CFKIILICAIF OF FIAF RIKIH lc. Last Name Middle Name (Type or print) Child's First Name 5b. Hour Year This Birth If Twin or Triplet, Month Day Sex Was Child Born Birth Date Single Twin Triplet 2nd Place of Birth: City, Town or Rural Location 6b. Island Name of Hospital or Institution (If not in hospital or institution, give street address) Is Place of Birth Inside City or Town Limits? If no, give judicial district Kapiolani Maternity & Gynecological Hospital Yes No 7c. County and State or Foreign Country Usual Residence of Mother: City, Town or Rural Location Is Residence Inside City or Town Limits?
If no give judicial district Street Address Yes No 7g. Is Residence on a Farm or Plantation Mother's Mailing Address No [Yes 9. Race of Father Full Name of Father Birthplace (Island, State or Foreign Country) 12a. Usual Occupation 12b. Kind of Business or Industry Age of Father 14. Race of Mother Full Maiden Name of Mother Age of Mother 16. Birthplace (Island, State or Foreign Country) 17a. Type of Occupation Outside Home During Pregnancy 17b. Date Last Worke 18a. Signature of Parent or Other Informant 18b. Date of Signature ertify that the above stated Parent ormation is true and correct the best of my knowledge. Other 19a. Signature of Attendant 19b. Date of Signatur M.D. ereby certify that this child D.O. born alive on the date and

ar stated above.

Date Accepted by Local Reg. 21. Signature of Local Registrar

Evidence for Delayed Filing or Alteration

Midwife

Other

22. Date Accepted by Reg. Gener

CEKTIFICATE OF LIVE BIKIN FILE NUMBER 151 Last Name Child's First Name (Type or print) Middle Name 5a. Birth Sex This Birth If Twin or Triplet, Month Day Year Hour Was Child Born Single Twin Triplet Date 1st 2nd 3rd Place of Birth: City, Town or Rural Location 6b. Island Name of Hospital or Institution (If not in hospital or institution, give street address) Is Place of Birth Inside City or Town Limits? If no, give judicial district Kapiolani Maternity & Gynecological Hospital Yes No 🗌 Usual Residence of Mother: City, Town or Rural Location 7b. Island 7c. County and State or Foreign Country Is Residence Inside City or Town Limits?
If no give judicial district . Street Address No 🗌 Mother's Mailing Address 7g. Is Residence on a Farm or Plantation Yes No Full Name of Father 9. Race of Father Age of Father 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 Worke

18b.

19b.

22. Date Accepted by Reg. Gener

Parent _

Other

M.D.

D.O.

Other

Midwife

Date of Signature

Date of Signatur

Signature of Parent or Other Informant

Local Registrar

Signature of Attendant

Signature of

18a.

ertify that the above stated

ormation is true and correct the best of my knowledge.

ereby certify that this child

s born alive on the date and

Evidence for Delayed Filing or Alteration

ar stated above.

FILE NUMBER 151 Last Name Middle Name Child's First Name (Type or print) 5b. Hour If Twin or Triplet, Was Child Born Year Month Day This Birth Sex Birth Date Single 2nd Twin 🗌 Triplet 3rd 6b. Island Place of Birth: City, Town or Rural Location Is Place of Birth Inside City or Town Limits? Name of Hospital or Institution (If not in hospital or institution, give street address) If no, give judicial district Kapiolani Maternity & Gynecological Hospital Yes No 🗌 County and State or Foreign Country Usual Residence of Mother: City, Town or Rural Location 7b. Island Is Residence Inside City or Town Limits? Street Address If no give judicial district Yes No No 7g. Is Residence on a Farm or Plantation Mother's Mailing Address Yes _ No L 9. Race of Father Full Name of Father 12b. Kind of Business or Industry Age of Father Birthplace (Island, State or Foreign Country) 12a. Usual Occupation 14. Race of Mother Full Maiden Name of Mother Age of Mother 16. Birthplace (Island, State or Foreign Country) 17a. Type of Occupation Outside Home During Pregnancy 17b. Date Last Worke ertify that the above stated 18a. Signature of Parent or Other Informant 18b. Date of Signature Parent ormation is true and correct Other the best of my knowledge. 19b. Date of Signatur 19a. Signature of Attendant M.D. ereby certify that this child D.O. i born alive on the date and Midwife

Signature of Local Registrar

Other

22. Date Accepted by Reg. Gener

ar stated above.

AUG

Date Accepted by Local Reg

Evidence for Delayed Filing or Alteration

CEKTIFICATE OF LIVE BIKIM

CLIMITEMAL CEKTIFICATE OF LIVE BIKIN NUMBER 151 Child's First Name (Type or print) Middle Name lc. Last Name 3. This Birth Sex If Twin or Triplet. Month Day Year 5b. Hour Was Child Born Birth Single Twin Triplet 1st 2nd Date Place of Birth: City, Town or Rural Location 6b. Island Name of Hospital or Institution (If not in hospital or institution, give street address) Is Place of Birth Inside City or Town Limits? If no, give judicial district Kapiolani Maternity & Gynecological Hospital Yes 🔲 No 🔲 Usual Residence of Mother: City, Town or Rural Location 7b. Island 7c. County and State or Foreign Country Is Residence Inside City or Town Limits? If no give judicial district Street Address Yes No Mother's Mailing Address 7g. Is Residence on a Farm or Plantation Yes No 🗌 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 Worke

18b.

19Ь.

22. Date Accepted by Reg. Gener

Parent [

Other

M.D.

D.O.

Midwife

Other

Date of Signature

Date of Signatus

18a. Signature of Parent or Other Informant

Signature of Attendant

ertify that the above stated

ormation is true and correct the best of my knowledge.

ereby certify that this child

s born alive on the date and

- 8

Evidence for Delayed Filing or Alteration

ar stated above.

19a.

Date Accepted by Local Reg. 21. Signature of Local Registrar

CEKLIFICALE OF LIVE RIKIM Child's First Name (Type or print) Middle Name Last Name If Twin or Triplet, Was Child Born This Birth Year Sex 5a. Birth Month Day 5b. Hour Single Twin Triplet 3rd Date 2nd Place of Birth: City, Town or Rural Location 6b. Island Name of Hospital or Institution (If not in hospital or institution, give street address) Is Place of Birth Inside City or Town Limits? If no, give judicial district Kapiolani Maternity & Gynecological Hospital No Usual Residence of Mother: City, Town or Rural Location 7b. Island County and State or Foreign Country Is Residence Inside City or Town Limits? If no give judicial district
Yes ... No Street Address Mother's Mailing Address 7g. Is Residence on a Farm or Plantation Yes 🗌 No [Full Name of Father Race of Father Age of Father Birthplace (Island, State or Foreign Country) 12a. Usual Occupation 12b. Kind of Business or Industry

14. Race of Mother

18b.

19b.

22. Date Accepted by Reg. Gener

Date Last Worke

Date of Signature

Date of Signatur

rertify that the above stated formation is true and correct the best of my knowledge.

18a. Signature of Parent or Other Informant

Parent or Other Informant

Other of Attendant

19a. Signature of Attendant

M.D. Other or Attendant or Other Informant

Parent or Other Informant

Parent or Other Informant

Other or Other or Other Informant

M.D. Other or Other or Other Informant

Other or Other or Other or Other Informant

Other or Other or Other or Other Informant

Other or Other or Other or Other or Other Informant

Other or Other or Other or Other or Other Informant

Other or Other or Other or Other or Other Informant

Other or Other or Other or Other or Other Informant

Other or O

Signature of Local Registrar

Age of Mother 16. Birthplace (Island, State or Foreign Country) 17a. Type of Occupation Outside Home During Pregnancy 17b.

Full Maiden Name of Mother

Date Accepted by Local Reg.

. Evidence for Delayed Filing or Alteration

AUG

FILE NUMBER 151 Last Name Middle Name Child's First Name (Type or print) 5b. Hour Year If Twin or Triplet, Was Child Born Month Day This Birth Sex Birth Date Single Twin __ Triplet 2nd 3rd 6b. Island Place of Birth: City, Town or Rural Location Is Place of Birth Inside City or Town Limits? Name of Hospital or Institution (If not in hospital or institution, give street address) If no, give judicial district Kapiolani Maternity & Gynecological Hospital Yes No 7c. County and State or Foreign Country Usual Residence of Mother: City, Town or Rural Location 7b. Island Is Residence Inside City or Town Limits?
If no give judicial district Street Address Yes No 7g. Is Residence on a Farm or Plantation Mother's Mailing Address Yes __ No L 9. Race of Father Full Name of Father 12b. Kind of Business or Industry 11. Birthplace (Island, State or Foreign Country) 12a. Usual Occupation Age of Father 14. Race of Mother Full Maiden Name of Mother Age of Mother 16. Birthplace (Island, State or Foreign Country) 17s. Type of Occupation Outside Home During Pregnancy 17b. Date Last Worke ertify that the above stated 18a. Signature of Parent or Other Informant Date of Signature 18b. Parent ormation is true and correct Other the heat of my knowledge. 19b. Date of Signatur 19a. Signature of Attendant M.D. ereby certify that this child D.O. i born alive on the date and Midwife

Other

22. Date Accepted by Reg. Gener

ar stated above.

