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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] ⁰⁸ in the name of (Ernesto Jesus ⁰⁷ GARCIA Guzman showing issuance in [redacted] 7 February 1963.) ⁰⁸

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

[redacted]

2. The [redacted] ¹⁶ 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. 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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AB MEMO 7002
12 August 1964
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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

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SECRET

*Passport 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 punch strip
at top of envelope for fastening to
correspondence

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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.

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CIA HISTORICAL REVIEW PROGRAM

SECRET

INTERNATIONAL COMMUNICATIONS

This is a... International Communications...
...of the physician...
...indicated...
...only by public health...
...approach...
...public health office for certification.

The certificate must be signed in ALIAS and the copy transmitted

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 ANDRAE Olivares)

07

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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 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
DEPARTAMENTO DE SALUD
Neg. de Reg. de Actos de Estado Civil

DEPARTMENT OF PUBLIC HEALTH
DEPARTMENT OF HEALTH
Bureau of Demographic Registry

CERTIFICADO DE ACTA DE NACIMIENTO

(Certificate of Birth Record)

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

NAME: 76 SEX: Male PLACE OF BIRTH: Santurce, Puerto Rico

DATE OF BIRTH: 23 MONTH: February YEAR: 1947 TIME OF BIRTH: February

PLACE OF BIRTH: Sancti Spiritus Hospital, Santurce, Puerto Rico

NAME OF FATHER: Julio Andres Diaz NAME OF MOTHER: San Juan, Puerto Rico

NAME OF FATHER: San Juan, Puerto Rico

NAME OF FATHER: San Juan, Puerto Rico

NAME OF FATHER: San Juan, Puerto Rico

NAME OF FATHER: San Juan, Puerto Rico

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NAME OF FATHER: San Juan, Puerto Rico

PETE COTRINEZ DIRECTOR GENERAL DE REGISTRO Y ESTADISTICA DE NACIMIENTOS Y MUERTES TALLERAS BORRACAS PASO A PASO

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 lo siguiente en el acta:

As it appears in the Section of Births of the Registry and is hereby set forth as follows:

76	Fecha de nacimiento	1937	1221	Lugar de nacimiento	Santurce, Puerto Rico
	Month	febrero	Year	Day	
	Month	1937	Year	Month	febrero
	Year	1937	Year	Year	1937
Nombre			X		
Hector Raul Andrade Olivares					
Padre			Santurce, Puerto Rico		
Hablo Andrade Díaz					
Madre			San Juan, Puerto Rico		
Juana Olivares Flores					

DATOS SOBRE EL SOBOCRANEO
 Information on Address

Nombre		Hector Raul Andrade Olivares
Dirección		Carolina 1754 - Pda. 25 - Santurce, Puerto Rico
Código de una zona		
Código de una ciudad		
Código de un distrito		

ADVERTENCIA

Este certificado es válido para fines de identificación y estadística. No debe ser usado para fines legales, como el pago de impuestos, a menos que sea certificado por el Registrador de Actos de Registro de Nacimiento. Este certificado no es válido si en el mismo aparecen tachaduras borradas o alteraciones.

NOTICE

This certificate is valid for identification and statistical purposes. It should not be used for legal purposes, such as the payment of taxes, unless it is certified by the Registrar of Births. This certificate is not valid if it contains deletions, erasures or alterations.

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

Fecha	11-1-33	Lugar	San Juan
Firma			

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
CERTIFICAT INTERNATIONAL DE VACCINATION OU DE REVACCINATION CONTRE LA VARIOLE

This certificate is that of Dr. Raul Andrade Oliveira MD
 Je certifie que ce certificat est de Dr. Raul Andrade Oliveira MD

whose signature follows Dr. Raul Andrade Oliveira MD 1957
 dont la signature suit Dr. Raul Andrade Oliveira MD 1957

has been vaccinated or revaccinated against smallpox
 a été vacciné ou revacciné contre la variole

Signature of professional status of vaccinator
 Signature of professional status of vaccinator

Signature of professional status of vaccinator
 Signature of professional status of vaccinator

THE VALIDITY OF THIS CERTIFICATE IS GUARANTEED FOR A PERIOD OF 10 YEARS BEGINNING 6 MONTHS AFTER THE DATE OF AN INDIVIDUAL'S VACCINATION OR, IN THE EVENT OF A REVACCINATION, ON THE DATE OF THAT REVACCINATION.
 LA VALIDITÉ DE CE CERTIFICAT EST GARANTIE POUR UNE PÉRIODE DE 10 ANS À PARTIR DE SIX MOIS APRÈS LA DATE D'UNE VACCINATION INDIVIDUELLE OU, EN CAS DE REVACCINATION, À PARTIR DE LA DATE DE CETTE REVACCINATION.

IN THE UNITED STATES, THE STAMP OF THE LOCAL OR STATE HEALTH DEPARTMENT OF THE AREA IN WHICH THE VACCINATING PHYSICIAN PRACTICES, THE DEPARTMENT OF COMMERCE, BUREAU OF PHARMACEUTICALS, CENTER FOR CONTROL OF PRODUCTS, OR THE SPECIAL S-C Stamp Approval (by the latter service) ANY AMENDMENT OF THIS CERTIFICATE OR FAILURE TO COMPLETE ANY PART OF IT MAY RENDER IT VOID.

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

This certificate is that of Dr. Raul Andrade Oliveira MD
 Je certifie que ce certificat est de Dr. Raul Andrade Oliveira MD

whose signature follows Dr. Raul Andrade Oliveira MD 1957
 dont la signature suit Dr. Raul Andrade Oliveira MD 1957

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

Signature of professional status of vaccinator
 Signature of professional status of vaccinator