

The BC Numbering System, based on 1960-61 CDC Records and 1961 Local Registrar Verna Lee

According to HI statute that carried over from territorial times, (see Exhibit A) the CDC was allowed to receive certified copies of vital records as long as it cost the state nothing to provide them. Each month (see Exhibit B) Hawaii sent in microfilms to the CDC (see Exhibit C) of ALL BC's collected (See Exhibit D). The BC's were sorted by place of birth (not place of residence; that was a different item on the punchcard)) so that all the BC's for births in a particular geographic area were put together (see Exhibit H), with the counties (not the BC's) appearing in alphabetical order and the incorporated cities within that county in alphabetical order (See Exhibits F and G). On the microfilm, a cover sheet ("target") preceded each geographic area, to label that geographic area. (See Exhibit H)

So a cover sheet labeling the first geographic area (Hawaii County – city of Hilo) was microfilmed first, followed by the BC's for children born in Hilo. Then a cover sheet introduced the second geographic area (Hawaii County – unincorporated areas), followed by the BC's for children born there. Then the cover sheet for the 3rd area (County of Honolulu - city of Honolulu), followed by the BC's for Honolulu births. Then the cover sheet for the 4th area (County of Honolulu – outside city limits) followed by those BC's. Etc.

CDC workers (see Exhibit C) converted the information from HI BC's (and other states') into codes that were then punched onto a card so that a card reader could tabulate the information from huge numbers of BC's. One of the purposes for having the BC's arranged as noted above was so that the code for the geographic area would not have to be manually punched onto the punchcard for each BC but could instead be just duplicated in all of the BC's for that geographic area (see Exhibit H: "Punch this code in the card for the first certificate and duplicate for the remainder of the area").

The CDC's description of the microfilms tells us how BC's were numbered, because BC's on the microfilm were also in BC# order (See Exhibit E) In order to have the BC's microfilmed in BC# order and still have the geographic areas in the right order for the CDC, the BC's had to be deliberately put in that order **before** being numbered. BC's for each geographic area had to be collected and kept all month in that region's own bundle (or "batch"), then the batches put in the order for the CDC, and then the BC#'s stamped serially and the BC's microfilmed in that order. For Honolulu County (Oahu) that meant keeping the births within Honolulu city limits separate from all the other births on Oahu. For Hawaii County that meant keeping the births within Hilo city limits separate from all the other births on the island. The other counties/islands only had one geographic area so they kept them all together.

State law required births to be reported to a local registrar (almost always by a hospital) within a week. Registrars from outlying islands were required to send to the state registrar all the BC's they had in their office on the 4th of the month. As of 1955 there were 4 local registrars. As then-Bureau of Health Director Charles Bennett said in an article posted at <http://www.wnd.com/files/CHARLESBENNETT.pdf> :

"A local registrar in each county is responsible for supervising the registration system within his area and for collecting and forwarding certificates to the Bureau of Health Statistics. In the counties of Hawaii, Kauai, and Maui the county health officer acts as the local registrar; in Honolulu the local health registrar is a full-time employee within the Bureau of Health Statistics.

Beginning in 1901, government physicians served as local registrars. In 1950, a change was made to county health officers and the Bureau of Health Statistics' employee on Oahu, thereby reducing the number of registrars from 35 to four. Since the central office can deal more easily with four officials than with a larger number, this reduction greatly simplified administration of the system. With present-day communication facilities, the reduction in number of registrars does not inconvenience the public. "

Unless something changed between 1955 and 1961, Verna K. L. Lee – the local registrar whose signature appears on several BC's including Obama's - was the only local registrar on Oahu in 1961 (although one BC appears online with a military official signing as a "deputy local registrar" so there may have been other arrangements as well). She was a full-time employee of the "Bureau" (now DOH). So she had the responsibility of collecting Oahu's BC's and processing them at the county level, as all the county registrars did. This included making copies of them, as evidenced by the DOH Records Retention Schedule including copies of vital records made by local registrars (See Exhibit K). Unlike the actual originals, those COPIES may have been alphabetized and/or numbered as an index so records could be easily located within their office; see Exhibit I. Local registrars may also have coded the BC's to create punchcards for state statistical analysis. (See Exhibits J and A). There is only one "current registrations unit" at the HDOH (according to the HDOH Retention Schedule; see Exhibit K), and that unit handled the transmittal sheet for the microfilms sent to the CDC, so it seems that Verna Lee would have also been in charge of that.

