

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 <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		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 <input checked="" type="checkbox"/> No <input type="checkbox"/>		
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		
6085 Kalaniana'ole Highway						Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
7f. Mother's Mailing Address						7g. Is Residence on a Farm or Plantation?		
						Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
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		
		<input checked="" type="checkbox"/> Parent <input checked="" type="checkbox"/> Other <i>Ann Dunham Obama</i>				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		
		<input checked="" type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> Midwife <input type="checkbox"/> Other <i>David A. Amala</i>				8-8-61		
20. Date Accepted by Local Reg.		21. Signature of Local Registrar				22. Date Accepted by Reg. General		
AUG - 8 1961		<i>Ull Lee</i>				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