Date Accepted by Local Teg.

Evidence for Delayed Filing or Alteration

Signature of Local

Registrar

CEKTIFICATE OF LIVE BIKIM

FILE NUMBER 151 Last Name Child's First Name Middle Name (Type or print) 5b. Hour Year If Twin or Triplet, Was Child Born Month Day This Birth 5s. Birth Sex Date Single Twin Triplet 2nd 6b. Island Place of Birth: City, Town or Rural Location Is Place of Birth Inside City or Town Limits? Name of Hospital or Institution (If not in hospital or institution, give street address) If no, give judicial district Kapiolani Maternity & Gynecological Hospital Yes No 🗌 7c. County and State or Foreign Country Usual Residence of Mother: City, Town or Rural Location 7b. Island Is Residence Inside City or Town Limits?
If no give judicial district Street Address Yes No 7g. Is Residence on a Farm or Plantation Mother's Mailing Address No [Yes 🗌 9. Race of Father Full Name of Father 12b. Kind of Business or Industry 11. Birthplace (Island, State or Foreign Country) 12a. Usual Occupation Age of Father 14. Race of Mother Full Maiden Name of Mother Date Last Worke Age of Mother 16. Birthplace (Island, State or Foreign Country) 17a. Type of Occupation Outside Home During Pregnancy 17b. 18a. Signature of Parent or Other Informant 18b. Date of Signature Parent [ertify that the above stated ormation is true and correct Other the best of my knowledge. 19Ь. Date of Signatur Signature of Attendant M.D.

D.O.

Midwife

Other

22. Date Accepted by Reg. Gener

ereby certify that this child

, born alive on the date and

- 8 2017

Evidence for Delayed Filing or Alteration

Date Accepted by Local Reg. 21. Signature of Local Registrar

ar stated above.

CEKLIFICATE OF LIVE BIKIN

CEKTIFICATE OF LIVE BIKIN Last Name Middle Name Child's First Name (Type or print) 5b. Hour If Twin or Triplet, Was Child Born Year Month Day 5a. Birth 3. This Birth Sex Date Single Twin Triplet 2nd Island 6b. Place of Birth: City, Town or Rural Location Name of Hospital or Institution (If not in hospital or institution, give street address) Is Place of Birth Inside City or Town Limits? If no, give judicial district Kapiolani Maternity & Gynecological Hospital Yes 🔲 No 🔲 7c. County and State or Foreign Country Usual Residence of Mother: City, Town or Rural Location 7b. Island Is Residence Inside City or Town Limits?
If no give judicial district Street Address Yes _ No 🗌 7g. Is Residence on a Farm or Plantation Mother's Mailing Address No 🗌 Yes _ 9. Race of Father Full Name of Father 12b. Kind of Business or Industry Birthplace (Island, State or Foreign Country) 12a. Usual Occupation Age of Father 14. Race of Mother Full Maiden Name of Mother Age of Mother 16. Birthplace (Island, State or Foreign Country) 17a. Type of Occupation Outside Home During Pregnancy 17b. Date Last Worke 18b. Date of Signature Signature of Parent or Other Informant ertify that the above stated 18a. Parent ormation is true and correct Other the best of my knowledge. 19Ь. Date of Signatus Signature of Attendant M.D.

D.O.

22. Date Accepted by Reg. Gener

Midwife Other

ereby certify that this child

s born alive on the date and ar stated above.

Date Accepted by Local Reg. 21.

Evidence for Delayed Filing or Alteration

Signature of Local Regis

CEKTIFICATE OF LIVE BIKIN Child's First Name (Type or print) Middle Name lc. Last Name If Twin or Triplet, Was Child Born 5b. Hour 3. This Birth Year 5a. Birth Month Day Sex Date Single Twin Triplet 2nd Place of Birth: City, Town or Rural Location 6b. Island Name of Hospital or Institution (If not in hospital or institution, give street address) Is Place of Birth Inside City or Town Limits? If no, give judicial district Kapiolani Maternity & Gynecological Hospital No [Usual Residence of Mother: City, Town or Rural Location 7c. County and State or Foreign Country Is Residence Inside City or Town Limits?
If no give judicial district Street Address No 🗌 7g. Is Residence on a Farm or Plantation Mother's Mailing Address Yes 🗌 No _ Full Name of Father 9. Race of Father Age of Father 11. Birthplace (Island, State or Foreign Country) 12a. Usual Occupation Kind of Business or Industry Full Maiden Name of Mother Race of Mother Age of Mother 16. Birthplace (Island, State or Foreign Country) 17a. Type of Occupation Outside Home During Pregnancy 17b. 18a. Signature of Parent or Other Informant 18b. Date of Signature ertify that the above stated Parent ormation is true and correct the best of my knowledge. Other 19a. Signature of Attendant Date of Signatur

ereby certify that this child

s born alive on the date and

Date Accepted by Local Reg. 21. Signature of Local Registr

Evidence for Delayed Filing or Alteration

ar stated above.

19b.

22. Date Accepted by Reg. Gener

M.D.

D.O.

Other

Midwife

4 125 TT 2011 CEKTIFICATE OF LIVE BIKIN FILE NUMBER 151 Child's First Name (Type or print) Last Name Middle Name If Twin or Triplet, Was Child Born This Birth 5a. Birth Month Day Year 5b. Hour Sex Single Twin Triplet 2nd 3rd Date Place of Birth: City, Town or Rural Location 6b. Island Name of Hospital or Institution (If not in hospital or institution, give street address) Is Place of Birth Inside City or Town Limits? If no, give judicial district Kapiolani Maternity & Gynecological Hospital No 🗌 Usual Residence of Mother: City, Town or Rural Location 7b. Island 7c. County and State or Foreign Country Is Residence Inside City or Town Limits?
If no give judicial district . Street Address No 🗌 Yes Mother's Mailing Address 7g. Is Residence on a Farm or Plantation Yes 🗌 No L Full Name of Father 9. Race of Father Age of Father 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 Worke

18b.

22. Date Accepted by Reg. Gener

Parent

Other

M.D.

D.O.

Other

Midwife

Date of Signature

Date of Signatur

18a. Signature of Parent or Other Informant

Signature of Attendant

Date Accepted by Local Reg. 21. Signature of Local Registrar

Evidence for Delayed Filing or Alteration

ertify that the above stated

ormation is true and correct the best of my knowledge.

ereby certify that this child

s born alive on the date and

ar stated above.

CEKTIFICATE OF LIVE BIKIN FILE NUMBER 151 Last Name Middle Name Child's First Name (Type or print) 5a. Birth Year 5b. Hour 3. This Birth If Twin or Triplet, Month Day Sex Was Child Born Date Single Twin Triplet 2nd 3rd Place of Birth: City, Town or Rural Location 6b. Island Name of Hospital or Institution (If not in hospital or institution, give street address) Is Place of Birth Inside City or Town Limits? If no, give judicial district Kapiolani Maternity & Gynecological Hospital Yes 🗌 No 🗌 7c. County and State or Foreign Country Usual Residence of Mother: City, Town or Rural Location 7b. Island Is Residence Inside City or Town Limits?
If no give judicial district . Street Address No 🗌 7g. Is Residence on a Farm or Plantation Mother's Mailing Address No 🗆 Yes Full Name of Father 9. Race of Father 11. Birthplace (Island, State or Foreign Country) 12a. Usual Occupation 12b. Kind of Business or Industry Age of Father Full Maiden Name of Mother 14. Race of Mother Age of Mother 16. Birthplace (Island, State or Foreign Country) 17s. Type of Occupation Outside Home During Pregnancy 17b. Date Last Worke

born alive on the date and ar stated above. Date Accepted by Local Reg. 21. Signature of Local Registrar - 9 2017 Evidence for Delayed Filing or Alteration

ormation is true and correct the best of my knowledge.

ereby certify that this child

19a. Signature of Attendant

ertify that the above stated 18a. Signature of Parent or Other Informant

Other 22. Date Accepted by Reg. Gener

19Ь.

Parent [

Other

M.D.

D.O.