Jerome Corsi taped an interview with Verna Lee. Cold Case Posse Commander Mike Zullo reported (see Exhibit L) that Mrs. Lee said the BC's from each of the regions/batches were put in chronological order by the date/time of birth as they came in, and at the end of the month the BC's were numbered by regions/batches. This fits what we know from the CDC's documents describing how the microfilms from Hawaii were organized.

"Public Health Regulations", Chapter 8b, contains the Administrative Rules in effect right now, approved in 1976. At one point state registrar's "official acceptance" of a vital record and the "assignment of a state file number" are used interchangeably (see Exhibit M). Oahu BC's are marked as being accepted by the local registrar and accepted by the state registrar on the same day. As long as BC's were collected for a month before being numbered, "Accepted by State Registrar" cannot mean the same thing as the date that the BC is given a state file number. This suggests that the OFFICIAL acceptance of the record is when the BC is assigned a state file number; the "Date Accepted by State Registrar" on the BC is simply when the document was received at the state registrar's office.

What the rules may be saying is that once a vital record is given a state file number, it can only be amended through a formal procedure. Until that time – during that month of waiting for the rest of the month's BC's to come in - the local registrar could check out information with the hospital or doctor and switch things if something was reported wrongly without requiring a formal amendment, but after the state BC# was given (shortly after which the record would be microfilmed for the CDC) it had to be amended formally. Once the BC was numbered it went from the "current registrations" to the "certified copies" unit and could no longer be corrected through the use of strike-outs and initials.

HDOH Communications Director Janice Okubo said that the “Date Accepted by State Registrar” means the day the record was received at a DOH office (on any of the islands), and “Date Filed by State Registrar” is the day it was given a state file number (See Exhibit N), and that the 2 days were usually the same thing on Oahu. The BC’s in 1961 used “Date Accepted by LOCAL Registrar” and “Date Accepted by State Registrar”, and those 2 were the same dates for Oahu BC’s because the local registrar for Oahu was also an employee working at the state registrar’s office. In 1978 the terminology was “Date Received by Local Registrar” and “Date Accepted by State Registrar”, and the dates were also the same for Oahu BC’s. However, none of those dates were the date that the BC was given a state file number, based on how the BC’s were numbered for the sake of the CDC. And none of the dates listed on COLB’s as “date filed” can actually be the date that they were numbered.

The most that is reported on the COLB’s is when the BC was received at either the local registrar’s office or the state registrar’s office - not a date when the BC was “officially accepted” (numbered).

Summary: Each month the local registrars kept the BC’s for births from each of the CDC’s geographic areas for Hawaii in their own region/batch and put into chronological order according to the time of birth. On the 4th of the month the outlying islands mailed all the BC’s in their office to the state registrar. When those BC’s were received at the state registrar’s office, all the state’s BC’s for that month were placed in this order, numbered consecutively, and microfilmed for the CDC in BC# order with a cover sheet (“target”) between the different regions:

1. Hilo, in chronological order
2. The remainder of Hawaii County, in chronological order
3. Honolulu, in chronological order
4. The remainder of Honolulu County, in chronological order
5. Kalawao County, in chronological order
6. Kauai County, in chronological order
7. Maui, in chronological order

Exhibit A: Territorial Statute Governing Records to be sent to (what is now) the CDC

(this whole document and its conversion to state code is posted at

<http://butterdezillion.wordpress.com/2010/02/24/1955-territorial-public-health-statistics-act/>)

57-17. Fees for certified copies and searches; transcripts for United States Public Health Service, National Office of Vital Statistics; certified copies for veterans and others.

