

CERTIFICATE OF LIVE BIRTH

DEPARTMENT OF HEALTH

FILE
NUMBER

1a. Child's First Name (Type or print) Barack II		1b. Middle Name Hussein		1c. Last Name Obama	
2. Sex M	3. This Birth Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	4. If Twin or Triplet, Was Child Born 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	5a. Birth Date Aug. 04 1961	5b. Month	5c. Day
6a. Place of Birth, City, Town or Rural Location Honolulu 1			6b. Island Oahu		
6c. Name of Hospital or Institution (If not in hospital or institution, give street address) Unknown -- Kenya, Africa			6d. Is Place of Birth Inside City or Town Limits? If no, give judicial district Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
7a. Usual Residence of Mother: City, Town or Rural Location Honolulu		7b. Island Oahu		7c. County and State or Foreign Country U. S. A.	
7d. Street Address 6085 Kalaniana'ole Hwy.			7e. Is Residence Inside City or Town Limits? If no, give judicial district Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
7f. Mother's Mailing Address Same			7g. Is Residence on a Farm or Plantation? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
8. Full Name of Father Barack Hussein Obama Sr.			9. Race of Father Negro - African		
10. Age of Father 25	11. Birthplace (State or Foreign Country) Kenya, Africa	12a. Usual Occupation Student		12b. Kind of Business or Industry Student	
13. Full Maiden Name of Mother Stanley Ann Dunham			14. Race of Mother Caucasian		
15. Age of Mother 18	16. Birthplace (State or Foreign Country) Wichita, Kansas	17a. Type of Occupation Outside Home During Pregnancy Student		17b. Place of Work N/A	
I certify that the above stated information is true and correct to the best of my knowledge.		18a. Signature of Parent or Other Informant <i>Madelyn Payne Dunham</i>		Parent <input type="checkbox"/>	18b. Date of Signature 8/5/61
I hereby certify that this child was born alive on the date and hour stated above.		19a. Signature of Midwife <i>Morton Blaine Emerson</i>		Other <input checked="" type="checkbox"/>	19b. Date of Signature 8/8/61
20. Date Accepted by Local Reg. Aug. 8, 1961		21. Signature of Registrar <i>William H. ...</i>		M.D. <input type="checkbox"/>	22. Date Accepted by Reg. General
23. Evidence for Delayed Filing or Abatement 1. Birthplace: Kenya, Registered Honolulu. HRS 338-17.8 per Grandmother					