

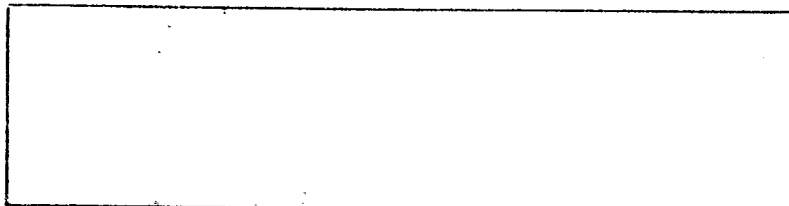
SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
P. O. Box 485
Columbia, South Carolina 29202

BOOK

1 PAGE 367

FOR MAINTENANCE AND MEDICAL CARE OF: **Doris Brown, #007-40-0131**

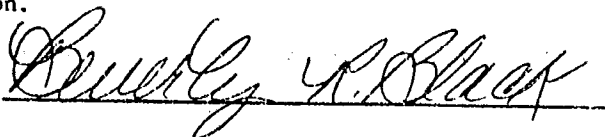
- | | |
|---|--|
| <input type="checkbox"/> At S. C. State Hospital | <input type="checkbox"/> C. M. Tucker Human Resources Center |
| <input type="checkbox"/> At Crafts-Farrow State Hospital | <input type="checkbox"/> Morris Village |
| <input type="checkbox"/> At William S. Hall Psychiatric Institute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



| | |
|---|------------|
| October 29, 1970 through November 25, 1970 @ \$3.50 per day | \$ 98.00 |
| September 29, 1971 through November 18, 1971 @ \$3.50 per day | 175.00 |
| October 25, 1972 through November 30, 1972 @ \$6.00 per day | 216.00 |
| February 15, 1974 through March 28, 1974 @ \$13.00 per day | 533.00 |
| April 4, 1974 through April 12, 1974 @ \$13.00 per day | 104.00 |
| | <hr/> |
| Less Amount Paid | \$1,126.00 |
| BALANCE DUE | 489.00 |
| | <hr/> |
| | \$ 637.00 |


STATE OF SOUTH CAROLINA)
COUNTY OF RICHLAND)

Before me personally appeared **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 ~~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 **\$637.00** and that ~~she~~ she is the proper officer to make this verification.



Sworn to and subscribed before me

Robert J. Morse
This 29th day of August 1977


Notary Public for South Carolina

My Commission expires on May 1, 1983

RECORDED AUG 30 1977

6810