



**KEN BENNETT**  
SECRETARY OF STATE  
STATE OF ARIZONA



March 30, 2012

Hawaii Department of Health  
Office of Health Status Monitoring  
Vital Records issuance Section  
P.O. Box 3378  
Honolulu, HI 96801

Ladies and gentlemen:

Enclosed please find a request for a verification in lieu of a certified copy for the birth record of Barack Hussein Obama II. In addition to the items to be verified in the attached form, please verify the following items from the record of birth:

Department of Health File #151 61 10641  
Time of birth: 7:24 p.m.  
Name of hospital: Kapiolani Maternity and Gynecological Hospital  
Age of father: 25  
Birthplace of Father: Kenya, East Africa  
Age of mother: 18  
Birthplace of mother: Wichita, Kansas  
Date of signature of parent: 8-7-1961  
Date of signature of attendant: 8-8-1961  
Date accepted by local registrar: August-8 1961

Additionally, please verify that the attached copy of the Certificate of Live Birth for Mr. Obama is a true and accurate representation of the original record in your files.

Thank you for your assistance in this matter.

Sincerely,

Ken Bennett  
Arizona Secretary of State

1700 W. Washington Street, 7th Floor  
Phoenix, Arizona 85007-2888  
Telephone (602) 542-4285 Fax (602) 542-1575  
[www.azsos.gov](http://www.azsos.gov)

STATE OF HAWAII, DEPARTMENT OF HEALTH  
OFFICE OF HEALTH STATUS MONITORING

REQUEST FOR CERTIFIED COPY OF **BIRTH** RECORD

<u>1</u>	FIRST CERTIFIED COPY <i>Verification in Lieu of CC</i>	= \$	<del>10.00</del> <u>5.00</u>
<u>0</u>	ADDITIONAL COPIES AT \$4.00 EACH	= \$	0.00
<u>0</u>	OTHER: _____	= \$	0.00
<u>1</u>	TOTAL COPIES		\$ <del>10.00</del> <u>5.00</u>
<b>TOTAL AMOUNT DUE</b>			

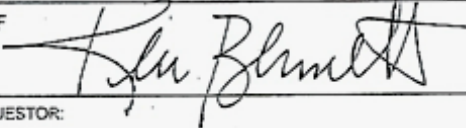
NAME ON CERTIFICATE:	FIRST BARACK	MIDDLE HUSSEIN	LAST OBAMA, II	MALE/FEMALE <input checked="" type="checkbox"/> M <input type="checkbox"/> F
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DATE OF BIRTH:	MONTH AUGUST	DAY 4	YEAR 1961	PLACE OF BIRTH:	CITY OR TOWN HONOLULU	ISLAND OAHU
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FATHER'S NAME:	FIRST BARACK	MIDDLE HUSSEIN	LAST OBAMA
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MOTHER'S NAME:	FIRST STANLEY	MIDDLE ANN	MAIDEN NAME DUNHAM
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RELATIONSHIP OF REQUESTOR TO PERSON NAMED ON CERTIFICATE	GOVERNMENT OFFICIAL	REASON FOR THIS REQUEST	OFFICIAL GOVERNMENT LIST
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SIGNATURE OF REQUESTOR:		TELEPHONE NUMBERS
PRINT NAME OF REQUESTOR:	KEN BENNETT, SECRETARY OF STATE	RES:
		BUS: 602-542-0681

ADDRESS OF REQUESTOR:	NO. AND STREET OR P.O. BOX
	1700 W. WASHINGTON ST., 7TH FLOOR

CITY	STATE	ZIP
PHOENIX	AZ	85007

IF MAILING TO A LOCATION OTHER THAN ABOVE, PLEASE FILL THIS SECTION. IF THE INFORMATION GIVEN IS INCORRECT, THE CERTIFICATE WILL FAIL TO REACH THE DESTINATION.	NAME OF PERSON TO RECEIVE CERTIFICATE
	AGENCY OR ORGANIZATION
	NUMBER AND STREET OR P.O. BOX
	CITY STATE ZIP

<b>FOR OFFICE USE ONLY</b>	
<input type="checkbox"/> HBC	
<input type="checkbox"/> DBC	
<input type="checkbox"/> UNREC. BC	
<input type="checkbox"/> NR FILE	
<input type="checkbox"/> PENDING:	

INDEX SEARCHED	VOLUMES SEARCHED	DATE COPY PREPARED
FROM TO	FROM TO	
YEAR	VOLUME	CERTIFICATE
		RECEIPT NUMBER

\* Be sure to sign the "Signature of Requestor" Box before submitting this form.

STATE OF HAWAII

## CERTIFICATE OF LIVE BIRTH

DEPARTMENT OF HEALTH

FILE  
NUMBER 151

61 10641

1a. Child's First Name (Type or print) BARACK		1b. Middle Name HUSSEIN		1c. Last Name OBAMA, II	
2. Sex Male	3. This Birth <input checked="" type="checkbox"/> Single <input 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 Month: August Day: 4, Year: 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			6d. Is Place of Birth inside City or Town Limits? If no, give judicial district Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
7a. 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			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				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			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 STANLEY 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	
18a. Signature of Parent or Other Informant <i>Ann Dunham Obama</i>		Parent <input checked="" type="checkbox"/>		18b. Date of Signature 8-7-61	
19a. Signature of Attendant <i>David A. Smiley</i>		Other <input type="checkbox"/>		19b. Date of Signature 8-8-61	
20. Date Accepted by Local Reg. AUG - 8 1961		21. Signature of Local Registrar <i>W. Lee</i>		22. Date Accepted by Reg. General 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

Department of Health  
1250 Punchbowl Street  
Honolulu, Hawaii 96813



Office of Health Status Monitoring  
P.O. Box 3378  
Honolulu, Hawaii 96801

STATE OF HAWAII

VERIFICATION OF BIRTH

Recipient of Verification: Ken Bennett, Arizona Secretary of State

Pursuant to Hawaii Revised Statutes §338-14.3, I verify the following:

1. A birth certificate is on file with the Department of Health indicating that Barack Hussein Obama, II was born in Honolulu, Hawaii
2. Name of Person: Barack Hussein Obama, II
3. Department of Health File #: 151 61 10641
4. Time of Birth: 7:24 p.m.
5. Name of Hospital: Kapiolani Maternity & Gynecological Hospital
6. Age of Father: 25
7. Birthplace of Father: Kenya, East Africa
8. Age of Mother: 18
9. Birthplace of Mother: Wichita, Kansas
10. Date of Signature of Parent: 8-7-61
11. Date of Signature of Attendant: 8-8-61
12. Date Accepted by Local Registrar: Aug-8 1961

Additionally, I verify that the information in the copy of the Certificate of Live Birth for Mr. Obama that you attached with your request matches the original record in our files.

I certify that the information contained in the vital record on file with the Department of Health was used to verify the facts of the vital event.

*Alvin T. Onaka, Ph.D. gic*

Alvin T. Onaka, Ph.D.  
State Registrar

Date Issued: May 22, 2012

RECEIVED  
SECRETARY OF STATE  
2012 MAY 25 AM 11:22