

| | | | | | |
|--|---|---|-------------------|---|----------|
| Child's First Name (Type or print) | | 1b. Middle Name | | 1c. Last Name | |
| Sex | 3. This Birth Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> | 4. If Twin or Triplet, Was Child Born 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> | 5a. Birth Date | Month | Day Year |
| Place of Birth: City, Town or Rural Location | | | | 5b. Hour | |
| 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 <input type="checkbox"/> No <input type="checkbox"/> | |
| Usual Residence of Mother: City, Town or Rural Location | | 7b. Island | | 7c. County and State or Foreign Country | |
| Street Address | | 7e. Is Residence Inside City or Town Limits? If no, give judicial district Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Mother's Mailing Address | | | | 7g. Is Residence on a Farm or Plantation Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Full Name of Father | | | | 9. Race of Father | |
| Age of Father | 11. Birthplace (Island, State or Foreign Country) | 12a. Usual Occupation | | 12b. Kind of Business or Industry | |
| Full Maiden Name of Mother | | | | 14. Race of Mother | |
| Age of Mother | 16. Birthplace (Island, State or Foreign Country) | 17a. Type of Occupation Outside Home During Pregnancy | | 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 | | Parent <input type="checkbox"/> 18b. Date of Signature | |
| I hereby certify that this child was born alive on the date and at the place stated above. | | 19a. Signature of Attendant | | M.D. <input type="checkbox"/> 19b. Date of Signature D.O. <input type="checkbox"/> Midwife <input type="checkbox"/> Other <input type="checkbox"/> | |
| Date Accepted by Local Reg. AUG - 8 2017 | | 21. Signature of Local Registrar VK | | 22. Date Accepted by Reg. General | |
| Evidence for Delayed Filing or Alteration | | | | | |

| | | | | | | | |
|--|---|--|---|--|--|------------------------|----------|
| Child's First Name (Type or print) | | 1b. Middle Name | | 1c. Last Name | | | |
| Sex | 3. This Birth Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> | 4. If Twin or Triplet, Was Child Born 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> | 5a. Birth Date | Month | Day | Year | 5b. Hour |
| Place of Birth: City, Town or Rural Location | | | | | 6b. Island | | |
| 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 <input type="checkbox"/> No <input type="checkbox"/> | | |
| Usual Residence of Mother: City, Town or Rural Location | | | 7b. Island | | 7c. County and State or Foreign Country | | |
| Street Address | | | 7e. Is Residence Inside City or Town Limits? If no, give judicial district Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| Mother's Mailing Address | | | 7g. Is Residence on a Farm or Plantation? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| Full Name of Father | | | 9. Race of Father | | | | |
| Age of Father | 11. Birthplace (Island, State or Foreign Country) | 12a. Usual Occupation | | 12b. Kind of Business or Industry | | | |
| Full Maiden Name of Mother | | | 14. Race of Mother | | | | |
| Age of Mother | 16. Birthplace (Island, State or Foreign Country) | 17a. Type of Occupation Outside Home During Pregnancy | | 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 | | Parent <input type="checkbox"/> Other <input type="checkbox"/> | | 18b. Date of Signature | |
| I hereby certify that this child was born alive on the date and at the place stated above. | | 19a. Signature of Attendant | | M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> Midwife <input type="checkbox"/> Other <input type="checkbox"/> | | 19b. Date of Signature | |
| Date Accepted by Local Reg. AUG - 8 2017 | | 21. Signature of Local Registrar | | 22. Date Accepted by Reg. General | | | |
| Evidence for Delayed Filing or Alteration | | | | | | | |

| | | | | | | | | | |
|--|---|--|--|---|---|--|-----|------------------------|----------|
| Child's First Name (Type or print) | | | 1b. Middle Name | | | 1c. Last Name | | | |
| Sex | 3. This Birth Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> | | 4. If Twin or Triplet, Was Child Born 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> | | 5a. Birth Date | Month | Day | Year | 5b. Hour |
| Place of Birth: City, Town or Rural Location | | | | | | 6b. Island | | | |
| 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 <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Usual Residence of Mother: City, Town or Rural Location | | | | 7b. Island | | 7c. County and State or Foreign Country | | | |
| Street Address | | | | | 7e. Is Residence Inside City or Town Limits? If no, give judicial district Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| Mother's Mailing Address | | | | | | 7g. Is Residence on a Farm or Plantation Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Full Name of Father | | | | | | 9. Race of Father | | | |
| Age of Father | 11. Birthplace (Island, State or Foreign Country) | | | 12a. Usual Occupation | | 12b. Kind of Business or Industry | | | |
| Full Maiden Name of Mother | | | | | | 14. Race of Mother | | | |
| Age of Mother | 16. Birthplace (Island, State or Foreign Country) | | | 17a. Type of Occupation Outside Home During Pregnancy | | 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 | | | | Parent <input type="checkbox"/> | | 18b. Date of Signature | |
| | | 19a. Signature of Attendant | | | | Other <input type="checkbox"/> | | 19b. Date of Signature | |
| I hereby certify that this child was born alive on the date and as stated above. | | | | | | M.D. <input type="checkbox"/> | | | |
| | | Date Accepted by Local Registrar AUG - 8 - 2014 | | D.O. <input type="checkbox"/> | | | | | |
| 21. Signature of Local Registrar VR | | | | Midwife <input type="checkbox"/> | | | | | |
| | | 22. Date Accepted by Reg. General | | Other <input type="checkbox"/> | | | | | |
| Evidence for Delayed Filing or Alteration | | | | | | | | | |

CERTIFICATE OF LIVE BIRTH

FILE
NUMBER **151**

| | | | | | |
|---|---|---|-------------------|---|----------|
| Child's First Name (Type or print) | | 1b. Middle Name | | 1c. Last Name | |
| Sex | 3. This Birth Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> | 4. If Twin or Triplet, Was Child Born 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> | 5a. Birth Date | Month | Day Year |
| Place of Birth: City, Town or Rural Location | | | | 5b. Hour | |
| 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 <input type="checkbox"/> No <input type="checkbox"/> | |
| Usual Residence of Mother: City, Town or Rural Location | | 7b. Island | | 7c. County and State or Foreign Country | |
| Street Address | | 7e. Is Residence Inside City or Town Limits? If no, give judicial district Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Mother's Mailing Address | | | | 7g. Is Residence on a Farm or Plantation? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Full Name of Father | | | | 9. Race of Father | |
| Age of Father | 11. Birthplace (Island, State or Foreign Country) | 12a. Usual Occupation | | 12b. Kind of Business or Industry | |
| Full Maiden Name of Mother | | | | 14. Race of Mother | |
| Age of Mother | 16. Birthplace (Island, State or Foreign Country) | 17a. Type of Occupation Outside Home During Pregnancy | | 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 | | Parent <input type="checkbox"/> 18b. Date of Signature | |
| I hereby certify that this child was born alive on the date and at the place stated above. | | 19a. Signature of Attendant | | M.D. <input type="checkbox"/> 19b. Date of Signature D.O. <input type="checkbox"/> Midwife <input type="checkbox"/> Other <input type="checkbox"/> | |
| Date Accepted by Local Reg. AUG - 8 2017 | | 21. Signature of Local Registrar | | 22. Date Accepted by Reg. General | |
| Evidence for Delayed Filing or Alteration | | | | | |

FILE
NUMBER 151

| | | | | | |
|--|---|---|-----------------------------------|--|------------------------|
| Child's First Name (Type or print) | | 1b. Middle Name | | 1c. Last Name | |
| Sex | 3. This Birth Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> | 4. If Twin or Triplet, Was Child Born 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> | 5a. Birth Date | Month | Day Year |
| Place of Birth: City, Town or Rural Location | | | | 5b. Hour | |
| 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 <input type="checkbox"/> No <input type="checkbox"/> | |
| Usual Residence of Mother: City, Town or Rural Location | | 7b. Island | | 7c. County and State or Foreign Country | |
| Street Address | | 7e. Is Residence Inside City or Town Limits? If no, give judicial district Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Mother's Mailing Address | | 7g. Is Residence on a Farm or Plantation? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Full Name of Father | | 9. Race of Father | | | |
| Age of Father | 11. Birthplace (Island, State or Foreign Country) | 12a. Usual Occupation | 12b. Kind of Business or Industry | | |
| Full Maiden Name of Mother | | 14. Race of Mother | | | |
| Age of Mother | 16. Birthplace (Island, State or Foreign Country) | 17a. Type of Occupation Outside Home During Pregnancy | | 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 | | Parent <input type="checkbox"/> | | 18b. Date of Signature |
| | | | Other <input type="checkbox"/> | | |
| I hereby certify that this child was born alive on the date and at the place stated above. | 19a. Signature of Attendant | | M.D. <input type="checkbox"/> | | 19b. Date of Signature |
| | | | D.O. <input type="checkbox"/> | | |
| Date Accepted by Local Reg. AUG - 8 2011 | 21. Signature of Local Registrar | | Midwife <input type="checkbox"/> | | |
| | | | Other <input type="checkbox"/> | | |
| | | 22. Date Accepted by Reg. General | | | |
| Evidence for Delayed Filing or Alteration | | | | | |

CERTIFICATE OF LIVE BIRTH

FILE
NUMBER **151**

| | | | | | | | | |
|---|---|---|--|------------|---|--|-----|------------------------|
| Child's First Name (Type or print) | | | 1b. Middle Name | | | 1c. Last Name | | |
| Sex | 3. This Birth Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> | | 4. If Twin or Triplet, Was Child Born 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> | | 5a. Birth Date | Month | Day | Year |
| Place of Birth: City, Town or Rural Location | | | | | | 5b. Hour | | |
| 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 <input type="checkbox"/> No <input type="checkbox"/> | | |
| Usual Residence of Mother: City, Town or Rural Location | | | | 7b. Island | | 7c. County and State or Foreign Country | | |
| Street Address | | | | | 7e. Is Residence Inside City or Town Limits? If no, give judicial district Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Mother's Mailing Address | | | | | | 7g. Is Residence on a Farm or Plantation? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Full Name of Father | | | | | | 9. Race of Father | | |
| Age of Father | 11. Birthplace (Island, State or Foreign Country) | | 12a. Usual Occupation | | 12b. Kind of Business or Industry | | | |
| Full Maiden Name of Mother | | | | | | 14. Race of Mother | | |
| Age of Mother | 16. Birthplace (Island, State or Foreign Country) | | 17a. Type of Occupation Outside Home During Pregnancy | | | 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 | | | | Parent <input type="checkbox"/> | | 18b. Date of Signature |
| | | 19a. Signature of Attendant | | | | Other <input type="checkbox"/> | | |
| I hereby certify that this child was born alive on the date and place stated above. | | | | | | M.D. <input type="checkbox"/> | | 19b. Date of Signature |
| | | | | | | D.O. <input type="checkbox"/> | | |
| Date Accepted by Local Reg. AUG - 8 2011 | | 21. Signature of Local Registrar | | | | Midwife <input type="checkbox"/> | | |
| | | | | | | Other <input type="checkbox"/> | | |
| Evidence for Delayed Filing or Alteration | | | | | | 22. Date Accepted by Reg. General | | |

