

STATE OF HAWAII

## CERTIFICATE OF LIVE BIRTH

DEPARTMENT OF HEALTH

FILE  
NUMBER 151

61 10641

1a. Child's First Name (Type or print)		1b. Middle Name		1c. Last Name	
BARACK		HUSSEIN		OBAMA, II	
2. Sex	3. This Birth	4. If Twin or Triplet, Was Child Born	5a. Birth Date	Month	Day Year
Male	Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	August	4	1961
6a. Place of Birth: City, Town or Rural Location				5b. Hour /	
Honolulu				7:24 P.M.	
6b. Island				6c. Name of Hospital or Institution (If not in hospital or institution, give street address)	
Oahu				Kapiolani Maternity & Gynecological Hospital	
6d. Is Place of Birth Inside City or Town Limits? If no, give judicial district				7c. County and State or Foreign Country	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				Honolulu, Hawaii	
7a. Usual Residence of Mother: City, Town or Rural Location		7b. Island		7e. Is Residence Inside City or Town Limits? If no, give judicial district	
Honolulu		Oahu		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
7d. Street Address		7f. Mother's Mailing Address		7g. Is Residence on a Farm or Plantation?	
6085 Kalaniana'ole Highway				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
8. Full Name of Father		9. Race of Father		12b. Kind of Business or Industry	
BARACK HUSSEIN OBAMA		African		University	
10. Age of Father	11. Birthplace (Island, State or Foreign Country)	12a. Usual Occupation		14. Race of Mother	
25	Kenya, East Africa	Student		Caucasian	
13. Full Maiden Name of Mother		17a. Type of Occupation Outside Home During Pregnancy		17b. Date Last Worked	
STANLEY ANN DUNHAM		None			
15. Age of Mother		16. Birthplace (Island, State or Foreign Country)		18b. Date of Signature	
18		Wichita, Kansas		8-7-61	
I certify that the above stated information is true and correct to the best of my knowledge.		18a. Signature of Parent or Other Informant		19b. Date of Signature	
		Ann Dunham Obama		8-8-61	
I hereby certify that this child was born alive on the date and hour stated above.		19a. Signature of Attendant		20. Date Accepted by Local Reg.	
		David A. Amala		AUG - 8 1961	
20. Date Accepted by Local Reg.		21. Signature of Local Registrar		22. Date Accepted by Reg. General	
AUG - 8 1961		U. Lee		AUG - 8 1961	
23. Evidence for Delayed Filing or Alteration					

I CERTIFY THIS IS A TRUE COPY OR  
ABSTRACT OF THE RECORD ON FILE IN  
THE HAWAII STATE DEPARTMENT OF HEALTH

APR 25, 2011

Alvin T. Onaka, Ph.D.  
STATE REGISTRAR