appearing to read "Loretta J. Fuddy".

Loretta J. Fuddy, A.C.S.W., M.P.H.  
Director of Health

Enclosures





## Exhibit 9

### NEWS RELEASE

NEIL ABERCROMBIE  
GOVERNOR

**FOR IMMEDIATE RELEASE:** April 27, 2011

### **HAWAI'I HEALTH DEPARTMENT GRANTS PRESIDENT OBAMA'S REQUEST FOR CERTIFIED COPIES OF 'LONG FORM' BIRTH CERTIFICATE**

HONOLULU – The Hawai'i State Health Department recently complied with a request by President Barack Obama for certified copies of his original Certificate of Live Birth, which is sometimes referred to in the media as a "long form" birth certificate.

"We hope that issuing certified copies of the original Certificate of Live Birth to President Obama will end the numerous inquiries related to his birth in Hawai'i," Hawai'i Health Director Loretta Fuddy said. "I have seen the original records filed at the Department of Health and attest to the authenticity of the certified copies the department provided to the President that further prove the fact that he was born in Hawai'i."

On April 22, 2011, President Obama sent a letter to Director Fuddy, requesting two certified copies of his original Certificate of Live Birth. Also on that day, Judith Corley, the President's personal attorney, made the same request in writing on behalf of the President. *(Letters from President Obama and Ms. Corley are attached).*

On April 25, 2011, pursuant to President Obama's request, Director Fuddy personally witnessed the copying of the original Certificate of Live Birth and attested to the authenticity of the two copies. Dr. Alvin Onaka, the State Registrar, certified the copies.

President Obama authorized Ms. Corley to pick up the documents. On April 25, 2011, Ms. Corley appeared in person at the Hawai'i State Department of Health building in Honolulu, paid the requisite fee, and was given the two certified copies, a response letter from Director Fuddy to President Obama, and a receipt for payment. *(Letter from Director Fuddy is attached).*

-MORE-

**Exhibit 9**

In June 2008, President Obama released his Certification of Live Birth, which is sometimes referred to in the media as a "short form" birth certificate. Both documents are legally sufficient evidence of birth in the State of Hawai'i, and both provide the same fundamental information: President Obama was born in Honolulu, Hawai'i at 7:24 p.m. on August 4, 1961, to mother Stanley Ann Dunham and father Barack Hussein Obama.

In 2001, the Hawai'i State Department of Health began computer-generating vital statistics records. Since then, its longstanding policy and practice has been to issue and provide only the computer-generated Certifications of Live Birth, and to not produce photocopies of actual records to fulfill requests for certified copies of certificates.

Director Fuddy made an exception for President Obama by issuing copies of the original birth certificate. The departmental policy to issue only computer-generated Certifications of Live Birth remains in effect for all birth records that have been computerized. Director Fuddy, in her capacity as Health Director, has the legal authority to approve the process by which copies of birth records are made.

"The exception made in this case to provide President Obama with a copy of his original Certificate of Live Birth was done according to the letter of the law," Attorney General David Louie said. "Director Fuddy exercised her legal authority in a completely appropriate manner in this unique circumstance. We will continue to maintain the strict confidentiality requirements afforded to vital statistics records, such as birth certificates. These requirements help protect the integrity of the records, and keep us all safe from crimes, such as identity theft."

Governor Neil Abercrombie stated: "Considering all of the investigations that have been done and the information that has been provided, no rational person can question the President's citizenship. We have found a way – once again – to confirm what we already knew: the President was born here in Hawai'i. State officials of both parties have verified that President Obama's birth records show that he was born in Honolulu.

"President Obama's mother and father were dear friends of mine, and we must respect their memory. It is an insult to the President, his parents and to the Office to suggest that he was not born in Hawai'i. The State of Hawai'i has done everything within our legal ability to disabuse these conspiracy theorists. We granted the President's request for certified copies of his birth certificate so we can all move on from this unfortunate distraction and focus on the real issues affecting people today."