CERTIFICATE OF LIVE BIRTH

FILE
NUMBER

151

| | | | | | |
|--|---|---|---------------------------------|--|------------------------|
| Child's First Name (Type or print) | | 1b. Middle Name | | 1c. Last Name | |
| Sex | 3. This Birth Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> | 4. If Twin or Triplet, Was Child Born 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> | 5a. Birth Date | Month | Day Year |
| Place of Birth: City, Town or Rural Location | | | | 5b. Hour | |
| 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 <input type="checkbox"/> No <input type="checkbox"/> | |
| Usual Residence of Mother: City, Town or Rural Location | | 7b. Island | | 7c. County and State or Foreign Country | |
| Street Address | | 7e. Is Residence Inside City or Town Limits? If no, give judicial district Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Mother's Mailing Address | | | | 7g. Is Residence on a Farm or Plantation Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Full Name of Father | | | | 9. Race of Father | |
| Age of Father | 11. Birthplace (Island, State or Foreign Country) | 12a. Usual Occupation | | 12b. Kind of Business or Industry | |
| Full Maiden Name of Mother | | | | 14. Race of Mother | |
| Age of Mother | 16. Birthplace (Island, State or Foreign Country) | 17a. Type of Occupation Outside Home During Pregnancy | | 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 | | Parent <input type="checkbox"/> | | 18b. Date of Signature |
| | | | Other <input type="checkbox"/> | | |
| I hereby certify that this child was born alive on the date and as stated above. | 19a. Signature of Attendant | | M.D. <input type="checkbox"/> | | 19b. Date of Signature |
| | | | D.O. <input type="checkbox"/> | | |
| | | | | Midwife <input type="checkbox"/> | |
| | | | | Other <input type="checkbox"/> | |
| Date Accepted by Local Reg. | | 21. Signature of Local Registrar | | 22. Date Accepted by Reg. General | |
| AUG - 8 2017 | | JK | | | |
| Evidence for Delayed Filing or Alteration | | | | | |

CERTIFICATE OF LIVE BIRTH

FILE
NUMBER **151**

| | | | | | | | | |
|---|---|---|--|------------|---|--|-----|------------------------|
| Child's First Name (Type or print) | | | 1b. Middle Name | | | 1c. Last Name | | |
| Sex | 3. This Birth Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> | | 4. If Twin or Triplet, Was Child Born 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> | | 5a. Birth Date | Month | Day | Year |
| Place of Birth: City, Town or Rural Location | | | | | | 5b. Hour | | |
| 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 <input type="checkbox"/> No <input type="checkbox"/> | | |
| Usual Residence of Mother: City, Town or Rural Location | | | | 7b. Island | | 7c. County and State or Foreign Country | | |
| Street Address | | | | | 7e. Is Residence Inside City or Town Limits? If no, give judicial district Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Mother's Mailing Address | | | | | | 7g. Is Residence on a Farm or Plantation? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Full Name of Father | | | | | | 9. Race of Father | | |
| Age of Father | 11. Birthplace (Island, State or Foreign Country) | | 12a. Usual Occupation | | 12b. Kind of Business or Industry | | | |
| Full Maiden Name of Mother | | | | | | 14. Race of Mother | | |
| Age of Mother | 16. Birthplace (Island, State or Foreign Country) | | 17a. Type of Occupation Outside Home During Pregnancy | | | 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 | | | | Parent <input type="checkbox"/> | | 18b. Date of Signature |
| | | 19a. Signature of Attendant | | | | Other <input type="checkbox"/> | | |
| I hereby certify that this child was born alive on the date and place stated above. | | | | | | M.D. <input type="checkbox"/> | | 19b. Date of Signature |
| | | | | | | D.O. <input type="checkbox"/> | | |
| Date Accepted by Local Reg. | | 21. Signature of Local Registrar | | | | Midwife <input type="checkbox"/> | | |
| | | | | | | Other <input type="checkbox"/> | | |
| | | | | | | 22. Date Accepted by Reg. General | | |
| Evidence for Delayed Filing or Alteration | | | | | | | | |

AUG 8 2011

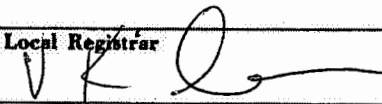
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CERTIFICATE OF LIVE BIRTH

FILE
NUMBER **151**

| | | | | | |
|---|---|--|--|---|------------------------|
| Child's First Name (Type or print) | | 1b. Middle Name | | 1c. Last Name | |
| Sex | 3. This Birth Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> | 4. If Twin or Triplet, Was Child Born 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> | 5a. Birth Date | Month | Day Year |
| Place of Birth: City, Town or Rural Location | | | | 5b. Hour | |
| 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 <input type="checkbox"/> No <input type="checkbox"/> | | |
| Usual Residence of Mother: City, Town or Rural Location | | 7b. Island | | 7c. County and State or Foreign Country | |
| Street Address | | | 7e. Is Residence Inside City or Town Limits? If no, give judicial district Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Mother's Mailing Address | | | 7g. Is Residence on a Farm or Plantation? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Full Name of Father | | | 9. Race of Father | | |
| Age of Father | 11. Birthplace (Island, State or Foreign Country) | 12a. Usual Occupation | | 12b. Kind of Business or Industry | |
| Full Maiden Name of Mother | | | 14. Race of Mother | | |
| Age of Mother | 16. Birthplace (Island, State or Foreign Country) | 17a. Type of Occupation Outside Home During Pregnancy | | 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 | | Parent <input type="checkbox"/> | | 18b. Date of Signature |
| | 19a. Signature of Attendant | | Other <input type="checkbox"/> | | 19b. Date of Signature |
| I hereby certify that this child was born alive on the date and at the place stated above. | 21. Signature of Local Registrar | | M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> Midwife <input type="checkbox"/> Other <input type="checkbox"/> | | |
| | Date Accepted by Local Reg. AUG - 8 2017 | | 22. Date Accepted by Reg. General | | |
| Evidence for Delayed Filing or Alteration | | | | | |

FILE
NUMBER **151**

| | | | | | |
|---|---|---|-------------------|--|----------|
| Child's First Name (Type or print) | | 1b. Middle Name | | 1c. Last Name | |
| Sex | 3. This Birth Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> | 4. If Twin or Triplet, Was Child Born 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> | 5a. Birth Date | Month | Day Year |
| Place of Birth: City, Town or Rural Location | | | | 5b. Hour | |
| 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 <input type="checkbox"/> No <input type="checkbox"/> | |
| Usual Residence of Mother: City, Town or Rural Location | | 7b. Island | | 7c. County and State or Foreign Country | |
| Street Address | | 7e. Is Residence Inside City or Town Limits? If no, give judicial district Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Mother's Mailing Address | | | | 7g. Is Residence on a Farm or Plantation? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Full Name of Father | | | | 9. Race of Father | |
| Age of Father | 11. Birthplace (Island, State or Foreign Country) | 12a. Usual Occupation | | 12b. Kind of Business or Industry | |
| Full Maiden Name of Mother | | | | 14. Race of Mother | |
| 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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| Date Accepted by Local Reg. | | 21. Signature of Local Registrar | | 22. Date Accepted by Reg. General | |
| AUG - 8 2017 | |  | | | |
| Evidence for Delayed Filing or Alteration | | | | | |

| | | | | | | | | |
|--|---|--|---|---|-----------------------------------|--|----------|------------------------|
| Child's First Name (Type or print) | | 1b. Middle Name | | 1c. Last Name | | | | |
| Sex | 3. This Birth Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> | 4. If Twin or Triplet, Was Child Born 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> | 5a. Birth Date | Month | Day | Year | 5b. Hour | |
| Place of Birth: City, Town or Rural Location | | | | | | 6b. Island | | |
| 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 <input type="checkbox"/> No <input type="checkbox"/> | | |
| Usual Residence of Mother: City, Town or Rural Location | | | | 7b. Island | | 7c. County and State or Foreign Country | | |
| Street Address | | | | 7e. Is Residence Inside City or Town Limits? If no, give judicial district Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| Mother's Mailing Address | | | | | | 7g. Is Residence on a Farm or Plantation? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Full Name of Father | | | | | | 9. Race of Father | | |
| Age of Father | 11. Birthplace (Island, State or Foreign Country) | | 12a. Usual Occupation | | 12b. Kind of Business or Industry | | | |
| Full Maiden Name of Mother | | | | | | 14. Race of Mother | | |
| Age of Mother | 16. Birthplace (Island, State or Foreign Country) | | 17a. Type of Occupation Outside Home During Pregnancy | | | 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 | | | | Parent <input type="checkbox"/> Other <input type="checkbox"/> | | 18b. Date of Signature |
| I hereby certify that this child was born alive on the date and at the place stated above. | | 19a. Signature of Attendant | | | | M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> Midwife <input type="checkbox"/> Other <input type="checkbox"/> | | 19b. Date of Signature |
| Date Accepted by Local Reg. AUG - 9 2017 | | 21. Signature of Local Registrar | | | | 22. Date Accepted by Reg. General | | |
| Evidence for Delayed Filing or Alteration | | | | | | | | |

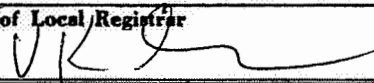
FILE
NUMBER 151

| | | | | | |
|--|---|---|---------------------------------|--|------------------------|
| Child's First Name (Type or print) | | 1b. Middle Name | | 1c. Last Name | |
| Sex | 3. This Birth Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> | 4. If Twin or Triplet, Was Child Born 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> | 5a. Birth Date | Month | Day Year |
| Place of Birth: City, Town or Rural Location | | | | 5b. Hour | |
| 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 <input type="checkbox"/> No <input type="checkbox"/> | |
| Usual Residence of Mother: City, Town or Rural Location | | 7b. Island | | 7c. County and State or Foreign Country | |
| Street Address | | 7e. Is Residence Inside City or Town Limits? If no, give judicial district Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Mother's Mailing Address | | | | 7g. Is Residence on a Farm or Plantation Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Full Name of Father | | | | 9. Race of Father | |
| Age of Father | 11. Birthplace (Island, State or Foreign Country) | 12a. Usual Occupation | | 12b. Kind of Business or Industry | |
| Full Maiden Name of Mother | | | | 14. Race of Mother | |
| Age of Mother | 16. Birthplace (Island, State or Foreign Country) | 17a. Type of Occupation Outside Home During Pregnancy | | 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 | | Parent <input type="checkbox"/> | | 18b. Date of Signature |
| | | | Other <input type="checkbox"/> | | |
| I hereby certify that this child was born alive on the date and at the place stated above. | 19a. Signature of Attendant | | M.D. <input type="checkbox"/> | | 19b. Date of Signature |
| | | | D.O. <input type="checkbox"/> | | |
| | | | | Midwife <input type="checkbox"/> | |
| | | | | Other <input type="checkbox"/> | |
| Date Accepted by Local Reg. | | 21. Signature of Local Registrar | | 22. Date Accepted by Reg. General | |
| AUG -9 2017 | | [Signature] | | | |
| Evidence for Delayed Filing or Alteration | | | | | |

