

**SECRET**AB MEMO 7002  
12 August 1964

MEMORANDUM FOR : Chief, WH/SA

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

SUBJECT : (Ecuadorian) 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. (Ecuadorian) passport No. (19406) in the name of (Ernesto Jesus GARCIA Guzman) showing issuance in (Guayaquil, Ecuador 7 February 1963.)
  - b. (Ecuadorian) Vaccination Certificate No. (4814) issued in (Guayaquil, Ecuador 29 November 1962.)
2. The (Ecuadorian) 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. 31
5. On completion of the current operational mission, the above documents should be returned to TSD for inspection and maintenance.

(1/1)

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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  
((P))

ALBIN R. TRECIOKAS  
CHIEF/TSD/AB

Attachment: 1 envl.  
As Stated

Distribution:  
Orig & 1 - Addressee

(1/PW)

**SECRET**

Attachment to  
AB MEMO 7002  
12 August 1964

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

FROM: TSD/AB/4

**IDENTITY DOCUMENTS ENCLOSED**

**DO NOT STAPLE** to envelope  
except in 1" strip at top

**DO NOT FOLD OR CRUMBLE**

**SENDER:** Staple off, do not staple  
at top of envelope for returning to  
correspondence

**SECRET**

SECRET

COVER NOTES

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

8/17/

8/17/63

14-00008  
**APPROVED FOR RELEASE 1994**  
**CIA HISTORICAL REVIEW PROGRAM**

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**RECOMMENDATION FOR APPROVAL**

This is a formal informational document and is not to be distributed outside the CIA or its contractors by anyone other than an authorized personnel. The name of the physician involved in the malady could be included on the back of the certificate if the address of the physician is not clearly indicated. Yellow fever should not normally be given by private physicians, especially, but only by public health officials. The signature of the doctor would be the only one appropriate for the place where the certificate would have been signed. If the physician is not available at the time the certificate is to be issued, it would also have to be signed by another physician. If there is no yellow fever immunization center, the private physician could then mail the certificate to the public health office for certification.

The certificate must be signed in ALIAS over the body implants when certified.

~~SECRET~~

Group I  
Excluded from automatic  
downgrading and  
declassification

**SECRET**

**RECEIPT FOR AUTHENTICATION MATERIALS**

**TO:** TSD/IB

**CASE 4902**  
**DATE** 18 August 1968

I HEREBY ACKNOWLEDGE RECEIPT OF THE FOLLOWING AUTHENTICATION MATERIALS  
TRANSMITTED WITH MEMO NO. 7018 DATED 18 August 1968 AND PREPARED IN  
ACCORDANCE WITH ME/SA 64-619, 3 August 1968

(Hector Paul ANDRADE Olivares)

(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

**SECRET**

2/pv

Denuncias

ESTADO DE SANTA CATARINA  
MUNICIPIO DE MACHADAS (INHANGUÁ) BASEADA

Denunciante: Cidinho de Souza  
RG: 00000000-0  
CPF: 000.000.000-00  
Endereço: Rua das Flores, 123, Centro  
Cidade: Machadas  
UF: SC  
CEP: 88888-000

Denunciante: Cidinho de Souza  
RG: 00000000-0  
CPF: 000.000.000-00  
Endereço: Rua das Flores, 123, Centro  
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UF: SC  
CEP: 88888-000

CERTIFICAÇÃO DE ACTA DE ADVERTENCIAS

Habendo sido feita a leitura da Acta de Advertência, constata-se que:  
a) Aviso foi feito ao infrator.  
b) A advertência é de caráter grave.