Midwife

Date of Signature

Date of Signatur

IAIL OF HAMAII

CERTIFICATE OF LIVE BIRTH

FILE NUMBER 151

Child's First Name (Typ	pe or print)	1b. Mi	ldle Name		le. Last	Name	
Sex 3. This Single	Birth Twin Triplet	4. If Twin or T Was Child B	riplet, 5s. Birth 3rd Date	Month	Day	Year	5b. Hour
Place of Birth: City, Tow					6b. Island		
Name of Hospital or Insti Kapiolani Mate			11.2 Table 1 Table 1 Table 1 Table 1		of Birth Insider of Judicial die No 🗆		own Limits?
Usual Residence of Mothe	r: City, Town or Rural	Location	7b. Island			and State or	r Foreign Country
Street Address				7e. Is Reside If no gi Yes	nce Inside Ci ve judicial dis No	y or Town I trict	Limits?
Mother's Mailing Address					7g. Is Res	idence on a	Farm or Plantatio
Full Name of Pather					9. Race o	f Father	
Age of Father 11. Birt	ihplace (Island, State or F	oreign Country) 12a.	Usual Occupation		12b. Kind	of Business	or Industry
Full Maiden Name of Mother					14. Race of Mother		
Age of Mother 16. Birt	thplace (Island, State or I	foreign Country) 17a.	Type of Occupati	on Outside Hom	During Pres	mancy 17b.	Date Last Worke
rtify that the above stated rmation is true and correct he best of my knowledge.	1. ±1	Parent or Other Inf	ormant	Pija, stora i strantralina minida.		rent 18b.	Date of Signatur
reby certify that this child born alive on the date and r stated above.		Attendant	and the second s		Mids	I.D. □ 19b. 2.O. □	Date of Signatu
Date Accepted by Local Reg	21. Signature of L	ocal Registrar			22	Date Acce	pted by Reg. Gene

CONTRACT CEKLIFICATE OF LIVE BIKIN FILE NUMBER 151 Child's First Name (Type or print) Middle Name Last Name If Twin or Triplet, Was Child Born 3. This Birth Year 5b. Hour Sex Month Day Birth Single Twin Triplet 1st 2nd 3rd Date Place of Birth: City, Town or Rural Location 6b. Island Name of Hospital or Institution (If not in hospital or institution, give street address) Is Place of Birth Inside City or Town Limits? If no, give judicial district Kapiolani Maternity & Gynecological Hospital Yes No 🗌 Usual Residence of Mother: City, Town or Rural Location 7b. Island 7c. County and State or Foreign Country Is Residence Inside City or Town Limits?
If no give judicial district . Street Address No 🗌 Mother's Mailing Address 7g. Is Residence on a Farm or Plantation Yes _ No _ 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 Worke

18Ь.

19Ь.

22. Date Accepted by Reg. Gener

Parent [

Other

M.D.

D.O.

Other

Midwife

Date of Signature

Date of Signatur

18a. Signature of Parent or Other Informant

19a. Signature of Attendant

Date Accepted by Local Reg. 21. Signature of Local Registrar

ertify that the above stated

ormation is true and correct the best of my knowledge.

ereby certify that this child

i born alive on the date and

Evidence for Delayed Filing or Alteration

ar stated above.

UMTEME CEKTIFICATE OF LIVE BIKIN FILE NUMBER 151 Child's First Name (Type or print) Middle Name Last Name If Twin or Triplet, Was Child Born Sex This Birth 5a. Birth Day Year 5b. Hour Month Single Twin Triplet Date 2nd Place of Birth: City, Town or Rural Location 6b. Island Name of Hospital or Institution (If not in hospital or institution, give street address) Is Place of Birth Inside City or Town Limits? If no, give judicial district Kapiolani Maternity & Gynecological Hospital No 🗆 Usual Residence of Mother: City, Town or Rural Location Island 7c. County and State or Foreign Country Is Residence Inside City or Town Limits?
If no give judicial district
Yes No . Street Address Mother's Mailing Address 7g. Is Residence on a Farm or Plantation Yes 🗌 No [Full Name of Father 9. Race of Father 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.

18a. Signature of Parent or Other Informant

19a. Signature of Attendant

Date Accepted by Local Reg. 21. Signature of Local Registrar

ertify that the above stated

ormation is true and correct the best of my knowledge.

ereby certify that this child born alive on the date and

. Evidence for Delayed Filing or Alteration

ar stated above.

Date Last Worke

Date of Signature

Date of Signatur

18b.

19Ь.

22. Date Accepted by Reg. Gener

Parent

Other

M.D.

D.O.

Midwife Other

CEKTIFICATE OF LIVE BIKIN FILE NUMBER 151 le. Last Name Middle Name Child's First Name (Type or print) Year 5b. Hour This Birth If Twin or Triplet, Month Day Sex 5s. Was Child Born Birth 1st 2nd 3rd Single Twin Triplet Date Place of Birth: City, Town or Rural Location 6b. Island Name of Hospital or Institution (If not in hospital or institution, give street address) Is Place of Birth Inside City or Town Limits? If no, give judicial district Kapiolani Maternity & Gynecological Hospital Yes 🗌 No 🔲 7c. County and State or Foreign Country Usual Residence of Mother: City, Town or Rural Location Is Residence Inside City or Town Limits?
If no give judicial district . Street Address Yes No 7g. Is Residence on a Farm or Plantation Mother's Mailing Address Yes __ No _ Full Name of Father 9. Race of Father Age of Father 12b. Kind of Business or Industry 11. Birthplace (Island, State or Foreign Country) 12a. Usual Occupation Full Maiden Name of Mother 14. Race of Mother Age of Mother 16. Birthplace (Island, State of Foreign Country) 17a. Type of Occupation Outside Home During Pregnancy 17b. Signature of Parent or Other Informant 18b. Date of Signature ertify that the above stated Parent ormation is true and correct Other the best of my knowledge. Signature of Attendant 19b. Date of Signatus M.D.

D.O.

Other

22. Date Accepted by Reg. Gener

Midwife

ereby certify that this child

s born alive on the date and

- 9

Date Accepted by Local Reg. 21. Signature of Local/Registrar

2017

Evidence for Delayed Filing or Alteration

ar stated above.

AUG

DOM: TO AND CEKLIFICALE OF LIVE BIKIN Child's First Name (Type or print) Last Name Middle Name If Twin or Triplet, Was Child Born This Birth Month Year Sex 5a. Birth Day 5b. Hour Single Twin Date Triplet 1st 2nd 3rd Place of Birth: City, Town or Rural Location 6b. Island Name of Hospital or Institution (If not in hospital or institution, give street address) Is Place of Birth Inside City or Town Limits? If no, give judicial district Kapiolani Maternity & Gynecological Hospital Yes 🗍 No Usual Residence of Mother: City, Town or Rural Location 7b. Island County and State or Foreign Country 7c. Is Residence Inside City or Town Limits?
If no give judicial district
Yes No . Street Address Mother's Mailing Address 7g. Is Residence on a Farm or Plantation Yes 🗌 No 🗌 Full Name of Father 9. Race of Father Age of Father 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 Worke

18b.

19Ь.

22. Date Accepted by Reg. Gener

Parent

Other

M.D.

D.O.

Midwife Other Date of Signature

Date of Signatur

Signature of Parent or Other Informant

Local Registrar

19a. Signature of Attendant

Signature of

ertify that the above stated 18a.

ormation is true and correct the best of my knowledge.

ereby certify that this child born alive on the date and

Date A expred by Likel Reg.

Evidence for Delayed Filing or Alteration

ar stated above.

CERTIFICATE OF LIVE BIKTH FILE NUMBER 151 Middle Name Last Name Child's First Name (Type or print) Year 5b. Hour This Birth If Twin or Triplet. 5a. Month Day Sex Was Child Born Birth Date Single Twin Triplet 2nd 3rd Place of Birth: City, Town or Rural Location 6b. Island Name of Hospital or Institution (If not in hospital or institution, give street address) Is Place of Birth Inside City or Town Limits? If no, give judicial district Kapiolani Maternity & Gynecological Hospital Yes No 7c. County and State or Foreign Country Usual Residence of Mother: City, Town or Rural Location Is Residence Inside City or Town Limits? . Street Address If no give judicial district Yes No No 7g. Is Residence on a Farm or Plantation Mother's Mailing Address Yes 🗌 No [Full Name of Father 9. Race 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 Worke Signature of Parent or Other Informant 18b. Date of Signature ertify that the above stated Parent ormation is true and correct the best of my knowledge. Other Signature of Attendant 19Ь. Date of Signatur M.D. ereby certify that this child D.O. i born alive on the date and Midwife ar stated above.

