

# Exhibit 1

## CERTIFICATION OF LIVE BIRTH

STATE OF HAWAII  
HONOLULU



DEPARTMENT OF HEALTH  
HAWAII U.S.A.

CERTIFICATE NO. 151 1961 - 010641

CHILD'S NAME  
BARACK HUSSEIN OBAMA II

DATE OF BIRTH  
August 4, 1961

CITY, TOWN OR LOCATION OF BIRTH  
HONOLULU

MOTHER'S MAIDEN NAME  
STANLEY ANN DUNHAM

MOTHER'S RACE  
CAUCASIAN

FATHER'S NAME  
BARACK HUSSEIN OBAMA

FATHER'S RACE  
AFRICAN

DATE FILED BY REGISTRAR  
August 8, 1961

HOUR OF BIRTH  
7:24 PM

ISLAND OF BIRTH  
OAHU

SEX  
MALE

COUNTY OF BIRTH  
HONOLULU

OHSM 1.1 (Rev. 11/01) LASER

This copy serves as prima facie evidence of the fact of birth in any court proceeding. [HRS 338-13(b), 338-19]

**ANY ALTERATIONS INVALIDATE THIS CERTIFICATE**

# Exhibit 3

## AFFIDAVIT

In the State of Kentucky, County of Warren,  
Timothy Adams, being duly sworn, deposes and says that he is  
Timothy Adams, residing at 1132 Fairview Ave, Bowling Green, KY 42003 and that the  
statements below are true concerning his employment at the City and County of Honolulu  
Elections Division in Honolulu, Hawaii:

1. I was employed at the City and County of Honolulu Elections Division from May 2008 through September 2008.
2. My position at the City and County of Honolulu Elections Division was Senior Elections Clerk.
3. My responsibilities were to oversee the activities of the Absentee Ballot Office.
4. During the course of my employment, I became aware that many requests were being made to the City and County of Honolulu Elections Division, the Hawaii Office of Elections, and the Hawaii Department of Health from around the country to obtain a copy of then-Senator Barack Obama's long-form, hospital-generated birth certificate.
5. Senior officers in the City and County of Honolulu Elections Division told me on multiple occasions that no Hawaii long-form, hospital-generated birth certificate existed for Senator Obama in the Hawaii Department of Health and there was no record that any such document had ever been on file in the Hawaii Department of Health or any other branch or department of the Hawaii government.
6. Senior officers in the City and County of Honolulu Elections Division further told me on multiple occasions that Hawaii State government officials had made inquiries about Sen. Obama's birth records to officials at Queens Medical Center and Kapi'olani Medical Center in Honolulu and that neither hospital had any record of Senator Obama having been born there, even though Governor Abercrombie is now asserting and various Hawaii government officials continue to assert Barack Obama, Jr. was born at Kapi'olani Medical Center on Aug. 4, 1961.
7. During the course of my employment, I came to understand that for political reasons, various officials in the government of Hawaii, including then-Governor Linda Lingle and various officials of the Hawaii Department of Health, including Dr. Chiyome Fukino, the director of the Hawaii Department of Health, were making representations that Senator Obama was born in Hawaii, even though no government official in Hawaii could find a

long-form birth certificate for Senator Obama that had been issued by a Hawaii hospital at the time of his birth.

8. During the course of my employment, I was told by senior officers in the City and County of Honolulu Elections Division to stop inquiring about Senator Obama's Hawaii birth records, even though it was common knowledge among my fellow employees that no Hawaii long-form, hospital-generated birth certificate existed for Senator Obama.

In witness whereof he has hereto set his hand and seal.

Hesterlene Whitefield  
Financial Sales Consultant  
(Title)

I, Hesterlene Whitefield, a Notary Public of the County and State aforesaid, hereby certify that Samuel H. Adams personally known to me to be the affiant in the foregoing affidavit, personally appeared before me this day and having been by me duly sworn deposes and says that the facts set forth in the above affidavit are true and correct.

Witness my hand and official seal this the 20<sup>th</sup> day of January, 2011.

Hesterlene Whitefield  
Notary Public

My Commission expires:

7/11/2011.

Timothy C. Adams

In witness whereof he has hereto set his hand and seal.

Hesterline Whitefield  
Financial Sales Consultant  
(Title)

I, Hesterline Whitefield, a Notary Public of the County and State aforesaid, hereby certify that Timothy C. Adams personally known to me to be the affiant in the foregoing affidavit, personally appeared before me this day and having been by me duly sworn deposes and says that the facts set forth in the above affidavit are true and correct.

Witness my hand and official seal this the 20<sup>th</sup> day of January, 2011.

Hesterline Whitefield  
Notary Public

My Commission expires:

7/11/2011.

Timothy C. Adams



## Exhibit 4

### DEPARTMENT OF HEALTH

## News Release

**LINDA LINGLE**  
GOVERNOR

---

CHIYOME LEINAALA FUKINO M.D.  
DIRECTOR  
Phone: (808) 586-4410  
Fax: (808) 586-4444

---

For Immediate Release: October 31, 2008

08-93

### STATEMENT BY DR. CHIYOME FUKINO

"There have been numerous requests for Sen. Barack Hussein Obama's official birth certificate. State law (Hawai'i Revised Statutes §338-18) prohibits the release of a certified birth certificate to persons who do not have a tangible interest in the vital record.

