DNR

DEER HARVEST RECORD
COOPERATIVE DEER MANAGEMENT PROGRAM
SOUTH CAROLINA DEPARTMENT OF NATURAL RESOURCES

NAME OF AREA OR CLUB_____ YEAR_____

ACERAGE_____ COUNTY _____

NAME OF LANDOWNER/MANAGER_____

ADDRESS _____

_____

DATA SUPPLIED BY _____

Deer No.	Date Killed	Weapon	Sex (M-F)	Live Wt.	No. Pts. (1 in. +)	Outside Spread	Age	Lactation (yes-no)	Hunter Name

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