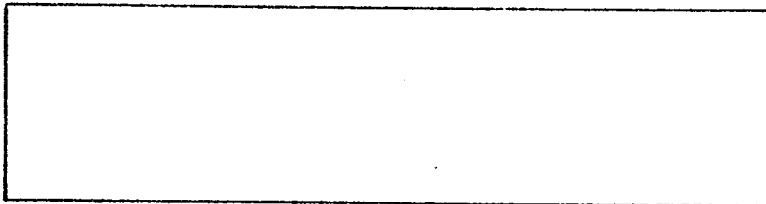


SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH  
P. O. Box 485  
Columbia, South Carolina 29202

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FOR MAINTENANCE AND MEDICAL CARE OF: **James R. Whitworth, #007-30-2521**

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



March 30, 1965 through April 30, 1965 @ \$75.00 per month	\$ 79.84
October 28, 1966 through May 4, 1967 @ \$90.00 per month	563.22
February 14, 1968 through March 22, 1968 @ \$3.50 per day	133.00
November 25, 1968 through March 29, 1969 @ \$3.50 per day	437.50
August 21, 1969 through December 6, 1969 @ \$3.50 per day	378.00
September 10, 1970 through March 14, 1971 @ \$3.50 per day	651.00
November 3, 1972 through January 28, 1973 @ \$6.00 per day	516.00
August 17, 1973 through October 25, 1973 @ \$6.00 per day	414.00
August 13, 1974 through December 21, 1974 @ \$13.00 per day	1,690.00
January 3, 1975 through April 13, 1975 @ \$13.00 per day	1,300.00
April 27, 1975 through May 11, 1975 @ \$13.00 per day	162.00
October 1, 1975 through December 20, 1975 @ \$13.00 per day	1,040.00
December 23, 1975 through April 4, 1976 @ \$13.00 per day	1,339.00
April 11, 1976 through May 10, 1976 @ \$13.00 per day	377.00
	<u>\$ 9,100.56</u>
Less amount paid	1,947.00
Balance due	<u>\$ 7,153.56</u>

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, Patients Personal Affairs** of the State Department of Mental Health and that the above account is true of ~~him~~/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 **\$7,153.56** and that ~~he~~/she is the proper officer to make this verification.

*Beverly R. Black*

Sworn to and subscribed before me  
**Robert J. Morse**  
this 20th day of September 1976.

*Robert J. Morse*  
Notary Public for South Carolina  
My Commission Expires May 1, 1983  
REV JULY 73 F-50

RECORDED SEP 22 1976

7958