



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

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>	= \$	10.00 <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		\$ 10.00 <u>5.00</u>
TOTAL AMOUNT DUE			

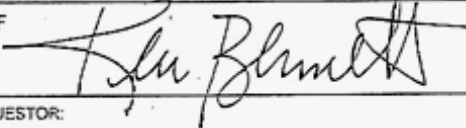
NAME ON CERTIFICATE:	FIRST BARACK	MIDDLE HUSSEIN	LAST OBAMA, II	MALE/FEMALE <input checked="" type="checkbox"/> M <input type="checkbox"/> F
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DATE OF BIRTH:	MONTH AUGUST	DAY 4	YEAR 1961	PLACE OF BIRTH:	CITY OR TOWN HONOLULU	ISLAND OAHU
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FATHER'S 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

FOR OFFICE USE ONLY	
<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 X 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 Month August	5b. Hour / Day 4, Year 1961
5c. Place of Birth: City, Town or Rural Location Honolulu				5d. Island Oahu	
5e. Name of Hospital or Institution (If not in hospital or institution, give street address) Kapiolani Maternity & Gynecological Hospital			5f. Is Place of Birth inside City or Town Limits? If no, give judicial district Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
6a. Usual Residence of Mother: City, Town or Rural Location Honolulu		6b. Island Oahu		6c. County and State or Foreign Country Honolulu, Hawaii	
6d. Street Address 6085 Kalaniana'ole Highway			6e. Is Residence inside City or Town Limits? If no, give judicial district Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
6f. Mother's Mailing Address			6g. Is Residence on a Farm or Plantation? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
7a. Full Name of Father BARACK HUSSEIN OBAMA		7b. Race of Father African		7c. Kind of Business or Industry University	
7d. Age of Father 25	7e. Birthplace (Island, State or Foreign Country) Kenya, East Africa	7f. Usual Occupation Student		7g. Race of Mother Caucasian	
7h. Full Maiden Name of Mother STANLEY ANN DUNHAM		7i. Type of Occupation Outside Home During Pregnancy None		7j. Date Last Worked	
7k. Age of Mother 18	7l. Birthplace (Island, State or Foreign Country) Wichita, Kansas	7m. Date of Signature Parent <input checked="" type="checkbox"/> Other <input type="checkbox"/> 8-7-61		7n. Date of Signature M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> Midwife <input type="checkbox"/> Other <input type="checkbox"/> 8-8-61	
8. 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>Ann Dunham Obama</i>		18b. Date of Signature 8-7-61	
8. I hereby certify that this child was born alive on the date and hour stated above.		19a. Signature of Attendant <i>David A. Smiley</i>		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. gxc

Alvin T. Onaka, Ph.D.
State Registrar

Date Issued: May 22, 2012

RECEIVED
SECRETARY OF STATE
2012 MAY 25 AM 11:22