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For more information, contact: Donalyn Dela Cruz, Press Secretary, (808) 586-0012

<http://hawaii.gov/gov>

## Exhibit 10

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		
STANLEY ANN DUNHAM						Caucasian		
15. Age of Mother	16. Birthplace (Island, State or Foreign Country)	17a. Type of Occupation Outside Home During Pregnancy			17b. Date Last Worked			
18	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				Parent <input checked="" type="checkbox"/>	18b. Date of Signature	
		Ann Dunham Obama				Other <input checked="" 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 checked="" type="checkbox"/>	19b. Date of Signature	
		David A. Similan				D.O. <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		V. Lee				AUG - 8 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



SEP - 9 2002

**Obama's COLB**  
From the PDF

APR 17 1995

Savannah Guthrie's

Obama's COLB  
From the PDF

APR 17 1995

Savannah Guthrie's

Accepted by Local Reg. 21. Signature of Local  
- 8 1961

Per  
Signature of Local  
for Delayed Filing or Alteration

22b. Describe How Injury Occurred. (E

23a. Signature of Attendant  
Honolulu Crematorium

25. Place of Burial, Cremation, or R  
Honolulu Crematorium

28. Signature of Local Registrar

29. City, Town,

30. County and State or Foreign Co  
Honolulu, Hawaii

31. Residence Inside City or Town Limits?  
Yes ☒ No ☐

32. Residence on a Farm or Pl  
Yes ☐ No ☒

33. Race of Father  
Hawa-Gaucasian-Chin

34. Kind of Business, or Industry  
Steamship Company

35. Race of Mother  
Hawa-Gaucasian-Chin

36. Place of Birth inside City or Town Limits?  
Yes ☒ No ☐

37. If no, give judicial district

38. If no, give judicial district

39. If no, give judicial district

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99. If no, give judicial district

100. If no, give judicial district



## Exhibit 12

	6d. Is Place of Birth Inside City or Town Limits? If no, give judicial district Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	7e. County and State or Foreign Co <b>Honolulu, Hawaii</b>
	7e. Is Residence Inside City or Town Limits? If no, give judicial district Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	7g. Is Residence on a Farm or Pl Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	9. Race of Father <b>Hawn-Caucasian-Chin</b>	12b. Kind of Business or Industry <b>Steamship Company</b>
	14. Race of Mother <b>Hawn-Caucasian-Kore</b>	
	15. Kind of Business or Industry <b>per</b>	

SEP 9 2002

Accepted by Local Reg. 21. Signature of Local  
 8 1961  
 ence for Delayed Filing or Alteration

**Obama's COLB  
From the PDF**

Savannah Guthrie's

APR 17 1995			22b. Describe How Injury Occurred. (E
NAME			22f. City, Town,
19. AGE AT THIS BIRTH	20. Which	23a. Signature of Attendant	
33	HAWAII	23. Place of Burial, Cremation, or R	
25. NUMBER & STREET OF RESIDENCE ZIP			28. Signature of Local Registrar

**Exhibit 13**Immigration and Naturalization Service  
(Rev. 3/5/56)**CERTIFICATE OF ELIGIBILITY**  
(For Nonimmigrant "F" Student Status)

August 9, 1959

Place Honolulu, Hawaii Date February 19, 1959This is to certify that University of Hawaii  
(Name of school or institution)has accepted the person named below for admission to a full course of study beginning September 21, 1959, or that such person is a

student permitted to continue a full course of study.

Name OBAMA, Barack H.Date of Birth 1934Country of Citizenship BritishPlace of Birth Nyanza Province**FOR USE OF IMMIGRATION OFFICIALS:**DATE: Aug 9/59PLACE: U.S.ADMITTED TO: Aug 8/60Edward J. White  
Edward J. White, Director  
Office of Admissions and Records  
(Title)

August 8, 1960

UNIVERSITY		NEW YORK, N. Y. 46	
Birthdate	18/6/34	ADMITTED	
Birthplace	KENYA	AUG 3 1960	
Visa issued at	NAIRGSI	CLASS F	
Date Visa issued	29th July, 1959	Aug 8 1960	

March 31, 1961

**APPLICATION TO EXTEND TIME OF TEMPORARY STAY**  
OR  
**APPLICATION BY ALIEN STUDENT FOR PERMISSION TO ACCEPT EMPLOYMENT**