Date Accepted by Local Reg. 21. Signature of Local Registrar

Evidence for Delayed Filing or Alteration

Other

22. Date Accepted by Reg. Gener

CEKTIFICATE OF LIVE BIKIN Last Name Middle Name Child's First Name (Type or print) This Birth If Twin or Triplet, Month Day Year 5b. Hour Sex Was Child Born Birth Single Twin Triplet Date 2nd 3rd Place of Birth: City, Town or Rural Location 6b. Island Name of Hospital or Institution (If not in hospital or institution, give street address) Is Place of Birth Inside City or Town Limits? 6d. If no, give judicial district Kapiolani Maternity & Gynecological Hospital Yes No Usual Residence of Mother: City, Town or Rural Location 7b. Island County and State or Foreign Country Is Residence Inside City or Town Limits?
If no give judicial district . Street Address Yes No 7g. Is Residence on a Farm or Plantation Mother's Mailing Address No Yes Full Name of Father 9. Race of Father Age of Father 11. Birthplace (Island, State or Foreign Country) 12a. Usual Occupation 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 Worke ertify that the above stated [18a. Signature of Parent or Other Informant 18b. Date of Signature Parent ormation is true and correct the best of my knowledge. Other 19a. Signature of Attendant Date of Signatus 19Ь. M.D. ereby certify that this child D.O. s born alive on the date and Midwife ar stated above. Other Date Accepted by Local Reg. 21. Signature of Local Registrar AUG - 9 2017

Evidence for Delayed Filing or Alteration

22. Date Accepted by Reg. Gener

CEKLIFICATE OF LIVE BIKIM Child's First Name Middle Name Last Name (Type or print) This Birth Sex If Twin or Triplet, 5s. Month Day Year 5b. Hour Was Child Born Birth Single Twin Date Triplet 1st 2nd 3rd Place of Birth: City, Town or Rural Location 6b. Island Name of Hospital or Institution (If not in hospital or institution, give street address) Is Place of Birth Inside City or Town Limits? If no, give judicial district Kapiolani Maternity & Gynecological Hospital Yes No Usual Residence of Mother: City, Town or Rural Location 7b. Island County and State or Foreign Country Is Residence Inside City or Town Limits?
If no give judicial district Street Address Yes No Mother's Mailing Address 7g. Is Residence on a Farm or Plantation Yes _ No _ 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 of Foreign Country) 17a. Type of Occupation Outside Home During Pregnancy 17b. Date Last Worke Signature of Parent or Other Informant 18a. ertify that the above stated 18b. Date of Signature Parent

Other

M.D.

D.O.

Other

Midwife

19Ь.

22. Date Accepted by Reg. Gener

Date of Signatus

ormation is true and correct the best of my knowledge.

ereby certify that this child

s born alive on the date and

Date Accepted by Local Reg. AUG - 9 2017

. Evidence for Delayed Filing or Alteration

ar stated above.

19a.

Signature of Attendant

Local Registrar

Signature of

Middle Name Last Name Child's First Name (Type or print) If Twin or Triplet, Was Child Born 3. This Birth 5a. Birth Year 5b. Hour Sex Month Day Single Twin Triplet 2nd Date Place of Birth: City, Town or Rural Location 6b. Island Name of Hospital or Institution (If not in hospital or institution, give street address) Is Place of Birth Inside City or Town Limits? If no, give judicial district Kapiolani Maternity & Gynecological Hospital Yes No Usual Residence of Mother: City, Town or Rural Location 7b. Island 7c. County and State or Foreign Country Is Residence Inside City or Town Limits?
If no give judicial district . Street Address Yes No Mother's Mailing Address 7g. Is Residence on a Farm or Plantation No 🗌 Yes 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 Worke Signature of Parent or Other Informant 18b. Date of Signature ertify that the above stated Parent [ormation is true and correct the best of my knowledge. Other 19a. Signature of Attendant 19Ь. Date of Signatus M.D. ereby certify that this child D.O. s born alive on the date and Midwife ar stated above. Other Dale Accepted by Lagrang Signature of Local Registrar 22. Date Accepted by Reg. Gener

Evidence for Delayed Filing or Alteration

CEKTIFICATE OF LIVE BIKIN

Last Name Child's First Name (Type or print) Middle Name This Birth If Twin or Triplet, Month Day Year 5b. Hour Sex Was Child Born Birth Single Twin Triplet Date 2nd 3rd Place of Birth: City, Town or Rural Location 6b. Island Name of Hospital or Institution (If not in hospital or institution, give street address) Is Place of Birth Inside City or Town Limits? If no, give judicial district Kapiolani Maternity & Gynecological Hospital Yes No Usual Residence of Mother: City, Town or Rural Location 7b. Island 7c. County and State or Foreign Country Is Residence Inside City or Town Limits?
If no give judicial district . Street Address Yes No 7g. Is Residence on a Farm or Plantation Mother's Mailing Address No 🗌 Yes Full Name of Father Race of Father Age of Father 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 Worke 18a. Signature of Parent or Other Informant 18Ь. Date of Signature ertify that the above stated Parent ormation is true and correct the best of my knowledge. Other 19a. Signature of Attendant 19b. Date of Signatus M.D. ereby certify that this child D.O. s born alive on the date and Midwife ar stated above. Other Date Accepted by Local Reg. 21. Signature of Local Registrar 22. Date Accepted by Reg. Gener

Evidence for Delayed Filing or Alteration

CEKTIFICATE OF LIVE BIKIN

CEKTIFICATE OF LIVE BIKIN FILE NUMBER 15 Last Name Child's First Name (Type or print) Middle Name 5b. Hour 3. This Birth If Twin or Triplet, Year Sex 5s. Month Day Was Child Born Birth Date Single Twin Triplet 2nd 3rd Place of Birth: City, Town or Rural Location 6b. Island Name of Hospital or Institution (If not in hospital or institution, give street address) Is Place of Birth Inside City or Town Limits? If no, give judicial district Kapiolani Maternity & Gynecological Hospital Yes No Usual Residence of Mother: City, Town or Rural Location 7c. County and State or Foreign Country Is Residence Inside City or Town Limits?
If no give judicial district . Street Address No 🗌 Mother's Mailing Address 7g. Is Residence on a Farm or Plantation Yes No _ 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) 17s. Type of Occupation Outside Home During Pregnancy 17b. Date Last Worke 18a. Signature of Parent or Other Informant 18b. Date of Signature ertify that the above stated Parent ormation is true and correct the best of my knowledge. Other 19a. Signature of Attendant 19Ь. Date of Signatur M.D. ereby certify that this child

born alive on the date and

Date Accepted by Local Reg. 21. Signature of Local Registrar

Evidence for Delayed Filing or Alteration

ar stated above.

D.O.

Midwife

Other

22. Date Accepted by Reg. Gener

CEKLIFICALE OF FIVE BIKIN Child's First Name (Type or print) Middle Name lc. Last Name This Birth If Twin or Triplet, Was Child Born Year 5b. Hour 5a. Birth Month Day Sex Date Single Twin _ Triplet 2nd 3rd Place of Birth: City, Town or Rural Location 6b. Island Name of Hospital or Institution (If not in hospital or institution, give street address) Is Place of Birth Inside City or Town Limits? If no, give judicial district Kapiolani Maternity & Gynecological Hospital Yes 🗌 No 🗌 Usual Residence of Mother: City, Town or Rural Location 7c. County and State or Foreign Country Is Residence Inside City or Town Limits? If no give judicial district
Yes No . Street Address Mother's Mailing Address 7g. Is Residence on a Farm or Plantation No [Yes 🗌 Full Name of Father 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 Worke ertify that the above stated 18a. Signature of Parent or Other Informant 18b. Date of Signature Parent [ormation is true and correct the best of my knowledge. Other 19a. Signature of Attendant 19b. Date of Signatus M.D. ereby certify that this child born alive on the date and D.O. ar stated above. Midwife Other Date Accepted by Local Reg. 21. Signature of Local Registrar, 22. Date Accepted by Reg. Gener

0

2017 Evidence for Delayed Filing or Alteration

CEKTIFICATE OF LIVE BIKIN FILE NUMBER 15 Child's First Name (Type or print) Last Name Middle Name If Twin or Triplet, Was Child Born 3. This Birth Sex Month Day Year 5b. Hour Birth Single Twin Triplet Date 2nd Place of Birth: City, Town or Rural Location 6b. Island Name of Hospital or Institution (If not in hospital or institution, give street address) Is Place of Birth Inside City or Town Limits? If no, give judicial district Kapiolani Maternity & Gynecological Hospital Yes No Usual Residence of Mother: City, Town or Rural Location 7b. Island 7c. County and State or Foreign Country Is Residence Inside City or Town Limits?
If no give judicial district . Street Address No 🗌 Mother's Mailing Address 7g. Is Residence on a Farm or Plantation No [Yes Full Name of Father 9. Race of Father Age of Father 11. Birthplace (Island, State or Foreign Country) 12a. Usual Occupation 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 Worke 18a. Signature of Parent or Other Informant **1 18**Ь. ertify that the above stated Date of Signature Parent [

Other

M.D.

D.O.

Other

Midwife

19b.

22. Date Accepted by Reg. Gener

Date of Signatus

ormation is true and correct the best of my knowledge.

ereby certify that this child

s born alive on the date and

ar stated above.

