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# PASSPORT



*United States  
of America*

4029424

PASSPORT NUMBER

PEN AND INK ENTRY OF THE PASS-  
PORT NUMBER BY THE BEARER

PLEASE FILL IN THE NAMES AND ADDRESSES BELOW.

BEARER'S ADDRESS IN THE UNITED STATES:

\_\_\_\_\_

BEARER'S FOREIGN ADDRESS:

\_\_\_\_\_

IN CASE OF DEATH OR ACCIDENT NOTIFY THE NEAR-  
EST AMERICAN DIPLOMATIC OR CONSULAR OFFICE AND:

Name \_\_\_\_\_

Address \_\_\_\_\_

### IMPORTANT INFORMATION

This passport is the property of the United States Government and must be surrendered upon demand by an authorized representative of the Department of State. It is NOT VALID until signed BY THE BEARER on page two.

### EXPIRATION

This passport is valid for five years unless expressly limited to a shorter period. The expiration date is given on page two.

### NEW PASSPORT

This passport must be presented when applying for a new passport.

(CONTINUED ON LAST PAGE)


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*The Secretary of State  
of The  
United States of America  
hereby requests all whom it  
may concern to permit the  
citizen(s) of the United States  
named herein to pass without  
delay or hindrance and in  
case of need to give said  
citizen(s) all lawful aid and  
protection.*

→ **WARNING**—ALTERATION, ADDITION OR MUTILATION OF ENTRIES IS PROHIBITED.  
ANY UNOFFICIAL CHANGE WILL RENDER THIS PASSPORT INVALID.

NAME <b>NOBU ARAI</b>	
BIRTH DATE <b>APRIL 3, 1906</b>	BIRTHPLACE <b>WASHINGTON, U.S.A.</b>
HEIGHT <b>5</b> FEET <b>0</b> INCHES	HAIR <b>BLACK GRAY</b> EYES <b>BROWN</b>
WIFE <b>X X X</b>	ISSUE DATE <b>FEB. 14, 1969</b>
MINORS <b>X X X</b>	EXPIRATION DATE → <b>FEB. 13, 1974</b>
	 SIGNATURE OF BEARER

→ **IMPORTANT: THIS PASSPORT IS NOT VALID UNTIL SIGNED BY THE BEARER.**



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FEB 13 1974  
U.S. DEPARTMENT OF STATE

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FEB 13 1974  
U.S. DEPARTMENT OF STATE

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### *Restrictions*

Unless otherwise specifically endorsed, this passport is not valid for travel into or through countries or areas to which travel has been restricted by public notice issued by the Secretary of State.

The Secretary of State announced on March 19, 1968, that travel is restricted to the following countries and areas:

CUBA

MAINLAND CHINA

NORTH KOREA

NORTH VIETNAM

You should consult a passport agency or an American Consular Office to determine whether any changes have been made in the above list.

This passport must not be used by any person other than the person to whom issued or in violation of the conditions or restrictions placed therein or in violation of the rules regulating the issuance of passports. Any willful violation of these laws and regulations will subject the offender to prosecution under Title 18, United States Code, Section 1544.

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### *Amendments and Endorsements*



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*Visas*

IT IS THE RESPONSIBILITY OF THE PASSPORT BEARER  
TO OBTAIN NECESSARY VISAS

VISIT UP TO THREE MONTHS

IMMIGRATION OFFICER  
\* (603) \*  
- 1 OCT 1969  
LONDON AIRPORT



LANDED ON CONDITION  
OF DIRECT TRAVEL  
THROUGH UNITED KINGDOM TO  
UNITED STATES OF AMERICA.

IMMIGRATION OFFICER  
\* (603) \*  
- 4 NOV 1969  
LONDON AIRPORT

6

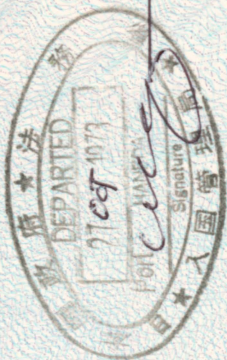
*Visas*



CLASS OF VISAS  
ADMITTED  
NOV 5 1969



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Visas

日本国査証  
VISA (観)

No. 53887

Good for...multiple...journey...to...  
Japan...for sightseeing & pleasure  
within forty-eight months of date  
hereof if passport remains valid.

SEP 12 1973

For the Consul General

*Tomohiro Ishidoh*  
(Signed)

Consulate General of Japan  
Seattle

(Fee : Free)

Period of stay:  
60 DAYS

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## IMPORTANT INFORMATION

### TRAVEL IN DISTURBED AREAS

If you travel in disturbed areas, you should keep in touch with the nearest American consular office.

### PROLONGED RESIDENCE ABROAD

If you reside abroad for a prolonged period, you should register at the nearest American consular office.

### LOSS OF NATIONALITY

You may lose your United States nationality by being naturalized in, or by taking an oath or making a declaration of allegiance to, a foreign state; or by serving in the armed forces or accepting employment under the government of a foreign state. For detailed information, consult the nearest American consular office.

