

Exhibit 1

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	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					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?			
6085 Kalaniana'ole Highway					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				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		
		<i>Ann Dunham Obama</i>			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		
		<i>David A. Simola</i>			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		<i>U. Lee</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