- (a) The board shall prescribe the fees, if any, to be paid for certified copies of certificates except that in no case shall the total fee for a certified copy exceed \$1, or for a search of the files and records when no certified copy is made; provided, that the registrar general shall furnish, free of charge, a certified copy of any of said records, or a certification of birth, to any veteran of the armed forces of the United States, his wife, any member of the immediate family of a veteran or the next of kin of a deceased veteran, when required for use in connection with a claim based on service in the Armed Forces of the United States. Subject to sections 57-19, 57-20 and 57-21, the United States Public Health Service, National Office of Vital Statistics, may obtain transcripts or, without payment of fees, certified copies, provided the Territory is put to no expense in connection therewith.

- (b) The registrar general shall keep an account of all fees collected and shall deposit them to the general fund of the Territory. (R. L. 1945, s.3100.18; add. L. 1949, c. 327, s.18; am. L. Sp. 1949, c. 34, s.1.)

<snip>

57-21 Disclosure of records

<snip>

- (d) The board may permit the use of data contained in public health statistical records for research purposes only, but no identifying use thereof shall be made.
- (e) Subject to the provisions of this section, the board may direct local registrars to make a return, upon filing of birth, death and fetal death certificates with them, of certain data shown thereon to federal, state, territorial, county or municipal agencies. Payment by such agencies for such services may be made through the registrar general to local registrars as the board shall direct. (R. L. 1945, s. 3100.22; add. L. 1949, c. 327, s. 22.)

Exhibit B:

(Cover of manual and p. 4 of the Vital Statistics Instruction Manual for 1960, Part II, Section B; this is the manual that was in effect when the states collected BC's for 1961 because the instructions for processing the 1961 vital records wasn't finished until September of 1961. The CDC didn't process the 1961 BC's until they were all in so those instructions were in time for the CDC processing of 1961 vital records, but the states collected BC's according to the 1960 instructions. The 1961 instruction manual refers to geographic codes being on the cover sheets between geographic areas on the microfilm, and says that in the processing some of that information would be ignored. But the states still submitted the records using those codes and protocols from 1960)

U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service National Office of Vital Statistics

Vital Statistics INSTRUCTION MANUAL

PART II
CODING AND PUNCHING
GEOGRAPHIC AND PERSONAL PARTICULARS

SECTION B
BIRTHS, DEATHS, AND FETAL DEATHS
OCCURRING IN 1960

WASHINGTON

OCTOBER 1960

II. CONTROL OPERATIONS

A. Receipt of Data

Rolls of microfilm images or transcript copies of birth and death certificates are transmitted from reporting agencies (see list on next page) e month. Copies of fetal death certificates are transmitted at varying inter during the year. For a few selected States (see list on next page), punche cards for births and deaths prepared in accordance with National Office of Vital Statistics specifications are transmitted in addition to the microfil images.

Each shipment is arranged in the order specified on the NOVS Checklist which accompanies each shipment. The Checklist for some States (see list c next page) shows counties in alphabetic sequence, with cities arranged alph betically by population size within county; other States (see list on next page) show counties in alphabetic sequence, with cities arranged alphabeti cally within county. The Checklist for Florida shows counties in alphabeta sequence within the State, but does not identify cities within a county. The Checklist for Alaska shows judicial district and recording district wit the judicial district.

Exhibit C: Technical Appendix for CDC's 1961 Natality Report
(from http://www.cdc.gov/nchs/data/vsus/vsus_1961_1.pdf)

SOURCES OF DATA

With the exceptions noted in the next paragraph, natality tabulations for 1961 are based on information obtained from microfilm copies of the original certificates. These copies were received from the registration offices of all States, certain cities, the District of Columbia, Puerto Rico, and the Virgin Islands. The statistical information on these records was edited, classified, placed on punchcards, and tabulated in the National Vital Statistics Division (NVSD).

