

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.) 07 08

b. [REDACTED] Vaccination Certificate No. [REDACTED] issued in [REDACTED] 29 November 1962.) 08 08

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&MS. 31

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 encl.
As Stated

Distribution:
Orig & 1 - Addressee

470

SECRET

Attachment to
AB MEMO 7002
12 August 1964

*Passport TSD
Nov 64*

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

FROM: TSD/AB/4

IDENTITY DOCUMENTS ENCLOSED

DO NOT STAPLE envelope
except at 1" strip at top

DO NOT TIE OR CLIP

SENDER: Staple off at punch strip
at top of envelope for fastening to
correspondence

SECRET

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COVER NOTES

1. (Ernest Jesus GARCIA Guzman, ⁰⁷) the bearer of () Passport No. () was born in () on 6 February 1937. He is a writer by profession. His home address in () is () ⁰⁸
2. He secured his present passport, in () ^{10.11} on (7 February 09 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.

8/PV
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APPROVED FOR
APPROVED FOR RELEASE 1994
CIA HISTORICAL REVIEW PROGRAM

DATE 11/1/94

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INTERNATIONAL VACCINATION CERTIFICATE

This is a yellow international form to be completed by a physician, or
other official, of the country of origin, prior to departure from
the country. The name of the physician or official, the malpractice certificate
number, and the date of the certificate, and the address of the physician,
if not indicated. Yellow fever, cholera, typhoid, and other diseases,
may be, but only by public health officials. The signature of the doctor
must be on the certificate, and the place where the vaccination would
have been given. The certificate must be signed by the physician or
other official, and the date of the certificate. If there is no yellow fever vaccination
entered, the private physician could not transfer the certificate to the public
health office for certification.

The certificate must be signed in ALIAS once for each vaccination
certificate.

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Group 1
Excluded from automatic
downgrading and
declassification

SECRET

RECEIPT FOR AUTHENTICATION MATERIALS

TO: TSD/IB

CASE 4982

DATE 18 August 1964

I HEREBY ACKNOWLEDGE RECEIPT OF THE FOLLOWING AUTHENTICATION MATERIALS
TRANSMITTED WITH MEMO NO. 701A DATED 18 August 1964 AND PREPARED IN
ACCORDANCE WITH WH/SA 64-619, 3 August 1964

(Hector Paul ANDRADE Olivares)

07

11
Birth Certificate
International Vaccination Certificate

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.

GOBIERNO DE PUERTO RICO
DEPARTAMENTO DE SALUD
Neg. Estado de Puerto Rico, San Juan

GOVERNMENT OF PUERTO RICO
DEPARTMENT OF HEALTH
Bureau of Demographic Registry

CERTIFICADO DE ACTA DE NACIMIENTO

(Certificate of Birth Record)

Presented to the Registrar of Births in the Section of Births and Deaths the following birth record:

NAME: 76 San Juan, Puerto Rico

DATE OF BIRTH: 23 February 1947

PLACE OF BIRTH: San Juan, Puerto Rico

NAME OF FATHER: Don Juan Antonio Rivera

NAME OF MOTHER: Doña Andrea Díaz

NAME OF CHILD: Don Juan Antonio Rivera

NAME OF CHILD: Don Juan Antonio Rivera

NAME OF CHILD: Don Juan Antonio Rivera

NAME OF CHILD: Don Juan Antonio Rivera

NAME OF CHILD: Don Juan Antonio Rivera

NAME OF CHILD: Don Juan Antonio Rivera

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

GOVERNMENT OF PUERTO RICO
DEPARTMENT OF HEALTH
Bureau of Demographic Registry

CERTIFICADO DE ACTA DE NACIMIENTO
Certificate of Birth Registration

En la Sección de Nacimientos del Registro
aparece la siguiente inscripción:

En this day, in the Section of Births of the Registry
has been duly registered with the following:

