SECRET

AB MEMO 7002
12 August 1964

MEMORANDUM FOR : Chief, WH/SA

ATTENTION : Mr. W.M. Kerbe, & Mr. B. Hidalgo

SUBJECT : [redacted] Documentation for AMMUG-1, AB Case 4983

REFERENCE : A. WH/SA Memo 64-620, 3 Aug 64
B. WH/SA Memo, 10 Aug 64

1. As requested in reference, attached are the following documents prepared by TSD for use by AMMUG-1:

a. [redacted] passport No. [redacted] in the name of Ernesto Jesus GARCIA Guzman showing issuance in [redacted] 7 February 1963.

b. [redacted] Vaccination Certificate No. [redacted] issued in [redacted] 29 November 1962.

[redacted]

2. The [redacted] passport is valid to 7 February 1965.

3. It is understood that subject has actually received a smallpox vaccination on a date not earlier than that shown on the above vaccination certificate.

4. The Office of Security has confirmed that subject has legal status for being in the United States. It is understood that your office will inform the [redacted] Office of subjects departure date and personalia for information of I&NS.

5. On completion of the current operational mission, the above documents should be returned to TSD for inspection and maintenance.

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6. Attached are an itinerary and cover notes accounting for the bearer's acquisition and use of the above documents.

7. Please sign and return one copy of the authentication receipt which is also attached.

03

CHIEF/TSD/AB

Attachment: 1 envl.
As Stated

Distribution:
Orig & 1 - Addressee

N/N

SECRET

Passport TSD
Dec 64

Attachment to
AB MEMO 7002
12 August 1964

TO: C/WH/SA
(Mr. W.M.Kerbe & Mr. B. Hidalgo)

FROM: TSD/AB/4

IDENTITY DOCUMENTS ENCLOSED

DO NOT STAPLE [illegible] envelope
except [illegible] 1" strip at top

DO NOT TEAR OUT [illegible] PLATE

SENDER: Staple other [illegible] strip
at top of envelope for fastening to
correspondence

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COVER NOTES

1. Ernesto Jesus GARCIA Guzman, the bearer of [redacted] Passport No. [redacted] was born in [redacted] on 6 February 1937. He is a writer by profession. His home address in [redacted] is [redacted]

2. He secured his present passport, in [redacted] on 7 February 1963, for a trip to the United States. He was traveling at that time for pleasure and was also collecting material for a series of articles.

3. He had been issued a vaccination certificate on 29 November 1962 for previous travel on an earlier passport and continued to use the same vaccination certificate since it was valid to November 1965.

4. He is now traveling as a tourist to the United States and to Spain. While he is traveling primarily for pleasure, he intends to collect some material for his writing.

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[illegible]

[illegible] Department of the physician [illegible] the malpractice [illegible] on the basis of the [illegible] of physicians [illegible] indicated. Yellow fever [illegible] private physicians, [illegible] only by public [illegible] [illegible] tickets [illegible] the country are appropriate for the place where the immunization would have been given [illegible] would also have [illegible] If there is no yellow fever immunization [illegible], the private physician could [illegible] mailed the certificate to the public health office for certification.

The certificate must be signed in ALLAS [illegible] each immunization [illegible]

Group 1
Excluded from automatic
downgrading and
declassification

SECRET

SECRET

RECEIPT FOR AUTHENTICATION MATERIALS

CASE 4982

TO: TSD/IB

DATE 18 August 1964

I HEREBY ACKNOWLEDGE RECEIPT OF THE FOLLOWING AUTHENTICATION MATERIALS TRANSMITTED WITH MEMO NO. 7014 DATED 18 August 1964 AND PREPARED IN ACCORDANCE WITH WH/HA 64-619, 3 August 1964

(Hector Raul ANDRADE Olivares) [redacted] Birth Certificate
International Vaccination Certificate

07

OFFICER'S SIGNATURE

NOTE: Authentication Materials must be returned to TSD/IB as soon as the intended operational use has been fulfilled; unused documents, whether filled in or blank, must be returned to TSD/IB when no longer needed.

