

EXHIBIT 1

NEIL ABERCROMBIE
GOVERNOR OF HAWAII



LORETTA J. FUDDY, A.C.S.W., M.P.H.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. BOX 3378
HONOLULU, HI 96801-3378

In reply, please refer to:
File: CHSM

May 19, 2011

Ms. Orly Taitz, Esq.
29839 Santa Margarita Pkway, Suite 100
Rancho Santa Margarita, CA 92688

Dear Ms. Taitz:

This is provided in response to your UIPA requests received by Health Director Loretta Fuddy and myself on May 9, 2011.

The State's public records law, the Uniform Information Practices Act (Modified) ("UIPA"), found at chapter 92F, Hawaii Revised Statutes ("HRS") requires that all government records be open to public inspection unless access is restricted or closed by law. Government records means information maintained by an agency in written, auditory, visual, electronic, or other physical form, see HRS §92F-3. The UIPA does not require an agency to provide access to government records that state law protects from disclosure, see HRS §92F-13 (4), nor does it require agencies to respond to all questions asked by the agency.

State law prohibits the department from disclosing any vital statistics records or information contained in such records unless the requestor has a direct and tangible interest in the record, or as otherwise allowed by statute or administrative rule. See HRS §338-18. Direct and tangible interest is determined by HRS §338-18(b).

For these reasons, your request received on May 9, 2011 is being denied in its entirety.

Sincerely,

ALVIN T. ONAKA, Ph.D.
State Registrar & Chief
Office of Health Status Monitoring
Hawaii State Department of Health

Enclosures

EXHIBIT 2

THE WHITE HOUSE

WASHINGTON

April 22, 2011

Loretta J. Fuddy, A.C.S.W., M.P.H.
Director of Health
State of Hawaii
Department of Health
1250 Punchbowl Street, Room 325
Honolulu, HI 96813

Dear Ms. Fuddy:

I am writing to request two certified copies of my original certificate of live birth. With this letter, I hereby authorize my personal counsel, Ms. Judith Corley of Perkins Coie in Washington, D.C., to act on my behalf in providing any additional information or paying any fees required by the Department of Health to fulfill my request. Ms. Corley is also authorized to make any necessary arrangements for delivery of the certified copies from your office.

Thank you for your assistance.

Sincerely,

A handwritten signature in black ink, appearing to be 'Barack Obama', written over the word 'Sincerely,'.

Barack Obama

EXHIBIT 3

HEIL ABERCROMBIE
GOVERNOR OF HAWAII



LORETTA J. FUDDY, A.C.S.W., M.P.H.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. BOX 3378
HONOLULU, HI 96801-3378

In reply, please refer to:
File:

April 25, 2011

The Honorable Barack Obama
President of the United States
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20500

Dear President Obama:

I have reviewed your request for two certified copies of your original Certificate of Live Birth. As the Director of Health for the State of Hawaii, I have the legal authority to approve the process by which copies of such records are made. Through that authority, in recognition of your status as President of the United States, I am making an exception to current departmental policy which is to issue a computer-generated certified copy.

We hope that issuing you these copies of your original Certificate of Live Birth will end the numerous inquiries received by the Hawaii Department of Health to produce this document. Such inquiries have been disruptive to staff operations and have strained State resources.

Enclosed please find two certified copies of your original Certificate of Live Birth. I have witnessed the copying of the certificate and attest to the authenticity of these copies. A receipt for the payment of these documents is attached for your files. Please let us know if we can be of further assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "Loretta J. Fuddy".

Loretta J. Fuddy, A.C.S.W., M.P.H.
Director of Health

Enclosures

EXHIBIT 4

Affidavit

STATE OF FLORIDA)
)S.S.
COUNTY OF DUVAL)

I, Felicitio Papa, am over 18 years old and resident of 7579 Walden Road, Jacksonville, FL 32244 with FL DL #P100-245-45-082-0. I do not suffer from any mental impairment and can competently attest to the following under the penalty of perjury:

1. I am a professional web developer having graduated with a bachelor’s degree in IT at ITT Technical Institute in Indianapolis, IN.
2. I have over ten years of experience of web designs and development and have often used software such as Adobe Photoshop and Adobe Illustrator.
3. I downloaded from the official Whitehouse website, www.whitehouse.gov. April 27, 2011, the new birth certificate of Barack Obama II: http://www.whitehouse.gov/sites/default/files/rss_viewer/birth_certificate_long-form.pdf
4. I observed that the birth certificate pdf file could be opened with Adobe Illustrator and the software revealed that this document has many layers of images on it. This indicates that the document was not a true copy of the original birth certificate, but a recently created document using Adobe Illustrator.
5. I further observed that this document does not have an embossed seal normally affixed by civil registrars to attest to the authenticity of government issued documents.

FURTHER AFFIANT SAYETH NOT.



FELICITIO PAPA

SUBSCRIBED TO AND SWORN TO before me on April 28, 2011.



NOTARY PUBLIC

GODFREY C WILLIS, JR.
Notary Public, State of Florida
My comm. exp. Jan. 24, 2014
Comm. No. DD 955008

STATE OF HAWAII

CERTIFICATE OF LIVE BIRTH

DEPARTMENT OF HEALTH

FILE
NUMBER 151

61 10611

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. Month
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
6a. Place of Birth: City, Town or Rural Location				6b. Island	5c. Year
Honolulu				Oahu	1961
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		
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>Stanley 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 type="checkbox"/> 19b. Date of Signature	
		<i>Alvin A. Conner</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>W.H. Lee</i>		AUG - 5 1961	
23. Evidence for Delayed Filing or Alteration					

APR 25 2011

CERTIFY THIS IS A TRUE COPY OR
ABSTRACT OF THE RECORD ON FILE IN
THE HAWAII STATE DEPARTMENT OF HEALTHAlvin T. Conner, Ph.D.
STATE REGISTRAR

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N. I. H. at I. H. h. al add L	
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Non	
<i>David A. Simlar</i> <i>U. C. Lee</i>	
AUG - 8 96	

Blaine T. O'Connell, P.E.