The 1961 birth statistics for California, Georgia, Michigan, and New York City were produced by a somewhat different procedure. The vital statistics offices of these areas coded the information on their certificates according to the rules followed in NVSD. From punchcards prepared for their own use, they reproduced the information required for national tabulations on uniform punchcard forms. The reproduced cards were verified and tabulated with the cards for the other areas.

Exhibit D: p. 38 of Vital Statistics Instruction Manual for 1960, Part II, Section B

IV. LIVE BIRTH PROCEDURES

Microfilm images of birth certificates received from reporting agencies will cover all births occurring in 1960, but only a 50-percent sample of the images will be coded and punched.

Completed punched cards, prepared in accordance with NOVS specifications, are furnished by four reporting areas in addition to the microfilm.

Exhibit E: Page 2 of Vital Statistics Instruction Manual for 1960, Part II, Section B , followed by excerpt from page 12

B. Preparation of Punched Cards

Punch one card (Exhibit J) for each record on which the NOVS identifying number¹ terminates in an even digit (0,2,4,6,8) in accordance with instructions for the process outlined below. In handling repeated images, duplicates, etc., apply the rules given under General Instructions (p. 17).

Year (column 1)

Duplicate 0 in column 1 of all cards.

¹For most States this will be the State File No. When the File No. is not shown or is not in numerical sequence, consult the supervisor. For these States, special instructions will be issued for punching the 50 percent sample.

Below is from page 12. Based on this, it seems that the states which sent transcripts (Virgin Islands and Connecticut, based on Exhibit F) and/or the states with "special checklist arrangement peculiar to the state" (Alaska and Illinois, based on Exhibit F) are most likely to have been the states that didn't use state file numbers or had state file numbers that were not in numerical sequence)

Numbering and verified count

- (1) Verify that the number of transcripts received for each area equals the total shown for the area on the Checklist. (Derive the count of transcripts on the basis of the beginning and ending transcript numbers for each area.) In case of differences, adjust area and State totals on the Checklist to agree with the number of transcripts received.
- (2) Transcripts are numbered separately for each reporting agency for each month. Number the transcripts beginning with "1" for each monthly shipment.
- (3) Place the transcripts in books containing not more than 500 in each. Write the State name, month, book number, and transcript numbers on the outside of each book.

States, Independent Registration Cities, and Outlying Areas
Which Report on Microfilm

Alabama ¹	Nebraska ^{6 8}
Alaska ²	Nevada ⁶
Arizona ¹	New Hampshire ⁶
Arkansas ¹	New Jersey ^{6 8}
Baltimore, Maryland ³	New Mexico ³
California ^{4 5 8}	New Orleans, Louisiana ³
Colorado ⁶	New York (excluding New York
Connecticut ^{1 7}	New York City, New York ^{3 4}
Delaware ⁶	North Carolina ⁶
District of Columbia ^{3 8}	North Dakota ⁶
Florida ⁸	Ohio ^{8 8}
Georgia ^{1 4}	Oklahoma ^{6 8}
Hawaii ⁶	Oregon ^{1 8}
Idaho ⁶	Pennsylvania ^{1 8}
Illinois ^{2 8}	Puerto Rico ¹
Indiana ^{1 8}	Rhode Island ⁶
Iowa ^{1 8}	South Carolina ⁶
Kansas ⁸	South Dakota ¹
Kentucky ^{1 8}	Tennessee ^{6 8}
Louisiana (excluding New Orleans) ¹	Texas ^{1 8}
Maine ^{1 8}	Utah ¹
Maryland (excluding Baltimore) ^{1 8}	Vermont ⁶
Massachusetts ⁶	Virginia ^{6 8}
Michigan ^{4 5 6}	Virgin Islands ⁷
Minnesota ⁸	Washington ⁸
Mississippi ^{6 8}	West Virginia ⁶
Missouri ^{1 8}	Wisconsin ^{6 8}
Montana ⁶	Wyoming ⁶

¹Checklist shows cities arranged alphabetically by population size within county.