"Therefore, I as Director of Health for the State of Hawai'i, along with the Registrar of Vital Statistics who has statutory authority to oversee and maintain these type of vital records, have personally seen and verified that the Hawai'i State Department of Health has Sen. Obama's original birth certificate on record in accordance with state policies and procedures.

"No state official, including Governor Linda Lingle, has ever instructed that this vital record be handled in a manner different from any other vital record in the possession of the State of Hawai'i."

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For more information, contact:  
Janice Okubo  
Communications Office  
Phone: (808) 586-4442



## Exhibit 5

### DEPARTMENT OF HEALTH

### News Release

**LINDA LINGLE**  
GOVERNOR

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CHIYOME LEINAALA FUKINO M.D.  
DIRECTOR  
Phone: (808) 586-4410  
Fax: (808) 586-4444

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For Immediate Release: July 27, 2009

09-063

### STATEMENT BY HEALTH DIRECTOR CHIYOME FUKINO, M.D.

"I, Dr. Chiyome Fukino, Director of the Hawai'i State Department of Health, have seen the original vital records maintained on file by the Hawai'i State Department of Health verifying Barack Hussein Obama was born in Hawai'i and is a natural-born American citizen. I have nothing further to add to this statement or my original statement issued in October 2008 over eight months ago."

####



Judith L. Corley  
PHONE: (202) 434-1622  
FAX: (202) 654-9120  
EMAIL: JCorley@perkinscoie.com

700 Thirteenth Street, N.W., Suite 600  
Washington, D.C. 20005-3960  
PHONE: 202.654.6200  
FAX: 202.654.6211  
www.perkinscoie.com

April 22, 2011

Loretta J. Fuddy, ACSW, MPH  
Director of Health  
State of Hawaii Department of Health  
1250 Punchbowl Street, Room 325  
Honolulu, Hawaii 96813

Dear Ms. Fuddy:

I am writing on behalf of my client, President Barack Obama. Enclosed please find a letter from my client requesting two certified copies of his original certificate of live birth and authorizing me to act on his behalf in completing this request.

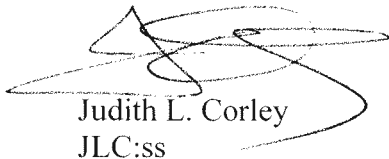
As you know, several years ago, my client requested a certified copy of his birth certificate and received, pursuant to the policy and practice of the Hawaii Department of Health, a Certification of Live Birth, sometimes referred to as a "short-form" or abbreviated birth certificate. This Certification of Live Birth is, of course, legally sufficient evidence of birth in the State of Hawaii. Moreover, it is my understanding that it is, and has been, the Department of Health's longstanding policy and practice to provide only the "short-form" version when a certified copy of a birth certificate is requested.

We understand that the Department of Health has adopted this policy for sound administrative reasons. However, we are writing to request a waiver of the Department of Health's policy, so that my client can obtain two certified copies of his original, "long form" birth certificate. Waiver of the Department's policy in this instance would allow my client to make a certified copy of his original birth certificate publicly available and would also relieve the burden currently being placed on the Department of Health by the numerous inquiries it receives from the media and others relating to my client's birth record.

We are of course, willing to complete any necessary paperwork and pay the standard required fees to fulfill this request. Pursuant to my client's authorization, I will be coming to your offices to pick up the copies of the certificates.

Thank you for your assistance.

Sincerely,

A handwritten signature in black ink, appearing to be "Judith L. Corley", written over a horizontal line.

Judith L. Corley  
JLC:ss



THE WHITE HOUSE

WASHINGTON

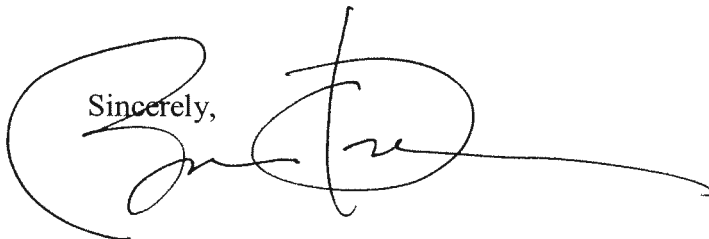
April 22, 2011

Loretta J. Fuddy, A.C.S.W., M.P.H.  
Director of Health  
State of Hawaii  
Department of Health  
1250 Punchbowl Street, Room 325  
Honolulu, HI 96813

Dear Ms. Fuddy:

I am writing to request two certified copies of my original certificate of live birth. With this letter, I hereby authorize my personal counsel, Ms. Judith Corley of Perkins Coie in Washington, D.C., to act on my behalf in providing any additional information or paying any fees required by the Department of Health to fulfill my request. Ms. Corley is also authorized to make any necessary arrangements for delivery of the certified copies from your office.

Thank you for your assistance.