76	Fecha de Nacimiento Date of Birth	1221	Sancti Spiritus, Puerto Rico
Mes y Año Month and Year		febrero 1937	febrero 1937
Nombre Name		Hector Raul Andrade Olivares	X
Padre Father		Pablo Andrade Díaz	Sancti Spiritus, Puerto Rico
Madre Mother		Juana Olivares Flores	San Juan, Puerto Rico

DATOS SOBRE EL SOLICITANTE
Information on Applicant

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

Se declara una vez más que el presente acta de nacimiento es una copia fiel del original que se encuentra en el Registro de Nacimientos.
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<p>ADVERTENCIA</p> <p>Este documento es una copia de un acta de nacimiento registrada en el Registro de Nacimientos. No debe ser utilizado como prueba de identidad o de ciudadanía sin la presencia del original. Cualquier uso indebido de esta copia será considerado un delito.</p>	<p>NOTICE</p> <p>This document is a copy of a birth record registered in the Bureau of Demographic Registry. It should not be used as proof of identity or citizenship without the presence of the original. Any improper use of this copy will be considered a crime.</p>
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ESTE CERTIFICADO NO SERA VALIDO SI EN EL MEMO APARECEN TACHAS, BORRADOS O ALTERACIONES

11-4-37	San Juan
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INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION -
CERTIFICAT INTERNATIONAL DE VACCINATION OU DE REVACCINATION CONTRE LA VARIOLE

This is to certify that
Jaime Sissigobal certifies que Direct.: Raul A. BRADE OLIVERA Set: 1980 14

Where registered? Alaska Date of birth 1-20-22
 (If registered in Alaska)
 (If registered in Alaska)

has a \mathbb{Z} -basis $\{e_1, \dots, e_n\}$ and $\{f_1, \dots, f_n\}$ are dual to $\{e_1, \dots, e_n\}$ respectively. $\{e_1, \dots, e_n\}$ and $\{f_1, \dots, f_n\}$ are dual bases of V and V^* respectively.

[illegible][illegible]

100-443887-100
 100-443887-100
 100-443887-100

From 1961 to 1963, the following table shows the number of persons who were employed in the various occupations in the United States, by sex and race.

THE VALIDITY OF THIS CERTIFICATE shall extend for a period of 3 years beginning on the date of its issuance, and shall terminate on the date of expiration or, in the event of a re-examination, on the date of that re-examination.

For the purpose of international exchange, the following stamp is required by the health authorities of the United States: the stamp is that of the local or State health department of the area in which the immunizing physician practices. The stamp must contain, in English, the name of the vaccinee, the date of birth, the name of the vaccine, the date of vaccination, the name of the physician, the name of the health center, and the name of the local or State health department. The stamp must be affixed to the certificate of vaccination.

Any amendment of this schedule or program is to be in compliance with, and may render void, the provisions of the schedule or program as amended.

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

1. The first of these is the fact that the United States is a democratic country, and that the United States is a free country.

1. The following information was obtained from the records of the Department of the Interior, Bureau of Land Management, regarding the land owned by the United States in the State of California:

5. A complete and accurate list of the names of the persons who are members of the committee shall be maintained by the committee and shall be made available to the public upon request.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW FEVER
CERTIFICAT INTERNATIONAL DE VACCINATION OU DE REVACCINATION CONTRE LA FIEVRE JAUNE

The following table shows the results of the regression analysis for the dependent variable $\ln Y$ (ln of the dependent variable) and the independent variables X_1 to X_6 (ln of the independent variables). The table is divided into two parts: the first part shows the results of the regression analysis for the dependent variable $\ln Y$ and the independent variables X_1 to X_6 (ln of the independent variables). The second part shows the results of the regression analysis for the dependent variable $\ln Y$ and the independent variables X_1 to X_6 (ln of the independent variables).

State of birth

on the date indicated herein a certificate of compliance against which a writ

10-10-68

5. Signature of person(s) in charge of collection

1. The first step is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.