STATE OF HAWAII

CERTIFICATE OF LIVE BIRTH

DEPARTMENT OF HEALTH
61 10641

FILE NUMBER 151

1a. Child's First Name (Type or print)	1b. Middle Name	1c. Last Name
BARACK	HUSSEIN	OBAMA, II

2. Sex	3. This Birth	4. If Twin or Triplet, Was Child Born	5a. Birth Date	Month	Day	Year	5b. Hour
Male	Single [X] Twin [ ] Triplet [ ]	1st [ ] 2nd [ ] 3rd [ ]		August	4,	1961	7:24 P.M.

6a. Place of Birth: City, Town or Rural Location	6b. Island
Honolulu	Oahu

6c. Name of Hospital or Institution (If not in hospital or institution, give street address)	6d. Is Place of Birth Inside City or Town Limits? If no, give judicial district
Kapiolani Maternity & Gynecological Hospital	Yes [X] No [ ]

7a. Usual Residence of Mother: City, Town or Rural Location	7b. Island	7c. County and State or Foreign Country
Honolulu	Oahu	Honolulu, Hawaii

7d. Street Address	7e. Is Residence Inside City or Town Limits? If no, give judicial district	7f. Mother's Mailing Address	7g. Is Residence on a Farm or Plantation?
6085 Kalanianaole Highway	Yes [X] No [ ]		Yes [ ] No [X]

8. Full Name of Father			9. Race of Father
BARACK	HUSSEIN	OBAMA	African

10. Age of Father	11. Birthplace (Island, State or Foreign Country)	12a. Usual Occupation	12b. Kind of Business or Industry
25	Kenya, East Africa	Student	University

13. Full Maiden Name of Mother			14. Race of Mother
STANLEY	ANN	DUNHAM	Caucasian

15. Age of Mother	16. Birthplace (Island, State or Foreign Country)	17a. Type of Occupation Outside Home During Pregnancy	17b. Date Last Worked
18	Wichita, Kansas	None	

I certify that the above stated information is true and correct to the best of my knowledge.	18a. Signature of Parent or Other Informant		18b. Date of Signature
	(Stanley) Ann Dunham Obama	Parent [X] Other [ ]	8-7-61
I hereby certify that this child was born alive on the date and hour stated above.	19a. Signature of Attendant	M.D. [X] D.O. [ ] Midwife [ ] Other [ ]	19b. Date of Signature
	David A Sinclair		8-8-61

20. Date Accepted by Local Reg.	21. Signature of Local Registrar	22. Date Accepted by Reg. General
AUG - 8 1961	Ulehee	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