

INTERNATIONAL CERTIFICATES OF
VACCINATION
AS APPROVED BY
THE WORLD HEALTH ORGANIZATION

CERTIFICATS INTERNATIONAUX DE VACCINATION
APPROUVES PAR
L'ORGANISATION MONDIALE DE LA SANTE

TRAVELER'S NAME—Nom du voyageur

LEE H. OSWALD

ADDRESS (Number—Numéro) (Street—Rue)
ADRESSE

NEW ORLEANS

(City—Ville)

LA.

(County—Département) (State—État)

U. S. DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
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OTHER IMMUNIZATIONS (Typhus, Typhoid-Paratyphoid, Plague, Tetanus, etc.)
AUTRES IMMUNISATIONS (Typhus, Fièvre typhoïde et paratyphoïde, Peste, Tétanos, etc.)

Physician's signature—Signature du médecin

Dose

Date

Vaccine

CADIGAN EXHIBIT No. 24