

## INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST SMALLPOX

CERTIFICAT INTERNATIONAL DE VACCINATION OU DE REVACCINATION CONTRE LA VARIOLE

This is to certify that  
Je soussigné(e) certifie que

LEE OSWALD

SEX

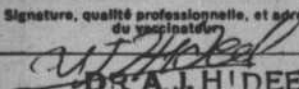

M

SEX

whose signature follows  
dont la signature suitdate of birth  
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          | Indicate by "X" whether<br>Indiquer par "X"<br>s'il s'agit de   | Signature, professional status, and address<br>of vaccinator<br>Signature, qualité professionnelle, et adresse<br>du vaccinateur             | Approved stamp<br>Cachet<br>d'autorisation   |
|---------------|---|--|--|
| JUN 8<br>1963 | 1a<br>Primary<br>vaccination<br>performed<br>Primovaccination<br>effectuée <input checked="" type="checkbox"/>      | <br>DR. J. H. DEEL<br>P. O. BOX 30016<br>NEW ORLEANS, L. A. | 1a<br> |
|               | 1b<br>Read as successful<br>Prise <input type="checkbox"/><br>Unsuccessful<br>Pas de prise <input type="checkbox"/> |  | 1b   |
|               | 2<br><input type="checkbox"/><br>Revaccination  |  | 2  |
|               | 3<br><input type="checkbox"/><br>Revaccination  |  | 3  |

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 immunizing 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

CADIGAN EXHIBIT No. 23