<b>PART II (Fill in this part if you are applying for extension of stay)</b>		
4. DATE OF BIRTH <u>18 JUNE, 1934</u>	COUNTRY OF BIRTH <u>KENYA</u>	COUNTRY OF CITIZENSHIP <u>KENYA</u>
5. DATE AND PORT OF LAST ARRIVAL IN UNITED STATES <u>NEW YORK, August 9/59</u>		NAME OF VESSEL, AIRLINE, OR OTHER MEANS OF LAST ARRIVAL <u>B.O.A.C</u>
6. PASSPORT NUMBER	PASSPORT ISSUED BY (Name of Country)	PASSPORT EXPIRES ON
<b>PART IV (All applicants must fill in this part)</b>		
I certify that the above is true and correct		
DATE <u>31st AUG. 1961</u>	CITY AND STATE <u>HONOLULU, HAWAII</u>	SIGNATURE OF APPLICANT <u>Barack H. Obama</u>

October 1, 1962

**REPORT OF ACTION - NONIMMIGRANT**  
GPO 356225

FAMILY NAME <u>OBAMA</u>	GIVEN NAME <u>BARACK</u>	INITIAL <u>H</u>	NATIONALITY <u>BRIT</u>
(Name & Nationality must be identical with that on Nonimmigrant Document)			
DATE OF REPORT <u>10-1-62</u>	REPORTING OFFICE <u>BOS</u>	DATE OF BIRTH <u>10-18-34</u>	
DATE OF ADMISSION/CLASS	DATE TO WHICH ADMITTED OR	FILE NUMBER	



**Exhibit 14**

(Rev. 3/5/56)

**CERTIFICATE OF ELIGIBILITY**  
(For Nonimmigrant "F" Student Status)

August 31, 1961

Place Honolulu 14, Hawaii Date 31 August 1961  
 This is to certify that THE UNIVERSITY OF HAWAII  
 (Name of school or institution)  
 has accepted the person named below for admission to a full course of study beginning September, 1961, or that such person is a student permitted to continue a full course of study.  
 Name OBAMA, Barack Hussein Date of Birth June 18, 1934  
 Country of Citizenship Great Britain Place of Birth Kenya (Africa)  
 Conditions of Admission

**UNITED STATES DEPARTMENT OF JUSTICE**

June 27, 1962

**IMMIGRATION AND NATURALIZATION SERVICE**

Name of school <u>University of Hawaii</u>	Name of Student (First) (Middle) (Last) <u>Barack</u> <u></u> <u>Obama</u>
Address <u>1801 University of Hawaii</u>	Date of birth <u>June 18, 1934</u> Country of birth <u>Kenya, Africa</u>
<u>Honolulu, Hawaii</u>	Country of citizenship <u>Africa</u>

ALIEN REGISTRATION NO. A11 938 537  
(Copy letter and number from registration receipt or other alien certification document)

I AM IN THE UNITED STATES AS: (Check one)

☐ VISITOR ☐ PERMANENT RESIDENT  
☒ STUDENT ☐ OTHER

September 26, 1962

MY NATIONALITY IS KENYA I WAS BORN ON JUNE 18, 1934  
 MY NAME IS OBAMA BARACK HUSSEIN  
 (Last) (First) (Middle)  
 MY PRESENT ADDRESS IS:  
ECONOMICS DEPT. HARVARD UNIVERSITY, CAMBRIDGE 38 MA  
 DATE Sept. 26<sup>th</sup> 1962 (SIGNATURE) Barack H. Obama

August 8, 1963

NAME (Exactly as it appears on the Nonimmigrant Document) <u>OBAMA BARACK H.</u>		FILE NO. <u>A11 938 537</u>
OTHER NAMES OR ALIASES		NATIONALITY (As on N/I Document) <u>BRITISH</u>
DATE OF ADMISSION <u>8-9-60</u>	CLASS <u>F-1</u>	DATE OF BIRTH <u>6-18-34</u>
DATE TO WHICH ADMITTED		DATE OF REPORT <u>8-8-63</u>
		REPORTING OFFICE <u>BOS.</u>
J-1 VISITOR (Current Program No. & Institution)		