Sincerely,  
  
Barack Obama

NEIL ABERCROMBIE  
GOVERNOR OF HAWAII



LORETTA J. FUDDY, A.C.S.W., M.P.H.  
DIRECTOR OF HEALTH

STATE OF HAWAII  
DEPARTMENT OF HEALTH  
P. O. BOX 3378  
HONOLULU, HI 96801-3378

In reply, please refer to:  
File:

April 25, 2011

The Honorable Barack Obama  
President of the United States  
The White House  
1600 Pennsylvania Avenue, NW  
Washington, DC 20500

Dear President Obama:

I have reviewed your request for two certified copies of your original Certificate of Live Birth. As the Director of Health for the State of Hawaii, I have the legal authority to approve the process by which copies of such records are made. Through that authority, in recognition of your status as President of the United States, I am making an exception to current departmental policy which is to issue a computer-generated certified copy.

We hope that issuing you these copies of your original Certificate of Live Birth will end the numerous inquiries received by the Hawaii Department of Health to produce this document. Such inquiries have been disruptive to staff operations and have strained State resources.

Enclosed please find two certified copies of your original Certificate of Live Birth. I have witnessed the copying of the certificate and attest to the authenticity of these copies. A receipt for the payment of these documents is attached for your files. Please let us know if we can be of further assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "Loretta J. Fuddy", is written over a circular stamp that is partially obscured by the signature.

Loretta J. Fuddy, A.C.S.W., M.P.H.  
Director of Health

Enclosures



## NEWS RELEASE

**NEIL ABERCROMBIE**  
GOVERNOR

**FOR IMMEDIATE RELEASE:** April 27, 2011

### **HAWAI'I HEALTH DEPARTMENT GRANTS PRESIDENT OBAMA'S REQUEST FOR CERTIFIED COPIES OF 'LONG FORM' BIRTH CERTIFICATE**

HONOLULU – The Hawai'i State Health Department recently complied with a request by President Barack Obama for certified copies of his original Certificate of Live Birth, which is sometimes referred to in the media as a "long form" birth certificate.

"We hope that issuing certified copies of the original Certificate of Live Birth to President Obama will end the numerous inquiries related to his birth in Hawai'i," Hawai'i Health Director Loretta Fuddy said. "I have seen the original records filed at the Department of Health and attest to the authenticity of the certified copies the department provided to the President that further prove the fact that he was born in Hawai'i."

On April 22, 2011, President Obama sent a letter to Director Fuddy, requesting two certified copies of his original Certificate of Live Birth. Also on that day, Judith Corley, the President's personal attorney, made the same request in writing on behalf of the President. *(Letters from President Obama and Ms. Corley are attached).*

On April 25, 2011, pursuant to President Obama's request, Director Fuddy personally witnessed the copying of the original Certificate of Live Birth and attested to the authenticity of the two copies. Dr. Alvin Onaka, the State Registrar, certified the copies.

President Obama authorized Ms. Corley to pick up the documents. On April 25, 2011, Ms. Corley appeared in person at the Hawai'i State Department of Health building in Honolulu, paid the requisite fee, and was given the two certified copies, a response letter from Director Fuddy to President Obama, and a receipt for payment. *(Letter from Director Fuddy is attached).*

-MORE-

In June 2008, President Obama released his Certification of Live Birth, which is sometimes referred to in the media as a "short form" birth certificate. Both documents are legally sufficient evidence of birth in the State of Hawai'i, and both provide the same fundamental information: President Obama was born in Honolulu, Hawai'i at 7:24 p.m. on August 4, 1961, to mother Stanley Ann Dunham and father Barack Hussein Obama.

In 2001, the Hawai'i State Department of Health began computer-generating vital statistics records. Since then, its longstanding policy and practice has been to issue and provide only the computer-generated Certifications of Live Birth, and to not produce photocopies of actual records to fulfill requests for certified copies of certificates.

Director Fuddy made an exception for President Obama by issuing copies of the original birth certificate. The departmental policy to issue only computer-generated Certifications of Live Birth remains in effect for all birth records that have been computerized. Director Fuddy, in her capacity as Health Director, has the legal authority to approve the process by which copies of birth records are made.

"The exception made in this case to provide President Obama with a copy of his original Certificate of Live Birth was done according to the letter of the law," Attorney General David Louie said. "Director Fuddy exercised her legal authority in a completely appropriate manner in this unique circumstance. We will continue to maintain the strict confidentiality requirements afforded to vital statistics records, such as birth certificates. These requirements help protect the integrity of the records, and keep us all safe from crimes, such as identity theft."

Governor Neil Abercrombie stated: "Considering all of the investigations that have been done and the information that has been provided, no rational person can question the President's citizenship. We have found a way – once again – to confirm what we already knew: the President was born here in Hawai'i. State officials of both parties have verified that President Obama's birth records show that he was born in Honolulu.

"President Obama's mother and father were dear friends of mine, and we must respect their memory. It is an insult to the President, his parents and to the Office to suggest that he was not born in Hawai'i. The State of Hawai'i has done everything within our legal ability to disabuse these conspiracy theorists. We granted the President's request for certified copies of his birth certificate so we can all move on from this unfortunate distraction and focus on the real issues affecting people today."

