

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.)
- c. (I&NS Form I-94 showing arrival in the United States 28 July 1964.)

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

47D

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 envelope 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 (Ecuadorian) Passport No. (19406) was born in (Guayaquil, Ecuador) on 6 February 1937. He is a writer by profession. His home address in (Guayaquil) is (Calicuchima 517.) ¹⁰
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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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 ANIBAL 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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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 the following inscription is recorded:

76	Fecha de nacimiento	1221	Lugar de nacimiento	Santurce, Puerto Rico
	febrero	1937	febrero	1937
Nombre del niño	Hector Raul Andrade Olivares			X
Padre	Héctor Andrade Díaz			Santurce, Puerto Rico
Madre	Juana Olivares Flores			San Juan, Puerto Rico

DATOS SOBRE EL SOLICITANTE
Information on Applicant

Hector Raul Andrade Olivares

Carolina 1754 Pda. 25-Santurce, Puerto Rico

ADVERTENCIA

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

This certificate will not be valid if in the same there are deletions, erasures or alterations.

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

11-4-37

San Juan

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.
 Je certifie par la présente que le titulaire de ce certificat a été vacciné ou revacciné contre la variole le 10/10/1957 à 14 ans.

whose signature follows: Dr. Raul A. BRADE OLIVEIRA Date of birth: 10/10/1937

has been vaccinated or revaccinated against smallpox.
 a été vacciné ou revacciné contre la variole le 10/10/1957 à 14 ans.

Signature of the holder: [Signature] Address: [Address]

Signature of the vaccinator: [Signature] Address: [Address]

Signature of the official: [Signature] Address: [Address]

THE VALIDITY OF THIS CERTIFICATE shall extend for a period of 10 years from the date of issue, in the event of a revaccination on the date of that revaccination.

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.

Any amendment of this certificate is invalid unless it complies with the provisions of the regulations.

LA VALIDITE DE CE CERTIFICAT s'étend pour une période de dix ans à compter de la date de sa délivrance, en cas de revaccination, à la date de cette revaccination.

En ce qui concerne les États-Unis, le tampon est celui du département local ou de l'État de santé publique de la zone dans laquelle le médecin vaccinateur exerce sa profession, le Département de la Défense, un centre fédéral ou d'État de vaccination, le niveau du Service de Santé Publique, ou le tampon général S-C approuvé par ce dernier service.

Any amendment of this certificate is invalid unless it complies with the provisions of the regulations.

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.
 Je certifie par la présente que le titulaire de ce certificat a été vacciné ou revacciné contre la fièvre jaune le 10/10/1957 à 14 ans.

whose signature follows: [Signature] Date of birth: 10/10/1937

has on the date indicated been vaccinated or revaccinated against yellow fever.
 a été vacciné ou revacciné contre la fièvre jaune le 10/10/1957 à 14 ans.

Signature of professional status of vaccinator: [Signature] Address: [Address]

Date: 10/10/1957