



SC Department of Archives & History Records Transmittal Form and Receipt

Instructions:

- 1) Please complete Parts I and III of this form. Part II will be completed by SCDAH staff.
- 2) Send completed form to State Records Center (SRC) for approval.
- 3) Once approved, work with SRC to arrange the transfer of records.
- 4) Please print out the correct amount of labels based on the number of records being transferred; SRC will supply the labels during the transfer process.
- 5) Please keep one copy of this form for your records; please ensure a copy of this form accompanies the transfer of boxes.

Transmit Records To:

South Carolina Department of Archives & History
State Records Center
1942-A Laurel Street
Columbia, SC 292201
E-mail: SRC@scdah.sc.gov

Part I: Agency Information

Agency Name:	Record Group Number:
Division:	Date Prepared:
Agency Address:	Media Type: <input type="checkbox"/> Paper <input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Records Officer (RO): Name & Telephone Number:	Records Restricted? <input type="checkbox"/> YES <input type="checkbox"/> NO
Transfer Contact Person (different from RO): Name & Telephone Number	Number of Boxes:
	Inclusive Dates:
Retention Schedule Title(s):	Retention Schedule Number(s):

Part II: For Archives Use Only

Date Records Received:	Disposition Date:	Accession Number:
Cubic Feet:	Signature of Archives Representative:	

Part III: Box Information

SRC Box #:	Agency Box #	Box Contents (List beginning and ending files for each box):
	1 of	to
	2 of	to
	3 of	to
	4 of	to
	5 of	to
	6 of	to
	7 of	to
	8 of	to
	9 of	to
	10 of	to
	11 of	to
	12 of	to
	13 of	to
	14 of	to
	15 of	to
	16 of	to

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	73 of	to
	74 of	to
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	80 of	to
	81 of	to
	82 of	to
	83 of	to
	84 of	to

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 1 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 2 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 3 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 4 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 5 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 6 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 7 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 8 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 9 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 10 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 11 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 12 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 13 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 14 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 15 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 16 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 17 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 19 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 18 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 20 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 21 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 23 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 22 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 24 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box			
1. Box No.:		2. Agency Name:	
25 of			
3. Total No. of Boxes:	4. Division:		
5. Schedule/Series No.:	6. Inclusive Dates:		
	7. Records Series Title:		
8. Media Types (Other than standard office paper):		<input type="checkbox"/> Video	<input type="checkbox"/> Audio
		<input type="checkbox"/> Printouts	<input type="checkbox"/> Photos
		<input type="checkbox"/> Other:	
Beginning File:			
Ending File:			

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box			
1. Box No.:		2. Agency Name:	
27 of			
3. Total No. of Boxes:	4. Division:		
5. Schedule/Series No.:	6. Inclusive Dates:		
	7. Records Series Title:		
8. Media Types (Other than standard office paper):		<input type="checkbox"/> Video	<input type="checkbox"/> Audio
		<input type="checkbox"/> Printouts	<input type="checkbox"/> Photos
		<input type="checkbox"/> Other:	
Beginning File:			
Ending File:			

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box			
1. Box No.:		2. Agency Name:	
26 of			
3. Total No. of Boxes:	4. Division:		
5. Schedule/Series No.:	6. Inclusive Dates:		
	7. Records Series Title:		
8. Media Types (Other than standard office paper):		<input type="checkbox"/> Video	<input type="checkbox"/> Audio
		<input type="checkbox"/> Printouts	<input type="checkbox"/> Photos
		<input type="checkbox"/> Other:	
Beginning File:			
Ending File:			

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box			
1. Box No.:		2. Agency Name:	
28 of			
3. Total No. of Boxes:	4. Division:		
5. Schedule/Series No.:	6. Inclusive Dates:		
	7. Records Series Title:		
8. Media Types (Other than standard office paper):		<input type="checkbox"/> Video	<input type="checkbox"/> Audio
		<input type="checkbox"/> Printouts	<input type="checkbox"/> Photos
		<input type="checkbox"/> Other:	
Beginning File:			
Ending File:			

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 29 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 31 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 30 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 32 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 33 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 35 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 34 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 36 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 37 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 39 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 38 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 40 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 41 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 43 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 42 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 44 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 45 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 47 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 46 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 48 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 49 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 51 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 50 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 52 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 53 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 55 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 54 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 56 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 57 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 59 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 58 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 60 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 61 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 63 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 62 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 64 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 65 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 67 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 66 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 68 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 69 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 71 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 70 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 72 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 73 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 75 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 74 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 76 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 77 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 79 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 78 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 80 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 81 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 83 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 82 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	

SC Department of Archives & History
STATE RECORDS CENTER
CONTAINER LABEL

Shipper must complete each box	
1. Box No.: 84 of	2. Agency Name:
3. Total No. of Boxes:	4. Division:
5. Schedule/Series No.:	6. Inclusive Dates:
	7. Records Series Title:
8. Media Types (Other than standard office paper):	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Printouts <input type="checkbox"/> Photos <input type="checkbox"/> Other:
Beginning File:	
Ending File:	