| | | | | | | | |
|--|---|---|---|---|-----------------------------------|--|----------|
| Child's First Name (Type or print) | | 1b. Middle Name | | 1c. Last Name | | | |
| Sex | 3. This Birth Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> | 4. If Twin or Triplet, Was Child Born 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> | 5a. Birth Date | Month | Day | Year | 5b. Hour |
| Place of Birth: City, Town or Rural Location | | | | | | 6b. Island | |
| 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 <input type="checkbox"/> No <input type="checkbox"/> | |
| Usual Residence of Mother: City, Town or Rural Location | | | | 7b. Island | | 7c. County and State or Foreign Country | |
| Street Address | | | | 7e. Is Residence Inside City or Town Limits? If no, give judicial district Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Mother's Mailing Address | | | | | | 7g. Is Residence on a Farm or Plantation? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Full Name of Father | | | | | | 9. Race of Father | |
| Age of Father | 11. Birthplace (Island, State or Foreign Country) | | 12a. Usual Occupation | | 12b. Kind of Business or Industry | | |
| Full Maiden Name of Mother | | | | | | 14. Race of Mother | |
| Age of Mother | 16. Birthplace (Island, State or Foreign Country) | | 17a. Type of Occupation Outside Home During Pregnancy | | | 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 Parent <input type="checkbox"/> Other <input type="checkbox"/> | | | | 18b. Date of Signature | |
| I hereby certify that this child was born alive on the date and as stated above. | | 19a. Signature of Attendant M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> Midwife <input type="checkbox"/> Other <input type="checkbox"/> | | | | 19b. Date of Signature | |
| Date Accepted by Local Reg. AUG - 9 2017 | | 21. Signature of Local Registrar VK | | | | 22. Date Accepted by Reg. General | |
| Evidence for Delayed Filing or Alteration | | | | | | | |

FILE
NUMBER **151**

| | | | | | |
|---|---|---|-------------------|--|----------|
| Child's First Name (Type or print) | | 1b. Middle Name | | 1c. Last Name | |
| Sex | 3. This Birth Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> | 4. If Twin or Triplet, Was Child Born 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> | 5a. Birth Date | Month | Day Year |
| Place of Birth: City, Town or Rural Location | | | | 5b. Hour | |
| 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 <input type="checkbox"/> No <input type="checkbox"/> | |
| Usual Residence of Mother: City, Town or Rural Location | | 7b. Island | | 7c. County and State or Foreign Country | |
| Street Address | | 7e. Is Residence Inside City or Town Limits? If no, give judicial district Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Mother's Mailing Address | | | | 7g. Is Residence on a Farm or Plantation? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Full Name of Father | | | | 9. Race of Father | |
| Age of Father | 11. Birthplace (Island, State or Foreign Country) | 12a. Usual Occupation | | 12b. Kind of Business or Industry | |
| Full Maiden Name of Mother | | | | 14. Race of Mother | |
| Age of Mother | 16. Birthplace (Island, State or Foreign Country) | 17a. Type of Occupation Outside Home During Pregnancy | | 17b. Date Last Worked | |
| I hereby 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 type="checkbox"/> Other <input type="checkbox"/> | |
| I hereby certify that this child was born alive on the date and at the place stated above. | | 19a. Signature of Attendant ▶ | | M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> Midwife <input type="checkbox"/> Other <input type="checkbox"/> | |
| Date Accepted by Local Reg. AUG - 9 2017 | | 21. Signature of Local Registrar ▶ <i>VK</i> | | 22. Date Accepted by Reg. General | |
| Evidence for Delayed Filing or Alteration | | | | | |

| | | | | | |
|---|---|---|----------------------------------|--|--------------------------|
| Child's First Name (Type or print) | | 1b. Middle Name | | 1c. Last Name | |
| Sex | 3. This Birth Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> | 4. If Twin or Triplet, Was Child Born 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> | | 5a. Birth Date | Month Day Year |
| Place of Birth: City, Town or Rural Location | | | | 5b. Hour | |
| 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 <input type="checkbox"/> No <input type="checkbox"/> | |
| Usual Residence of Mother: City, Town or Rural Location | | 7b. Island | | 7c. County and State or Foreign Country | |
| Street Address | | 7e. Is Residence Inside City or Town Limits? If no, give judicial district Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Mother's Mailing Address | | | | 7g. Is Residence on a Farm or Plantation? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Full Name of Father | | | | 9. Race of Father | |
| Age of Father | 11. Birthplace (Island, State or Foreign Country) | 12a. Usual Occupation | | 12b. Kind of Business or Industry | |
| Full Maiden Name of Mother | | | | 14. Race of Mother | |
| Age of Mother | 16. Birthplace (Island, State or Foreign Country) | 17a. Type of Occupation Outside Home During Pregnancy | | 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 | | | Parent <input type="checkbox"/> | 18b. Date of Signature |
| | | | | Other <input type="checkbox"/> | |
| I hereby certify that this child was born alive on the date and at the place stated above. | 19a. Signature of Attendant | | | M.D. <input type="checkbox"/> | 19b. Date of Signature |
| | | | | D.O. <input type="checkbox"/> | |
| | | | Midwife <input type="checkbox"/> | | |
| | | | Other <input type="checkbox"/> | | |
| Date Accepted by Local Reg. AUG - 9 2017 | | 21. Signature of Local Registrar  | | 22. Date Accepted by Reg. General | |
| Evidence for Delayed Filing or Alteration | | | | | |

FILE
NUMBER **151**

| | | | | | |
|---|---|--|-------------------|--|----------|
| Child's First Name (Type or print) | | 1b. Middle Name | | 1c. Last Name | |
| Sex | 3. This Birth Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> | 4. If Twin or Triplet, Was Child Born 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> | 5a. Birth Date | Month | Day Year |
| Place of Birth: City, Town or Rural Location | | | | 5b. Hour | |
| 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 <input type="checkbox"/> No <input type="checkbox"/> | |
| Usual Residence of Mother: City, Town or Rural Location | | 7b. Island | | 7c. County and State or Foreign Country | |
| Street Address | | | | 7e. Is Residence Inside City or Town Limits? If no, give judicial district Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Mother's Mailing Address | | | | 7g. Is Residence on a Farm or Plantation? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Full Name of Father | | | | 9. Race of Father | |
| Age of Father | 11. Birthplace (Island, State or Foreign Country) | 12a. Usual Occupation | | 12b. Kind of Business or Industry | |
| Full Maiden Name of Mother | | | | 14. Race of Mother | |
| Age of Mother | 16. Birthplace (Island, State or Foreign Country) | 17a. Type of Occupation Outside Home During Pregnancy | | 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 | | 18b. Date of Signature | |
| | | 19a. Signature of Attendant | | 19b. Date of Signature | |
| I hereby certify that this child was born alive on the date and at the place stated above. | | 21. Signature of Local Registrar | | 22. Date Accepted by Reg. General | |
| | | Evidence for Delayed Filing or Alteration | | | |

AUG 9 2017


 Parent ☐
 Other ☐
 M.D. ☐
 D.O. ☐
 Midwife ☐
 Other ☐

FILE
NUMBER 151

| | | | | | |
|--|---|---|-------------------|--|----------|
| Child's First Name (Type or print) | | 1b. Middle Name | | 1c. Last Name | |
| Sex | 3. This Birth Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> | 4. If Twin or Triplet, Was Child Born 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> | 5a. Birth Date | Month | Day Year |
| Place of Birth: City, Town or Rural Location | | | | 5b. Hour | |
| 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 <input type="checkbox"/> No <input type="checkbox"/> | |
| Usual Residence of Mother: City, Town or Rural Location | | 7b. Island | | 7c. County and State or Foreign Country | |
| Street Address | | 7e. Is Residence Inside City or Town Limits? If no, give judicial district Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Mother's Mailing Address | | 7g. Is Residence on a Farm or Plantation? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Full Name of Father | | 9. Race of Father | | | |
| Age of Father | 11. Birthplace (Island, State or Foreign Country) | 12a. Usual Occupation | | 12b. Kind of Business or Industry | |
| Full Maiden Name of Mother | | 14. Race of Mother | | | |
| Age of Mother | 16. Birthplace (Island, State or Foreign Country) | 17a. Type of Occupation Outside Home During Pregnancy | | 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 | | Parent <input type="checkbox"/> 18b. Date of Signature | |
| I hereby certify that this child was born alive on the date and at the place stated above. | | 19a. Signature of Attendant | | Other <input type="checkbox"/> 19b. Date of Signature | |
| Date Accepted by Local Reg. | | 21. Signature of Local Registrar | | M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> Midwife <input type="checkbox"/> Other <input type="checkbox"/> | |
| AUG - 9 2017 | | | | 22. Date Accepted by Reg. General | |
| Evidence for Delayed Filing or Alteration | | | | | |

FILE
NUMBER 151

| | | | | | |
|--|---|---|-------------------|---|----------|
| Child's First Name (Type or print) | | 1b. Middle Name | | 1c. Last Name | |
| Sex | 3. This Birth Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> | 4. If Twin or Triplet, Was Child Born 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> | 5a. Birth Date | Month | Day Year |
| Place of Birth: City, Town or Rural Location | | | | 5b. Hour | |
| 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 <input type="checkbox"/> No <input type="checkbox"/> | |
| Usual Residence of Mother: City, Town or Rural Location | | 7b. Island | | 7c. County and State or Foreign Country | |
| Street Address | | 7e. Is Residence Inside City or Town Limits? If no, give judicial district Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Mother's Mailing Address | | | | 7g. Is Residence on a Farm or Plantation Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Full Name of Father | | | | 9. Race of Father | |
| Age of Father | 11. Birthplace (Island, State or Foreign Country) | 12a. Usual Occupation | | 12b. Kind of Business or Industry | |
| Full Maiden Name of Mother | | | | 14. Race of Mother | |
| Age of Mother | 16. Birthplace (Island, State or Foreign Country) | 17a. Type of Occupation Outside Home During Pregnancy | | 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 | | Parent <input type="checkbox"/> 18b. Date of Signature | |
| I hereby certify that this child was born alive on the date and at the place stated above. | | 19a. Signature of Attendant | | M.D. <input type="checkbox"/> 19b. Date of Signature D.O. <input type="checkbox"/> Midwife <input type="checkbox"/> Other <input type="checkbox"/> | |
| Date Accepted by Local Reg. AUG - 9 2017 | | 21. Signature of Local Registrar | | 22. Date Accepted by Reg. General | |
| Evidence for Delayed Filing or Alteration | | | | | |

