| STATE OF SOUTH CAROLINA,   |  |
|--|--|
| County of Greenville   | NOTICE OF LIEN   |
|  |  |
| SOUTH CAROLINA MENTAL HEALTH COM   | MISSION,   |
|  | Claimant,  |
| vs.  | >  |
| Nellie Kate Hinton S 248-20-1307   |  |
|  | Lienee.  |
| TO WHOM IT MAY CONCERN:  |  |
| YOU ARE HEREBY NOTIFIED that pursu   | ant to the provisions of Section 96, Subsection d, of Act No.  |
|  | rolina for 1953, and any amendments thereto, the South Caro-   |
|  | from the 31st day of August 19 60  |
|  | ie Kate Hinton   |
|  | na in furnishing medical care and maintenance in a State   |
| mental health facility to the said Nellie Kate   | Hinton   |
|  | ereof being \$ 4,454.90 . This lien will also attach   |
|  | equired by the said Sellie Kate Hinton   |
|  |  |
|  |  |
|  | ne South Carolina Mental Health Commission will claim  |
|  | e date above set out, for any further medical care and main-   |
|  | the above-named hence, at the regular rates charged therefor, $% \left( \frac{1}{2}\right) =\left( \frac{1}{2}\right) \left( $ |
| Dated at Columbia, S. C., this 14th  | day of June , 19_72  |
| In the presence of:  | SOUTH CARGLINA MENTAL HEALTH COMMISSION  |
| Lean O. ana  |  |
| Janie C Byl  | W. E. Deabler  |
| THE THE PART AND THE THE THE PART AND THE PA | Patients Personal Affairs Branch   |
|  |  |
| STATE OF SOUTH CAROLINA,   |  |
| County of Richland.  |  |
| ,  |  |
| PERSONALLY appeared before me. Lilly   |  |
|  | E. Deabler  Health Commission, and as its act and deed, sign and execute   |
|  | Janice C. Byrd   |
| witnessed the execution thereof.   | ,  |
| EWODY t  |  |
| SWORN to before me this  |  |
| described lung. 22   |  |
| day of June 19 72 .  Notary Public for South Cashina.  | Asing Law Y days and the second  |
| Notary Public for South Carolina.  |  |
|  | The state of the s   |