Signature of Attendant

Date Accepted by Local Reg. 21. Signature of Local Registrar

Evidence for Delayed Filing or Alteration

FILE NUMBER 151 Last Name Middle Name Child's First Name (Type or print) 5b. Hour If Twin or Triplet, Was Child Born Year 3. This Birth 5a. Birth Month Day Sex Date Single Twin Triplet 2nd 6b. Island Place of Birth: City, Town or Rural Location Is Place of Birth Inside City or Town Limits? Name of Hospital or Institution (If not in hospital or institution, give street address) If no, give judicial district Kapiolani Maternity & Gynecological Hospital Yes No No 7c. County and State or Foreign Country Usual Residence of Mother: City, Town or Rural Location 7b. Island Is Residence Inside City or Town Limits? Street Address If no give judicial district Yes 🗌 No 🔲 7g. Is Residence on a Farm or Plantation Mother's Mailing Address No 🗆 Yes 🗌 Race of Father Full Name of Father 11. Birthplace (Island, State or Foreign Country) 12a. Usual Occupation 12b. Kind of Business or Industry Age of Father 14. Race of Mother Full Maiden Name of Mother Age of Mother 16. Birthplace (Island, State or Foreign Country) 17a. Type of Occupation Outside Home During Pregnancy 17b. Date Last Worke 18b. Date of Signature Signature of Parent or Other Informant ertify that the above stated [18a. Parent ormation is true and correct Other the best of my knowledge. 19b. Date of Signatur 19a. Signature of Attendant M.D. ereby certify that this child D.O. , born alive on the date and Midwife ar stated above. Other

Date Accepted by Local-Reg.

Evidence for Delayed Filing or Alteration

Signature of Local Registrar

22. Date Accepted by Reg. Gener

CEKTIFICATE OF LIVE BIKIM

	FILE NUMBER 151						
Child's First Name (Type or print)	1b. Middle Name		lc. Last Name				
Sex 3. This Birth Single Twin Triplet	Was Child Born E	s. Mont irth late	h Day Year	5b. Hour			
Place of Birth: City, Town or Rural Location			6b. Island				
Name of Hospital or Institution (If not in hosp Kapiolani Maternity & Gyne		al If a	Place of Birth Inside City one, give judicial district	r Town Limits?			
Usual Residence of Mother: City, Town or Rura	Location 7b. Isla			te or Foreign Country			
Street Address	Residence Inside City or To no give judicial district						
Mother's Mailing Address				n a Farm or Plantatio			
Full Name of Father			9. Race of Father				
Age of Father 11. Birthplace (Island, State or I	Foreign Country) 12s. Usual Occ	pation	12b. Kind of Busi	ness or Industry			
Full Maiden Name of Mother		energi e in energi e e e e e e e e e e e e e e e e e e e	14. Race of Mothe	èr			
Age of Mother 16. Birthplace (Island, State or	Foreign Country) 17a. Type of (Occupation Outside	Home During Pregnancy	17b. Date Last Work			
rtify that the above stated 18a. Signature of rmation is true and correct he best of my knowledge.	Parent or Other Informant		Parent [] Other [18b. Date of Signatu			
reby certify that this child born alive on the date and a stated above.	Attendant			19b. Date of Signatu			
Date Accepted by Local Reg. 21. Signature of ALIC - 0. 0017	local Registrar		22. Date	Accepted by Reg. Gene			

AUG - 0 2017

Evidence for Delayed Filing or Alteration

CEKTIFICATE OF LIVE BIKIM NUMBER 151 Child's First Name (Type or print) Middle Name Last Name If Twin or Triplet, Was Child Born Sex This Birth 5s. Birth Month Day Year 5b. Hour Single Twin Triplet 2nd Date 3rd Place of Birth: City, Town or Rural Location 6b. Island Name of Hospital or Institution (If not in hospital or institution, give street address) Is Place of Birth Inside City or Town Limits? Kapiolani Maternity & Gynecological Hospital If no, give judicial district Yes No Usual Residence of Mother: City, Town or Rural Location 7b. Island County and State or Foreign Country Is Residence Inside City or Town Limits?
If no give judicial district . Street Address Yes No Mother's Mailing Address 7g. Is Residence on a Farm or Plantation Yes No Full Name of Father 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 Worke Signature of Parent or Other Informant 18Ь. ertify that the above stated Date of Signature Parent [ormation is true and correct the best of my knowledge. Other 19a. Signature of Attendant 19Ь. Date of Signatus M.D. ereby certify that this child D.O. s born alive on the date and

ar stated above.

Date Accepted by Local Reg. 21. Signature of Local Registrar

Evidence for Delayed Filing or Alteration

Midwife

Other _

22. Date Accepted by Reg. Gener

FILE NUMBER 151 Last Name Middle Name Child's First Name (Type or print) If Twin or Triplet, Was Child Born Day This Birth 5s. Birth Month Year 5b. Hour Sex Date Single Twin Triplet 2nd Place of Birth: City, Town or Rural Location 6b. Island Name of Hospital or Institution (If not in hospital or institution, give street address) Is Place of Birth Inside City or Town Limits? If no, give judicial district Kapiolani Maternity & Gynecological Hospital Yes No 🗆 Usual Residence of Mother: City, Town or Rural Location 7b. Island 7c. County and State or Foreign Country Is Residence Inside City or Town Limits?
If no give judicial district . Street Address Yes No 7g. Is Residence on a Farm or Plantation Mother's Mailing Address No _ Yes 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) 17s. Type of Occupation Outside Home During Pregnancy 17b. Date Last Worke 18Ь. 18a. Signature of Parent or Other Informant Date of Signature ertify that the above stated Parent ormation is true and correct the best of my knowledge. Other 19a. Signature of Attendant 19b. Date of Signatus M.D. ereby certify that this child D.O. s born alive on the date and Midwife ar stated above. Other

22. Date Accepted by Reg. Gener

Date Accepted by Local Reg. 21. Signature of Local Registrar

AUG - 0 2011 Evidence for Delayed Filing or Alteration

CEKTIFICATE OF LIVE BIKIN

CEKLIFICATE OF LIVE BIKIN FILE NUMBER 151 Last Name Middle Name Child's First Name (Type or print) If Twin or Triplet, Was Child Born 5b. Hour This Birth Year Sex Month Day Birth Date 2nd Single Twin Triplet Place of Birth: City, Town or Rural Location Island Name of Hospital or Institution (If not in hospital or institution, give street address) Is Place of Birth Inside City or Town Limits? If no, give judicial district Kapiolani Maternity & Gynecological Hospital Yes No No Usual Residence of Mother: City, Town or Rural Location 7c. County and State or Foreign Country Is Residence Inside City or Town Limits? Street Address If no give judicial district Yes No 7g. Is Residence on a Farm or Plantation Mother's Mailing Address No [Yes _ Full Name of Father 9. Race 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 Worke Signature of Parent or Other Informant 18b. Date of Signature ertify that the above stated Parent ormation is true and correct Other the best of my knowledge. Signature of Attendant 19Ь. Date of Signatus M.D. ereby certify that this child D.O. s born alive on the date and Midwife ar stated above. Other Date Accepted by Local Reg. 21. Signature of Local Registrar 22. Date Accepted by Reg. Gener

Ð

Evidence for Delayed Filing or Alteration

CEKLIFICATE OF LIVE BIKIN Last Name Child's First Name (Type or print) Middle Name If Twin or Triplet, Was Child Born This Birth Month Day Year 5h. Hour 5a. Birth Single Twin Date Triplet 2nd 3rd Place of Birth: City, Town or Rural Location 6b. Island Name of Hospital or Institution (If not in hospital or institution, give street address) Is Place of Birth Inside City or Town Limits? If no, give judicial district Kapiolani Maternity & Gynecological Hospital Yes No Usual Residence of Mother: City, Town or Rural Location 7b. Island County and State or Foreign Country Is Residence Inside City or Town Limits?
If no give judicial district . Street Address Yes No 7g. Is Residence on a Farm or Plantation Mother's Mailing Address Yes No __ Full Name of Father 9. Race of Father Age of Father 11. Birthplace (Island, State or Foreign Country) 12a. Usual Occupation 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 Worke ertify that the above stated 18a. Signature of Parent or Other Informant 18b. Date of Signature Parent ormation is true and correct the best of my knowledge. Other 19a. Signature of Attendant 19Ь. Date of Signatus M.D. ereby certify that this child born alive on the date and ar stated above. D.O. Midwife Other Date Accepted by Local files. Signature of Local Regists 22. Date Accepted by Reg. Gener

. Evidence for Delayed Filing or Alteration

Middle Name lc. Last Name Child's First Name (Type or print) 3. This Birth Year 5b. Hour Sex If Twin or Triplet, Month Day Was Child Born Birth Date Single Twin Triplet__ 2nd 3rd Place of Birth: City, Town or Rural Location 6b. Island Name of Hospital or Institution (If not in hospital or institution, give street address) Is Place of Birth Inside City or Town Limits? If no, give judicial district Kapiolani Maternity & Gynecological Hospital Yes No No Usual Residence of Mother: City, Town or Rural Location 7b. Island 7c. County and State or Foreign Country Is Residence Inside City or Town Limits?
If no give judicial district Street Address Yes No 7g. Is Residence on a Farm or Plantation Mother's Mailing Address No 🗌 Yes 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 Worke ertify that the above stated 18a. Signature of Parent or Other Informant 18b. Date of Signature Parent ormation is true and correct the best of my knowledge. Other Signature of Attendant 19b. Date of Signatus M.D. ereby certify that this child D.O. s born alive on the date and Midwife ar stated above. Other Date Accepted by Loosh R 21. Signature of Local Registrar 22. Date Accepted by Reg. Gener