FILE
NUMBER **151**

| | | | | | |
|---|---|---|-------------------|--|------------------------|
| Child's First Name (Type or print) | | 1b. Middle Name | | 1c. Last Name | |
| Sex | 3. This Birth Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> | 4. If Twin or Triplet, Was Child Born 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> | 5a. Birth Date | Month | Day Year |
| Place of Birth: City, Town or Rural Location | | | | 5b. Hour | |
| 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 <input type="checkbox"/> No <input type="checkbox"/> | |
| Usual Residence of Mother: City, Town or Rural Location | | 7b. Island | | 7c. County and State or Foreign Country | |
| Street Address | | 7e. Is Residence Inside City or Town Limits? If no, give judicial district Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Mother's Mailing Address | | | | 7g. Is Residence on a Farm or Plantation? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Full Name of Father | | | | 9. Race of Father | |
| Age of Father | 11. Birthplace (Island, State or Foreign Country) | 12a. Usual Occupation | | 12b. Kind of Business or Industry | |
| Full Maiden Name of Mother | | | | 14. Race of Mother | |
| Age of Mother | 16. Birthplace (Island, State or Foreign Country) | 17a. Type of Occupation Outside Home During Pregnancy | | 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 | | | Parent <input type="checkbox"/> | 18b. Date of Signature |
| | 19a. Signature of Attendant | | | Other <input type="checkbox"/> | |
| I hereby certify that this child was born alive on the date and at the place stated above. | | | | M.D. <input type="checkbox"/> | 19b. Date of Signature |
| | | | | D.O. <input type="checkbox"/> | |
| | | | | Midwife <input type="checkbox"/> | |
| | | | | Other <input type="checkbox"/> | |
| Date Accepted by Local Reg. AUG - 9 2017 | 21. Signature of Local Registrar | | | 22. Date Accepted by Reg. General | |
| Evidence for Delayed Filing or Alteration | | | | | |

FILE
NUMBER 151

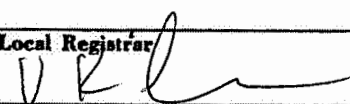
| | | | | | |
|--|---|---|-----------------------------------|--|------------------------|
| Child's First Name (Type or print) | | 1b. Middle Name | | 1c. Last Name | |
| Sex | 3. This Birth Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> | 4. If Twin or Triplet, Was Child Born 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> | 5a. Birth Date | Month | Day Year |
| Place of Birth: City, Town or Rural Location | | | | 5b. Hour | |
| 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 <input type="checkbox"/> No <input type="checkbox"/> | |
| Usual Residence of Mother: City, Town or Rural Location | | 7b. Island | | 7c. County and State or Foreign Country | |
| Street Address | | 7e. Is Residence Inside City or Town Limits? If no, give judicial district Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Mother's Mailing Address | | 7g. Is Residence on a Farm or Plantation? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Full Name of Father | | 9. Race of Father | | | |
| Age of Father | 11. Birthplace (Island, State or Foreign Country) | 12a. Usual Occupation | 12b. Kind of Business or Industry | | |
| Full Maiden Name of Mother | | 14. Race of Mother | | | |
| Age of Mother | 16. Birthplace (Island, State or Foreign Country) | 17a. Type of Occupation Outside Home During Pregnancy | 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 | | Parent <input type="checkbox"/> | | 18b. Date of Signature |
| | | | Other <input type="checkbox"/> | | |
| I hereby certify that this child was born alive on the date and at the place stated above. | 19a. Signature of Attendant | | M.D. <input type="checkbox"/> | | 19b. Date of Signature |
| | | | D.O. <input type="checkbox"/> | | |
| Date Accepted by Local Reg. | 21. Signature of Local Registrar | | Midwife <input type="checkbox"/> | | |
| | | | Other <input type="checkbox"/> | | |
| AUG - 9 2011 | | 22. Date Accepted by Reg. General | | | |
| Evidence for Delayed Filing or Alteration | | | | | |

| | | | | | |
|--|---|---|-----------------------------------|--|----------|
| Child's First Name (Type or print) | | 1b. Middle Name | | 1c. Last Name | |
| Sex | 3. This Birth Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> | 4. If Twin or Triplet, Was Child Born 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> | 5a. Birth Date | Month | Day Year |
| Place of Birth: City, Town or Rural Location | | | | 5b. Hour | |
| 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 <input type="checkbox"/> No <input type="checkbox"/> | |
| Usual Residence of Mother: City, Town or Rural Location | | 7b. Island | | 7c. County and State or Foreign Country | |
| Street Address | | 7e. Is Residence Inside City or Town Limits? If no, give judicial district Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Mother's Mailing Address | | 7g. Is Residence on a Farm or Plantation? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Full Name of Father | | 9. Race of Father | | | |
| Age of Father | 11. Birthplace (Island, State or Foreign Country) | 12a. Usual Occupation | 12b. Kind of Business or Industry | | |
| Full Maiden Name of Mother | | 14. Race of Mother | | | |
| Age of Mother | 16. Birthplace (Island, State or Foreign Country) | 17a. Type of Occupation Outside Home During Pregnancy | | 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 | | 18b. Date of Signature | |
| I hereby certify that this child was born alive on the date and at the place stated above. | | 19a. Signature of Attendant | | 19b. Date of Signature | |
| Date Accepted by Local Reg. AUG - 0 2017 | | 21. Signature of Local Registrar | | 22. Date Accepted by Reg. General | |
| Evidence for Delayed Filing or Alteration | | | | | |

FILE
NUMBER 151

| | | | | | | | |
|--|---|--|---|---|-----------------------------------|--|-----------------------------------|
| Child's First Name (Type or print) | | 1b. Middle Name | | 1c. Last Name | | | |
| Sex | 3. This Birth Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> | 4. If Twin or Triplet, Was Child Born 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> | 5a. Birth Date | Month | Day | Year | 5b. Hour |
| Place of Birth: City, Town or Rural Location | | | | | | 6b. Island | |
| 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 <input type="checkbox"/> No <input type="checkbox"/> | |
| Usual Residence of Mother: City, Town or Rural Location | | | | 7b. Island | | 7c. County and State or Foreign Country | |
| Street Address | | | | 7e. Is Residence Inside City or Town Limits? If no, give judicial district Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Mother's Mailing Address | | | | | | 7g. Is Residence on a Farm or Plantation? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Full Name of Father | | | | | | 9. Race of Father | |
| Age of Father | 11. Birthplace (Island, State or Foreign Country) | | 12a. Usual Occupation | | 12b. Kind of Business or Industry | | |
| Full Maiden Name of Mother | | | | | | 14. Race of Mother | |
| Age of Mother | 16. Birthplace (Island, State or Foreign Country) | | 17a. Type of Occupation Outside Home During Pregnancy | | | 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 | | | | Parent <input type="checkbox"/> | 18b. Date of Signature |
| I hereby certify that this child was born alive on the date and at the place stated above. | | 19a. Signature of Attendant | | | | Other <input type="checkbox"/> | 19b. Date of Signature |
| Date Accepted by Local Reg. AUG - 0 2017 | | 21. Signature of Local Registrar | | | | M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> Midwife <input type="checkbox"/> Other <input type="checkbox"/> | 22. Date Accepted by Reg. General |
| Evidence for Delayed Filing or Alteration | | | | | | | |

FILE
NUMBER **151**

| | | | | | |
|---|---|---|-------------------|--|----------|
| Child's First Name (Type or print) | | 1b. Middle Name | | 1c. Last Name | |
| Sex | 3. This Birth Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> | 4. If Twin or Triplet, Was Child Born 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> | 5a. Birth Date | Month | Day Year |
| Place of Birth: City, Town or Rural Location | | | | 5b. Hour | |
| 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 <input type="checkbox"/> No <input type="checkbox"/> | |
| Usual Residence of Mother: City, Town or Rural Location | | 7b. Island | | 7c. County and State or Foreign Country | |
| Street Address | | 7e. Is Residence Inside City or Town Limits? If no, give judicial district Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Mother's Mailing Address | | | | 7g. Is Residence on a Farm or Plantation? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Full Name of Father | | | | 9. Race of Father | |
| Age of Father | 11. Birthplace (Island, State or Foreign Country) | 12a. Usual Occupation | | 12b. Kind of Business or Industry | |
| Full Maiden Name of Mother | | | | 14. Race of Mother | |
| Age of Mother | 16. Birthplace (Island, State or Foreign Country) | 17a. Type of Occupation Outside Home During Pregnancy | | 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 ▶ | | 18b. Date of Signature Parent <input type="checkbox"/> Other <input type="checkbox"/> | |
| I hereby certify that this child was born alive on the date and at the place stated above. | | 19a. Signature of Attendant ▶ | | 19b. Date of Signature M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> Midwife <input type="checkbox"/> Other <input type="checkbox"/> | |
| Date Accepted by Local Reg. AUG - 0 2017 | | 21. Signature of Local Registrar ▶  | | 22. Date Accepted by Reg. General | |
| Evidence for Delayed Filing or Alteration | | | | | |

FILE
NUMBER **151**

| | | | | | |
|---|---|---|-------------------|--|----------|
| Child's First Name (Type or print) | | 1b. Middle Name | | 1c. Last Name | |
| Sex | 3. This Birth Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> | 4. If Twin or Triplet, Was Child Born 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> | 5a. Birth Date | Month | Day Year |
| Place of Birth: City, Town or Rural Location | | | | 5b. Hour | |
| 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 <input type="checkbox"/> No <input type="checkbox"/> | |
| Usual Residence of Mother: City, Town or Rural Location | | 7b. Island | | 7c. County and State or Foreign Country | |
| Street Address | | 7e. Is Residence Inside City or Town Limits? If no, give judicial district Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Mother's Mailing Address | | | | 7g. Is Residence on a Farm or Plantation? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Full Name of Father | | | | 9. Race of Father | |
| Age of Father | 11. Birthplace (Island, State or Foreign Country) | 12a. Usual Occupation | | 12b. Kind of Business or Industry | |
| Full Maiden Name of Mother | | | | 14. Race of Mother | |
| Age of Mother | 16. Birthplace (Island, State or Foreign Country) | 17a. Type of Occupation Outside Home During Pregnancy | | 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 | | Parent <input type="checkbox"/> 18b. Date of Signature | |
| | | | | Other <input type="checkbox"/> | |
| I hereby certify that this child was born alive on the date and at the place stated above. | | 19a. Signature of Attendant | | M.D. <input type="checkbox"/> 19b. Date of Signature | |
| | | | | D.O. <input type="checkbox"/> | |
| Date Accepted by Local Reg. AUG - 0 2017 | | 21. Signature of Local Registrar | | Midwife <input type="checkbox"/> | |
| | | | | Other <input type="checkbox"/> | |
| Evidence for Delayed Filing or Alteration | | 22. Date Accepted by Reg. General | | | |

FILE
NUMBER 151

| | | | | | |
|--|---|--|-------------------|--|----------|
| Child's First Name (Type or print) | | 1b. Middle Name | | 1c. Last Name | |
| Sex | 3. This Birth Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> | 4. If Twin or Triplet, Was Child Born 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> | 5a. Birth Date | Month | Day Year |
| Place of Birth: City, Town or Rural Location | | | | 5b. Hour | |
| Name of Hospital or Institution (If not in hospital or institution, give street address) Kapiolani Maternity & Gynecological Hospital | | | | 6b. Island | |
| Usual Residence of Mother: City, Town or Rural Location | | | | 6d. Is Place of Birth Inside City or Town Limits? If no, give judicial district Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Street Address | | | | 7c. County and State or Foreign Country | |
| Mother's Mailing Address | | | | 7e. Is Residence Inside City or Town Limits? If no, give judicial district Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Full Name of Father | | | | 7g. Is Residence on a Farm or Plantation Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Age of Father | | | | 9. Race of Father | |
| 11. Birthplace (Island, State or Foreign Country) | | | | 12a. Usual Occupation | |
| Full Maiden Name of Mother | | | | 12b. Kind of Business or Industry | |
| Age of Mother | | | | 14. Race of Mother | |
| 16. Birthplace (Island, State or Foreign Country) | | | | 17a. Type of Occupation Outside Home During Pregnancy | |
| 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 | | Parent <input type="checkbox"/> Other <input type="checkbox"/> | |
| I hereby certify that this child was born alive on the date and at the place stated above. | | 19a. Signature of Attendant | | M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> Midwife <input type="checkbox"/> Other <input type="checkbox"/> | |
| Date Accepted by Local Reg. AUG - 0 2017 | | 21. Signature of Local Registrar | | 22. Date Accepted by Reg. General | |
| Evidence for Delayed Filing or Alteration | | | | | |

