

where signature of the
 host is required and
 has on the day indicated been vaccinated or re-vaccinated against smallpox
 a full certificate or vaccination certificate is also required.

OCT 18 1963

Name JUN 8 1963	Signature and professional status of vaccinator [Signature] P.O. BOX 30016 NEW ORLEANS, LA.	Date of vaccination JUN 8 1963
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Age <input type="checkbox"/> 0-14 <input type="checkbox"/> 15-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65-74 <input type="checkbox"/> 75-84 <input type="checkbox"/> 85-94 <input type="checkbox"/> 95-104	Approved stamp JUN 8 1963
Type of vaccination <input type="checkbox"/> Primary <input type="checkbox"/> Revaccination	Site of vaccination <input type="checkbox"/> Arm <input type="checkbox"/> Back <input type="checkbox"/> Thigh <input type="checkbox"/> Other	Name of health center <input type="checkbox"/> Health Center <input type="checkbox"/> Hospital <input type="checkbox"/> Dispensary <input type="checkbox"/> Other

THE VALIDITY OF THIS CERTIFICATE shall extend for a period of 3 years, beginning 3 days after the date of a successful primary vaccination or, in the event of a revaccination, on the date of that revaccination.

The approval stamp mentioned above must be in a form prescribed by the health administration of the country in which the vaccination is performed. In the United States, in conformity with the International Certificate of Vaccination, the approval stamp, the Department of Defense, a designated public health service center, the staff of the Public Health Service, or the special "D-1" stamps issued by the latter service.

Any amendment of this certificate, or erasure, or failure to complete any part of it, may render it invalid.

LA VALIDITE DE CE CERTIFICAT expire au bout de trois ans commençant trois jours apres la date d'une vaccination primaire reussie ou, en cas de revaccination, a partir de la date de cette revaccination.

Le tampon d'approbation mentionne ci-dessus doit etre en une forme prescrite par l'administration de sante de la pays ou est effectuee la vaccination. Aux Etats-Unis, en conformite avec le certificat international de vaccination, le personnel du Department of Defense, le personnel des centres de sante publique designes, le personnel du Service de Sante Publique, ou le personnel des "D-1" stamps speciaux du Service de Sante Publique.

Toute modification de ce certificat, ou effacement, ou omission de remplir une partie de celui-ci, peut le rendre invalide.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW FEVER

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION CONTRE LA FIÈVRE JAUNE

This is to certify that
 Je certifie ainsi que

where signature of the
 host is required and
 has on the day indicated been vaccinated or re-vaccinated against yellow fever
 a full certificate or vaccination certificate is also required.

Name	Signature and professional status of vaccinator	Date of vaccination	Approved stamp

WORLD HEALTH ORGANIZATION
 CENTRE DE VACCINATION

Approved stamp
 [Stamp]

THIS CERTIFICATE IS VALID only if the vaccine used has been approved by the World Health Organization and if the vaccinating center has been designated by the health administration for the country in which that center is situated.

THE VALIDITY OF THIS CERTIFICATE shall extend for a period of 3 years, beginning 3 days after the date of vaccination.

6-430717-0632 AX
 JUN 8 1963

11/29/63

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST SMALLPOX

CERTIFICAT INTERNATIONAL DE VACCINATION OU DE REVACCINATION CONTRE LA VARIOLE

This is to certify that LEE OSWALD sex MALE
 Je soussigné(e) certifie que LEE OSWALD sexe MASCULIN

whose signature follows [Signature] date of birth OCT 18 39
 dont la signature suit [Signature] né(e) le OCT 18 39

has on the date indicated been vaccinated or revaccinated against smallpox,
 a été vacciné(e) ou revacciné(e) contre la variole à la date indiquée.

Date	Indiquer par "X" whether or not it is of	Signature, professional status, and address of vaccinator	Approved stamp
JUN 8 1963	1a Primary vaccination performed <input checked="" type="checkbox"/> 1b Revaccination <input type="checkbox"/> 2a <input type="checkbox"/> 2b <input type="checkbox"/>	Signature, qualité professionnelle, et adresse du vaccinateur <u>[Signature]</u> D. R. J. HIDEEL P. O. BOX 30016 NEW ORLEANS, LA.	Cachet d'autorisation JUN 10 1963 NEW ORLEANS, LA.

THE VALIDITY OF THIS CERTIFICATE shall extend for a period of 3 years, beginning 8 days after the date of a successful primary vaccination or, in the event of a revaccination, on the date of that revaccination.

The approved stamp mentioned above must be in a form prescribed by the health administration of the country in which the vaccination is performed. (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 designated yellow fever vaccination center, the seal of the Public Health Service, or the special "S-C" stamp approved by the latter service.)

Any amendment of this certificate, or erasure, or failure to complete any part of it, may render it invalid.

LA VALIDITÉ DE CE CERTIFICAT couvre une période de trois ans commençant huit jours après la date de la primo-vaccination effectuée avec succès (prise) ou, dans le cas d'une revaccination, le jour de cette revaccination.

Le cachet d'autorisation doit être conforme au modèle prescrit par l'administration sanitaire du territoire où la vaccination est effectuée. (Aux États-Unis ce cachet doit être celui du Service d'hygiène ou d'état, de la ville ou du comté ou du vaccinateur exerçant la médecine, du Département de la Défense, d'un centre désigné pour vaccination contre la fièvre jaune, le sceau du Service de la Santé Publique des États-Unis, ou le timbre spécial "S-C" approuvé par ce service.)

Toute correction ou rature sur le certificat ou l'omission d'une quelconque des mentions qu'il comporte peut affecter sa validité.

