

where signature before
and a signature with

has on the day indicated been vaccinated or vaccinated against smallpox
and vaccinated or vaccinated against a disease

OCT 18 1963

| | | |
|-------------------------------|--|-----------------------------------|
| Name JUN 8 1963 | Signature and professional name of vaccinator P. O. BOX 30016 NEW ORLEANS, LA. | Date of vaccination JUN 8 1963 |
| Name of recipient [Faded] | Address of recipient [Faded] | Date of birth [Faded] |
| Name of vaccinator [Faded] | Address of vaccinator [Faded] | Date of vaccination [Faded] |
| Name of recipient [Faded] | Address of recipient [Faded] | Date of birth [Faded] |

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 provisions of the Act of the 22nd of August 1950 (Public Law 56-480), the Department of Health, Education and Welfare, acting through the Director, the need of the Public Health Service, or the special "D-1" stamp issued by the latter service.

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

LA VALIDITE DE CE CERTIFICAT s'etend pour une periode de trois ans, commençant trois jours apres la date d'une vaccination primaire reussie ou, en cas de revaccination, a la date de cette revaccination.

L'approbation mentionnee ci-dessus doit etre en une forme prescrite par l'administration de sante de la pays ou est realisee la vaccination. Aux Etats-Unis, en conformite avec la Loi du 22 Aout 1950 (Public Law 56-480), le Department of Health, Education and Welfare, agissant par l'intermediaire du Directeur, le Service de Sante Publique, ou le Service "D-1" special, ont besoin de ce service.

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

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW FEVER

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW FEVER

This is to certify that
 the recipient of this certificate
 was vaccinated against
 yellow fever on the _____ day of _____ 19____
 at _____

where signature before
 and a signature with

has on the day indicated been vaccinated or vaccinated against yellow fever
 and vaccinated or vaccinated against a disease

| Name | Signature and professional name of vaccinator | Date of vaccination |
|------|---|---------------------|
| | | |
| | | |
| | | |

WORLD HEALTH ORGANIZATION
 CENTRE DE REUNION

ADDRESS: 51, AVENUE DE LA LIBERTE, 1201 GENEVE, SUISSE

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

11/29/63

7077

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST SMALLPOX

CERTIFICAT INTERNATIONAL DE VACCINATION OU DE REVACCINATION CONTRE LA VARIOLÉ

This is to certify that LEE OSWALD sex MALE age 39
 whose signature follows [Signature] date of birth 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" si l'opération a été effectuée | Signature, profession, status, and address of vaccinator | Approved stamp |
|------------|---|--|------------------------|
| JUN 8 1963 | 1a Primary vaccination performed <input checked="" type="checkbox"/> 1b Revaccination <input type="checkbox"/> 2a Revaccination <input type="checkbox"/> 2b Revaccination <input type="checkbox"/> | [Signature] D. R. J. HIDEEL P.O. BOX 30016 NEW ORLEANS, LA. | JUN 10 1963 [Stamp] |

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, or the local health officer, 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 vaccination effectuée avec succès (prise) ou, dans le cas d'une revaccination, le jour de cette revaccination.

Le cachet d'authentification 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 l'état, de la ville ou du comté ou 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 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 LEE OSWALD sex MALE age 39
 whose signature follows [Signature] date of birth OCT 18 39
 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 et numéro de 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.
 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 validité.

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

RECEIVED BY SUBMITTER OF DOCUMENTS
 DOMESTIC MAILING OFFICE - WASHINGTON, D. C.
 PAID 5 CENTS - 487 PM 10

ADDRESS: _____
 NAME: *W. H. OSWALD*
 (Number—Number) _____
 (City—Ville) _____
 (State—État) _____

APPROVED BY: *W. H. OSWALD*
 (Number—Number) _____
 (City—Ville) _____
 (State—État) _____

1958 721
 800 1-47

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