

Copy
IMMUNIZATION REGISTER¹

LAST NAME		FIRST NAME	ARMY SERIAL NO.	
BARWELL		EDWIN D	0-365951	
GRADE	COMPANY	REGT. OR STAFF CORPS ³	AGE	RACE
Capt	1st	56th Cgr		W

SMALLPOX VACCINE

DATE	TYPE OF REACTION ⁴	MED. OFFICER ²
2-7-42	Immune	RCS
7/3/43	Immune	Z. N. O.
8/10/44	Vaccinia	M. D. H.

TRIPLE TYPHOID VACCINE

DATES OF ADMINISTRATION				MED. OFFICER ²
SERIES	1ST DOSE	2D DOSE	3D DOSE	
1st	June 7/40			RCS
2d	7/3/43	7-10-43	7-17-43	Z. N. O.
3d	8/10/44	STIM		M. D. H.

TETANUS TOXOID

INITIAL VACCINATION		STIMULATING DOSES	
DATE	MED. OFF. ²	DATE	MED. OFF. ²
9-29-41	RCS	1 c.c.	12-17-42
10-21-41	RCS	Tetanus	7/3/43
11-16-41	RCS	1 c.c.	8/10/44

YELLOW FEVER VACCINE

DATE	LOT No.	AMOUNT	MED. OFF. ²
2-20-46	351	1/2 cc	RCS

OTHER VACCINES

TYPE OF VACCINE	DATE	MFR'S. LOT NO.	AMOUNT	MED. OFF. ²
B.T.	"0"			
Typhus	8/13/43		1 c.c.	Z. N. O.
"	8/18/43		1 c.c.	Z. N. O.
Typhus	3/25/43		1 c.c.	Z. N. O.
Typhus	12/10/43		1 c.c.	Z. N. O.
Stim Typhus	10-12-44		1 c.c.	M. D. H.
TYPHUS	3/19/45		1 c.c.	Z. N. O.

*1st Lt R. Shannon, M. C.,
Amplu 25 Oct 45 1 c.c. 2nd H*