If unsuccessful, vaccination must be repeated and a new certificate executed.
 Si la vaccination n'a pas pris, il faudra recommencer et un nouveau certificat devra être établi.

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 _____ sex _____
 Je soussigné(e) certifie que _____ sexe _____

whose signature follows _____ date of birth _____
 dont la signature suit _____ né(e) le _____

has on the date indicated been vaccinated or revaccinated against yellow fever,
 a été vacciné(e) ou revacciné(e) contre la fièvre jaune à la date indiquée.

Date	Signature and professional status of vaccinator	Origin and batch number of vaccine	Official stamp of vaccinating center
	Signature et qualité professionnelle du vaccinateur	Origine du vaccin employé et numéro du lot	Cachet officiel du centre de vaccination

VACCINATING CENTER
 CENTRE DE VACCINATION
 ADDRESS (CITY-VILLE) STATE-ÉTAT
 ADRESSE

THIS CERTIFICATE IS VALID only if the vaccine used has been approved by the World Health Organization and if the vaccinating center has been designated by the health administration for the country in which that center is situated.

THE VALIDITY OF THIS CERTIFICATE shall extend for a period of 6 years, beginning 10 days after the date of vaccination (for India, Pakistan, and Ceylon 12 days) or, in the event of a revaccination, within such period of 6 years, from the date of that revaccination.

Any amendment of this certificate, or erasure, or failure to complete any part of it, may render it invalid.

CE CERTIFICAT N'EST VALABLE que si le vaccin employé a été approuvé par l'Organisation Mondiale de la Santé et si le centre de vaccination a été habilité par l'administration sanitaire du territoire dans lequel ce centre est situé.

LA VALIDITÉ DE CE CERTIFICAT couvre une période de six ans commençant dix jours après la date de la vaccination (pour l'Inde, le Pakistan et Ceylon 12 jours) ou, dans le cas d'une revaccination au cours de cette période de six ans, le jour de cette revaccination.

Toute correction ou rature sur le certificat ou l'omission d'une quelconque des mentions qu'il comporte peut affecter sa validité.

D-47

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA
 CERTIFICAT INTERNATIONALE DE VACCINATION OU DE REVACCINATION CONTRE LE CHOLÉRA

This is to certify that
 Je soussigné(e) certifie que _____ sex _____
 whose signature follows
 dont la signature suit _____ date of birth
 né(e) le _____
 has on the date indicated been vaccinated or revaccinated against cholera.
 a été vacciné(e) ou revacciné(e) contre le choléra à la date indiquée.

Date	Signature, professional status, and address of vaccinator Signature, qualité professionnellement, et adresse du vaccinateur	Approved stamp Cachet d'autorisation

THE VALIDITY OF THIS CERTIFICATE shall extend for a period of 6 months, beginning 6 days after the first injection of the vaccine or, in the event of a revaccination within such period of 6 months on the date of that revaccination. (In the United States two injections are given for the initial series.)
 The approved stamp mentioned above must be in a form prescribed by the health administration of the country in which the vaccination is performed. (In the United States, the stamp is that of the local State health department or the area in which the vaccinating physician practices, the Department of Defense, a designated yellow fever vaccination center, the seal of the Public Health Service or the special "S-C" stamp approved by the latter service.)
 Any amendment of this certificate or erasure, or failure to complete any part of it, may render it invalid.

LA VALIDITÉ DE CE CERTIFICAT couvre une période de six mois commençant six jours après la première injection du vaccin ou, dans le cas d'une revaccination au cours de cette période de six mois, le jour de cette revaccination. (Aux États-Unis deux injections sont données aux séries initiales.)
 Le cachet d'autorisation doit être conforme au modèle prescrit par l'administration sanitaire du territoire où la vaccination est effectuée. (Aux États-Unis ce cachet doit être celui du Service d'Hygiène de l'État, de la ville ou du comté où le vaccinateur exerce la médecine, du Département de la Défense, d'un centre désigné de vaccination contre la fièvre jaune, le sceau du Service de la Santé Publique des États-Unis, ou le timbre spécial "S-C" approuvé par ce service.)
 Toute correction ou rature sur le certificat ou l'omission d'une quelconque des mentions qu'il comporte peut affecter sa valeur.

OTHER IMMUNIZATIONS (Typhus, Typhoid, Paratyphoid, Plague, Tetanus, etc.)
 AUTRES IMMUNISATIONS (Typhus, Fièvre typhoïde et paratyphoïde, Peste, Tétanos, etc.)

Vaccine	Date	Dose	Physician's signature—Signature du médecin

INTERNATIONAL CERTIFICATES OF VACCINATION
 AS APPROVED BY THE WORLD HEALTH ORGANIZATION
 CERTIFICATS INTERNATIONAUX DE VACCINATION APPROUVÉS PAR L'ORGANISATION MONDIALE DE LA SANTÉ

U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
 PUBLIC HEALTH SERVICE

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ADDRESS: 1111 Pennsylvania Ave., N.W.
 (Number—Numéro)
 CITY: Washington, D.C.
 (City—Ville)
 STATE: D.C.
 (State—État)

DATE: 1951
 (Date—Date)

NAME: LEE H. OSWALD
 (Name—Nom)
 TITLE: Physician
 (Title—Titre)

STAMP:

D-47

vs Vaccination certf
Oswald.

very tenuous evidence but there
is possibility that "H. Deek"

on Vaccination Certificate (Qc52)

and "Alex. J. Midell" #10
could be same person.

vs King Oswald simply can't say
because I'm not suff comp.

Also possible writer made some
attempts to alter normal but
Unexpl. var in Orig. #10