

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST SMALLPOX**  
**CERTIFICAT INTERNATIONAL DE VACCINATION OU DE REVACCINATION CONTRE LA VARIOLÉ**

1963

**A. M. DEBEL**  
**NEW ORLEANS, LA**

**JUN 8 1963**

Primary vaccination performed  **R**

Revaccination performed

Signature of official performing vaccination **A. M. DEBEL**

Official stamp of health authority **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 on the receipt of a revaccination on the date of that revaccination.

The approved stamp mentioned above must be on 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 city health department. In other countries, the Department of Health, a designated yellow fever vaccination center, the port of the Public Health Service, or the special "S-C" stamp approved by the latter service.)

Any amendment of this certificate in respect of its validity or failure to complete any part of it may render it invalid.

LA VALIDITÉ DE CE CERTIFICAT s'étend pendant une période de trois ans, commençant huit jours après la date de la vaccination primaire réussie ou le jour de la revaccination, si celle-ci a été effectuée. Dans les États-Unis, le tampon est celui du local ou du département de santé publique ou du département de santé publique de la ville. Dans d'autres pays, il s'agit du département de santé publique, d'un centre désigné pour la vaccination contre la fièvre jaune ou d'un port de service de la Santé Publique, ou d'un tampon spécial "S-C" approuvé par ce service.)

If unsuccessful vaccination must be repeated and a new certificate executed. If revaccination is not given, it should recommence on an appropriate certificate from the date.

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

This is to certify that  
 Je certifie que  
 (person) (nom)  
 (signature)  
 (date of birth)  
 (date)  
 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.

Signature and professional status of vaccinator	Organ and date of issue	Official stamp of health authority
Signature et statut professionnel de vaccinateur	Organ et date de délivrance	Tampon officiel de l'autorité de santé

VACCINATION CENTER  
 CENTRE DE VACCINATION

ADDRESS: CITY: STATE:

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

THE VALIDITY OF THIS CERTIFICATE shall extend for a period of 10 years, beginning 10 days after the date of vaccination (for India, Pakistan, and Ceylon 12 days) or on the receipt of a revaccination within one 10-year period, from the date of that revaccination.

Any amendment of this certificate in respect of its validity or failure to complete any part of it may render it invalid.

LA VALIDITÉ DE CE CERTIFICAT s'étend pendant une période de dix ans, commençant dix jours après la date de la vaccination (pour l'Inde, le Pakistan et le Ceylan 12 jours) ou le jour de la revaccination, si celle-ci a été effectuée, dans une période de dix ans à compter de la date de cette revaccination.)

Consent Exhibit No. 813

INTERNATIONAL CERTIFICATES OF  
VACCINATION  
AS APPROVED BY  
THE WORLD HEALTH ORGANIZATION  
CONVENTION INTERNATIONALE DE VACCINATION  
APPROUVÉE PAR  
L'ORGANISATION MONDIALE DE S.S. SANTE

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



OFFICE OF PUBLIC HEALTH  
WASHINGTON, D. C. 20495

Form with multiple columns and rows, likely for recording vaccination details. The text is mostly illegible due to high contrast and scan quality.

THE VALIDITY OF THIS CERTIFICATE shall extend for a period of 2 months beginning 3 days after the last injection of the vaccine and a period of 6 months after the last injection of the vaccine. The validity of this certificate shall extend for a period of 2 months beginning 3 days after the last injection of the vaccine and a period of 6 months after the last injection of the vaccine. The validity of this certificate shall extend for a period of 2 months beginning 3 days after the last injection of the vaccine and a period of 6 months after the last injection of the vaccine.

Certificate Exhibit No. 313

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