

"Unaccompanied Child"

(1) REGISTRATION NO.

5	4	8	4	2	8	0	0	0	0
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A.E.F. D.P. REGISTRATION RECORD

Original Duplicate

For coding purposes

A	B	C	D	E	F	G	H	I	J
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A. B. E. L. *JS* Serjoza
 Other Given Names (3) Sex (4) Marital Status (5) Claimed Nationality
 U.S.S.R. Country (6) Jewish (7) Religion (Optional) (8) Number of Accompanying Family Members: 0
 U.S.S.R. Country (9) Jewish (10) Full Name of Mother: unknown

(12) DESIRED DESTINATION
 Palestine Province U.S.S.R. Country
 (13) LAST PERMANENT RESIDENCE OR RESIDENCE JANUARY 1, 1938.
 U.S.S.R. Province U.S.S.R. Country

(14) Usual Trade, Occupation or Profession (15) Performed in What Kind of Establishment (16) Other Trades or Occupations
 None
 (18) Do You Claim to be a Prisoner of War Yes No none
 (21) Signature of Registrant: *Leon Becker* Date: 2.X.46 Assembly Center No. 567

(17) Languages Spoken in Order of Fluency
 Russian
 (20) Signature of Registrant: *X*
 (22) Destination or Reception Center: Children's Center Team 188, Rosenheim Bavaria Germany
 U.S.S.R. Province U.S.S.R. Country

(23) Code for Issue

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	

(24) REMARKS
 Kibutz koordynazjs

MEDICAL CLEARANCE CERTIFICATE

1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	
D. D. Y.	M. G. M. P. 3	MAY.	J.	L.	L.	L.	L.	L.	L.	
Types										
(25) Dates of Disinfection										
(26) PHYSICAL CONDITION ON ARRIVAL										
L.	M.	C. D.	D.							Initials
REMARKS										
(27) IMMUNIZATION RECORD										
Type	Dose	Date							Initials	
T (Epid)	1.									
	2.									
	3.									
D.	1.									
	2.									
T. T. (Tab.)	1.									
	2.									
	3.									
O.										
S. Vacc. Reac.	Date	Initials	Reaction							
			L. V. VA.							
(28) Final Medical Inspection —:										
Arrival Medical Inspection —:										
Date										
Date										
M. R.										
Medical Examiner										
(30) RECEPTION CENTER RECORD										
(29) MOVEMENT AUTHORIZATION OR VISA										

(31) SUPPLEMENTARY RECORD

Temporary
identity
certificate
issued —:

Number Date Signature of Authority