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For more information, contact: Donalyn Dela Cruz, Press Secretary, (808) 586-0012

<http://hawaii.gov/gov>

# Exhibit 10

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 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 August	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			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			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		
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		
I hereby certify that this child was born alive on the date and hour stated above.		19a. Signature of Attendant <i>David A. Amela</i>				19b. Date of Signature 8-8-61		
20. Date Accepted by Local Reg. AUG - 8 1961		21. Signature of Local Registrar <i>U. Lee</i>				22. Date Accepted by Reg. General AUG - 8 1961		
23. Evidence for Delayed Filing or Alteration								

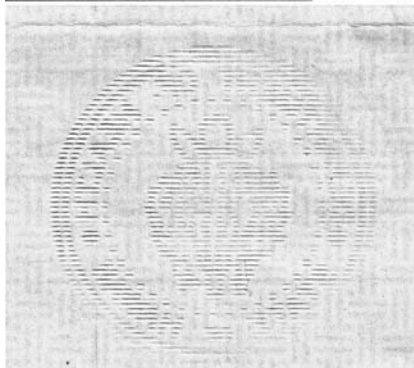
APR 25, 2011

I CERTIFY THIS IS A TRUE COPY OR  
ABSTRACT OF THE RECORD ON FILE IN  
THE HAWAII STATE DEPARTMENT OF HEALTH

Alvin T. Onaka, Ph.D.  
STATE REGISTRAR

6a. Island <b>Oahu</b>	6d. Is Place of Birth Inside City or Town Limits? If no, give judicial district Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
6b. Is Place of Birth Inside City or Town Limits? If no, give judicial district Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	7e. County and State or Foreign Country <b>Honolulu, Hawaii</b>
7a. County and State or Foreign Country <b>Honolulu, Hawaii</b>	7c. Is Residence Inside City or Town Limits? If no, give judicial district Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
7b. Is Residence Inside City or Town Limits? If no, give judicial district Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	7g. Is Residence on a Farm or Pl Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
8. Race of Father <b>Caucasian</b>	9. Race of Father <b>Hawn-Caucasian-Chin</b>
12a. Kind of Business or Industry <b>fer</b>	12b. Kind of Business or Industry <b>Steamship Company</b>
	14. Race of Mother <b>Hawn-Caucasian-Kono</b>

SEP -9 2002

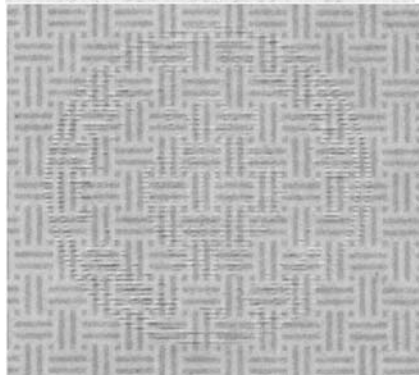


Accepted by Local Reg. 21. Signature of Local  
3 - 8 1961  
ence for Delayed Filing or Alteration

Obama's COLB  
From the PDF

Savannah Guthrie's

**Exhibit 11**



APR 17 1995			22b. Describe How Injury Occurred. (E
			22f. City, Town,
NAME	19. AGE AT THIS BIRTH	20. (If not)	23a. Signature of Attendant
	33	HAWAI	<i>[Signature]</i>
25. NUMBER & STREET OF RESIDENCE, ZIP			25. Place of Burial, Cremation, or R
			Honolulu Crematory
			28. Signature of Local Registrar

# Exhibit 12

6a. Island <b>Oahu</b>	6d. Is Place of Birth Inside City or Town Limits? If no, give judicial district Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
6b. Is Place of Birth Inside City or Town Limits? If no, give judicial district Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	7c. County and State or Foreign Co <b>Honolulu, Hawaii</b>
7a. County and State or Foreign Country <b>Honolulu, Hawaii</b>	7e. Is Residence Inside City or Town Limits? If no, give judicial district Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
7b. Is Residence Inside City or Town Limits? If no, give judicial district Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	7g. Is Residence on a Farm or Pl Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
9. Race of Father <b>Caucasian</b>	12b. Kind of Business or Industry <b>Steamship Company</b>
13. Kind of Business or Industry <b>fer</b>	14. Race of Mother <b>Hawn-Caucasian-Kore</b>

SEP -9 2002

Accepted by Local Reg. 21. Signature of Local  
-8 1961  
ence for Delayed Filing or Alteration

Obama's COLB  
From the PDF

Savannah Guthrie's

APR 17 1995		22b. Describe How Injury Occurred. (E
		22f. City, Town,
NAME	19. AGE AT THIS BIRTH <b>33</b>	20. (If not) <b>HAWAII</b>
25. NUMBER & STREET OF RESIDENCE, ZIP		23a. Signature of Attendant <i>[Signature]</i>
		25. Place of Burial, Cremation, or R <b>Honolulu Crematory</b>
		28. Signature of Local Registrar

**CERTIFICATE OF ELIGIBILITY**  
(For Nonimmigrant "F" Student Status)

**Exhibit 13**

August 9, 1959

Place Honolulu, Hawaii Date February 19, 1959  
This is to certify that University of Hawaii  
(Name of school or institution)

has accepted the person named below for admission to a full course of study beginning September 21, 1959, or that such person is a student permitted to continue a full course of study.

