SC Department of Archives and History MICROFILM TRANSMITTAL AND RECEIPT

	1. Record Group #:	2. Name of Person Responsible for		3. Date of Transfer (m/d/yyyy):		
SHIP TO:		Transfer: 5. Cite Security Classification and/or				
	4. Phone Number:			6. Number of Microfilm Rolls:		
SC DEPARTMENT OF		restrictions (if any):		16mm		
ARCHIVES AND HISTORY 8301 Parklane Road				35 mm	Total	
Columbia, SC 29223	7. Number of Fiche Sheets:	8. Date Placed in Vault (Staff) (m/d/yyyy):		9. Placed in Vault by: (Staff)		
Fax: 803-896-6138						
Questions: 803-896-6123	10A. FROM (Microfilmed by): 10B.FOR (10B.FOR (Governm	Government Office):		
11. Series/Schedule Number:	12. Title of Records Series (C	Only one Record Series	per Transmittal):			

Complete Boxes 2 - 7 and 10A - 16. Archives Staff will complete Boxes 1, 8, 9 and 17.

13. Microfilm Roll or Fiche ID Code	14. Roll Contents (List beginning and ending files for each)	15. Inclusive or Span dates	16. Residual Thiosulfate Test Results:	17. Security Vault Location (Staff)

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