FILE
NUMBER 151

| | | | | | |
|--|---|---|-------------------|---|----------|
| Child's First Name (Type or print) | | 1b. Middle Name | | 1c. Last Name | |
| Sex | 3. This Birth Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> | 4. If Twin or Triplet, Was Child Born 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> | 5a. Birth Date | Month | Day Year |
| Place of Birth: City, Town or Rural Location | | | | 5b. Hour | |
| 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 <input type="checkbox"/> No <input type="checkbox"/> | |
| Usual Residence of Mother: City, Town or Rural Location | | 7b. Island | | 7c. County and State or Foreign Country | |
| Street Address | | 7e. Is Residence Inside City or Town Limits? If no, give judicial district Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Mother's Mailing Address | | | | 7g. Is Residence on a Farm or Plantation? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Full Name of Father | | | | 9. Race of Father | |
| Age of Father | 11. Birthplace (Island, State or Foreign Country) | 12a. Usual Occupation | | 12b. Kind of Business or Industry | |
| Full Maiden Name of Mother | | | | 14. Race of Mother | |
| Age of Mother | 16. Birthplace (Island, State or Foreign Country) | 17a. Type of Occupation Outside Home During Pregnancy | | 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 | | Parent <input type="checkbox"/> 18b. Date of Signature | |
| I hereby certify that this child was born alive on the date and place stated above. | | 19a. Signature of Attendant | | M.D. <input type="checkbox"/> 19b. Date of Signature D.O. <input type="checkbox"/> Midwife <input type="checkbox"/> Other <input type="checkbox"/> | |
| Date Accepted by Local Reg. AUG - 0 2017 | | 21. Signature of Local Registrar VKL | | 22. Date Accepted by Reg. General | |
| Evidence for Delayed Filing or Alteration | | | | | |

FILE
NUMBER 151

| | | | | | |
|--|---|---|-------------------|--|----------|
| Child's First Name (Type or print) | | 1b. Middle Name | | 1c. Last Name | |
| Sex | 3. This Birth Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> | 4. If Twin or Triplet, Was Child Born 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> | 5a. Birth Date | Month | Day Year |
| Place of Birth: City, Town or Rural Location | | | | 5b. Hour | |
| 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 <input type="checkbox"/> No <input type="checkbox"/> | |
| Usual Residence of Mother: City, Town or Rural Location | | 7b. Island | | 7c. County and State or Foreign Country | |
| Street Address | | 7e. Is Residence Inside City or Town Limits? If no, give judicial district Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Mother's Mailing Address | | | | 7g. Is Residence on a Farm or Plantation? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Full Name of Father | | | | 9. Race of Father | |
| Age of Father | 11. Birthplace (Island, State or Foreign Country) | 12a. Usual Occupation | | 12b. Kind of Business or Industry | |
| Full Maiden Name of Mother | | | | 14. Race of Mother | |
| Age of Mother | 16. Birthplace (Island, State or Foreign Country) | 17a. Type of Occupation Outside Home During Pregnancy | | 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 | | Parent <input type="checkbox"/> 18b. Date of Signature | |
| I hereby certify that this child was born alive on the date and at the place stated above. | | 19a. Signature of Attendant | | Other <input type="checkbox"/> 19b. Date of Signature | |
| Date Accepted by Local Reg. AUG - 8 2011 | | 21. Signature of Local Registrar | | M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> Midwife <input type="checkbox"/> Other <input type="checkbox"/> 22. Date Accepted by Reg. General | |
| Evidence for Delayed Filing or Alteration | | | | | |

FILE
NUMBER 151

| | | | | | |
|--|---|---|-------------------|--|----------|
| Child's First Name (Type or print) | | 1b. Middle Name | | 1c. Last Name | |
| Sex | 3. This Birth Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> | 4. If Twin or Triplet, Was Child Born 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> | 5a. Birth Date | Month | Day Year |
| Place of Birth: City, Town or Rural Location | | | | 5b. Hour | |
| 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 <input type="checkbox"/> No <input type="checkbox"/> | |
| Usual Residence of Mother: City, Town or Rural Location | | 7b. Island | | 7c. County and State or Foreign Country | |
| Street Address | | 7e. Is Residence Inside City or Town Limits? If no, give judicial district Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Mother's Mailing Address | | | | 7g. Is Residence on a Farm or Plantation Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Full Name of Father | | | | 9. Race of Father | |
| Age of Father | 11. Birthplace (Island, State or Foreign Country) | 12a. Usual Occupation | | 12b. Kind of Business or Industry | |
| Full Maiden Name of Mother | | | | 14. Race of Mother | |
| Age of Mother | 16. Birthplace (Island, State or Foreign Country) | 17a. Type of Occupation Outside Home During Pregnancy | | 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 | | Parent <input type="checkbox"/> 18b. Date of Signature | |
| I hereby certify that this child was born alive on the date and at the place stated above. | | 19a. Signature of Attendant | | Other <input type="checkbox"/> 19b. Date of Signature | |
| Date Accepted by Local Reg. AUG - 0 2017 | | 21. Signature of Local Registrar | | M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> Midwife <input type="checkbox"/> Other <input type="checkbox"/> | |
| Evidence for Delayed Filing or Alteration | | 22. Date Accepted by Reg. General | | | |

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|--|---|---|-------------------|--|----------|
| Child's First Name (Type or print) | | 1b. Middle Name | | 1c. Last Name | |
| Sex | 3. This Birth Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> | 4. If Twin or Triplet, Was Child Born 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> | 5a. Birth Date | Month | Day Year |
| Place of Birth: City, Town or Rural Location | | | | 5b. Hour | |
| 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 <input type="checkbox"/> No <input type="checkbox"/> | |
| Usual Residence of Mother: City, Town or Rural Location | | 7b. Island | | 7c. County and State or Foreign Country | |
| Street Address | | 7e. Is Residence Inside City or Town Limits? If no, give judicial district Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Mother's Mailing Address | | | | 7g. Is Residence on a Farm or Plantation? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Full Name of Father | | | | 9. Race of Father | |
| Age of Father | 11. Birthplace (Island, State or Foreign Country) | 12a. Usual Occupation | | 12b. Kind of Business or Industry | |
| Full Maiden Name of Mother | | | | 14. Race of Mother | |
| Age of Mother | 16. Birthplace (Island, State or Foreign Country) | 17a. Type of Occupation Outside Home During Pregnancy | | 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 | | 18b. Date of Signature | |
| I hereby certify that this child was born alive on the date and at the place stated above. | | 19a. Signature of Attendant | | 19b. Date of Signature | |
| Date Accepted by Local Reg. AUG - 0 2017 | | 21. Signature of Local Registrar | | 22. Date Accepted by Reg. General | |
| Evidence for Delayed Filing or Alteration | | | | | |

FILE
NUMBER 151

| | | | | | |
|--|---|---|-------------------|--|------------------------|
| Child's First Name (Type or print) | | 1b. Middle Name | | 1c. Last Name | |
| Sex | 3. This Birth Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> | 4. If Twin or Triplet, Was Child Born 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> | 5a. Birth Date | Month | Day Year |
| Place of Birth: City, Town or Rural Location | | | | 5b. Hour | |
| 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 <input type="checkbox"/> No <input type="checkbox"/> | |
| Usual Residence of Mother: City, Town or Rural Location | | 7b. Island | | 7c. County and State or Foreign Country | |
| Street Address | | 7e. Is Residence Inside City or Town Limits? If no, give judicial district Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Mother's Mailing Address | | | | 7g. Is Residence on a Farm or Plantation? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Full Name of Father | | | | 9. Race of Father | |
| Age of Father | 11. Birthplace (Island, State or Foreign Country) | 12a. Usual Occupation | | 12b. Kind of Business or Industry | |
| Full Maiden Name of Mother | | | | 14. Race of Mother | |
| Age of Mother | 16. Birthplace (Island, State or Foreign Country) | 17a. Type of Occupation Outside Home During Pregnancy | | 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 | | Parent <input type="checkbox"/> | 18b. Date of Signature |
| I hereby certify that this child was born alive on the date and at the place stated above. | | 19a. Signature of Attendant | | Other <input type="checkbox"/> | 19b. Date of Signature |
| Date Accepted by Local Reg. AUG - 8 2011 | | 21. Signature of Local Registrar | | M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> Midwife <input type="checkbox"/> Other <input type="checkbox"/> | |
| Evidence for Delayed Filing or Alteration | | | | | |

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| Child's First Name (Type or print) | | 1b. Middle Name | | 1c. Last Name | |
| Sex | 3. This Birth Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> | 4. If Twin or Triplet, Was Child Born 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> | 5a. Birth Date | Month | Day Year |
| Place of Birth: City, Town or Rural Location | | | | 5b. Hour | |
| 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 <input type="checkbox"/> No <input type="checkbox"/> | |
| Usual Residence of Mother: City, Town or Rural Location | | 7b. Island | | 7c. County and State or Foreign Country | |
| Street Address | | 7e. Is Residence Inside City or Town Limits? If no, give judicial district Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Mother's Mailing Address | | | | 7g. Is Residence on a Farm or Plantation Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Full Name of Father | | | | 9. Race of Father | |
| Age of Father | 11. Birthplace (Island, State or Foreign Country) | 12a. Usual Occupation | | 12b. Kind of Business or Industry | |
| Full Maiden Name of Mother | | | | 14. Race of Mother | |
| Age of Mother | 16. Birthplace (Island, State or Foreign Country) | 17a. Type of Occupation Outside Home During Pregnancy | | 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 | | Parent <input type="checkbox"/> | | 18b. Date of Signature |
| | | | Other <input type="checkbox"/> | | |
| I hereby certify that this child was born alive on the date and as stated above. | 19a. Signature of Attendant | | M.D. <input type="checkbox"/> | | 19b. Date of Signature |
| | | | D.O. <input type="checkbox"/> | | |
| | | | | Midwife <input type="checkbox"/> | |
| | | | | Other <input type="checkbox"/> | |
| Date Accepted by Local Reg. AUG - 0 2011 | | 21. Signature of Local Registrar | | 22. Date Accepted by Reg. General | |
| Evidence for Delayed Filing or Alteration | | | | | |

