

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
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"/> Other <input type="checkbox"/>		18b. Date of Signature	
		<i>Ann Dunham Obama</i>				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"/> D.O. <input type="checkbox"/> Midwife <input type="checkbox"/> Other <input type="checkbox"/>		19b. Date of Signature	
		<i>David A. Simola</i>				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