TSD/IB should be notified if any of the Authentication Materials are destroyed, lost, or for any other reason can no longer be returned.

D-061

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2/PV

ESTADO LIBRE ASOCIADO DE PUERTO RICO
DEPARTAMENTO DE SALUD
Registro de [illegible]

COMMONWEALTH OF PUERTO RICO
DEPARTMENT OF HEALTH
Bureau of Demographic Registry

CERTIFICADO DE ACTA DE NACIMIENTO

[illegible]

[illegible] in the section of births
[illegible] the following birth:

[illegible] 76 [illegible] Santurce, Puerto R

23 febrero [illegible] febrero

[illegible] Hector Raul Andrade Olivares [illegible] X

[illegible] Andrade Díaz Santurce, Puerto Rico

[illegible] Olivares Flores San Juan, Puerto Rico

Hector Raul Andrade Olivares

[illegible] Santurce, Puerto Rico

ESTE CERTIFICADO [illegible] EN EL MISMO APARECEN TACHADURAS BORRADURAS O ALTERACIONES

[illegible] San Juan,

ESTADO LIBRE ASOCIADO DE PUERTO RICO
DEPARTAMENTO DE SALUD
Negociado de Registro Demográfico

COMMONWEALTH OF PUERTO RICO
DEPARTMENT OF HEALTH
Bureau of Demographic Registry

CERTIFICADO DE ACTA DE NACIMIENTO

Certificate of Birth Registration

Por que en la Sección de Nacimientos del Registro aparece la siguiente anotación:

76	[illegible]	1221	Santurce, Puerto Rico
[illegible]	febrero 1937		febrero 1937
[illegible]	Hector Raul Andrade Olivares		x
Padre	Pablo Andrade Díaz		Santurce, Puerto Rico
Madre	Juana Olivares Flores		San Juan, Puerto Rico

DATOS SOBRE EL SOLICITANTE

Información de Ley

Hector Raul Andrade Olivares	
Carolina 1754- Pda. 25-Santurce, Puerto Rico	

[illegible]

ADVERTENCIA

[illegible]

ESTE CERTIFICADO NO SERA VALIDO SI EN EL MISMO APARECEN TACHADURAS BORRADURAS O ALTERACIONES

11-4-63 San Juan, [illegible]

14-00000

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION

CERTIFICAT INTERNATIONAL DE VACCINATION OU DE REVACCINATION CONTRE LA VARIOLE

This is to certify that
Je soussigné(e) certifie que Hector Raul ALBRADE Olivares M

whose signature follows
dont la signature suit

date of birth
né(e) le

has on the date indicated been vaccinated or revaccinated against smallpox
a été vacciné(e) ou revacciné(e) contre la variole à la date indiquée

Date	Signature or professional status of vaccinator	Official stamp of vaccination centre

THE VALIDITY OF THIS CERTIFICATE [illegible] years beginning 5 days after the date of vaccination or, in the event of a revaccination, on the date of that revaccination.

The [illegible] in the United States, the stamp is that of the local or State health department of the area in which the immunizing physician practices, [illegible] vaccination center [illegible] the latter service.)

Any amendment of this certificate or erasure in it [illegible] to complete any part of it may render it invalid.

LA VALIDITÉ DE CE CERTIFICAT [illegible] commencant cinq jours après la date de la vaccination ou, en cas de revaccination, à la date de cette revaccination.

[illegible] Aux Etats-Unis [illegible] du Département de la Santé [illegible] service.)

[illegible]

* [illegible] must be repeated [illegible] date expired.

** [illegible] certificate [illegible]

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW FEVER

CERTIFICAT INTERNATIONAL DE VACCINATION OU DE REVACCINATION CONTRE LA FIÈVRE JAUNE

This is to certify that
Je soussigné certifie que

sex
sexe

whose signature follows
dont la signature suit

date of birth
né(e) le

has on the date indicated been vaccinated or revaccinated against yellow fever
a été vacciné(e) ou revacciné(e) contre la fièvre jaune à la date indiquée

Date	Signature or professional status of vaccinator	Official stamp of vaccination centre