(1) Registration No. 7 3 0 3 3 7

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

Original ☐ Duplicate ☐

No. 6

For coding purposes: A. B. C. D. E. F. G. H. I. J.

(2) Family Name: RMAN — Other Given Names: Chaja

(3) Sex: F. ☒ — (4) Marital Status: M. ☐ Single ☒ Married ☐ Widowed ☐ Divorced ☐

(5) Claimed Nationality: Polish-Jew

(6) Birthdate: 12.IX.1911 — Birthplace: Warsaw — Province — Country: Polska

(7) Religion (Optional): jewish

(8) Number of Accompanying Family Members: 1

(9) Number of Dependents:

(10) Full Name of Father: Iszak

(11) Full Maiden Name of Mother: Frajda NSTEJN

(12) Desired Destination: Palestina — City or Village — Province — Country

(13) Last Permanent Residence or Residence January 1, 1938.: Warsaw Poland — City or Village — Province — Country

(14) Usual Trade, Occupation or Profession: farmworker

(15) Performed in What Kind of Establishment:

(16) Other Trades or Occupations:

(17) Languages Spoken in Order of Fluency: a. b. c.

(18) Do You Claim to be a Prisoner of War: Yes ☐ No ☒ — versteckt

(19) Amount and Kind of Currency in your Possession:

(20) Signature of Registrant: Rman

(21) Signature of Registrar: Date: 3.9.46

Assembly Center No. 523

(22) Destination or Reception Center:

(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

(24) Remarks

1941-45 Poland
1946 Deutschland

son: Israel 73 038

DP-2
16—39781-1.

MEDICAL CLEARANCE CERTIFICATE

(25) Dates of Disinfestation: 1st 3.9.46 2nd 25.2.47

1.	2.	1.	2.	1.	2.	1.	2.
D. D. T.		AL. 63 M. K.[3]		HEAT.		OTHER	

Types

(26) Physical Condition on Arrival

L.	M.	C. D.	D.
✓			

Remarks: SWISS XR neg dec. 1946

(27) Immunization Record

Type	Dose	Date	Initials
T (Epid)	1.	6.11.46	
	2.	15.11.46	
	3.		
D.	1.	8.10.46	
	2.		
T. T. (Tab.)	1.		
	2.	18.12.	
	3.		
O.			

S.	Date	Initials	Reaction I.	V.	VA.
Vacc.	28.2.47				
Read.					

Arrival Medical Inspection —: 3.9.46 Date — Dr. Kleyer — Medical Examiner

(28) Final Medical Inspection —: Date — Medical Examiner — M. R.

(29) Movement Authorization or Visa

(30) Reception Center Record

(31) Supplementary Record

Temporary identity certificate issued—:

Number	Date	Signature of Authority

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