

### Certificate of Other Vaccinations — Certificat d'autres vaccinations

Date	Nature of vaccine Genre de vaccin	Dose	Physician's signature Signature du médecin	Official position Fonction officielle	Official stamp — Timbre officiel
21. Feb. 1942	copy <b>DIPHTERIA</b>	11.0cc	<i>J. S. [Signature]</i>	VACCINATING OFFICER	MUNICIPAL SETTLEMENT CENTER MEDICAL SECTION

