



COVID-19 Vaccination Record Card

Please keep this record card, which includes medical information about the vaccines you have received.

Por favor, guarde esta tarjeta de registro, que incluye información médica sobre las vacunas que ha recibido.

Last Name

Givens

First Name

Glenn

MI

06 JUN 1984

Patient number (medical record or IIS record number)

Date of birth

Vaccine

Product Name/Manufacturer
Lot Number

Date
Healthcare Professional
or Clinic Site

1st Dose
COVID-19
MODERNA 04/30/2021 455 EMDG/CIH
0.5ml LOT# 006C21A

2nd Dose
COVID-19

Other

Other

mm dd yy

UTH CAROLINA DEPARTMENT OF HEALTH AND
ENVIRONMENTAL CONTROL
Division of Vital Records, Columbia, S.C.
ANY ALTERATION OR ERASURE VOIDS THIS CARD.

R 12 2008

139-84-019453

GLENN ANTHONY GIVENS II *

BIRTH DATE
JUN 06 1984

SEX
MALE

BIRTH PLACE - COUNTY
CHARLESTON

JUN 12 1984

This is a true certification of name and birth
facts recorded in this office.

COMMISSIONER AND STATE REGISTRAR

DIRECTOR AND ASSISTANT STATE