Name OBAMA, Barack H. Date of Birth 1934  
Country of Citizenship British Place of Birth Nyanza Province

**FOR USE OF IMMIGRATION OFFICIALS:**

DATE: Aug 9/59

PLACE: Aug 8/60

ADMITTED TO: Aug 8/60

Edward J. White  
Edward J. White  
Office of Admissions and Records  
(Title)

August 8, 1960

UNIVERSITY		NEW YORK, N. Y. 46	
Birthdate	18/6/34	ADMITTED	
Birthplace	KENYA	AUG 3 1960	
Visa Issued At	NAIREBI	CLASS F	
Date Visa Issued	26th July, 1960	Aug 8 1960	

March 31, 1961

**APPLICATION TO EXTEND TIME OF TEMPORARY STAY**  
OR  
**APPLICATION BY ALIEN STUDENT FOR PERMISSION TO ACCEPT EMPLOYMENT**

<b>PART II (Fill in this part if you are applying for extension of stay)</b>		
4. DATE OF BIRTH <u>18 JUNE, 1934</u>	COUNTRY OF BIRTH <u>KENYA</u>	COUNTRY OF CITIZENSHIP <u>KENYA</u>
5. DATE AND PORT OF LAST ARRIVAL IN UNITED STATES <u>NEW YORK, August 9/59</u>	NAME OF VESSEL, AIRLINE, OR OTHER MEANS OF LAST ARRIVAL <u>B.O.A.C</u>	
6. PASSPORT NUMBER	PASSPORT ISSUED BY (Name of Country)	PASSPORT EXPIRES ON
<b>PART IV (All applicants must fill in this part)</b>		
I certify that the above is true and correct		
DATE <u>31st AUG. 1961</u>	CITY AND STATE <u>HONOLULU, HAWAII</u>	SIGNATURE OF APPLICANT <u>Barack H. Obama</u>

October 1, 1962

**REPORT OF ACTION - NONIMMIGRANT**  
GPO 859225

FAMILY NAME <u>OBAMA</u>	GIVEN NAME <u>BARACK</u>	INITIAL <u>H</u>	NATIONALITY <u>BRIT</u>
DATE OF REPORT <u>10-1-62</u>	REPORTING OFFICE <u>BOI</u>	DATE OF BIRTH <u>10-18-34</u>	
DATE OF ADMISSION	DATE TO WHICH ADMITTED OR	FILE NUMBER	



(Rev. 3/5/56)

**CERTIFICATE OF ELIGIBILITY**  
(For Nonimmigrant "F" Student Status)

**Exhibit 14**

August 31, 1961

Place Honolulu 14, Hawaii Date 31 August 1961  
This is to certify that THE UNIVERSITY OF HAWAII  
(Name of school or institution)  
has accepted the person named below for admission to a full course of study beginning September, 1961, or that such person is a student permitted to continue a full course of study.  
Name OBAMA, Barack Hussein Date of Birth June 18, 1934  
Country of Citizenship Great Britain Place of Birth Kenya (Africa)  
Conditions of Admission

**UNITED STATES DEPARTMENT OF JUSTICE**  
**IMMIGRATION AND NATURALIZATION SERVICE**

June 27, 1962

Name of school <u>University of Hawaii</u>	Name of Student (First) (Middle) (Last) <u>Barack</u> <u>Obama</u>
Address <u>1801 University of Hawaii</u>	Date of birth <u>June 18, 1934</u>
<u>Honolulu, Hawaii</u>	Country of birth <u>Kenya, Africa</u>
	Country of citizenship <u>Africa</u>

September 26, 1962

ALIEN REGISTRATION NO. A11938537  
(Copy letter and number from registration receipt or other alien certification document)  
I AM IN THE UNITED STATES AS: (Check one)  
☐ VISITOR ☐ PERMANENT RESIDENT  
☒ STUDENT ☐ OTHER \_\_\_\_\_  
MY NATIONALITY IS KENYA I WAS BORN ON JUNE 18, 1934  
(Date)  
MY NAME IS OBAMA BARACK HUSSEIN  
(Last) (First) (Middle)  
MY PRESENT ADDRESS IS:  
ECONOMICS DEPT. HARVARD UNIVERSITY, CAMBRIDGE 38, MASS.  
DATE Sept. 26 1962 (SIGNATURE) Barack H. Obama

August 8, 1963

NAME (Exactly as it appears on the Nonimmigrant Document) <u>OBAMA BARACK H.</u>		FILE NO. <u>A11938537</u>
OTHER NAMES OR ALIASES		NATIONALITY (As on N/I Document) <u>BRITISH</u>
DATE OF ADMISSION <u>8-9-60</u>	CLASS <u>F-1</u>	DATE OF BIRTH <u>6-18-34</u>
DATE TO WHICH ADMITTED		DATE OF REPORT <u>8-8-63</u>
		REPORTING OFFICE <u>BOS.</u>
J-1 VISITOR (Current Program No. & Institution)		

