

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
P. O. Box 485
Columbia, South Carolina 29202

BOOK

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FOR MAINTENANCE AND MEDICAL CARE OF: **James L. Fortner #251-10-1697**

- | | |
|---|--|
| <input checked="" type="checkbox"/> At S. C. State Hospital | <input type="checkbox"/> C. M. Tucker Human Resources Center |
| <input type="checkbox"/> At Craigs-Farrow State Hospital | <input type="checkbox"/> Addictions Center |
| <input type="checkbox"/> At William S. Hall Psychiatric Institute | |

Estate of James L. Fortner

February 10, 1939 through June 30, 1948 @ \$1.00 per day	\$ 3,429.00
July 1, 1948 through June 30, 1952 @ \$40.00 per month	1,920.00
July 1, 1952 through June 30, 1962 @ \$300.00 per month	7,200.00
July 1, 1962 through June 30, 1965 @ \$75.00 per month	2,700.00
July 1, 1965 through August 31, 1967 @ \$90.00 per month	2,340.00
September 1, 1967 through June 30, 1972 @ \$3.30 per day	6,177.50
July 1, 1972 through December 31, 1973 @ \$6.00 per day	3,234.00
January 1, 1974 through March 22, 1974 @ \$13.00 per day	1,053.00
	<u>\$23,113.50</u>
	LESS AMOUNT PAID
	<u>6,348.59</u>
	\$23,764.91

STATE OF SOUTH CAROLINA)
COUNTY OF RICHLAND)

Before me personally appeared **(Mrs.) Beverly H. Black** who being duly sworn, says that ~~she~~ she is **Office Supervisor, Patients Personnel Affairs** of the State Department of Mental Health and that the above account is true of ~~his~~her own knowledge and that no part thereof has been paid by cash, discount or otherwise and that there is now due and owing the State Department of Mental Health the sum of **\$23,764.91** and that ~~she~~she is the proper officer to make this verification.

Beverly H. Black

Subscribed before me
this 22nd day of March 1974

Albert W. Shores
Notary Public for South Carolina
My Commission Expires July 7, 1980
SCDM FORM
REV JULY 13F-50

RECORDED MAR 26 1974 23825