

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

ame o ospit or institution not in ospit or institution, give street ress) 6d. Is Place of Birth Inside City or Town limits? Kapiolani Maternity & Gynecological Hospital Yes ☒ No ☐ If n give judicial district

2. 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 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) Kenya, 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

5. Age of Mother 18 16. Birthplace (Island, State or Foreign Country) Kansas 17a. Type of Occupation Outside Home During Pregnancy e 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 Dunham Obama* Parent 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 *Ann Dunham Obama* M.D. 19b. Date of Signature 8-8-61

20. Date Accepted by Local Reg. 21. Signature of Local Registrar 22. Accepted by Reg. General 19 1

23. Evidence for Delayed Filing or Alteration