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| Child's First Name (Type or print) | | 1b. Middle Name | | 1c. Last Name | |
| Sex | 3. This Birth Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> | 4. If Twin or Triplet, Was Child Born 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> | 5a. Birth Date | Month | Day Year |
| Place of Birth: City, Town or Rural Location | | | | 5b. Hour | |
| 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 <input type="checkbox"/> No <input type="checkbox"/> | |
| Usual Residence of Mother: City, Town or Rural Location | | 7b. Island | | 7c. County and State or Foreign Country | |
| Street Address | | 7e. Is Residence Inside City or Town Limits? If no, give judicial district Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Mother's Mailing Address | | 7g. Is Residence on a Farm or Plantation Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Full Name of Father | | 9. Race of Father | | | |
| Age of Father | 11. Birthplace (Island, State or Foreign Country) | 12a. Usual Occupation | 12b. Kind of Business or Industry | | |
| Full Maiden Name of Mother | | 14. Race of Mother | | | |
| Age of Mother | 16. Birthplace (Island, State or Foreign Country) | 17a. Type of Occupation Outside Home During Pregnancy | | 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 Parent <input type="checkbox"/> Other <input type="checkbox"/> | | 18b. Date of Signature | |
| I hereby certify that this child was born alive on the date and at the place stated above. | | 19a. Signature of Attendant M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> Midwife <input type="checkbox"/> Other <input type="checkbox"/> | | 19b. Date of Signature | |
| Date Accepted by Local Reg. AUG - 0 2017 | | 21. Signature of Local Registrar V K L | | 22. Date Accepted by Reg. General | |
| Evidence for Delayed Filing or Alteration | | | | | |

| | | | | | |
|--|---|--|---|---|---|
| Child's First Name (Type or print) | | 1b. Middle Name | | 1c. Last Name | |
| Sex | 3. This Birth Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> | 4. If Twin or Triplet, Was Child Born 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> | 5a. Birth Date | Month | Day Year |
| Place of Birth: City, Town or Rural Location | | | | 5b. Hour | |
| 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 <input type="checkbox"/> No <input type="checkbox"/> | |
| Usual Residence of Mother: City, Town or Rural Location | | | 7b. Island | | 7c. County and State or Foreign Country |
| Street Address | | | 7e. Is Residence Inside City or Town Limits? If no, give judicial district Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Mother's Mailing Address | | | 7g. Is Residence on a Farm or Plantation? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Full Name of Father | | | 9. Race of Father | | |
| Age of Father | 11. Birthplace (Island, State or Foreign Country) | 12a. Usual Occupation | | 12b. Kind of Business or Industry | |
| Full Maiden Name of Mother | | | 14. Race of Mother | | |
| Age of Mother | 16. Birthplace (Island, State or Foreign Country) | 17a. Type of Occupation Outside Home During Pregnancy | | 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 | | Parent <input type="checkbox"/> 18b. Date of Signature | |
| I hereby certify that this child was born alive on the date and at the place stated above. | | 19a. Signature of Attendant | | M.D. <input type="checkbox"/> 19b. Date of Signature D.O. <input type="checkbox"/> Midwife <input type="checkbox"/> Other <input type="checkbox"/> | |
| Date Accepted by Local Reg. AUG - 0 2017 | | 21. Signature of Local Registrar VKL | | 22. Date Accepted by Reg. General | |
| Evidence for Delayed Filing or Alteration | | | | | |

Date and
SB 8-1

| | | | | | |
|--|---|---|-----------------------------------|--|------------------------|
| Child's First Name (Type or print) | | 1b. Middle Name | | 1c. Last Name | |
| Sex | 3. This Birth Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> | 4. If Twin or Triplet, Was Child Born 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> | 5a. Birth Date | Month | Day Year |
| Place of Birth: City, Town or Rural Location | | | | 5b. Hour | |
| 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 <input type="checkbox"/> No <input type="checkbox"/> | |
| Usual Residence of Mother: City, Town or Rural Location | | 7b. Island | | 7c. County and State or Foreign Country | |
| Street Address | | 7e. Is Residence Inside City or Town Limits? If no, give judicial district Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Mother's Mailing Address | | 7g. Is Residence on a Farm or Plantation? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Full Name of Father | | 9. Race of Father | | | |
| Age of Father | 11. Birthplace (Island, State or Foreign Country) | 12a. Usual Occupation | 12b. Kind of Business or Industry | | |
| Full Maiden Name of Mother | | 14. Race of Mother | | | |
| Age of Mother | 16. Birthplace (Island, State or Foreign Country) | 17a. Type of Occupation Outside Home During Pregnancy | | 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 | | Parent <input type="checkbox"/> | | 18b. Date of Signature |
| | | | Other <input type="checkbox"/> | | |
| I hereby certify that this child was born alive on the date and at the place stated above. | 19a. Signature of Attendant | | M.D. <input type="checkbox"/> | | 19b. Date of Signature |
| | | | D.O. <input type="checkbox"/> | | |
| Date Accepted by Local Reg. AUG 1 1947 | | 21. Signature of Local Registrar V K L | | 22. Date Accepted by Reg. General | |
| Evidence for Delayed Filing or Alteration | | | | | |

FILE
NUMBER 151

| | | | | | |
|--|---|---|--|---|----------------|
| Child's First Name (Type or print) | | 1b. Middle Name | | 1c. Last Name | |
| Sex | 3. This Birth Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> | 4. If Twin or Triplet, Was Child Born 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> | | 5a. Birth Date | Month Day Year |
| Place of Birth: City, Town or Rural Location | | | | 5b. Hour | |
| 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 <input type="checkbox"/> No <input type="checkbox"/> | |
| Usual Residence of Mother: City, Town or Rural Location | | 7b. Island | | 7c. County and State or Foreign Country | |
| Street Address | | 7e. Is Residence Inside City or Town Limits? If no, give judicial district Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Mother's Mailing Address | | | | 7g. Is Residence on a Farm or Plantation Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Full Name of Father | | | | 9. Race of Father | |
| Age of Father | 11. Birthplace (Island, State or Foreign Country) | 12a. Usual Occupation | | 12b. Kind of Business or Industry | |
| Full Maiden Name of Mother | | | | 14. Race of Mother | |
| Age of Mother | 16. Birthplace (Island, State or Foreign Country) | 17a. Type of Occupation Outside Home During Pregnancy | | 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 | | Parent <input type="checkbox"/> 18b. Date of Signature | |
| I hereby certify that this child was born alive on the date and at the place stated above. | | 19a. Signature of Attendant | | M.D. <input type="checkbox"/> 19b. Date of Signature D.O. <input type="checkbox"/> Midwife <input type="checkbox"/> Other <input type="checkbox"/> | |
| Date Accepted by Local Reg. AUG - 1 2017 | | 21. Signature of Local Registrar VRL | | 22. Date Accepted by Reg. General | |
| Evidence for Delayed Filing or Alteration | | | | | |

FILE
NUMBER 151

| | | | | | |
|--|---|---|-------------------|--|------------------------|
| Child's First Name (Type or print) | | 1b. Middle Name | | 1c. Last Name | |
| Sex | 3. This Birth Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> | 4. If Twin or Triplet, Was Child Born 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> | 5a. Birth Date | Month | Day Year |
| Place of Birth: City, Town or Rural Location | | | | 5b. Hour | |
| 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 <input type="checkbox"/> No <input type="checkbox"/> | |
| Usual Residence of Mother: City, Town or Rural Location | | 7b. Island | | 7c. County and State or Foreign Country | |
| Street Address | | 7e. Is Residence Inside City or Town Limits? If no, give judicial district Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Mother's Mailing Address | | | | 7g. Is Residence on a Farm or Plantation? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Full Name of Father | | | | 9. Race of Father | |
| Age of Father | 11. Birthplace (Island, State or Foreign Country) | 12a. Usual Occupation | | 12b. Kind of Business or Industry | |
| Full Maiden Name of Mother | | | | 14. Race of Mother | |
| Age of Mother | 16. Birthplace (Island, State or Foreign Country) | 17a. Type of Occupation Outside Home During Pregnancy | | 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 | | | Parent <input type="checkbox"/> | 18b. Date of Signature |
| | 19a. Signature of Attendant | | | Other <input type="checkbox"/> | |
| I hereby certify that this child was born alive on the date and as stated above. | | | | M.D. <input type="checkbox"/> | 19b. Date of Signature |
| | | | | D.O. <input type="checkbox"/> | |
| Date Accepted by Local Registrar AUG 1 2017 | 21. Signature of Local Registrar | | | Midwife <input type="checkbox"/> | |
| | | | | Other <input type="checkbox"/> | |
| Evidence for Delayed Filing or Alteration | | | | 22. Date Accepted by Reg. General | |

FILE
NUMBER 151

| | | | | | |
|--|---|---|-------------------|--|----------|
| Child's First Name (Type or print) | | 1b. Middle Name | | 1c. Last Name | |
| Sex | 3. This Birth Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> | 4. If Twin or Triplet, Was Child Born 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> | 5a. Birth Date | Month | Day Year |
| Place of Birth: City, Town or Rural Location | | | | 5b. Hour | |
| 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 <input type="checkbox"/> No <input type="checkbox"/> | |
| Usual Residence of Mother: City, Town or Rural Location | | 7b. Island | | 7c. County and State or Foreign Country | |
| Street Address | | 7e. Is Residence Inside City or Town Limits? If no, give judicial district Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Mother's Mailing Address | | | | 7g. Is Residence on a Farm or Plantation Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Full Name of Father | | | | 9. Race of Father | |
| Age of Father | 11. Birthplace (Island, State or Foreign Country) | 12a. Usual Occupation | | 12b. Kind of Business or Industry | |
| Full Maiden Name of Mother | | | | 14. Race of Mother | |
| Age of Mother | 16. Birthplace (Island, State or Foreign Country) | 17a. Type of Occupation Outside Home During Pregnancy | | 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 | | 18b. Date of Signature | |
| I hereby certify that this child was born alive on the date and at the place stated above. | | 19a. Signature of Attendant | | 19b. Date of Signature | |
| Date Accepted by Local Reg. AUG - 1 2017 | | 21. Signature of Local Registrar | | 22. Date Accepted by Reg. General | |
| Evidence for Delayed Filing or Alteration | | | | | |

FILE
NUMBER **151**

| | | | | | |
|---|---|---|-------------------|--|----------|
| Child's First Name (Type or print) | | 1b. Middle Name | | 1c. Last Name | |
| Sex | 3. This Birth Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> | 4. If Twin or Triplet, Was Child Born 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> | 5a. Birth Date | Month | Day Year |
| Place of Birth: City, Town or Rural Location | | | | 5b. Hour | |
| 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 <input type="checkbox"/> No <input type="checkbox"/> | |
| Usual Residence of Mother: City, Town or Rural Location | | 7b. Island | | 7c. County and State or Foreign Country | |
| Street Address | | 7e. Is Residence Inside City or Town Limits? If no, give judicial district Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Mother's Mailing Address | | | | 7g. Is Residence on a Farm or Plantation? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Full Name of Father | | | | 9. Race of Father | |
| Age of Father | 11. Birthplace (Island, State or Foreign Country) | 12a. Usual Occupation | | 12b. Kind of Business or Industry | |
| Full Maiden Name of Mother | | | | 14. Race of Mother | |
| Age of Mother | 16. Birthplace (Island, State or Foreign Country) | 17a. Type of Occupation Outside Home During Pregnancy | | 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 | | 18b. Date of Signature | |
| I hereby certify that this child was born alive on the date and at the place stated above. | | 19a. Signature of Attendant | | 19b. Date of Signature | |
| Date Accepted by Local Reg. AUG - 1 2017 | | 21. Signature of Local Registrar | | 22. Date Accepted by Reg. General | |
| Evidence for Delayed Filing or Alteration | | | | | |