Evidence for Delayed Filing or Alteration

CEKTIFICATE OF LIVE BIKIN

CEKLIFICATE OF LIVE BIKIN FILE NUMBER 151 Last Name Middle Name Child's First Name (Type or print) 5a. Birth Day Sex 3. This Birth If Twin or Triplet, Month Year 5b. Hour Was Child Born Date Single Twin Triplet 2nd Place of Birth: City, Town or Rural Location 6b. Island Name of Hospital or Institution (If not in hospital or institution, give street address) Is Place of Birth Inside City or Town Limits? If no, give judicial district Kapiolani Maternity & Gynecological Hospital Yes No Usual Residence of Mother: City, Town or Rural Location 7c. County and State or Foreign Country Is Residence Inside City or Town Limits?
If no give judicial district , Street Address Yes No Mother's Mailing Address 7g. Is Residence on a Farm or Plantation No 🗆 Yes Full Name of Father 9. Race of Father 12b. Kind of Business or Industry 11. Birthplace (Island, State or Foreign Country) 12a. Usual Occupation 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 Worke Signature of Parent or Other Informant 18Ь. Date of Signature ertify that the above stated Parent [ormation is true and correct the best of my knowledge. Other

19ь.

22. Date Accepted by Reg. Gener

M.D.

D.O.

Other

Midwife

Date of Signatur

Signature of Attendant

Date Accepted by Local Reg. 21. Signature of Local Registrar

Evidence for Delayed Filing or Alteration

ereby certify that this child

s born alive on the date and

ar stated above.

CEKTIFICATE OF LIVE BIKIN FILE NUMBER 151 Middle Name Last Name Child's First Name (Type or print) 5a. Birth Day This Birth If Twin or Triplet, Month Year 5b. Hour Sex Was Child Born Date Single Twin Triplet 1st 2nd 3rd Place of Birth: City, Town or Rural Location 6b. Island Name of Hospital or Institution (If not in hospital or institution, give street address) Is Place of Birth Inside City or Town Limits? If no, give judicial district Kapiolani Maternity & Gynecological Hospital Yes No No Usual Residence of Mother: City, Town or Rural Location 7b. Island 7c. County and State or Foreign Country Is Residence Inside City or Town Limits?
If no give judicial district Street Address Yes No 7g. Is Residence on a Farm or Plantation Mother's Mailing Address Yes No 🗌 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 Worke ertify that the above stated 18a. Signature of Parent or Other Informant 18Ь. Date of Signature Parent [ormation is true and correct

Other

M.D.

D.O.

Other [

Midwife

19b. Date of Signatur

22. Date Accepted by Reg. Gener

Date ever

Evidence for Delayed Filing or Alteration

19a. Signature of Attendant

Date Accepted by Local Reg. 21. Signature of Local Registrar

the best of my knowledge.

ereby certify that this child

, born alive on the date and

ar stated above.

CEKTIFICATE OF LIVE BIKIN NUMBER 151 Child's First Name (Type or print) Middle Name Last Name If Twin or Triplet, Was Child Born This Birth 5a. Birth Month Day Year 5b. Hour Sex Single Twin Triplet Date 2nd 3rd Place of Birth: City, Town or Rural Location 6b. Island Name of Hospital or Institution (If not in hospital or institution, give street address) Is Place of Birth Inside City or Town Limits? If no, give judicial district Kapiolani Maternity & Gynecological Hospital Yes No Usual Residence of Mother: City, Town or Rural Location 7b. Island 7c. County and State or Foreign Country Is Residence Inside City or Town Limits?
If no give judicial district Street Address Yes No Mother's Mailing Address 7g. Is Residence on a Farm or Plantation Yes 🗌 No [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 Worke 18a. Signature of Parent or Other Informant 18b. Date of Signature ertify that the above stated Parent [ormation is true and correct the best of my knowledge. Other

19Ь.

22. Date Accepted by Reg. Gener

M.D.

D.O. Midwife

Other

Date of Signatur

19s.

ereby certify that this child

born alive on the date and

Date Accepted by Lotal Rdg.

Evidence for Delayed Filing or Alteration

ar stated above.

Signature of Attendant

21. Signature of Local Registrar

CFKIILICALE OF FIVE RIKIH FILE NUMBER 151 lc. Last Name Child's First Name (Type or print) Middle Name If Twin or Triplet, Was Child Born 3. This Birth Day Year 5b. Hour Sex 5s. Month Birth Date Single Twin Triplet 1st 2nd 3rd Place of Birth: City, Town or Rural Location 6b. Island Name of Hospital or Institution (If not in hospital or institution, give street address) Is Place of Birth Inside City or Town Limits? If no, give judicial district Kapiolani Maternity & Gynecological Hospital Yes No Usual Residence of Mother: City, Town or Rural Location 7c. County and State or Foreign Country Is Residence Inside City or Town Limits?
If no give judicial district . Street Address Yes No No 7g. Is Residence on a Farm or Plantation Mother's Mailing Address Yes 🗌 No 🗆 Full Name of Father 9. Race 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 Worke Signature of Parent or Other Informant 18Ь. Date of Signature ertify that the above stated Parent ormation is true and correct Other the best of my knowledge. 19a. Signature of Attendant 19ь. Date of Signatus M.D. ereby certify that this child D.O. s born alive on the date and Midwife ar stated above. Other Date Accepted by Local Reg. 21. Signature of Local Registrar 22. Date Accepted by Reg. Gener 2017

WISSIDM TOMES

Evidence for Delayed Filing or Alteration

FILE NUMBER 151 Last Name Child's First Name (Type or print) Middle Name If Twin or Triplet, Was Child Born This Birth Month Day Year 5b. Hour 5a. Birth Single Twin Triplet 2nd Date 3rd Place of Birth: City, Town or Rural Location 6b. Island Name of Hospital or Institution (If not in hospital or institution, give street address) Is Place of Birth Inside City or Town Limits? If no, give judicial district Kapiolani Maternity & Gynecological Hospital Yes No Usual Residence of Mother: City, Town or Rural Location 7b. Island 7c. County and State or Foreign Country Is Residence Inside City or Town Limits?
If no give judicial district . Street Address Yes No 🗌 7g. Is Residence on a Farm or Plantation Mother's Mailing Address No 🗌 Yes 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 Worke 18a. Signature of Parent or Other Informant 18b. Date of Signature ertify that the above stated Parent ormation is true and correct the best of my knowledge. Other 19a. Signature of Attendant 19Ь. Date of Signatur M.D. ereby certify that this child D.O. s born alive on the date and Midwife ar stated above.

Date Accepted by Localities

Evidence for Delayed Filing or Alteration

21. Signature of Local Registrar

Other L

22. Date Accepted by Reg. Gener

CEKI IFICATE OF LIVE BIKIN

CEKTIFICATE OF LIVE BIKIM Child's First Name (Type or print) Middle Name Last Name 3. This Birth 5a. Birth Sex If Twin or Triplet. Month Day Year 5b. Hour Was Child Born Date Single Twin Triplet lst 2nd 3rd Place of Birth: City, Town or Rural Location 6b. Island Name of Hospital or Institution (If not in hospital or institution, give street address) Is Place of Birth Inside City or Town Limits? If no, give judicial district Kapiolani Maternity & Gynecological Hospital Yes No Usual Residence of Mother: City, Town or Rural Location 7b. Island County and State or Foreign Country Is Residence Inside City or Town Limits?
If no give judicial district
Yes No Street Address Mother's Mailing Address 7g. Is Residence on a Farm or Plantation Yes 🗌 No 🗆 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 Worke Signature of Parent or Other Informant ertify that the above stated 18b. Date of Signature Parent

Other _

M.D.

Other _

D.O.

Midwife

19b.

22. Date Accepted by Reg. Gener

Date of Signatur

ormation is true and correct the best of my knowledge.

ereby certify that this child

s born alive on the date and

ar stated above.

