STATE OF HAWAII

CERTIFICATE OF LIVE BIRTH

FILE NUMBER 151

DEPARTMENT OF HEALTH
61 10641

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

APR 25 2011

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

Alvin T. Onaka, Ph.D.
STATE REGISTRAR