

SECRET

AB MEMO 7002
12 August 1964

MEMORANDUM FOR : Chief, WH/SA

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

SUBJECT : (Ecuadorean) 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. (Ecuadorean) passport No. (19406) in the name of (Ernesto Jesus GARCIA Guzman) showing issuance in (Guayaquil, Ecuador 7 February 1963.)
 - b. (Ecuadorean) Vaccination Certificate No. (4814) issued in (Guayaquil, Ecuador 29 November 1962.)



2. The (Ecuadorean) 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 (Alien Affairs) 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
ALBIN R. TRECIOKAS
CHIEF/TSD/AB

Attachment: 1 encl.
As Stated

Distribution:
Orig & 1 - Addressee

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SECRET

*Resubmitt TSD
Nov 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 envelope
except at 1" strip at top

DO NOT FOLD OR CRUMPLE

SENDER: Staple off at 1" strip
at top of envelope for fastening to
correspondence

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COVER NOTES

1. ⁰⁷ (Ernesto Jesus GARCIA Guzman) the bearer of ¹¹ (Ecuadorean) Passport No. (19406) was born in (Guayaquil, Ecuador) on 6 February 1937. He is a writer by profession. His home address in [redacted] is [redacted] 08
2. He secured his present passport, in ^{10.11} (Guayaquil, Ecuador) 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.

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8/PV

APPROVED FOR
APPROVED FOR RELEASE 1994
CIA HISTORICAL REVIEW PROGRAM

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INTERNATIONAL ASSOCIATION OF PHYSICIANS

This is a system. International Association of Physicians...
...to the actual status of the patient's symptoms...
...the name of the physician and hospital...
...the date of the patient's admission...
...the date of discharge...
...Yellow fever...
...only by public health...
...the place where the...
...the private physician could...
...the public health office for certification.

The certificate must be signed by ALIAS...
certification.

SECRET

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

(Rector Raul ABRAM Olivares)

11
(Puerto Rican 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 filed 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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DEPARTAMENTO DE SALUD
Neg. de Reg. de Actos de Estado Civil

DEPARTMENT OF PUBLIC HEALTH
BUREAU OF DEMOGRAPHIC REGISTRY

CERTIFICADO DE ACTA DE NACIMIENTO

(Certificate of Birth Record)

Presented to me in the section of birth records by the following father:

NAME: San Juan, Puerto Rico

DATE OF BIRTH: 23 febrero 1947

PLACE OF BIRTH: San Juan, Puerto Rico

NAME OF FATHER: San Juan, Puerto Rico

NAME OF MOTHER: San Juan, Puerto Rico

NAME OF REGISTRAR: San Juan, Puerto Rico

NAME OF REGISTRAR: San Juan, Puerto Rico

NAME OF REGISTRAR: San Juan, Puerto Rico

NAME OF REGISTRAR: San Juan, Puerto Rico

PETE COTI TIRREDA (C) 1947. REPRODUCED BY THE MEXICO ANATOMY LABORATORIES BORRAC
PAS O ACT 1947/1948

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

Lo que en la Sección de Actos de Registro de Nacimiento aparece la siguiente inscripción:

As it appears in the Section of Births of the Registry and is hereby being filed with a true and correct copy:

76	Fecha de nacimiento	1937	1221	Lugar de nacimiento	Santurce, Puerto Rico
Mes y año		febrero	1937	Lugar de nacimiento	
Nombre del niño		Hector Raul Andrade Olivares			
Nombre del padre		Rafael Andrade Díaz			
Nombre de la madre		Juana Olivares Flores			

DATOS SOBRE EL SOLICITANTE
 Information on Applicant

Nombre del solicitante	Hector Raul Andrade Olivares
Domicilio	Carolina 1754 - Pda. 25 - Santurce, Puerto Rico

ADVERTENCIA

Este certificado no será válido si en el mismo aparecen tachaduras borraduras o alteraciones.

This certificate shall be invalid if it contains erasures, deletions or alterations.

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

Fecha	11-4-33	Lugar	San Juan
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INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
CERTIFICAT INTERNATIONAL DE VACCINATION OU DE REVACCINATION CONTRE LA VARIOLE

This certificate is valid for a period of 10 years from the date of issue.
 Ce certificat est valide pour une période de dix ans à compter de la date de délivrance.

Whose signature follows: Dr. Raul A. BRADE OLIVARES Date of birth: 1-10-1937

has vaccinated or revaccinated the individual named in this certificate against smallpox.
 a été vacciné ou revacciné contre la variole.

Signature of the holder: [Signature]
 Date: 1-10-1957

REMARKS:
 1. In the United States, the stamp is that of the local or State health department of the area in which the vaccinating physician practices, the Department of Defense, a Federal or State vaccination center, the level of the Public Health Service, or the general S-C stamp approved by the latter service.
 2. Any amendment of this certificate is erroneous and does not constitute any part of it, may render it invalid.

LA VALIDITE DE CE CERTIFICAT est valable pour une période de dix ans à compter de la date de délivrance.
 Ce certificat est valide pour une période de dix ans à compter de la date de délivrance.
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INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW FEVER
CERTIFICAT INTERNATIONAL DE VACCINATION OU DE REVACCINATION CONTRE LA FIEVRE JAUNE

This certificate is valid for a period of 10 years from the date of issue.
 Ce certificat est valide pour une période de dix ans à compter de la date de délivrance.

Whose signature follows: _____ Date of birth: _____

has vaccinated or revaccinated the individual named in this certificate against yellow fever.
 a été vacciné ou revacciné contre la fièvre jaune.

Signature of professional status of vaccinator: _____ Date: _____