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|--|---|---|-----------------------------------|--|------------------------|
| Child's First Name (Type or print) | | 1b. Middle Name | | 1c. Last Name | |
| Sex | 3. This Birth Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> | 4. If Twin or Triplet, Was Child Born 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> | 5a. Birth Date | Month | Day Year |
| Place of Birth: City, Town or Rural Location | | | | 5b. Hour | |
| 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 <input type="checkbox"/> No <input type="checkbox"/> | |
| Usual Residence of Mother: City, Town or Rural Location | | 7b. Island | | 7c. County and State or Foreign Country | |
| Street Address | | 7e. Is Residence Inside City or Town Limits? If no, give judicial district Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Mother's Mailing Address | | 7g. Is Residence on a Farm or Plantation? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Full Name of Father | | 9. Race of Father | | | |
| Age of Father | 11. Birthplace (Island, State or Foreign Country) | 12a. Usual Occupation | 12b. Kind of Business or Industry | | |
| Full Maiden Name of Mother | | 14. Race of Mother | | | |
| Age of Mother | 16. Birthplace (Island, State or Foreign Country) | 17a. Type of Occupation Outside Home During Pregnancy | | 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 | | Parent <input type="checkbox"/> | | 18b. Date of Signature |
| | | | Other <input type="checkbox"/> | | |
| I hereby certify that this child was born alive on the date and at the place stated above. | 19a. Signature of Attendant | | M.D. <input type="checkbox"/> | | 19b. Date of Signature |
| | | | D.O. <input type="checkbox"/> | | |
| Date Accepted by Local Reg. | 21. Signature of Local Registrar | | Midwife <input type="checkbox"/> | | |
| | | | Other <input type="checkbox"/> | | |
| AUG - 1 2011 | | 22. Date Accepted by Reg. General | | | |
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| Evidence for Delayed Filing or Alteration | | | | | |

FILE
NUMBER 151

| | | | | | | | |
|--|---|--|---|---|-----------------------------------|---|----------|
| Child's First Name (Type or print) | | 1b. Middle Name | | 1c. Last Name | | | |
| Sex | 3. This Birth Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> | 4. If Twin or Triplet, Was Child Born 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> | 5a. Birth Date | Month | Day | Year | 5b. Hour |
| Place of Birth: City, Town or Rural Location | | | | | | 6b. Island | |
| 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 <input type="checkbox"/> No <input type="checkbox"/> | |
| Usual Residence of Mother: City, Town or Rural Location | | | | 7b. Island | | 7c. County and State or Foreign Country | |
| Street Address | | | | 7e. Is Residence Inside City or Town Limits? If no, give judicial district Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Mother's Mailing Address | | | | | | 7g. Is Residence on a Farm or Plantation? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Full Name of Father | | | | | | 9. Race of Father | |
| Age of Father | 11. Birthplace (Island, State or Foreign Country) | | 12a. Usual Occupation | | 12b. Kind of Business or Industry | | |
| Full Maiden Name of Mother | | | | | | 14. Race of Mother | |
| Age of Mother | 16. Birthplace (Island, State or Foreign Country) | | 17a. Type of Occupation Outside Home During Pregnancy | | | 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 | | | | Parent <input type="checkbox"/> 18b. Date of Signature | |
| I hereby certify that this child was born alive on the date and at the place stated above. | | 19a. Signature of Attendant | | | | M.D. <input type="checkbox"/> 19b. Date of Signature D.O. <input type="checkbox"/> Midwife <input type="checkbox"/> Other <input type="checkbox"/> | |
| Date Accepted by Local Reg. AUG - 1 2017 | | 21. Signature of Local Registrar VK | | | | 22. Date Accepted by Reg. General | |
| Evidence for Delayed Filing or Alteration | | | | | | | |

FILE
NUMBER 151

| | | | | | | | |
|--|---|---|---|---|-----------------------------------|--|----------|
| Child's First Name (Type or print) | | 1b. Middle Name | | 1c. Last Name | | | |
| Sex | 3. This Birth Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> | 4. If Twin or Triplet, Was Child Born 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> | 5a. Birth Date | Month | Day | Year | 5b. Hour |
| Place of Birth: City, Town or Rural Location | | | | | | 6b. Island | |
| 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 <input type="checkbox"/> No <input type="checkbox"/> | |
| Usual Residence of Mother: City, Town or Rural Location | | | | 7b. Island | | 7c. County and State or Foreign Country | |
| Street Address | | | | 7e. Is Residence Inside City or Town Limits? If no, give judicial district Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Mother's Mailing Address | | | | | | 7g. Is Residence on a Farm or Plantation? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Full Name of Father | | | | | | 9. Race of Father | |
| Age of Father | 11. Birthplace (Island, State or Foreign Country) | | 12a. Usual Occupation | | 12b. Kind of Business or Industry | | |
| Full Maiden Name of Mother | | | | | | 14. Race of Mother | |
| Age of Mother | 16. Birthplace (Island, State or Foreign Country) | | 17a. Type of Occupation Outside Home During Pregnancy | | | 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 Parent <input type="checkbox"/> Other <input type="checkbox"/> | | | | 18b. Date of Signature | |
| I hereby certify that this child was born alive on the date and at the place stated above. | | 19a. Signature of Attendant M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> Midwife <input type="checkbox"/> Other <input type="checkbox"/> | | | | 19b. Date of Signature | |
| Date Accepted by Local Reg. AUG - 1 2011 | | 21. Signature of Local Registrar VKL | | | | 22. Date Accepted by Reg. General | |
| Evidence for Delayed Filing or Alteration | | | | | | | |

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|--|---|---|-------------------|--|------------------------|
| Child's First Name (Type or print) | | 1b. Middle Name | | 1c. Last Name | |
| Sex | 3. This Birth Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> | 4. If Twin or Triplet, Was Child Born 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> | 5a. Birth Date | Month | Day Year |
| Place of Birth: City, Town or Rural Location | | | | 5b. Hour | |
| 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 <input type="checkbox"/> No <input type="checkbox"/> | |
| Usual Residence of Mother: City, Town or Rural Location | | 7b. Island | | 7c. County and State or Foreign Country | |
| Street Address | | 7e. Is Residence Inside City or Town Limits? If no, give judicial district Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Mother's Mailing Address | | | | 7g. Is Residence on a Farm or Plantation? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Full Name of Father | | | | 9. Race of Father | |
| Age of Father | 11. Birthplace (Island, State or Foreign Country) | 12a. Usual Occupation | | 12b. Kind of Business or Industry | |
| Full Maiden Name of Mother | | | | 14. Race of Mother | |
| Age of Mother | 16. Birthplace (Island, State or Foreign Country) | 17a. Type of Occupation Outside Home During Pregnancy | | 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 | | | Parent <input type="checkbox"/> | 18b. Date of Signature |
| | 19a. Signature of Attendant | | | Other <input type="checkbox"/> | |
| I hereby certify that this child was born alive on the date and at the place stated above. | | | | M.D. <input type="checkbox"/> | 19b. Date of Signature |
| | | | | D.O. <input type="checkbox"/> | |
| | | | | Midwife <input type="checkbox"/> | |
| | | | | Other <input type="checkbox"/> | |
| Date Accepted by Local Reg. | 21. Signature of Local Registrar | | | 22. Date Accepted by Reg. General | |
| AUG - 1 2011 | VKL | | | | |
| Evidence for Delayed Filing or Alteration | | | | | |

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|--|---|---|---|-----------------------------------|--|------|----------|
| Child's First Name (Type or print) | | 1b. Middle Name | | 1c. Last Name | | | |
| Sex | 3. This Birth Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> | 4. If Twin or Triplet, Was Child Born 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> | 5a. Birth Date | Month | Day | Year | 5b. Hour |
| Place of Birth: City, Town or Rural Location | | | | | 6b. Island | | |
| 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 <input type="checkbox"/> No <input type="checkbox"/> | | |
| Usual Residence of Mother: City, Town or Rural Location | | | 7b. Island | | 7c. County and State or Foreign Country | | |
| Street Address | | | 7e. Is Residence Inside City or Town Limits? If no, give judicial district Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| Mother's Mailing Address | | | | | 7g. Is Residence on a Farm or Plantation? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Full Name of Father | | | | | 9. Race of Father | | |
| Age of Father | 11. Birthplace (Island, State or Foreign Country) | 12a. Usual Occupation | | 12b. Kind of Business or Industry | | | |
| Full Maiden Name of Mother | | | | | 14. Race of Mother | | |
| Age of Mother | 16. Birthplace (Island, State or Foreign Country) | 17a. Type of Occupation Outside Home During Pregnancy | | | 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 Parent <input type="checkbox"/> Other <input type="checkbox"/> | | | 18b. Date of Signature | | |
| I hereby certify that this child was born alive on the date and at the place stated above. | | 19a. Signature of Attendant M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> Midwife <input type="checkbox"/> Other <input type="checkbox"/> | | | 19b. Date of Signature | | |
| Date Accepted by Local Reg. AUG - 2 2017 | | 21. Signature of Local Registrar VR | | | 22. Date Accepted by Reg. General | | |
| Evidence for Delayed Filing or Alteration | | | | | | | |

FILE
NUMBER **151**

| | | | | | |
|---|---|---|-------------------|--|----------|
| Child's First Name (Type or print) | | 1b. Middle Name | | 1c. Last Name | |
| Sex | 3. This Birth Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> | 4. If Twin or Triplet, Was Child Born 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> | 5a. Birth Date | Month | Day Year |
| Place of Birth: City, Town or Rural Location | | | | 5b. Hour | |
| 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 <input type="checkbox"/> No <input type="checkbox"/> | |
| Usual Residence of Mother: City, Town or Rural Location | | 7b. Island | | 7c. County and State or Foreign Country | |
| Street Address | | 7e. Is Residence Inside City or Town Limits? If no, give judicial district Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Mother's Mailing Address | | | | 7g. Is Residence on a Farm or Plantation Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Full Name of Father | | | | 9. Race of Father | |
| Age of Father | 11. Birthplace (Island, State or Foreign Country) | 12a. Usual Occupation | | 12b. Kind of Business or Industry | |
| Full Maiden Name of Mother | | | | 14. Race of Mother | |
| Age of Mother | 16. Birthplace (Island, State or Foreign Country) | 17a. Type of Occupation Outside Home During Pregnancy | | 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 Parent <input type="checkbox"/> Other <input type="checkbox"/> | | 18b. Date of Signature | |
| I hereby certify that this child was born alive on the date and at the place stated above. | | 19a. Signature of Attendant M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> Midwife <input type="checkbox"/> Other <input type="checkbox"/> | | 19b. Date of Signature | |
| Date Accepted by Local Reg. AUG - 2 2017 | | 21. Signature of Local Registrar <i>VR</i> | | 22. Date Accepted by Reg. General | |
| Evidence for Delayed Filing or Alteration | | | | | |

