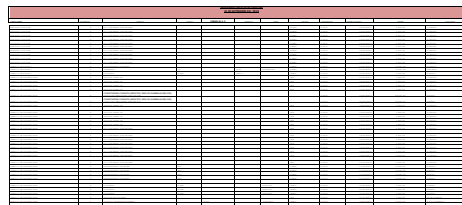
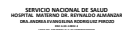


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FEDERAL BUREAU OF INVESTIGATION											
Form 10-1 (Rev. 10-1-68)											
1. Name of the subject											
2. Date of birth											
3. Sex											
4. Race											
5. Place of birth											
6. Date of entry into the United States											
7. Date of departure from the United States											
8. Date of return to the United States											
9. Date of last contact											
10. Date of last sighting											
11. Date of last communication											
12. Date of last observation											
13. Date of last information received											
14. Date of last report received											
15. Date of last investigation											
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20. Date of last deletion											
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38. Date of last identification											
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SERVICIO NACIONAL DE SALUD
INSTITUTO VENEZOLANO DE INVESTIGACIÓN Y SEGURIDAD
BOLÍVAR, VENEZUELA
HOSPITAL MATERNO



HISTORIA CLÍNICA									
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