²Special checklist arrangement peculiar to the individual State.

³Use vital statistics Checklist for independent cities.

⁴States which furnish punched cards for births in addition to microfilm.

⁵States which furnish punched cards for deaths in addition to microfilm.

⁶Checklist shows cities arranged alphabetically within county.

⁷The Virgin Islands and the State of Connecticut report on transcript beginning May 1960, events for the State of Connecticut will be reported on microfilm.

⁸States which furnish State cause-of-death coding on microfilm.

Exhibit G: Title Page and Page 55 of Vital Statistics Instruction Manual 1960-61, Part II, Section C
(found at http://www.cdc.gov/nchs/data/dvs/inman_IIa.pdf) This is the manual that gives geographic codes to be used when punching in locations for all the vital records

U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service National Office of Vital Statistics

Vital Statistics INSTRUCTION MANUAL

PART II CODING AND PUNCHING

SECTION C GEOGRAPHIC CODE—FINAL BIRTHS, DEATHS, AND FETAL DEATHS OCCURRING IN 1960-61

WASHINGTON

FEBRUARY 1961

GEOGRAPHIC CODE

HAWAII 12

HAWAII
 12 01 5 02 HILO
 12 01 9 99 BALANCE OF COUNTY

HONOLULU
 12 02 2 08 HONOLULU
 12 02 9 99 BALANCE OF COUNTY

KALAWAO
 12 03 9 99 ENTIRE COUNTY

KAUAI
 12 04 9 99 ENTIRE COUNTY

MAUI
 12 05 9 99 ENTIRE COUNTY

CITIES
 12 01 5 02 HILO
 12 02 2 08 HONOLULU

Exhibit H: Page 41 of Vital Statistics Instruction Manual for 1960, Part II, Section B

LIVE BIRTH PROCEDURES 41

Place of birth (columns 9-15)

For States reporting on microfilm, the place of birth is shown on the target filmed either immediately preceding or beside the first image of each geographic area. The codes appearing on these targets will be ignored and the code-puncher will refer to the Geographic Code to determine the correct code. For States reporting on transcripts (Connecticut—January through April only), the Checklist will be used as a guide for code-punching place of birth for each geographic area group.

Punch this code in the card for the first certificate and duplicate for the remainder of the area. Rules for punching are:

Exhibit I: Page from DOH Retention Schedule

DEPARTMENT OF HEALTH
Research and Statistics Office

Item No.	Description	Retention
RSO-	<u>Vital Records Maintained by Certified Copies Unit</u>	
VR-1	Indexes	Permanent. May microfilm security copy. May microfilm search copy.
VR-2	Vital Records and Certificates	Permanent. May microfilm security copy. May microfilm search copy.
VR-3	Local Registrar copies of Vital Records	Retain.
	<u>Current Registration Unit</u>	
VCR-1	Indexes to Licensed Cemeteries and Crematories, Licensed Marriage Officers, Temporary Licensed Physicians	Destroy card after cemetery or cremator terminates or goes out of business; after Marriage Officer terminates license or dies; after Physician's name appears on Roster of Licensed Physician
VCR-2	Outside Island Registrar's Transmittal Statements, accompanying certificates	Destroy 1 year old.
VCR-3a	Vital Statistics Checklist	3a) Destroy 1 year old.
-3b	Vital Statistics Ledger	3b) Permanent.
VCR-4	Microfilm shipped to National Center for Health Statistics; Checklist/transmittals	Destroy 10 years old.
	<u>Burial/Transit Permits Records</u>	
VCR-5	Korean War Dead and Out-of-State Deaths: index to permits	Permanent.
VCR-6	Out-of-State forms: Burial/Transit	Destroy 3 years old.

