

COLB's Have the Same Certificate Number as Original BC's

I received these scans from somebody who had both their COLB and a photocopy of their long-form BC. The only difference is the 69 on the long-form (before Y2K was an issue) was converted to 1969 for the Y2K-compliant computer-generated COLB.

STATE OF HAWAII DEPARTMENT OF HEALTH RESEARCH AND STATISTICS OFFICE				CERTIFICATE OF LIVE BIRTH				FILE NUMBER 151		69 009351	
1. CHILD'S FIRST NAME [REDACTED]			MIDDLE NAME [REDACTED]		LAST NAME [REDACTED]		2a. DATE OF BIRTH (MONTH, DAY, YEAR) August 7 1969		2b. HOUR 3:13 A M.		
3. SEX Female		4a. THIS BIRTH—SINGLE, TWIN, TRIPLET, ETC. (SPECIFY) single		4b. IF NOT SINGLE BIRTH—BORN FIRST, SECOND, THIRD. (SPECIFY) XX		5a. COUNTY OF BIRTH Honolulu		ISLAND Oahu			
5b. CITY, TOWN, OR LOCATION OF BIRTH Honolulu			5c. INSIDE CITY LIMITS (SPECIFY YES OR NO) yes		5d. HOSPITAL—NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER) Kaiser Foundation Hospital						
6a. MOTHER—FIRST NAME [REDACTED]			MIDDLE NAME [REDACTED]		MAIDEN NAME [REDACTED]		5b. AGE (AT TIME OF THIS BIRTH) 25		5c. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Oregon		
7a. RESIDENCE: STATE Hawaii		7b. COUNTY Honolulu		7c. CITY, TOWN OR LOCATION Honolulu		7d. INSIDE CITY LIMITS (SPECIFY YES OR NO) yes		7e. NUMBER AND STREET 5320-7 Likini Street		ZIP 96818	
7f. MOTHER'S MAILING ADDRESS 5320-7 Likini Street						CITY OR TOWN Honolulu		STATE Hawaii		ZIP 96818	
8a. FATHER—FIRST NAME [REDACTED]			MIDDLE NAME [REDACTED]		LAST NAME [REDACTED]		5b. AGE (AT TIME OF THIS BIRTH) 27		5c. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Florida		
8b. INFORMANT—SIGNATURE I certify that the stated information is true and correct to the best of my knowledge. [REDACTED]						8c. RELATION TO CHILD Mother		8d. IS FATHER AN ACTIVE MEMBER OF U.S. ARMED FORCES? (YES OR NO) No		2	
10d. CERTIFIER—NAME (TYPE OR PRINT) Larry R. Moncur M.D.						10c. ATTENDANT—M.D., D.O., MIDWIFE, OTHER (SPECIFY) M.D.					
10a. CERTIFIER—SIGNATURE I certify that the above named child was born alive at the place and time and on the date stated above. [Signature]						10b. DATE SIGNED (MONTH, DAY, YEAR) 8-13-69					
11a. REGISTRAR—SIGNATURE [Signature]						11b. DATE RECEIVED BY LOCAL REGISTRAR AUG 14 1969		11c. DATE ACCEPTED BY STATE AUG 14 1969			
EVIDENCE FOR DELAYED FILING OR ALTERATION											

CERTIFICATION OF LIVE BIRTH

STATE OF HAWAII
HONOLULU



DEPARTMENT OF HEALTH
HAWAII U.S.A.

CERTIFICATE NO. **151 1969 - 009351**

CHILD'S NAME
[REDACTED]

DATE OF BIRTH
August 7, 1969

HOUR OF BIRTH
3:13 AM

SEX
FEMALE

CITY, TOWN OR LOCATION OF BIRTH
HONOLULU

ISLAND OF BIRTH

COUNTY OF BIRTH
HONOLULU

MOTHER'S MAIDEN NAME
[REDACTED]

MOTHER'S RACE
CAUCASIAN

FATHER'S NAME
[REDACTED]

FATHER'S RACE
CAUCASIAN

DATE FILED BY REGISTRAR
August 14, 1969

ANY ALTERATIONS INVALIDATE THIS CERTIFICATE