19a. Signature of Attendant

Date Accepted by Local Reg. 21. Signature of Local Registrar

AUG - 1 2017 V

Evidence for Delayed Filing or Alteration

CEKTIFICATE OF LIVE BIKIN Child's First Name (Type or print) Middle Name Last Name If Twin or Triplet, Was Child Born Sex This Birth 5a. Birth Month Day Year 5b. Hour Single Twin Date Triplet 2nd 3rd Place of Birth: City, Town or Rural Location 6b. Island Name of Hospital or Institution (If not in hospital or institution, give street address) Is Place of Birth Inside City or Town Limits? If no, give judicial district Kapiolani Maternity & Gynecological Hospital Yes No Usual Residence of Mother: City, Town or Rural Location 7b. Island County and State or Foreign Country Is Residence Inside City or Town Limits?
If no give judicial district
Yes No Street Address Mother's Mailing Address 7g. Is Residence on a Farm or Plantation Yes No Full Name of Father 9. Race 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 Worke 18a. Signature of Parent or Other Informant 18Ь. ertify that the above stated Date of Signature Parent ormátion is true and correct the best of my knowledge. Other 19a. Signature of Attendant 19b. Date of Signatus M.D. ereby certify that this child D.O.

Midwife

Other

22. Date Accepted by Reg. Gener

s born alive on the date and

Date Accepted by Dollar eg.

Evidence for Delayed Filing or Alteration

Signature of Local Registrar

ar stated above.

Middle Name Last Name Child's First Name (Type or print) Sex This Birth If Twin or Triplet. Month Day Year 5b. Hour Was Child Born Birth Date Single Twin Triplet 2nd 3rd Place of Birth: City, Town or Rural Location 6b. Island Name of Hospital or Institution (If not in hospital or institution, give street address) Is Place of Birth Inside City or Town Limits? If no, give judicial district Kapiolani Maternity & Gynecological Hospital Yes No Usual Residence of Mother: City, Town or Rural Location 7b. Island 7c. County and State or Foreign Country Is Residence Inside City or Town Limits?
If no give judicial district Street Address No 🗍 Yes 7g. Is Residence on a Farm or Plantation Mother's Mailing Address No 🗌 Yes Full Name of Father 9. Race of Father Age of Father 11. Birthplace (Island, State or Foreign Country) 12a. Usual Occupation 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 Worke ertify that the above stated 18a. Signature of Parent or Other Informant 18b. Date of Signature Parent ormation is true and correct the best of my knowledge. Other 19a. Signature of Attendant 19ь. Date of Signatus M.D. ereby certify that this child D.O. s born alive on the date and Midwife ar stated above. Other

22. Date Accepted by Reg. Gener

Date Accepted by Local Feg.

Evidence for Delayed Filing or Alteration

21. Signature of Local

CEKLIFICATE OF LIVE BIKIN

FILE NUMBER Last Name Child's First Name (Type or print) Middle Name If Twin or Triplet, Was Child Born Sex 3. This Birth Day Year 5b. Hour 5a. Birth Month Single Twin Triplet Date 2nd 3rd Place of Birth: City, Town or Rural Location 6b. Island Name of Hospital or Institution (If not in hospital or institution, give street address) Is Place of Birth Inside City or Town Limits? If no, give judicial district Kapiolani Maternity & Gynecological Hospital Yes No Usual Residence of Mother: City, Town or Rural Location 7b. Island 7c. County and State or Foreign Country Is Residence Inside City or Town Limits? If no give judicial district Street Address Yes No Mother's Mailing Address 7g. Is Residence on a Farm or Plantation Yes No Full Name of Father 9. Race of Father Age of Father 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 Worke ertify that the above stated 18a. Signature of Parent or Other Informant 18b. Date of Signature Parent [ormation is true and correct the best of my knowledge. Other 19a. Signature of Attendant 19b. Date of Signatus M.D. ereby certify that this child s born alive on the date and D.O. Midwife ar stated above. Other _

22. Date Accepted by Reg. Gener

Date Accepted by Local Reg. 21. Signature of Local Registrar

Evidence for Delayed Filing or Alteration

CEKTIFICATE OF LIVE BIKIN

CEKI IFICATE OF LIVE BIKIM Child's First Name (Type or print) Middle Name Last Name If Twin or Triplet, Was Child Born This Birth Month Day Year 5b. Hour Sex 5s. Birth Single Twin Triplet 2nd 3rd Date Place of Birth: City, Town or Rural Location 6b. Island Name of Hospital or Institution (If not in hospital or institution, give street address) Is Place of Birth Inside City or Town Limits? If no, give judicial district Kapiolani Maternity & Gynecological Hospital Yes No No Usual Residence of Mother: City, Town or Rural Location 7b. Island County and State or Foreign Country Is Residence Inside City or Town Limits?
If no give judicial district
Yes No . Street Address Mother's Mailing Address 7g. Is Residence on a Farm or Plantation Yes No _ 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 Worke 18a. Signature of Parent or Other Informant ertify that the above stated 18Ь. Date of Signature Parent [ormation is true and correct the best of my knowledge. Other _

19b.

22. Date Accepted by Reg. Gener

M.D.

D.O.

Midwife Other Date of Signatur

19a. Signature of Attendant

Signature of Local Registrar

21.

ereby certify that this child born alive on the date and

Date Accepted by Local Reg.

Evidence for Delayed Filing or Alteration

ar stated above.

AIIG

FILE NUMBER 151 Last Name Middle Name Child's First Name (Type or print) Day This Birth If Twin or Triplet, 5a. Birth Month Year 5b. Hour Sex Was Child Born Single Twin Triplet Date lst 2nd 3rd Place of Birth: City, Town or Rural Location 6b. Island Name of Hospital or Institution (If not in hospital or institution, give street address) Is Place of Birth Inside City or Town Limits? If no, give judicial district Kapiolani Maternity & Gynecological Hospital Yes No Usual Residence of Mother: City, Town or Rural Location 7b. Island 7c. County and State or Foreign Country Is Residence Inside City or Town Limits?
If no give judicial district . Street Address Yes No 🗌 7g. Is Residence on a Farm or Plantation Mother's Mailing Address No 🗌 Yes __ 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 Worke 18a. Signature of Parent or Other Informant 18b. Date of Signature ertify that the above stated Parent [ormation is true and correct the best of my knowledge. Other 19a. Signature of Attendant 19Ь. Date of Signatur M.D. ereby certify that this child D.O. born alive on the date and Midwife ar stated above. Other

22. Date Accepted by Reg. Gener

Date Accepted by potal Reg.

Evidence for Delayed Filing or Alteration

21. Signature of Local Registrar

CEKTIFICATE OF LIVE BIKIN

CFKIILICALE OF TIME RIKIH FILE NUMBER 151 Child's First Name (Type or print) Middle Name lc. Last Name 3. This Birth If Twin or Triplet. 5b. Hour Sex Month Day Year Was Child Born Birth Single Twin Triplet 1st 2nd Date Place of Birth: City, Town or Rural Location 6b. Island Name of Hospital or Institution (If not in hospital or institution, give street address) Is Place of Birth Inside City or Town Limits? If no, give judicial district Kapiolani Maternity & Gynecological Hospital Yes No Usual Residence of Mother: City, Town or Rural Location 7b. Island 7c. County and State or Foreign Country Is Residence Inside City or Town Limits? If no give judicial district . Street Address Yes No Mother's Mailing Address 7g. Is Residence on a Farm or Plantation Yes 🗌 No _ Full Name of Father 9. Race of Father 12b. Kind of Business or Industry Age of Father 11. Birthplace (Island, State or Foreign Country) 12a. Usual Occupation 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 Worke Signature of Parent or Other Informant 18b. Date of Signature ertify that the above stated Parent _ ormation is true and correct the best of my knowledge. Other Signature of Attendant 19b. Date of Signatur M.D. ereby certify that this child D.O. s born alive on the date and

ar stated above.

AllG

Date Accepted by Local Bey.

. Evidence for Delayed Filing or Alteration

21. Signature of Lecal Registrar

Midwife

Other

22. Date Accepted by Reg. Gener

CEKTIFICATE OF LIVE BIKIM FILE NUMBER 15 Last Name Child's First Name (Type or print) Middle Name If Twin or Triplet, Was Child Born 3. This Birth Year 5b. Hour 5a. Birth Month Day Sex Single Twin Date Triplet 2nd 3rd Place of Birth: City, Town or Rural Location 6b. Island Name of Hospital or Institution (If not in hospital or institution, give street address) Is Place of Birth Inside City or Town Limits? If no, give judicial district Kapiolani Maternity & Gynecological Hospital Yes 🗍 No 🗆 Usual Residence of Mother: City, Town or Rural Location 7b. Island County and State or Foreign Country Is Residence Inside City or Town Limits?
If no give judicial district
Yes No Street Address Mother's Mailing Address 7g. Is Residence on a Farm or Plantation Yes No _ 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 Worke 18a. Signature of Parent or Other Informant 18Ь. ertify that the above stated Date of Signature Parent ormation is true and correct

Other

M.D.

D.O.

Other

Midwife

19b.

22. Date Accepted by Reg. Gener

Date of Signatus

the best of my knowledge.

ereby certify that this child

s born alive on the date and

Evidence for Delayed Filing or Alteration

ar stated above.

