



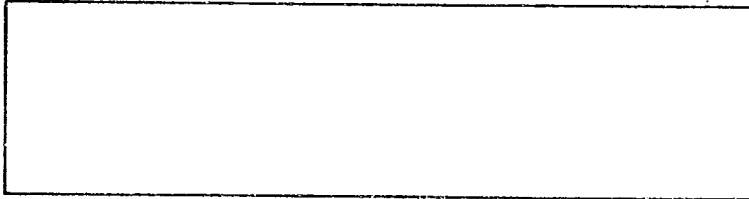
SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH  
P. O. Box 485  
Columbia, South Carolina 29202

BOOK

1 PAGE 273

FOR MAINTENANCE AND MEDICAL CARE OF: **Ricky D. Smith, #007-41-7402**

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



December 18, 1974 through December 24, 1974 @ \$11.00 per day

\$66.00

STATE OF SOUTH CAROLINA )  
COUNTY OF RICHLAND )

Before me personally appeared **Beverly R. Black** who being duly sworn, says that ~~she~~/she is **Office Supervisor, Patients Personal Affairs** of the State Department of Mental Health and that the above account is true of ~~her~~/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 **\$66.00** and that ~~she~~/she is the proper officer to make this verification.

*Beverly R. Black*

Sworn to and subscribed before me  
this 6th day of November 1975.

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

RECORDED NOV 7 1975

12221