June 9, 1964

NAME (Exactly as it appears on the Nonimmigrant Document) <u>OBAMA, Barack H.</u>		FILE NO. <u>A11938537</u>
OTHER NAMES OR ALIASES		NATIONALITY (As on N/I Document) <u>British</u>
DATE OF ADMISSION <u>8-9-59</u>	CLASS <u>F</u>	DATE OF BIRTH <u>6-18-34</u>
		DATE OF REPORT <u>6-9-64</u>
		REPORTING OFFICE <u>BOS</u>

**CERTIFICATE OF  
ELIGIBILITY**(FOR NONIMMIGRANT "F-1"  
STUDENT STATUS)

(NOTE TO SCHOOL: Before issuing this certificate you may wish to a. ) to have the student tested for English language proficiency. If you wish to use a test of your own selection you may have it administered abroad by any person or agency you care to designate or by an American consular officer. Alternatively, if you wish to use a test which has been furnished to American consular officers by the Department of State, you should instruct the student to arrange with the consular officer to take that Department's English language examination. The results of any test administered by the consular officer will be forwarded directly to you.)

It is hereby certified as follows:

Name of school
Harvard Graduate School of Arts and Sciences
Address
Harvard International Students Office, Room 710
75 Mt. Auburn Street, Cambridge 38, Massachusetts

Name of Student (First) (Middle) (Last)
Barack Hussein Obama
Date of birth
Country of birth
June 18, 1936
Country of citizenship
Kenya

August 10, 1962

Signature of school official
U. P. Dennis
Title
Head, Admissions Office
Date (This certificate expires 12 months after the date of issue)
August 10, 1962

August 17, 1962

**APPLICATION TO EXTEND TIME OF TEMPORARY STAY**

PART I			
1. (First Name)	(Middle Name)	(Last Name)	FILE NUMBER
BARACK	HUSSEIN	OBAMA	All 938 537
2. OTHER NAMES (Include all other past and present names; a married woman must give her maiden name.)			
3. MAILING ADDRESS IN U.S. (Number and Street) (City) (Zone) (State)			
(C/O) KOLINONIA FOUNDATION, Pikesville Box 5744, Baltimore 8, Maryland			
4. DATE OF BIRTH	COUNTRY OF BIRTH	COUNTRY OF CITIZENSHIP	
JUNE 18, 1936	KENYA	KENYA	
5. DATE AND PORT OF LAST ARRIVAL IN UNITED STATES		NAME OF VESSEL, AIRLINE, OR OTHER MEANS OF LAST ARRIVAL	

I certify that the above is true and correct.

DATE	CITY AND STATE	SIGNATURE OF APPLICANT
17 <sup>th</sup> Aug. 1962	BALTIMORE, Md.	Barack H. Obama

April 21, 1964

**APPLICATION TO EXTEND TIME OF TEMPORARY STAY**

PART I			
1. (First Name)	(Middle Name)	(Last Name)	FILE NUMBER
OBAMA	HUSSEIN	BARACK	All 938-537
2. OTHER NAMES (Include all other past and present names; a married woman must give her maiden name.)			
3. MAILING ADDRESS IN U.S. (Number and Street) (City) (Zone) (State)			
(C/O) 170 MAGAZINE ST. CAMBRIDGE, 34 MASS			
4. DATE OF BIRTH	COUNTRY OF BIRTH	COUNTRY OF CITIZENSHIP	
JUNE 18 <sup>th</sup> 1936	KENYA	KENYA	

I certify that the above is true and correct.

DATE	CITY AND STATE	SIGNATURE OF APPLICANT
April 21 <sup>st</sup> 1964	CAMBRIDGE, MASS.	Barack H. Obama