Exhibit J: Clip from Page 5 from CDC's 1961 Natality Report

GENERAL PATTERN OF VITAL REGISTRATION


RESPONSIBLE PERSON OR AGENCY	BIRTH CERTIFICATE	DEATH CERTIFICATE	FETAL DEATH CERTIFICATE (Stillbirth)
<p><i>Registrar</i> Physician, Other Professional Attendant, or Hospital Authority</p>	<ol style="list-style-type: none"> 1. Completes entire certificate in consultation with parent(s). Physician's signature required. 2. Files certificate with local office of district in which birth occurred. 	<ol style="list-style-type: none"> 1. Completes medical certification and signs certificate. 2. Returns certificate to funeral director. 	<ol style="list-style-type: none"> 1. Certifies to fetal death and files. 2. Returns certificate to funeral director.
<p>Funeral Director</p>		<ol style="list-style-type: none"> 1. Obtains personal facts about deceased. 2. Takes certificate to physician for medical certification. 3. Delivers completed certificate to local office of district where death occurred and obtains burial permit. 	<ol style="list-style-type: none"> 1. Obtains the fetal death. 2. Takes certificate to physician for entry of fetal death. 3. Delivers completed certificate to local office of district where death occurred and obtains permit.
<p>Local Office (may be Local Registrar or City or County Health Department)</p>	<p><i>Health Books</i></p> <ol style="list-style-type: none"> 1. Verifies completeness and accuracy of certificate. 2. Makes copy, ledger entry, or index for local use. 3. Sends certificates to State Registrar. <p><i>vital statistics</i></p>	<ol style="list-style-type: none"> 1. Verifies completeness and accuracy of certificate. 2. Makes copy, ledger entry, or index for local use. 3. Issues burial permit to funeral director on return of permit from cemetery attendant. 4. Sends certificates to State Registrar. 	
<p>City and County health departments use certificates in allocating medical and nursing services, followups on infectious diseases, planning programs, measuring effectiveness of services, and conducting research studies.</p>			

Exhibit K: DOH Retention Schedule

DEPARTMENT OF HEALTH
Research and Statistics Office

Item No.	Description	Retention
RSO-	<u>Vital Records Maintained by Certified Copies Unit</u>	
VR-1	Indexes	Permanent. May microfilm security copy. May microfilm search copy.
VR-2	Vital Records and Certificates	Permanent. May microfilm security copy. May microfilm search copy.
VR-3	Local Registrar copies of Vital Records	Retain.
	<u>Current Registration Unit</u>	
VCR-1	Indexes to Licensed Cemeteries and Crematories, Licensed Marriage Officers, Temporary Licensed Physicians	Destroy card after cemetery or cremator terminates or goes out of business; after Marriage Officer terminates license or dies; after Physician's name appears on Roster of Licensed Physician
VCR-2	Outside Island Registrar's Transmittal Statements, accompanying certificates	Destroy 1 year old.
VCR-3a	Vital Statistics Checklist	3a) Destroy 1 year old.
-3b	Vital Statistics Ledger	3b) Permanent.
VCR-4	Microfilm shipped to National Center for Health Statistics; Checklist/transmittals	Destroy 10 years old.
	<u>Burial/Transit Permits Records</u>	
VCR-5	Korean War Dead and Out-of-State Deaths: index to permits	Permanent.
VCR-6	Out-of-State forms: Burial/Transit	Destroy 3 years old.

Exhibit L: Partial Transcript of Cold Case Posse's 2nd Press Conference

Transcribed by me from the video at <http://atruthsoldier.wordpress.com/2012/07/18/full-press-conference-sheriff-joe-arpaio-barack-obama-birth-certificate-july-17-2012/>

An unofficial transcript of the entire press conference is viewable at <http://www.scribd.com/doc/100808537/Unofficial-Transcript-of-the-MCCP-Press-Conference-July-17-2012>

(transcription begins at 12:28)

Mike Zullo: These codings we learned through our investigation, and then locating the mysterious U. K. Lee, which has plagued this thing for four years, where people were wondering who this is. We located

Verna Lee. Verna Lee is 95 years old, amazingly sharp. We spoke with her and she confirms to us what I'm going to share with you now.

