

7/23/38

A.E.F. D.P. REGISTRATION RECORD

(1) REGISTRATION NO. **AD1702987**

Duplicate Original

M. F. Married Divorced

Ywanow **Anna** **Jonow** **Poland** **gr-cote**

(2) Family Name: **Ywanow** (3) Sex: **gr-cote** (4) Marital Status: **gr-cote**

(5) Claimed Nationality: **Poland** (6) Birthdate: **5. F. 1895** (7) Religion (Optional): **Wolcowa**

(8) Number of Dependents: **Wolkow Powko** (9) Country: **Poland** (10) Full Name of Father: **Wolkow Powko**

(11) Full Maiden Name of Mother: **Jonow**

(12) Desired Destination: **U.S.A** (13) Last Permanent Residence or Residence January 1, 1938: **Jonow Poland**

City or Village: **hausfrau** Country: **Poland** Province: **Poland** City or Village: **Poland** Province: **Poland** Country: **Poland**

(14) Usual Trade, Occupation or Profession: **hausfrau** (15) Performed in What Kind of Establishment: **2584**

(16) Do You Claim to be a Prisoner of War: **Yes** No (17) Languages Spoken in Order of Fluency: **a. uer. b. pol. c.**

(18) Signature of Registrar: **Wolcowa A** (19) Amount and Kind of Currency in your Possession: **20.- RM**

(20) Signature of Registrar: **Wolcowa A** Date: **20.7.38** Assembly Center No. **2584**

(21) Destination or Reception Center: **UNRRA** (22) Team: **Team 568** (23) City or Village: **Mittenwald** (24) Country: **Togewassene**

(23) Code for Issue	Name or Number								City or Village								Province								Country							
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28				
	165-75 BRUNN - BROW (24) REMARKS: UNIT AND TEAM 1084 DP CAMP JEGENKASANO MITTENWALD																															

DP-2
16-50781-1

MEDICAL CLEARANCE CERTIFICATE											
1st		2nd		3rd		4th		5th		6th	
(25) Dates of Disinfection		M.		C. D.		D.		REMARKS		HEALTHY	
(26) PHYSICAL CONDITION ON ARRIVAL		M.		C. D.		D.		REMARKS		HEALTHY	
(27) IMMUNIZATION RECORD		Type		Date		Initials		Type		Date	
T. (Epid)		1.		30-8-46		uelp		D.		3-11-47	
T. T. (Tab.)		1.		30-8-46		uelp		O.		3-11-47	
S. Vacc.		Date		Initials		Reaction		S.		Date	
Read.		Date		Initials		Reaction		S.		Date	
(28) Final Medical Inspection —:		Date		Initials		Reaction		S.		Date	
Arrival Medical Inspection —:		Date		Initials		Reaction		S.		Date	
(29) MOVEMENT AUTHORIZATION OR VISA		Medical Examiner		Date		Initials		Reaction		S.	
(30) RECEPTION CENTER RECORD		Medical Examiner		Date		Initials		Reaction		S.	

(31) SUPPLEMENTARY RECORD

Temporary identity certificate issued—:

Number Date Signature of Authority