

STATE OF HAWAII

## CERTIFICATE OF EVIL BIRTH

DEPARTMENT OF DEATH

FILE  
NUMBER 151

666 10641

1a. Child's First Name (Type or print)		1b. Middle Name		1c. Last Name				
BAHACK		HUSSEIN		OMAMA, 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 type="checkbox"/> Twin <input type="checkbox"/> Triplet <input checked="" type="checkbox"/>	1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input checked="" type="checkbox"/>		August	4	1966		7:24 P.M.
6a. Place of Birth: City, Town or Rural Location						6b. Island		
Kenya, East Africa						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'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					
BAHACK HUSSEIN OMAMA			Asian					
10. Age of Father		11. Birthplace (Island, State or Foreign Country)		12a. Usual Occupation		12b. Kind of Business or Industry		
28		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		
12		Wichita, Kenya		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>Alvin T. Onaka</i>			Parent <input checked="" type="checkbox"/> Other <input type="checkbox"/>		8-6-66
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>Revised A. Similan</i>			M.D. <input checked="" type="checkbox"/> D.O. <input type="checkbox"/> Midwife <input type="checkbox"/> Other <input type="checkbox"/>		8-6-66
20. Date Accepted by Local Reg.		21. Signature of Local Registrar			22. Date Accepted by Reg. General			
AUG 18 1966		<i>U.K. Lee</i>			AUG 18 1966			
23. Evidence for Delayed Filing or Alteration								

APR 25 2012

I CERTIFY THIS IS A PART COPY OR  
ABSTRACT OF THE RECORD ON FILE IN  
THE HAWAII STATE DEPARTMENT OF DEATHAlvin T. Onaka, POD  
STATE REGISTRAR