### WARNING TO DUAL NATIONALS

A person is considered a dual national when he owes allegiance to more than one country at the same time. A claim to allegiance may be based on facts of birth, marriage, parentage or naturalization. A dual national may, while in the jurisdiction of the other country which considers him its national, be subject to all of its laws, including military service. If difficulties occur, consult the nearest American consular office.

### LOSS, THEFT OR DESTRUCTION OF PASSPORT

If this passport is lost, stolen or destroyed, report full details immediately to the Passport Office, Department of State, Washington, D.C. 20524, or to the nearest American consular office. In American Samoa, Guam, the Commonwealth of Puerto Rico, or the Virgin Islands of the U.S., report to the chief executive. Also notify local police authorities. New passports are issued only after careful investigation.

### ALTERATION OR MUTILATION OF PASSPORT

This passport must not be altered or mutilated in any way. You must not alter any dates or make any changes in your description, on the photograph, or on any other page of this passport. Alteration may make it INVALID and, if willful, may subject you to prosecution (Title 18, U.S. Code, Section 1543). Only authorized officials of the United States or of foreign countries, in connection with official matters, may place stamps or make statements, notations or additions in this passport. However, you may amend or up-date information supplied by you on the inside of the front cover of this passport, if necessary.

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## I. INTERNATIONAL CERTIFICATES OF VACCINATION

AS APPROVED BY  
THE WORLD HEALTH ORGANIZATION

(EXCEPT FOR ADDRESS OF VACCINATOR)  
CERTIFICATS INTERNATIONAUX DE VACCINATION  
APPROUVÉS PAR  
L'ORGANISATION MONDIALE DE LA SANTÉ  
(SAUF L'ADRESSE DU VACCINATEUR)

## II. PERSONAL HEALTH HISTORY

TRAVELER'S NAME—Nom du voyageur

*Nobu Asan*  
ADDRESS (Number—Numéro) *9411 58<sup>th</sup> So* (Street—Rue)  
ADRESSE *812 - 27th Ave*  
(City—Ville) *Seattle Wash* (State—État)  
*98118*  
†County—Département

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

PUBLIC HEALTH SERVICE



PHS-731  
Rev. 9-66

READ CAREFULLY  
INSTRUCTIONS  
Pages 10 and 11

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  
 whose signature follows  
 dont la signature suit

*Nobu Arai*  
*X Nobu Arai*

sex *Female*  
 sexe *Female*  
 date of birth  
 né(e) le *3 Apr '06*

has on the date indicated been vaccinated or revaccinated against smallpox with a freeze-dried or liquid vaccine certified to fulfill the recommended requirements of the World Health Organization.

a été vacciné(e) ou revacciné contre la variole à la date indiquée ci-dessous, avec un vaccin lyophilisé ou liquide certifié conforme aux normes recommandées par l'Organisation mondiale de la Santé.

Date	Show by "X" whether Indiquer par "X" s'il s'agit de	Signature, professional status, and address of vaccinator Signature, qualité professionnelle, et adresse du vaccinateur	Origin and batch no. of vaccine Origine du vaccin et numéro du lot	Approved stamp Cachet d'authentification
1a	Primary vaccination performed <input type="checkbox"/>			
	Primovaccination effectuée <input type="checkbox"/>			
1b	Read as successful <input type="checkbox"/>			
	Prise <input type="checkbox"/>			
	Unsuccessful <input type="checkbox"/>			
	Pas de prise <input type="checkbox"/>			
2	<input checked="" type="checkbox"/> Revaccination	<i>D. R. Peterson M.D.</i> D. R. PETERSON, M. D. EPIDEMIOLOGIST SEATTLE-KING CO. HEALTH DEPT SEATTLE, WASHINGTON	Wyeth Liquid Calf, Lymph Vaccine Lot <i>252701</i>	OFFICIAL VACCINATION WASHINGTON 46-033-10650 U. S. A.
3	<input checked="" type="checkbox"/> Revaccination	<i>Robert E. Cole M.D.</i> ROBERT E. COLE M. D. M. P. H. EPIDEMIOLOGIST SEATTLE-KING CO. HEALTH DEPT. SEATTLE, WASHINGTON	Wyeth Calf Lymph Dryvax Lot <i>290901</i>	OFFICIAL VACCINATION WASHINGTON 46-033-10650 U. S. A.
4	<input type="checkbox"/> Revaccination			
5	<input type="checkbox"/> Revaccination			

FEB 27 1969

JUL 9 1973

THE VALIDITY OF THIS CERTIFICATE shall extend for a period of 3 years, beginning 8 days after the date of 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.

Any amendment of this certificate, or erasure, or failure to complete any part of it, may render it invalid.

LA VALIDITÉ DE CERTIFICAT couvre une période de trois ans commençant huit jours après la date de la primovaccination effectuée avec succès (prise) ou, dans le cas d'une revaccination, le jour de cette revaccination.

Le cachet d'authentification doit être conforme au modèle prescrit par l'administration sanitaire du territoire où la vaccination est effectuée.

Toute correction ou rature sur le certificat ou l'omission d'une quelconque des mentions qu'il comporte puet affecter sa validité.

\*See page 10, item 2.