June 9, 1964

NAME (Exactly as it appears on the Nonimmigrant Document) <u>OBAMA, Barack H.</u>		FILE NO. <u>A11 938 537</u>
OTHER NAMES OR ALIASES		NATIONALITY (As on N/I Document) <u>British</u>
DATE OF ADMISSION <u>8-9-59</u>	CLASS <u>F</u>	DATE OF BIRTH <u>6-18-34</u>
		DATE OF REPORT <u>6-9-64</u>
		REPORTING OFFICE <u>BOS</u>

## Exhibit 15

**CERTIFICATE OF  
ELIGIBILITY**(FOR NONIMMIGRANT "F-1"  
STUDENT STATUS)

(NOTE: SCHOOL: Before issuing this certificate you may wish to ascertain proficiency. If you wish to use a test of your own selection you may have it administered to designate or by an American consular officer. Alternatively, if you wish to designate officers by the Department of State, you should instruct the student to arrange with the consular officer to take that Department's English language examination. The results of any test administered by the consular officer will be forwarded directly to you.)

It is hereby certified as follows:

A11 938 537

Name of school
Harvard Graduate School of Arts and Sciences
Address
Harvard International Students Office, Room 710
75 Mt. Auburn Street, Cambridge 38, Massachusetts

Name of Student (First) (Middle) (Last)
Barack Hussein Obama
Date of birth Country of birth
June 18, 1936
Country of citizenship
Kenya

August 10, 1962

Signature of school official	
<i>U. P. Davis</i>	
Title	Date (This certificate expires 12 months after the date of issue)
Head, Admissions Office	August 10, 1962

August 17, 1962

SERVICE

## APPLICATION TO EXTEND TIME OF TEMPORARY STAY

PART I			
1. (First Name)	(Middle Name)	(Last Name)	FILE NUMBER
BARACK	HUSSEIN	OBAMA	A11 938 537
2. OTHER NAMES (Include all other past and present names; a married woman must give her maiden name.)			
3. MAILING ADDRESS IN U.S. (Number and Street) (City) (Zone) (State)			
(C/O) KOINONIA FOUNDATION, PIKESVILLE Box 5744, BALTIMORE 8, MARYLAND			
4. DATE OF BIRTH	COUNTRY OF BIRTH	COUNTRY OF CITIZENSHIP	
JUNE 18, 1936	KENYA	KENYA	
5. DATE AND PORT OF LAST ARRIVAL IN UNITED STATES		NAME OF VESSEL, AIRLINE, OR OTHER MEANS OF LAST ARRIVAL	

I certify that the above is true and correct.

DATE	CITY AND STATE	SIGNATURE OF APPLICANT
17 <sup>th</sup> Aug. 1962	BALTIMORE, Md.	Barack H. Obama

April 21, 1964

SERVICE

## APPLICATION TO EXTEND TIME OF TEMPORARY STAY

PART I			
1. (First Name)	(Middle Name)	(Last Name)	FILE NUMBER
OBAMA	HUSSEIN	BARACK	A11 938-537
2. OTHER NAMES (Include all other past and present names; a married woman must give her maiden name.)			
3. MAILING ADDRESS IN U.S. (Number and Street) (City) (Zone) (State)			
(C/O) 170 MAGAZINE ST. CAMBRIDGE 39 MASS			
4. DATE OF BIRTH	COUNTRY OF BIRTH	COUNTRY OF CITIZENSHIP	
JUNE 18 <sup>th</sup> 1936	KENYA	KENYA	

I certify that the above is true and correct.

DATE	CITY AND STATE	SIGNATURE OF APPLICANT
April 21 <sup>st</sup> 1964	CAMBRIDGE, MASS.	Barack H. Obama