Atesta que a Acta de Advertência foi feita na data e hora certas.  
Assinatura do Agente de Policia Civil

ESTADO LIBRE ASOCIADO DE PUERTO RICO  
DEPARTAMENTO DE NACIMIENTO  
Notario de Registro Demócratico

CIVIC 077-1937 PLENO RICO  
DEPARTAMENTO  
Bureau of Demographic Registry

CERTIFICADO DE ACTA DE NACIMIENTO

Certificate of Birth Registration

Yo que en la acta de nacimiento registrada  
aparece la siguiente información:

I declare in the birth registration act that it appears therein the following information:

76	Alonso	1221	Santurce, Puerto Rico
Nombre	Apellido	Número de Acta	Lugar de Nacimiento
febrero	1937	febrero	1937
Hector Raul Aníbal Olivares			X
Padre	Olivares	Santurce, Puerto Rico	
Juana Olivares Flores		San Juan, Puerto Rico	

DATOS SOBRE EL SOLICITANTE  
Information on Applicant

Rector Raul Aníbal Olivares

Carolina 1754 - Pda. 33-Santurce, Puerto Rico

Identidad:

Residencia:

Edad:

Sexo:

Estado Civil:

Profesión:

Religion:

Condición:

Este CERTIFICADO NO SERÁ VÁLIDO SI EN EL Mismo APARECEN TACHADURAS HORRADAS  
O ALGUNAS

11-6-33

San Juan

Puerto Rico

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION**

**CERTIFICAT INTERNATIONAL DE VACCINATION OU DE REVACCINATION CONTRE LA VARIOLE**

This is to certify that  
Je suis certifié de la part de... Direct. Raúl A. DRADE, Olívaras, Cuba

Whom I have known since  
Date of birth:

has on this day been vaccinated or revaccinated against smallpox  
& shall remain so for a period of one year from the date indicated.

Date of vaccination or revaccination:  
Signature of physician or revaccinator:  
Address of physician or revaccinator:

Date of birth:  
Address:

Address:

Lima, Peru  
Revaccination  
Santurce, Puerto Rico

The validity of this certificate will extend for a period of five years beginning 5 days after the date of my last smallpox vaccination or, in the event of a re-vaccination, on the date of that re-vaccination.

The last provided immunization must be verified by a duly authorized representative of the health department in which the vaccination was performed. In the United States, the stamp is that of the local or State health department of the area in which the immunizing physician practices, the Commissioner of Supplies, a registered voter at every vaccination center, the seal of the Public Health Service, or the smallpox stamp of the latter service.

Any amendment of this certificate is illegal and is to be considered as forged. It may render it invalid.

LA VALIDITÉ DE CE CERTIFICAT couvrira une période de cinq ans à compter du jour d'expédition de ce document, à moins qu'il n'indique une date plus tardive. Dans tous les cas, cette validité sera déterminée par un représentant autorisé de l'administration de la santé dans la zone où a été effectuée la vaccination. Aux États-Unis, le timbre est celui de l'administration locale ou de l'Etat de la ville où le médecin qui a effectué la vaccination exerce, ou bien celui du Secrétaire à la Santé publique ou du Bureau des approvisionnements, ou bien celui de l'agence de la Santé publique.

Toute modification de ce certificat est illégale et est à considérer comme forgée. Elle peut rendre ce document nul et non avenue.

\* Please indicate the date you want the stamp to be applied to.

Si vous souhaitez que le timbre soit apposé à une date différente, indiquez-la.

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW FEVER**

**CERTIFICAT INTERNATIONAL DE VACCINATION OU DE REVACCINATION CONTRE LA FIEVRE JAUNE**

This is to certify that  
Je suis certifié de la part de... Direct. Raúl A. DRADE, Olívaras, Cuba

Whom I have known since  
Date of birth:

has on the date indicated been vaccinated or revaccinated against yellow fever  
& shall remain so for a period of one year from the date indicated.

Date of vaccination or revaccination:  
Signature of physician or revaccinator:  
Address of physician or revaccinator:

Date of birth:  
Address:

Date of birth:  
Address:

Date of vaccination or revaccination:  
Signature of physician or revaccinator:  
Address of physician or revaccinator: