STATE OF HAWAII

CERTIFICATE OF LIVE BIRTH

DEPARTMENT OF HEALTH

FILE NUMBER 151

1a. Child's First Name (Type or print) | 1b. Middle Name | 1c. Last Name

2. Sex | 3. This Birth — Single ☐ Twin ☐ Triplet ☐ | 4. If Twin or Triplet, Was Child Born — 1st ☐ 2nd ☐ 3rd ☐ | 5a. Birth Date — Month Day Year | 5b. Hour — M.

6a. Place of Birth: City, Town or Rural Location | 6b. Island

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 ☐ No ☐

7a. Usual Residence of Mother: City, Town or Rural Location | 7b. Island | 7c. County and State or Foreign Country

7d. Street Address

7e. Is Residence Inside City or Town Limits? If no, give judicial district
Yes ☐ No ☐

7f. Mother's Mailing Address

7g. Is Residence on a Farm or Plantation?
Yes ☐ No ☐

8. Full Name of Father

9. Race of Father

10. Age of Father | 11. Birthplace (Island, State or Foreign Country) | 12a. Usual Occupation | 12b. Kind of Business or Industry

13. Full Maiden Name of Mother

14. Race of Mother

15. Age of Mother | 16. Birthplace (Island, State or Foreign Country) | 17a. Type of Occupation Outside Home During Pregnancy | 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 ▶
Parent ☐ Other ☐

18b. Date of Signature

I hereby certify that this child was born alive on the date and hour stated above.

19a. Signature of Attendant ▶
M.D. ☐ D.O. ☐ Midwife ☐ Other ☐

19b. Date of Signature

20. Date Accepted by Local Reg.

21. Signature of Local Registrar ▶

22. Date Accepted by Reg. General

23. Evidence for Delayed Filing or Alteration