

**CAMERA OPERATOR'S CERTIFICATE**

This form must follow the reel(s) from start of filming until approval of reel(s) by Section.

JOB NO.		117	
DATE	26-8-63	TIME	2.30
TYPE OF FILM	16MM 1/8 D/B	REDUCTION	34-1
FIRST DOCUMENT	46201	LAST DOCUMENT	43500
EXPOSURES	3875	TYPE OF DOCUMENT	551 44
REEL NO.	16	OPERATOR	3

**SECTION 1**

I THE UNDERSIGNED OPERATOR, HEREBY CERTIFY THAT THE MICROPHOTOGRAPHS APPEARING IN THIS REEL ARE TRUE COPIES OF THE ORIGINAL DOCUMENTS INDEXED ABOVE.

**SECTION 2**

DENSITY SATISFACTORY	LIGHT	DARK
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**SECTION 3**

DATE	CHECKED BY OPERATOR
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**INSPECTION REPORT**

DATE

I HEREBY CERTIFY THAT APART FROM THE RECORDS MENTIONED BELOW WHICH HAVE BEEN SET ASIDE FOR RETAKE, THIS REEL IS AN EXACT COPY OF THE ORIGINAL MENTIONED IN THE OPERATOR'S REPORT.

REFERENCE	NATURE OF RETAKE(S)

REEL APPROVED:

DATE	SIGNATURE
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NOTE: For future reference, all three sections of this form must be completed.