THIS WOULD HAVE BEEN THE QUA **Exhibit 16**

## CREATED FOR FORENSIC TESTING &amp; EXAMINATION

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
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
5b. Hour					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		
6085 Kalaniana'ola Highway			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
7f. Mother's Mailing Address				7g. Is Residence on a Farm or Plantation?	
CREATED FOR FORENSIC TESTING & EXAMINATION				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
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	
STANLEY ANN DUNHAM				Caucasian	
15. Age of Mother	16. Birthplace (Island, State or Foreign Country)	17a. Type of Occupation Outside Home During Pregnancy		17b. Date Last Worked	
18	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		Parent <input checked="" type="checkbox"/>	18b. Date of Signature
		Signature of Mother Blue ink		Other <input type="checkbox"/>	8-00-61
I hereby certify that this child was born alive on the date and hour stated above.		19a. Signature of Attendant		M.D. <input checked="" type="checkbox"/>	19b. Date of Signature
		Signature of Doctor		D.O. <input type="checkbox"/>	8-8-61
				Midwife <input type="checkbox"/>	
				Other <input type="checkbox"/>	
20. Date Accepted by Local Reg.		21. Signature of Local Registrar		22. Date Accepted by Reg. General	
AUG - 8 1961		Registrar's Signature		AUG - 8 1961	
23. Evidence for Delayed Filing or Alteration					

## CREATED FOR FORENSIC TESTING &amp; EXAMINATION

APR 25, 2011

I CERTIFY THIS IS A TRUE COPY OR  
ABSTRACT OF THE RECORD ON FILE IN  
THE HAWAII STATE DEPARTMENT OF HEALTHAlvin T. Onaka, Ph.D.  
STATE REGISTRAR



## Exhibit 17

First Name (Type or print)		H. Middle Name		Ic. Last Name	
CK		HUSSEIN		OBAMA, II	
3. This Birth	4. If Twin or Triplet, Was Child Born	5a. Birth Date	Month	Day	Year
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	August	4	1961
5b. Place of Birth: City, Town or Rural Location		5c. Date		5d. Hour	
Honolulu		August		7:24 P.M.	
6a. Name of Hospital or Institution (If not in hospital or institution, give street address)		6b. Is Place of Birth Inside City or Town Limits?		6c. 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 Kalaanahoia Highway		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
7f. Mother's Mailing Address		7g. Is Residence on a Farm or Plantation?		7h. Is Residence on a Farm or Plantation?	
CREATED FOR FORENSIC TESTING & EXAMINATION		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
8. Full Name of Father		9. Race of Father		10. Age of Father	
BARACK HUSSEIN OBAMA		African		11. Birthplace (Island, State or Foreign Country)	
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		16. Birthplace (Island, State or Foreign Country)	
15. Age of Mother		16. Birthplace (Island, State or Foreign Country)		17a. Type of Occupation Outside Home During Pregnancy	
18		19. Signature of Parent or Other Informant		20. Date of Signature	
Michelle, Kansas		None		None	

FBI NUMBER 151 61 10644



## Exhibit 18

THE OF HAWAII		CERTIFICATE OF LIVE BIRTH		DEPARTMENT OF HEALTH	
FILE NUMBER 151		FILE NUMBER 151		61 10631	
1. First Name (Type or Print)		2. Middle Name		3. Last Name	
BARACK		HUSSEIN		O'BAMA, III	
4. This Birth		5. If Twin or Triplet		6. Month	
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"/>		Was Child Born		Birth Date	
Place of Birth: City, Town or Rural Location		Date		August 4, 1961 7:24 P.M.	
7. 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 inside City or Town Limits?	
6085 Kalamianaoie Highway		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
7f. Mother's Mailing Address		7g. Is Residence on a Farm or Plantation?		7h. Is Residence on a Farm or Plantation?	
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
8. Full Name of Father		9. Race of Father		10. Kind of Business or Industry	
BARACK		AFRICAN		University	
11. Age of Father		12. Usual Occupation		13. Full Maiden Name of Mother	
25		Student		STANLEY	
14. Age of Mother		15. Birthplace (State or Foreign Country)		16. Type of Occupation Outside Home During Pregnancy	
25		Kenya, East Africa		None	
17. Full Maiden Name of Mother		18. Race of Mother		19. Kind of Business or Industry	
STANLEY		AFRICAN		University	
20. Date Accepted by Local Reg. 21. Signature of Local Registrar		22. Date Accepted by Reg. General		23. Date for Delayed Filing or Alteration	
AUG - 8 1961		AUG - 8 1961		AUG - 8 1961	

I hereby certify that this child was born alive on the date and hour stated above.

