

(1) REGISTRATION No.

73 0 3 3 7

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

No. 6

For coding purposes

A. B. C. D. E. F. G. H. I. J.

Original Duplicate

RMAN Chaja

M. Single Married
F. Widowed Divorced

Polish-Jew

(2) Family Name		Other Given Names		(3) Sex	(4) Marital Status	(5) Claimed Nationality																						
12.IX.1911		Warsaw		Polska	jewish	(8) Number of Accompanying Family Members: 1																						
(6) Birthdate	Birthplace	Province	Country	(7) Religion (Optional)																								
(9) Number of Dependents:	Iszak		(10) Full Name of Father		(11) Full Maiden Name of Mother																							
		Frajda		NSTEJN																								
(12) DESIRED DESTINATION				(13) LAST PERMANENT RESIDENCE OR RESIDENCE JANUARY 1, 1938.																								
Palestina				Warsaw Poland																								
City or Village		Province	Country	City or Village		Province	Country																					
farmworker																												
(14) Usual Trade, Occupation or Profession		(15) Performed in What Kind of Establishment		(16) Other Trades or Occupations																								
(17) Languages Spoken in Order of Fluency		(18) Do You Claim to be a Prisoner of War		(19) Amount and Kind of Currency in your Possession																								
a. b. c.		Yes No		X versteckt																								
(20) Signature of Registrant		(21) Signature of Registrar		Date: 3.9.46		Assembly Center No. 523																						
RMAN																												
(22) Destination or Reception Center:																												
(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																												
1941-45 Poland																												
1946 Deutschland														son: Israel 73 038														

DP-2
16-50781-1.

MEDICAL CLEARANCE CERTIFICATE												(31) SUPPLEMENTARY RECORD											
1st 3.9.46		2nd 25.2.47		D. D. T.		AL. G. M. K. J.		HEAT.		OTHER		Temporary identity certificate issued—:											
(25) Dates of Disinfestation												Number Date Signature of Authority											
(26) PHYSICAL CONDITION ON ARRIVAL				(27) IMMUNIZATION RECORD																			
L. <input checked="" type="checkbox"/>	M. <input type="checkbox"/>	C. D. <input type="checkbox"/>	D. <input type="checkbox"/>	Type	Dose	Date	Initials																
				(Epid)	1.	6.11.46	W.																
					2.	15.11.46																	
					3.																		
				D.	1.	8.10.46																	
					2.																		
				T. T. (Tab.)	1.																		
					2.	18.12.																	
					3.																		
				O.																			
				S. Vacc.	Date	Initials	Reaction																
				Read.	28.2.47	W.	I. V. VA.																
Arrival Medical Inspection —: 3.9.46				(28) Final Medical Inspection —:																			
Date				Date																			
Dr. M. R.				M. R.																			
Medical Examiner				Medical Examiner																			
(29) MOVEMENT AUTHORIZATION OR VISA												(30) RECEPTION CENTER RECORD											

