	ST	ATE OF HAWAII	CERTIFICAT	TE OF LIVE	BIRTH FILE NUMBER 15	DEPARTMENT 61. 1	0641
	Ia.	Child's First Name (Type or print)	lb. Mi	ddle Name	patternative	le. Last Name	
		BARACK	JSSEIN	SEIN		OBAMA, II	
	2.		4. If Twin or T Was Child E riplet 1st 2nd		Month August	Day Year 4, 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 Kapiolani Maternity & Gynecological Hospital Yes 🖾 No						judicial district	
i	72.	Usual Residence of Mother: City, Town of	r Rural Location	7b. Island	The second section is a second	7c. County and State or	STREET, by of Principles of all resident
1		Honolulu	Oahu		Honolulu, Hawaii		
	7d. Street Address 6085 Kalanianaole Highway				7e. Is Residence Inside City or Town Limits? If no, give judicial district Yes A No		
	76.	Mother's Mailing Address				7g. Is Residence on a	Farm or Plantation?
1	8.	AND RESIDENCE OF THE PARTY OF T				9. Race of Father	
		Management of Street Landson L	HUSSEIN	OBAM	STATE OF THE PERSON AS A REAL PROPERTY.	African	The Contract of the Contract o
	10.	25 Kenya, East A	enya, East Africa Y Student			12b. Kind of Business or Industry University	
i	13.	Carbon to the control of the control			AND DESCRIPTION OF THE PERSON NAMED IN COLUMN	14. Race of Mother	
				DUNHAM	and the second of the second o	Caucasian	
	15.	Age of Mother 16. Birthplace (Island, State or Foreign Country) 17a. Type of Occupation Outside Home 18 Wichita, Aangas None				During Pregnancy 17b.	Date Last Worked
	info	rtify that the above stated rmation is true and correct he best of my knowledge.	ure of Parein or Other In	formant	Oban	L'arent	Date of Signature
	hour	reby certify that this child born alive on the date and r stated above.	1 Smile	Smilar		SG/	
	20.	Date Accepted by Local Reg. 21. Signature AUG -8 1961	re of Local Registrar			22. Date Accep	S 1961
10	23.	Evidence for Delayed Filing or Alterati	on the state of th				

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