19a. Signature of Attendant

Date Accepted by Local Reg. 21. Signature of Local Registrar

FILE NUMBER 15 Child's First Name (Type or print) Middle Name Last Name If Twin or Triplet, Was Child Born 3. This Birth Month Day Year 5b. Hour Sex 5a. Birth Single Twin Triplet 2nd 3rd Date Place of Birth: City, Town or Rural Location 6b. Island Name of Hospital or Institution (If not in hospital or institution, give street address) Is Place of Birth Inside City or Town Limits? If no, give judicial district Kapiolani Maternity & Gynecological Hospital Yes No Usual Residence of Mother: City, Town or Rural Location 7b. Island County and State or Foreign Country Is Residence Inside City or Town Limits?
If no give judicial district . Street Address No 🗔 Mother's Mailing Address 7g. Is Residence on a Farm or Plantation Yes 🗌 No _ Full Name of Father 9. Race of Father Age of Father 11. Birthplace (Island, State or Foreign Country) 12a. Usual Occupation 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 Worke ertify that the above stated 18a. Signature of Parent or Other Informant 18b. Date of Signature Parent [ormation is true and correct the best of my knowledge. Other _ 19a. Signature of Attendant 19Ь. Date of Signatur M.D. ereby certify that this child s born alive on the date and D.O. ar stated above. Midwife Other

22. Date Accepted by Reg. Gener

CEKLIFICATE OF LIVE BIKIN

Date Accepted by Local Reg. 21. Signature of Local Registrar

Evidence for Delayed Filing or Alteration

CEKLIFICATE OF LIVE BIKIN FILE NUMBER 151 Last Name Middle Name Child's First Name (Type or print) Year 5b. Hour If Twin or Triplet, Was Child Born Day This Birth Month Sex Birth Date Single Twin 2nd Triplet 3rd 6b. Island Place of Birth: City, Town or Rural Location Is Place of Birth Inside City or Town Limits? Name of Hospital or Institution (If not in hospital or institution, give street address) If no, give judicial district Kapiolani Maternity & Gynecological Hospital Yes 🔲 No 🔲 7c. County and State or Foreign Country 7b. Island Usual Residence of Mother: City, Town or Rural Location Is Residence Inside City or Town Limits?
If no give judicial district Street Address Yes No 7g. Is Residence on a Farm or Plantation Mother's Mailing Address No 🗀 Yes 🗌 9. Race of Father Full Name of Father Kind of Business or Industry Birthplace (Island, State or Foreign Country) 12a. Usual Occupation Age of Father 14. Race of Mother Full Maiden Name of Mother Age of Mother 16. Birthplace (Island, State or Foreign Country) 17a. Type of Occupation Outside Home During Pregnancy 17b. Date Last Worke 18a. Signature of Parent or Other Informant 18b. Date of Signature Parent [ertify that the above stated ormation is true and correct Other the best of my knowledge. 19b. Date of Signatur 19a. Signature of Attendant M.D. ereby certify that this child D.O. born alive on the date and Midwife ar stated above. Other Signature of Local Registrar 22. Date Accepted by Reg. Gener

Evidence for Delayed Filing or Alteration

CEKLIFICATE OF LIVE BIKIN Child's First Name (Type or print) Middle Name Last Name If Twin or Triplet, Was Child Born This Birth Month Day Year 5b. Hour Sex 5a. Birth Single Twin Date Triplet 2nd 3rd Place of Birth: City, Town or Rural Location 6b. Island Name of Hospital or Institution (If not in hospital or institution, give street address) Is Place of Birth Inside City or Town Limits? If no, give judicial district Kapiolani Maternity & Gynecological Hospital Yes No [Usual Residence of Mother: City, Town or Rural Location 7b. Island 7c. County and State or Foreign Country Street Address Mother's Mailing Address 7g. Is Residence on a Farm or Plantation Yes 🗌 No _ 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 Worke ertify that the above stated [18a. Signature of Parent or Other Informant 18b. Date of Signature Parent ormation is true and correct the best of my knowledge. Other 19a. Signature of Attendant 19Ь. Date of Signatur M.D. ereby certify that this child born alive on the date and D.O. ar stated above. Midwife Other Date Accepted by Local Reg. 21. Signature of Local Registrar 22. Date Accepted by Reg. Gener

. Evidence for Delayed Filing or Alteration

FILE NUMBER 151 Last Name Middle Name Child's First Name (Type or print) 5b. Hour Day Year If Twin or Triplet, Was Child Born Month This Birth Sex Birth Date 2nd Single Twin 181 Triplet 6b. Island Place of Birth: City, Town or Rural Location Is Place of Birth Inside City or Town Limits? Name of Hospital or Institution (If not in hospital or institution, give street address) If no, give judicial district Kapiolani Maternity & Gynecological Hospital Yes 🔲 No 🔲 7c. County and State or Foreign Country Usual Residence of Mother: City, Town or Rural Location 7b. Island Is Residence Inside City or Town Limits? Street Address If no give judicial district Yes 🗌 No 🔲 7g. Is Residence on a Farm or Plantation Mother's Mailing Address Yes 🗌 No L Race of Father Full Name of Father 12b. Kind of Business or Industry 11. Birthplace (Island, State or Foreign Country) 12a. Usual Occupation Age of Father 14. Race of Mother Full Maiden Name of Mother Age of Mother 16. Birthplace (Island, State or Foreign Country) 17a. Type of Occupation Outside Home During Pregnancy 17b. Date Last Worke Date of Signature 18a. Signature of Parent or Other Informant 18Ь. Parent ertify that the above stated ormation is true and correct Other the best of my knowledge. 19Ь. Date of Signatur 19a. Signature of Attendant M.D. ereby certify that this child D.O. , born alive on the date and Midwife ar stated above. Other 22. Date Accepted by Reg. Gener Date Accepted by Local Reg. 21. Signature of Local Registrar

AUG −2 2017 V

CERTIFICATE OF LIVE BIKIM

CEKTIFICATE OF LIVE BIKIN Child's First Name (Type or print) Last Name Middle Name If Twin or Triplet, Was Child Born Year Sex 3. This Birth 5a. Birth Month Day 5b. Hour Single Twin Triplet 2nd 3rd Date Place of Birth: City, Town or Rural Location 6b. Island Name of Hospital or Institution (If not in hospital or institution, give street address) Is Place of Birth Inside City or Town Limits? If no, give judicial district Kapiolani Maternity & Gynecological Hospital Yes No Usual Residence of Mother: City, Town or Rural Location 7b. Island County and State or Foreign Country Is Residence Inside City or Town Limits?
If no give judicial district . Street Address Yes No 🗌 Mother's Mailing Address 7g. Is Residence on a Farm or Plantation Yes No _ 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 Worke

18b.

19Ь.

22. Date Accepted by Reg. Gener

Parent

Other

D.O.

Other

Midwife

M.D.

Date of Signature

Date of Signatur

18a. Signature of Parent or Other Informant

Signature of Attendant

Signature of Local Registrar

ertify that the above stated

ormation is true and correct the best of my knowledge.

ereby certify that this child

s born alive on the date and

Date A topped by Local Beg

21.

Evidence for Delayed Filing or Alteration

ar stated above.

JATE OF DATIAN

CEKTIFICATE OF LIVE BIKIM

FILE NUMBER 151

		NUMBER 10		
Child's First Name (Type or print)	1b. Middle Name		le. Last Name	
Sex 3. This Birth Single Twin To	4. If Twin or Triplet, Was Child Born Birth Date	Month	Day Year	5b. Hour
Place of Birth: City, Town or Rural Lo			ib. Island	- gair Patrin, a deest Krigatij is de r t
	n hospital or institution, give street address) Gynecological Hospital		Birth Inside City or T judicial district	own Limits?
Usual Residence of Mother: City, Town o	r Rural Location 7b. Island		c. County and State of	or Foreign Country
Street Address			Inside City or Town judicial district	Limits?
Mother's Mailing Address			g. Is Residence on a	Farm or Plantati
Full Name of Father			P. Race of Father	
Age of Father 11. Birthplace (Island, S	ate or Foreign Country) 12a. Usual Occupation		2b. Kind of Busines	s or Industry
Full Maiden Name of Mother			14. Race of Mother	
Age of Mother 16. Birthplace (Island,	itate or Foreign Country) 17a. Type of Occupati	on Outside Home D	ouring Pregnancy 17b	. Date Last Work
ertify that the above stated ormation is true and correct the best of my knowledge.	re of Parent or Other Informant	essenine les recordin de récessa a mais injusticament à cità de la com-	Parent 18b.	. Date of Signatu
ereby certify that this child born alive on the date and ir stated above.	are of Attendant		M.D. 19b D.O. 1 Midwife Other	. Date of Signat
Date Accorded by Local Reg. 21. Signature 2 2017	re of Local Registrar		22. Date Acc	epted by Reg. Gene
Evidence for Delayed Filing or Alteration	n.			