

STATE OF HAWAII

CERTIFICATE OF LIVE BIRTH

DEPARTMENT OF HEALTH

FILE NUMBER 151

61 1064

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

2. Sex Male 3. This Birth Single Twin Triplet 4. If Twin or Triplet, Was Child Born 1st 2nd 3rd 5a. Birth Date August 4 1961 5b. Hour 7:24 P. 6b. Island Oahu

Place of Birth: City, Town or Rural Location Honolulu

6d. Is Place of Birth Inside City or Town Limits? If no, give judicial district Yes No 7c. County and State or Foreign Country Honolulu, Hawaii

6. Usual Residence of Mother: City, Town or Rural Location Honolulu 7b. Island Oahu 7e. Is Residence Inside City or Town Limits? If no, give judicial district Yes No 7f. Is Residence on a Farm or Plantation? Yes No

7d. Street Address 6085 Kalaniana'ole Highway 7f. Mother's Mailing Address

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) enya, East Africa 12a. Usual Occupation Student 12b. Kind of Business or Industry University

13. Full Maiden Name of Mother TANLEY 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 *Ann Obama* 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 19b. Date of Signature 8-7-61

20. Date Accepted by Local Reg. AUG - 8 1961 21. Signature of Local Registrar 22. Date of Filing AUG - 8 61

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