

WELTGESUNDHEITSORGANISATION  
WORLD HEALTH ORGANIZATION  
ORGANISATION MONDIALE DE LA SANTÉ



*Michael*

INTERNATIONALE BESCHEINIGUNGEN  
ÜBER IMPFUNGEN  
UND IMPFBUCH

INTERNATIONAL CERTIFICATES  
OF VACCINATION

CERTIFICATS INTERNATIONAUX  
DE VACCINATION

gemäß § 15 Bundesseuchengesetz

ausgestellt für / issued to / délivré à

*Michael Thomas Harbeck*

Name, Vorname / Surname, given name / Nom, prénom

*27 April, 1972*

Geburtsdatum / Born on / Né(e) le

*130 Anderson Road*

Wohnort und Straße / Address / Domicile et adresse

*Roxboro, North Carolina*

Reisepass-Nr. oder  
Nr. des Pers.-Ausweises

Passport No.  
Identity card No.

*27573*

du passeport ou  
de la carte d'identité

Internationale Gesundheitsvorschriften / International Sanitary Regulations / Règlementes Sanitaires Internationaux

**KENYA MARINE AND FISHERIES RESEARCH INSTITUTE**

TEL: +254 41 475151/2/3/4/5  
FAX: +254 041 475157  
When replying please quote  
Ref: no. KMF/  
and date  
If calling or telephoning ask  
for:  
Please address your reply to  
**DIRECTOR**



**HEADQUARTERS**  
P.O. Box 81651  
**MOMBASA**  
**KENYA**

KMF/ST/23 VOL.XV/

April 14, 2004

Mr. Michael Thomas Harbuck  
C/o The East African Wildlife Society  
P.O. Box 20110-00200  
NAIROBI

**RE: USE OF KMFRI LIBRARY FACILITIES**

Reference is made to your letter dated April 13, 2004.

Pending the submission of a letter of introduction from the East Africa Wildlife Society, you are allowed to access the relevant literature within our library for a period of one month.

In order to evaluate your request for an honorary research position, we would appreciate if you could furnish us with your detailed Curriculum Vitae (CV) including any other necessary supporting documents.

Dr. Johnson U. Kitheka  
For: DIRECTOR/KMFRI

JUK/jj

KWS/5001.1

7<sup>th</sup> June, 2006

Michael Thomas Harbuck  
130 Anderson Road  
Roxboro, North Carolina  
27573  
USA



P.O. BOX 40241, NAIROBI, KENYA.  
TELEPHONE: (254 20) 600800,  
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Email: [michaelharbuck@compuserve.de](mailto:michaelharbuck@compuserve.de)

Dear Michael,

**RE: PROPOSED RESEARCH ON THE BIOLOGY OF THE EAST AFRICAN STOMATOPOD**

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This is to acknowledge receipt of your research proposal on the above subject. The proposed research will offer an opportunity to generate data and information on the East African Stomatopod and KWS will be willing to collaborate with you.

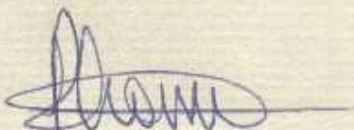
You are hereby advised to submit to us the detailed proposal which should clearly state the role of our local scientists from both KWS and other collaborating institutions. Your proposal must clearly identify the sampling/survey and control sites where the research will be conducted as well as a clear statement of your affiliation arrangements and timeframe for implementation of the study.

In compliance with our procedures you are required to submit the following documents prior to your being accepted to undertake the proposed research:

- Letter of recommendation from a Research Institution or University in USA
- Research permit from the Kenyan Ministry of Education, Science and Technology

Looking forward to working with you.

Sincerely yours.



**DR. RICHARD BAGINE  
DEPUTY DIRECTOR BIODIVERSITY  
RESEARCH & MONITORING**

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OF STATE REGISTRAR ARE IMPRINTED HEREON



SEP-81972

THIS SPACE IS IN  
EXACT COPY OF THE  
ORIGINAL RECORD  
FILED IN THE BUREAU  
OF VITAL STATISTICS  
ALABAMA  
DEPARTMENT OF HEALTH  
BIRMINGHAM, ALA.

VALID ONLY  
IN STATE SEAL AND  
SIGNATURE

*Forest E. Linder*  
STATE REGISTRAR

BECK

**CERTIFICATE OF LIVE BIRTH  
STATE OF ALABAMA**

BIRTH NO. 101- 72- 023107

1. PLACE OF BIRTH a. County <b>Russell</b> b. Seat No. <b>10</b>		3. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. State <b>Alabama</b> b. County <b>Russell</b>	
c. City (If outside city or town limits, write RURAL) Or Town <b>Phenix City</b>		c. City (If outside city or town limits, write RURAL) Or Town <b>Phenix City</b> d. Seat No.	
d. Full Name of (If NOT in hospital or institution, give street Hospital Or <b>Cobb Memorial</b> address or location) Institution		e. Street Address (If rural, give location) <b>2501 40th St.</b>	
4. CHILD'S NAME (Type or print)			
a. (First) <b>Michael</b>		b. (Middle) <b>Thomas</b>	c. (Last) <b>Harbuck</b>
4. Sex <b>M</b>	5a. This Birth <b>Single</b>	5b. If Twin Or Triplet (This child born) 1st   2nd   3rd	5. Date (Month) (Day) (Year) Of Birth <b>April 27, 1972</b>
FATHER OF CHILD			
7. Full Name		a. (First) <b>James</b>	b. (Middle) <b>Michael</b>
		c. (Last) <b>Harbuck</b>	d. Color Or Race <b>White</b>
8. Age (At time of this birth) <b>27</b> Years	10. Birthplace (State or foreign country) <b>Georgia</b>	11a. Usual Occupation <b>Pharmacist</b>	11b. Kind of Business or Industry <b>Cobb Hospital</b>
MOTHER OF CHILD			
12. FOLK MAIDEN NAME		a. (First) <b>Carmen</b>	b. (Middle) <b>Lee</b>
		c. (Last) <b>Summers</b>	d. Color Or Race <b>White</b>
14. Age (At time of this birth) <b>21</b> Years	15. Birthplace (State or foreign country) <b>Georgia</b>	16. Children Previously Born To This Mother (Do NOT include this child)	
		a. How many OTHER children are now living? <b>0</b>	b. How many OTHER children were born alive but are now dead? <b>0</b>
		c. How many children were stillborn (born dead after 20 weeks pregnancy)? <b>0</b>	
17. INFORMANT (Signature or Name) <b>Carmen Harbuck</b>			
I hereby certify this child was born alive on the date stated above.	18a. Signature of Attendant <i>Donald Beck</i>		18b. Attendant at Birth <b>M.D. X</b>
	18c. Address <b>Phenix City, Ala.</b>		18d. Date Signed <b>4/29/72</b>
19. Date Rec'd by Local Reg. <b>5-9-72</b>	20. Registrar's Signature <i>Forest E. Linder</i>		

APPROVED BY  
PARENT *g. S. 72*  
Date