## CREATED FOR FORENSIC TESTING &amp; EXAMINATION

STATE OF HAWAII

## CERTIFICATE OF LIVE BIRTH

DEPARTMENT OF HEALTH

FILE  
NUMBER 151

61 10641

1a. Child's First Name (Type or print) <b>BARACK</b>			1b. Middle Name <b>HUSSEIN</b>			1c. Last Name <b>OBAMA, II</b>		
2. Sex <b>Male</b>	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 <b>August</b>	Month <b>4,</b>	Day <b>1961</b>	5b. Hour <b>7:24 P.M.</b>	
6a. Place of Birth: City, Town or Rural Location <b>Honolulu</b>						6b. Island <b>Oahu</b>		
6c. Name of Hospital or Institution (If not in hospital or institution, give street address) <b>Kapiolani Maternity &amp; Gynecological Hospital</b>						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 <b>Honolulu</b>				7b. Island <b>Oahu</b>		7c. County and State or Foreign Country <b>Honolulu, Hawaii</b>		
7d. Street Address <b>6085 Kalaniana'ola Highway</b>				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 <b>CREATED FOR FORENSIC TESTING &amp; EXAMINATION</b>						7g. Is Residence on a Farm or Plantation? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
8. Full Name of Father <b>BARACK HUSSEIN OBAMA</b>						9. Race of Father <b>African</b>		
10. Age of Father <b>25</b>	11. Birthplace (Island, State or Foreign Country) <b>Kenya, East Africa</b>		12a. Usual Occupation <b>Student</b>		12b. Kind of Business or Industry <b>University</b>			
13. Full Maiden Name of Mother <b>STANLEY ANN DUNHAM</b>						14. Race of Mother <b>Caucasian</b>		
15. Age of Mother <b>18</b>	16. Birthplace (Island, State or Foreign Country) <b>Wichita, Kansas</b>		17a. Type of Occupation Outside Home During Pregnancy <b>None</b>		17b. Date Last Worked			
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>Signature of Mother Blue ink</i>				Parent <input checked="" type="checkbox"/>	18b. Date of Signature <b>8-00-61</b>	
I hereby certify that this child was born alive on the date and hour stated above.		19a. Signature of Attendant <i>Signature of Doctor</i>				M.D. <input checked="" type="checkbox"/> D.O. <input type="checkbox"/> Midwife <input type="checkbox"/> Other <input type="checkbox"/>	19b. Date of Signature <b>8-8-61</b>	
20. Date Accepted by Local Reg. <b>AUG -8 1961</b>		21. Signature of Local Registrar <i>Registrar's Signature</i>				22. Date Accepted by Reg. General <b>AUG -8 1961</b>		
23. Evidence for Delayed Filing or Alteration								

CREATED FOR FORENSIC TESTING &amp; EXAMINATION

APR 25, 2011

I CERTIFY THIS IS A TRUE COPY OR  
ABSTRACT OF THE RECORD ON FILE IN  
THE HAWAII STATE DEPARTMENT OF HEALTH*Alvin T. Onaka, Ph.D.*  
STATE REGISTRAR

Exhibit 17

FILE  
NUMBER

151

61 10641

1a. Child's First Name (Type or print)			1b. Middle Name			1c. Last Name		
BARACK			HUSSEIN			OBAMA, II		
2. Sex	3. This Birth	4. If Twin or Triplet, Was Child Born		5a. Birth Date	Month	Day	Year	5b. Hour
Male	Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>		August	4,	1961	7:24 P.M.	
6a. Place of Birth: City, Town or Rural Location						6b. Island		
Honolulu						Oahu		
6c. Name of Hospital or Institution (If not in hospital or institution, give street address)						6d. Is Place of Birth Inside City or Town Limits? If no, give judicial district		
Kapiolani Maternity & Gynecological Hospital						Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
7a. Usual Residence of Mother: City, Town or Rural Location				7b. Island		7c. County and State or Foreign Country		
Honolulu				Oahu		Honolulu, Hawaii		
7d. Street Address				7e. Is Residence Inside City or Town Limits? If no, give judicial district				
6085 Kalaniana'ola Highway				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
7f. Mother's Mailing Address						7g. Is Residence on a Farm or Plantation?		
CREATED FOR FORENSIC TESTING & EXAMINATION						Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
8. Full Name of Father						9. Race of Father		
BARACK HUSSEIN OBAMA						African		
10. Age of Father	11. Birthplace (Island, State or Foreign Country)	12a. Usual Occupation		12b. Kind of Business or Industry				
25	Kenya, East Africa	Student		University				
13. Full Maiden Name of Mother						14. Race of Mother		
STANLEY ANN DUNHAM						Caucasian		
15. Age of Mother	16. Birthplace (Island, State or Foreign Country)	17a. Type of Occupation Outside Home During Pregnancy		17b. Date Last Worked				
18	Wichita, Kansas	None						
18a. Signature of Parent or Other Informant						18b. Date of Signature		

STATE OF HAWAII

## CERTIFICATE OF LIVE BIRTH

DEPARTMENT OF HEALTH

Exhibit 18

FILE  
NUMBER 151

61 10641

1a. Child's First Name (Type or print)		1b. Middle Name		1c. Last Name	
BARACK		HUSSEIN		OBAMA, II	
2. Sex	3. This Birth	4. If Twin or Triplet, Was Child Born	5a. Birth Date	Month	Day Year
Male	Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	August	4,	1961
6a. Place of Birth: City, Town or Rural Location				6b. Island	
Honolulu				Oahu	
6c. Name of Hospital or Institution (If not in hospital or institution, give street address)				6d. Is Place of Birth Inside City or Town Limits?	
Kapiolani Maternity & Gynecological Hospital				If no, give judicial district Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
7a. Usual Residence of Mother: City, Town or Rural Location		7b. Island		7c. County and State or Foreign Country	
Honolulu		Oahu		Honolulu, Hawaii	
7d. Street Address		7e. Is Residence Inside City or Town Limits?		If no, give judicial district	
6085 Kalamianaoie Highway		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		9. Race of Father			
BARACK HUSSEIN OBAMA		African			
10. Age of Father	11. Birthplace (Island, State or Foreign Country)	12a. Usual Occupation	12b. Kind of Business or Industry		
25	Kenya, East Africa	Student	University		
13. Full Maiden Name of Mother		14. Race of Mother			
STANLEY ANN DUNHAM		Caucasian			
15. Age of Mother	16. Birthplace (Island, State or Foreign Country)	17a. Type of Occupation Outside Home During Pregnancy	17b. Date Last Worked		
18	Wichita, Kansas	None			
I certify that the above stated information is true and correct to the best of my knowledge.		18a. Signature of Parent or Other Informant		Parent <input checked="" type="checkbox"/> 18b. Date of Signature	
		Stanley Ann Dunham Obama		Other <input type="checkbox"/> 8-7-61	
I hereby certify that this child was born alive on the date and hour stated above.		19a. Signature of Attendant		M.D. <input checked="" type="checkbox"/> 19b. Date of Signature	
		David A. Dunham		D.O. <input type="checkbox"/> 8-8-61	
20. Date Accepted by Local Reg.		21. Signature of Local Registrar		22. Date Accepted by Reg. General	
AUG - 8 1961		UUC Lee		AUG - 8 1961	
23. Evidence for Delayed Filing or Alteration					



