

EXHIBIT 2

STATE OF HAWAII		CERTIFICATE OF LIVE BIRTH		DEPARTMENT OF HEALTH	
			FILE NUMBER	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	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?	
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			
I certify that the above stated information is true and correct to the best of my knowledge.		18a. Signature of Parent or Other Informant		18b. Date of Signature	
		<i>Barack Obama</i>		Parent <input checked="" type="checkbox"/> Other <input type="checkbox"/>	
I hereby certify that this child was born alive on the date and hour stated above.		19a. Signature of Attendant		19b. Date of Signature	
		<i>Alvin A. Onaka</i>		M.D. <input checked="" type="checkbox"/> D.O. <input type="checkbox"/> Midwife <input type="checkbox"/> Other <input type="checkbox"/>	
20. Date Accepted by Local Reg.		21. Signature of Local Registrar		22. Date Accepted by Reg. General	
AUG - 8 1961		<i>Alvin A. Onaka</i>		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

1

R		1955		1955	
N		M		L	
S		Non		1955	
AUG - 8 1955		V. L. Lee		1955	

James T. O'Connell, T.S.A.