FILE
NUMBER **151**

| | | | | | |
|---|---|---|----------------------------------|--|------------------------|
| Child's First Name (Type or print) | | 1b. Middle Name | | 1c. Last Name | |
| Sex | 3. This Birth Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> | 4. If Twin or Triplet, Was Child Born 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> | 5a. Birth Date | Month | Day Year |
| Place of Birth: City, Town or Rural Location | | | | 5b. Hour | |
| 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 <input type="checkbox"/> No <input type="checkbox"/> | |
| Usual Residence of Mother: City, Town or Rural Location | | 7b. Island | | 7c. County and State or Foreign Country | |
| Street Address | | 7e. Is Residence Inside City or Town Limits? If no, give judicial district Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Mother's Mailing Address | | | | 7g. Is Residence on a Farm or Plantation? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Full Name of Father | | | | 9. Race of Father | |
| Age of Father | 11. Birthplace (Island, State or Foreign Country) | 12a. Usual Occupation | | 12b. Kind of Business or Industry | |
| Full Maiden Name of Mother | | | | 14. Race of Mother | |
| Age of Mother | 16. Birthplace (Island, State or Foreign Country) | 17a. Type of Occupation Outside Home During Pregnancy | | 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 | | | Parent <input type="checkbox"/> | 18b. Date of Signature |
| | 19a. Signature of Attendant | | | Other <input type="checkbox"/> | |
| I hereby certify that this child was born alive on the date and at the place stated above. | | | | M.D. <input type="checkbox"/> | 19b. Date of Signature |
| | | | | D.O. <input type="checkbox"/> | |
| | | | Midwife <input type="checkbox"/> | | |
| | | | Other <input type="checkbox"/> | | |
| Date Accepted by Local Reg. | | 21. Signature of Local Registrar | | 22. Date Accepted by Reg. General | |
| AUG - 2 2017 | | | | | |
| Evidence for Delayed Filing or Alteration | | | | | |

FILE
NUMBER 151

| | | | | | |
|--|---|---|-------------------|--|----------|
| Child's First Name (Type or print) | | 1b. Middle Name | | 1c. Last Name | |
| Sex | 3. This Birth Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> | 4. If Twin or Triplet, Was Child Born 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> | 5a. Birth Date | Month | Day Year |
| Place of Birth: City, Town or Rural Location | | | | 5b. Hour | |
| 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 <input type="checkbox"/> No <input type="checkbox"/> | |
| Usual Residence of Mother: City, Town or Rural Location | | 7b. Island | | 7c. County and State or Foreign Country | |
| Street Address | | 7e. Is Residence Inside City or Town Limits? If no, give judicial district Yes <input type="checkbox"/> No <input type="checkbox"/> | | 7f. Is Residence on a Farm or Plantation Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Mother's Mailing Address | | | | 9. Race of Father | |
| Full Name of Father | | | | 12b. Kind of Business or Industry | |
| Age of Father | 11. Birthplace (Island, State or Foreign Country) | 12a. Usual Occupation | | 14. Race of Mother | |
| Full Maiden Name of Mother | | | | 17b. Date Last Worked | |
| Age of Mother | 16. Birthplace (Island, State or Foreign Country) | 17a. Type of Occupation Outside Home During Pregnancy | | 18b. Date of Signature | |
| 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 type="checkbox"/> Other <input type="checkbox"/> | |
| I hereby certify that this child was born alive on the date and at the place stated above. | | 19a. Signature of Attendant | | M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> Midwife <input type="checkbox"/> Other <input type="checkbox"/> | |
| Date Accepted by Local Reg. AUG 2 2017 | | 21. Signature of Local Registrar | | 22. Date Accepted by Reg. General | |
| Evidence for Delayed Filing or Alteration | | | | | |

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|---|---|---|--|------------|-----------------------------------|--|-----|-----------------------------------|
| Child's First Name (Type or print) | | | 1b. Middle Name | | | 1c. Last Name | | |
| Sex | 3. This Birth Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> | | 4. If Twin or Triplet, Was Child Born 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> | | 5a. Birth Date | Month | Day | Year |
| Place of Birth: City, Town or Rural Location | | | | | | 5b. Hour | | |
| 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 <input type="checkbox"/> No <input type="checkbox"/> | | |
| Usual Residence of Mother: City, Town or Rural Location | | | | 7b. Island | | 7c. County and State or Foreign Country | | |
| Street Address | | | | | | 7e. Is Residence Inside City or Town Limits? If no, give judicial district Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Mother's Mailing Address | | | | | | 7g. Is Residence on a Farm or Plantation? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Full Name of Father | | | | | | 9. Race of Father | | |
| Age of Father | 11. Birthplace (Island, State or Foreign Country) | | 12a. Usual Occupation | | 12b. Kind of Business or Industry | | | |
| Full Maiden Name of Mother | | | | | | 14. Race of Mother | | |
| Age of Mother | 16. Birthplace (Island, State or Foreign Country) | | 17a. Type of Occupation Outside Home During Pregnancy | | | 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 | | | | Parent <input type="checkbox"/> | | 18b. Date of Signature |
| | | | | | | Other <input type="checkbox"/> | | |
| I hereby certify that this child was born alive on the date and at the place stated above. | | 19a. Signature of Attendant | | | | M.D. <input type="checkbox"/> | | 19b. Date of Signature |
| | | | | | | D.O. <input type="checkbox"/> | | |
| Date Accepted by Local Reg. AUG - 2 2017 | | 21. Signature of Local Registrar | | | | Midwife <input type="checkbox"/> | | 22. Date Accepted by Reg. General |
| | | | | | | Other <input type="checkbox"/> | | |
| Evidence for Delayed Filing or Alteration | | | | | | | | |

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|--|---|---|-------------------|--|----------|
| Child's First Name (Type or print) | | 1b. Middle Name | | 1c. Last Name | |
| Sex | 3. This Birth Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> | 4. If Twin or Triplet, Was Child Born 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> | 5a. Birth Date | Month | Day Year |
| Place of Birth: City, Town or Rural Location | | | | 5b. Hour | |
| 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 <input type="checkbox"/> No <input type="checkbox"/> | |
| Usual Residence of Mother: City, Town or Rural Location | | 7b. Island | | 7c. County and State or Foreign Country | |
| Street Address | | 7e. Is Residence Inside City or Town Limits? If no, give judicial district Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Mother's Mailing Address | | | | 7g. Is Residence on a Farm or Plantation Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Full Name of Father | | | | 9. Race of Father | |
| Age of Father | 11. Birthplace (Island, State or Foreign Country) | 12a. Usual Occupation | | 12b. Kind of Business or Industry | |
| Full Maiden Name of Mother | | | | 14. Race of Mother | |
| Age of Mother | 16. Birthplace (Island, State or Foreign Country) | 17a. Type of Occupation Outside Home During Pregnancy | | 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 | | Parent <input type="checkbox"/> Other <input type="checkbox"/> | |
| I hereby certify that this child was born alive on the date and at the place stated above. | | 19a. Signature of Attendant | | M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> Midwife <input type="checkbox"/> Other <input type="checkbox"/> | |
| Date Accepted by Local Reg. | | 21. Signature of Local Registrar | | 22. Date Accepted by Reg. General | |
| AUG - 2 2017 | | VKL | | | |
| Evidence for Delayed Filing or Alteration | | | | | |

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|--|---|---|---|-----------------------------------|--|------|----------|
| Child's First Name (Type or print) | | 1b. Middle Name | | 1c. Last Name | | | |
| Sex | 3. This Birth Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> | 4. If Twin or Triplet, Was Child Born 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> | 5a. Birth Date | Month | Day | Year | 5b. Hour |
| Place of Birth: City, Town or Rural Location | | | | | 6b. Island | | |
| 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 <input type="checkbox"/> No <input type="checkbox"/> | | |
| Usual Residence of Mother: City, Town or Rural Location | | | 7b. Island | | 7c. County and State or Foreign Country | | |
| Street Address | | | 7e. Is Residence Inside City or Town Limits? If no, give judicial district Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| Mother's Mailing Address | | | | | 7g. Is Residence on a Farm or Plantation? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Full Name of Father | | | | | 9. Race of Father | | |
| Age of Father | 11. Birthplace (Island, State or Foreign Country) | 12a. Usual Occupation | | 12b. Kind of Business or Industry | | | |
| Full Maiden Name of Mother | | | | | 14. Race of Mother | | |
| Age of Mother | 16. Birthplace (Island, State or Foreign Country) | 17a. Type of Occupation Outside Home During Pregnancy | | | 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 Parent <input type="checkbox"/> Other <input type="checkbox"/> | | | 18b. Date of Signature | | |
| I hereby certify that this child was born alive on the date and at the place stated above. | | 19a. Signature of Attendant M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> Midwife <input type="checkbox"/> Other <input type="checkbox"/> | | | 19b. Date of Signature | | |
| Date Accepted by Local Registrar AUG 2 2017 | | 21. Signature of Local Registrar VK | | | 22. Date Accepted by Reg. General | | |
| Evidence for Delayed Filing or Alteration | | | | | | | |

FILE
NUMBER **151**

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|---|---|---|---------------------------------|--|------------------------|
| Child's First Name (Type or print) | | 1b. Middle Name | | 1c. Last Name | |
| Sex | 3. This Birth Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> | 4. If Twin or Triplet, Was Child Born 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> | 5a. Birth Date | Month | Day Year |
| Place of Birth: City, Town or Rural Location | | | | 5b. Hour | |
| 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 <input type="checkbox"/> No <input type="checkbox"/> | |
| Usual Residence of Mother: City, Town or Rural Location | | 7b. Island | | 7c. County and State or Foreign Country | |
| Street Address | | 7e. Is Residence Inside City or Town Limits? If no, give judicial district Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Mother's Mailing Address | | 7g. Is Residence on a Farm or Plantation? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Full Name of Father | | 9. Race of Father | | | |
| Age of Father | 11. Birthplace (Island, State or Foreign Country) | 12a. Usual Occupation | | 12b. Kind of Business or Industry | |
| Full Maiden Name of Mother | | 14. Race of Mother | | | |
| Age of Mother | 16. Birthplace (Island, State or Foreign Country) | 17a. Type of Occupation Outside Home During Pregnancy | | 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 | | Parent <input type="checkbox"/> | | 18b. Date of Signature |
| | | | Other <input type="checkbox"/> | | |
| I hereby certify that this child was born alive on the date and place stated above. | 19a. Signature of Attendant | | M.D. <input type="checkbox"/> | | 19b. Date of Signature |
| | | | D.O. <input type="checkbox"/> | | |
| | | | | Midwife <input type="checkbox"/> | |
| | | | | Other <input type="checkbox"/> | |
| Date Accepted by Local Reg. AUG - 2 2017 | | 21. Signature of Local Registrar <i>VKL</i> | | 22. Date Accepted by Reg. General | |
| Evidence for Delayed Filing or Alteration | | | | | |