



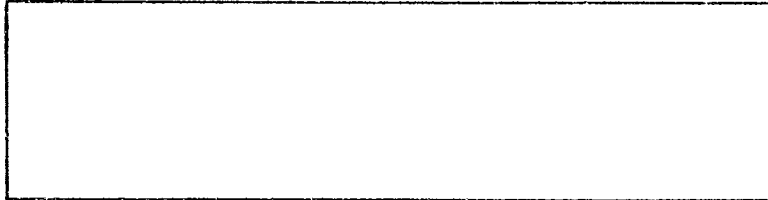
SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
P. O. Box 485
Columbia, South Carolina 29202

BOOK

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FOR MAINTENANCE AND MEDICAL CARE OF: **Claude Foster, #007-40-7356**

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



March 31, 1951 through May 20, 1951 @ \$40.00 per month	\$ 67.10
December 1, 1951 through April 6, 1952 @ \$40.00 per month	168.00
June 8, 1953 through June 30, 1962 @ \$60.00 per month	6,526.00
July 1, 1962 through June 30, 1965 @ \$75.00 per month	2,700.00
July 1, 1965 through August 1, 1967 @ \$90.00 per month	2,252.90
September 2, 1970 through December 28, 1970 @ \$3.50 per day	413.00
August 1, 1974 through March 4, 1975 @ \$11.00 per day	2,376.00
	<u>\$14,503.00</u>
Less Amount Paid	<u>3,204.85</u>
BALANCE DUE	\$11,298.15

STATE OF SOUTH CAROLINA)
COUNTY OF RICHLAND)

Before me personally appeared **(Mrs.) Beverly R. Black** who being duly sworn, says that ~~he~~/she is **Office Supervisor, Financial Resources** 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 **\$11,298.15** and that ~~he~~/she is the proper officer to make this verification.

Beverly R. Black

Sworn to and subscribed before me
this 4th day of March 19 75.

Robert J. Moxie
Notary Public for South Carolina
My commission expires May 1, 1983.
SCDMH FORM
REV MAR 72 F-50

RECORDED "AR 6 1975 20535