Back in 1960, birth certificates would come in to the central location at the Department of Health in Hawaii. They would come in in what was known as regions or batches. Those documents were taken in. Those documents were then looked at by a human being. This is 1960, and they were coded by hand with numerals that meant something to the federal government. The federal government required this because they would take that coded information which is of a numeric value and they would use it on magnetic tape for their census records and, and other statistical records that they needed. This document would have been coded and then, according to Mrs. Lee, the document would have been rechecked by another employee of the Department of Health, then signed by the registrar, in this case what looks to be on this document, this should have been V. K. Lee, it's U. K. Lee is what it looks like, signed by her.

Then the documents were placed in a secured office where they were numbered in sequence using date of occurrence and/or time, whatever happened first. From a specific batch or specific location – Kapiolani Hospital, the county of Hawaii – that would be one batch. A regional office, an outlying island, would be a separate batch. Every one of these documents was coded the same way.

At the end of the month these documents sitting in this office, secured in this office, were then numerically numbered by batch. And that's important because they were consecutively numbered with a stamper that advanced itself one digit. The difference here is you could get a different sequence number depending on the batch.

Exhibit M: "Public Health Regulations, Chapter 8b

(taken from page 21 of the PDF at

<http://web.archive.org/web/20120119203810/http://gen.doh.hawaii.gov/sites/har/AdmRules1/8%208A%20B%20VR%20Admin%20Rules.pdf>)

3. AMENDMENT OF VITAL RECORDS

3.1 Amendments After Official Acceptance of Certificate

No amendments (i.e., changes, corrections, additions, deletions or substitutions) shall be made on any birth, death, fetal death, or marriage or divorce certificate after the assignment of a state file number unless such amendments are fully documented according to law and regulations. All certificates on which judicial or major administrative changes are made 90 days or more from

the date of the event shall be marked "altered" unless otherwise provided by law or regulations. All certificates on which minor administrative changes are made six months or later following the date of the event shall be similarly marked.

3.2 Amendment of Certificate

- A. Except as provided by Section 338-15 or the regulations herein, an application to amend any item in a vital statistics certificate or to issue a new certificate must be accompanied with an affidavit setting forth the full name of the registrant, date, volume and number of the certificate, items in error, the amendments, and such proof as the Director may deem necessary to support the amendment(s) and to preserve the authenticity of the certificate.
 - B. Once an amendment of an item is made on a vital record, that item shall not be amended again unless a court order is received from a court of competent jurisdiction or if a person's name is to be amended, a change of name decree is received.
 - C. When the state registrar of vital statistics finds evidence that information on a vital statistics certificate was registered through misrepresentation or fraud, he shall have authority to withhold the amendment of such information until incontrovertible proof is submitted or a court determination of the facts has been made.
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Exhibit N: Janice Okubo's E-mail

From: Okubo, Janice S. [mailto:janice.okubo@doh.hawaii.gov]
Sent: Friday, January 29, 2010 2:46 PM
To: (redacted)
Cc: oip@hawaii.gov
Subject: RE: UIPA request

Aloha Mr. (redacted),

It has been brought to my attention that although the department does not have any records responsive to your UIPA records request, a further explanation may be helpful.

Historically, the terms "Date accepted by the State Registrar" and "Date filed by the State Registrar" referred to the date a record was received in a Department of Health office (on the island of Oahu or on the neighbor islands of Kauai, Hawaii, Maui, Molokai, or Lanai), and the date a file number was placed on a record (only done in the main office located on the island of Oahu) respectively.

Historically, most often the "date accepted" and the "date filed" is the same date as the majority of births occur on Oahu (the island with the largest population in our state). In the past, when births were recorded on paper they may have been accepted at a health office on a island other than Oahu, such as Kauai. The paper record would then need to be sent to Oahu to have a file number placed on it, and the filed date would then be sometime later (as you know, the state of Hawaii is comprised of multiple islands with miles of water in between). The electronic age has changed this process significantly, and it was determined some time ago that one date would suffice.

Janice Okubo
Hawaii State Department of Health