

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)
ALBIN R. TRECIOKAS
CHIEF/TSD/AB

Attachment: 1 encl.
As Stated

Distribution:
Orig & 1 - Addressee

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*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 TIE or **CLIP** ENVELOPE

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

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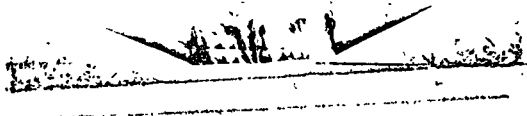
COVER NOTES

1. ⁰⁷ (Ernesto Jesus GARCIA Guzman) the bearer of ¹¹ (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.) 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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**APPROVED FOR RELEASE 1994
CIA HISTORICAL REVIEW PROGRAM**



SECRET

INTERNATIONAL CERTIFICATION OF PHYSICIANS

This is a system of international certification of physicians from all countries to the medical status of the world's physicians. It is a system of certification of the names of the physicians and their qualifications. The system is based on the fact that the certification of physicians is a national function. Yellow fever certificates are not given by private physicians, only by public health physicians. The system of certification is based on the fact that the physicians for the place where the certification would have been given. The system of certification would also have been applied to the world. If there is no yellow fever certification entered, the private physician could not attach the certificate to the public health office for certification.

The certificate must be signed in ALIAS once for each permanent
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 ANTONIO 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 Births and Deaths the following birth record:

Child's Name: Diego Sex: M Date of Birth: 23 February 1977 Place of Birth: San Juan, Puerto Rico

Parents: Diego Sanchez Alvarez María Alvarez Alvarez

Place of Birth: San Juan, Puerto Rico

Parents' Names: Diego Sanchez Alvarez María Alvarez Alvarez

Place of Birth: San Juan, Puerto Rico

Signature of Registrar: _____

Signature of Father: _____

Signature of Mother: _____

Signature of Registrar: _____

PETE COTI TIRREDA DIRECTOR GENERAL DE REGISTRO Y ESTADISTICA DEMOGRAFICA BORRAC
PAS O ACT 1977

San Juan

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

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 Actas de los Registros aparece lo siguiente inscrito:

As it appears in the Section of Births of the Registry as recorded by the following entries:

76	Acta de Nacimiento	1221	Santurce, Puerto Rico
febrero	1937	febrero	1937
Nombre: Hector Raul Andrade Olivares		X	
Padre: Pablo 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. 35 - Santurce, Puerto Rico

Se certifica que el presente acta de nacimiento es una copia verdadera y fiel de lo que en la Sección de Actas de los Registros aparece inscrito.

Se certifica que el presente acta de nacimiento es una copia verdadera y fiel de lo que en la Sección de Actas de los Registros aparece inscrito.

Se certifica que el presente acta de nacimiento es una copia verdadera y fiel de lo que en la Sección de Actas de los Registros aparece inscrito.

Se certifica que el presente acta de nacimiento es una copia verdadera y fiel de lo que en la Sección de Actas de los Registros aparece inscrito.

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

11-1-37

San Juan

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

This certificate is that
 Je certifie par ce que Dr. Raul A. BRADE OLIVIERA 1934

whose signature follows
 dont la signature suit 1934 1934

has certified that the individual named herein has been vaccinated
 a été certifié que l'individu nommé ci-dessus a été vacciné

by the following
 par le suivant Dr. Raul A. BRADE OLIVIERA

Signature of the holder of the certificate
 Signature du titulaire du certificat

Signature of the vaccinator
 Signature du vaccinateur

Signature of the official
 Signature de l'officier

Signature of the official
 Signature de l'officier

Signature of the official
 Signature de l'officier

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Signature of the official
 Signature de l'officier

THE VALIDITY OF THIS CERTIFICATE shall extend for a period of 3 years beginning 5 days after the date of its issuance, 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 erroneous and does not constitute any part of it, may render it invalid.

LA VALIDITE DE CE CERTIFICAT s'etend pour une periode de trois ans, a compter de 5 jours apres la date de son emission, dans le cas d'une revaccination, a la date de cette revaccination.

En ce qui concerne les Etats-Unis, le timbre est celui du departement local ou etatique de sante publique de la region ou le medecin vaccinateur exerce sa profession, le Department of Defense, un centre de vaccination federal ou etatique, le niveau du Service de Sante Publique, ou le timbre general S-C approuve par ce dernier service.

Toute modification de ce certificat est erronee et ne constitue aucune partie de celui-ci, peut rendre celui-ci invalide.

*If the certificate is a duplicate, it must be reissued, and a new certificate must be issued.

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 certifie par ce que

whose signature follows
 dont la signature suit

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

Signature of the professional status of vaccinator
 Signature du statut professionnel du vaccinateur

Date
 Date

Signature of the official
 Signature de l'officier