ed Filing or Alteration

**Exhibit 19**

APR 25 2011

I CERTIFY THIS IS A TRUE COPY OR  
ABSTRACT OF THE RECORD ON FILE IN  
THE HAWAII STATE DEPARTMENT OF HEALTH

*Alvin T. Onaka, Ph.D.*  
STATE REGISTRAR

White House PDF release

ed Filing or Alteration

**White House Repoters copy**

White House Reporters copy

APR 25 2011

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ABSTRACT OF THE RECORD ON FILE IN  
THE HAWAII STATE DEPARTMENT OF HEALTH

*Alvin T. Onaka, Ph.D.*  
STATE REGISTRAR

Evidence for Delayed Filing or Alteration

**Savannah Guthrie's Photo of the COLB original copy**

APR 25 2011

I CERTIFY THIS IS A TRUE COPY OR  
ABSTRACT OF THE RECORD ON FILE IN  
THE HAWAII STATE DEPARTMENT OF HEALTH

*Alvin T. Onaka, Ph.D.*  
STATE REGISTRAR

## Exhibit 20

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: Scott J. Tepper and Samuel L. Begley, attorneys for the Mississippi Democratic Party in Taitz et al v. Democratic Party of Mississippi [sic], et al, No. 3:12-cv-00280-HTW-LRA (S.D. Miss.)

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

1. The original Certificate of Live Birth for Barack Hussein Obama, II, is on file with the State of Hawaii Department of Health.
2. The information contained in the "Certificate of Live Birth" published at <http://www.whitehouse.gov/blog/2011/04/27/president-obamas-long-form-birth-certificate> and reviewed by me on the date of this verification, a copy of which is attached with your request, matches the information contained in the original Certificate of Live Birth for Barack Hussein Obama, II on file with the State of Hawaii Department of Health

.....

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. ATO*  
Alvin T. Onaka, Ph.D.  
State Registrar

Date Issued: May 31, 2012

# Exhibit 21

STATE OF HAWAII		CERTIFICATE OF LIVE BIRTH		DEPARTMENT OF HEALTH	
		FILE NUMBER 151		61 10641	
1a. Child's First Name (Type or print)		1b. Middle Name		1c. Last Name	
BARACK		HUSSEIN		OBAMA, II	
2. Sex	3. This Birth	4. If Twin or Triplet, Was Child Born	5a. Birth Date	Month	Day Year
Male	Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	August	4,	1961
6a. Place of Birth: City, Town or Rural Location				6b. Island	
Honolulu				Oahu	
6c. Name of Hospital or Institution (If not in hospital or institution, give street address)				6d. Is Place of Birth Inside City or Town Limits?	
Kapiolani Maternity & Gynecological Hospital				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
7a. Usual Residence of Mother: City, Town or Rural Location			7b. Island	7c. County and State or Foreign Country	
Honolulu			Oahu	Honolulu, Hawaii	
7d. Street Address				7e. Is Residence Inside City or Town Limits?	
6085 Kalaniana'ole Highway				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		9. Race of Father		10. Age of Father	
BARACK HUSSEIN OBAMA		African		25	
11. Birthplace (Island, State or Foreign Country)		12a. Usual Occupation		12b. Kind of Business or Industry	
Kenya, East Africa		Student		University	
13. Full Maiden Name of Mother		14. Race of Mother		15. Age of Mother	
STANLEY ANN DUNHAM		Caucasian		18	
16. Birthplace (Island, State or Foreign Country)		17a. Type of Occupation Outside Home During Pregnancy		17b. Date Last Worked	
Wichita, Kansas		None			
18a. Signature of Parent or Other Informant		18b. Date of Signature		19a. Signature of Attendant	
Stanley Ann Dunham Obama		8-7-61		David A. Simola	
19b. Date of Signature		20. Date Accepted by Local Reg.		21. Signature of Local Registrar	
8-8-61		AUG - 8 1961		U. H. Lee	
22. Date Accepted by Reg. General					
AUG - 3 1961					
23. Evidence for Delayed Filing or Alteration					

APR 25 2011

I CERTIFY THIS IS A TRUE COPY OR  
ABSTRACT OF THE RECORD ON FILE IN  
THE HAWAII STATE DEPARTMENT OF HEALTH

Alvin T. Onaka, Ph.D.  
STATE REGISTRAR