18a. Signature of Parent or Other Informant  
 18b. Signature of Parent or Other Informant  
 18c. Signature of Parent or Other Informant  
 18d. Signature of Parent or Other Informant  
 18e. Signature of Parent or Other Informant  
 18f. Signature of Parent or Other Informant  
 18g. Signature of Parent or Other Informant  
 18h. Signature of Parent or Other Informant  
 18i. Signature of Parent or Other Informant  
 18j. Signature of Parent or Other Informant  
 18k. Signature of Parent or Other Informant  
 18l. Signature of Parent or Other Informant  
 18m. Signature of Parent or Other Informant  
 18n. Signature of Parent or Other Informant  
 18o. Signature of Parent or Other Informant  
 18p. Signature of Parent or Other Informant  
 18q. Signature of Parent or Other Informant  
 18r. Signature of Parent or Other Informant  
 18s. Signature of Parent or Other Informant  
 18t. Signature of Parent or Other Informant  
 18u. Signature of Parent or Other Informant  
 18v. Signature of Parent or Other Informant  
 18w. Signature of Parent or Other Informant  
 18x. Signature of Parent or Other Informant  
 18y. Signature of Parent or Other Informant  
 18z. Signature of Parent or Other Informant



ad Filing or Alteration

## Exhibit 19

White House PDF release

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

red Filing or Alteration

# White House Reporters copy

White House Reporters copy

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THE HAWAII STATE DEPARTMENT OF HEALTH

Alvin T. Onaka, Ph.D.  
STATE REGISTRAR

Outlines for Delayed Filing or Alteration

# Savannah Guthrie's Photo of the COLB original copy

APR 25 2011

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ABSTRACT OF THE RECORD ON FILE IN  
THE HAWAII STATE DEPARTMENT OF HEALTH

Alvin T. Onaka, Ph.D.  
STATE REGISTRAR

Department of Health  
1250 Punchbowl Street  
Honolulu, Hawaii 96813



Office of Health Status Monitoring  
P.O. Box 3378  
Honolulu, Hawaii 96801

**STATE OF HAWAII**

**VERIFICATION OF BIRTH**

Recipient of Verification: Scott J. Tepper and Samuel L. Begley, attorneys for the Mississippi Democratic Party in Taitz et al v. Democratic Party of Mississippi [sic], et al, No. 3:12-cv-00280-HTW-LRA (S.D. Miss.)

Pursuant to Hawaii Revised Statutes §338-14.3, I verify the following:

1. The original Certificate of Live Birth for Barack Hussein Obama, II, is on file with the State of Hawaii Department of Health.
2. The information contained in the "Certificate of Live Birth" published at <http://www.whitehouse.gov/blog/2011/04/27/president-obamas-long-form-birth-certificate> and reviewed by me on the date of this verification, a copy of which is attached with your request, matches the information contained in the original Certificate of Live Birth for Barack Hussein Obama, II on file with the State of Hawaii Department of Health

.....

I certify that the information contained  
in the vital record on file with the  
Department of Health was used to  
verify the facts of the vital event.

*Alvin T. Onaka, Ph.D. ATO*

Alvin T. Onaka, Ph.D.  
State Registrar

Date Issued: May 31, 2012



Case 3:12-cv-00280-HTW-LRA Document 35-1 Filed 06/06  
Case 3:12-cv-00280-HTW-LRA Document 15-1 Filed 05/04**Exhibit 21**

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?	
6085 Kalaniana'ole Highway				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		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)	13a. Usual Occupation		13b. Kind of Business or Industry	
25	Kenya, East Africa	Student		University	
14. Full Maiden Name of Mother		15. Race of Mother		16. Date Last Worked	
STANLEY ANN DUNHAM		Caucasian			
17. Age of Mother	18. Birthplace (Island, State or Foreign Country)	19. Type of Occupation Outside Home During Pregnancy		20. Date Last Worked	
18	Wichita, Kansas	None			
I certify that the above stated information is true and correct to the best of my knowledge.		18a. Signature of Father or Other Informant		18b. Date of Signature	
		Barack 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	
		David A. Smith		8-8-61	
20. Date Accepted by Local Reg.		21. Signature of Local Registrar		22. Date Accepted by Reg. General	
AUG - 8 1961		V. Lee		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 HEALTHAlvin T. Onaka, Ph.D.  
STATE REGISTRAR