

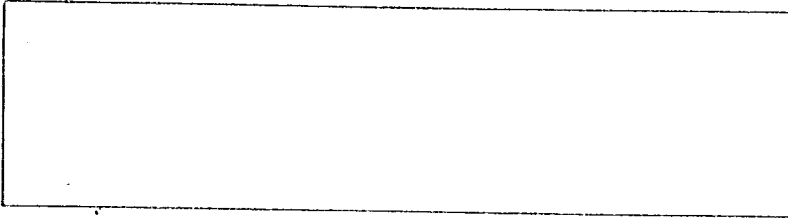
SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
P. O. Box 485
Columbia, South Carolina 29202

BOOK

1 PAGE 747

FOR MAINTENANCE AND MEDICAL CARE OF: Julia Dismukes, #008-10-8535

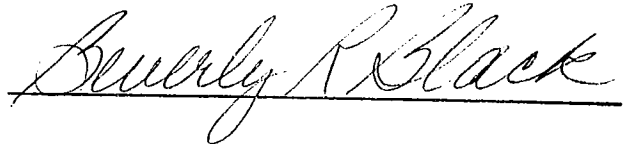
- | | |
|---|---|
| <input type="checkbox"/> At C. M. Tucker, Jr., Human Resources Center | <input type="checkbox"/> At James F. Byrnes Clinical Center |
| <input checked="" type="checkbox"/> At Crafts-Farrow State Hospital | <input type="checkbox"/> At S. C. State Hospital |
| <input type="checkbox"/> At Earle E. Morris, Jr., Alcohol and Drug Addiction Center | <input type="checkbox"/> At William S. Hall Psychiatric Institute |
| <input type="checkbox"/> At G. Werber Bryan Psychiatric Hospital | |




November 24, 1981 through May 2, 1982 @ \$15.00 per day	\$2,385.00
July 7, 1982 through December 31, 1982 @ \$15.00 per day	2,670.00
January 1, 1983 through January 12, 1983 @ \$25.00 per day	275.00
January 12, 1983 through January 25, 1983 @ \$50.00 per day	650.00
January 25, 1983 through April 30, 1983 @ \$25.00 per day	2,400.00
	<hr/>
	\$8,380.00
Less Amount Paid	4,183.00
Balance Due	<hr/>
	\$4,197.00

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 Manager, 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 as of 4/30/83 there ~~is~~/was due and owing the State Department of Mental Health the sum of \$4,197.00 and that ~~he~~/she is the proper officer to make this verification.



Sworn to and subscribed before me
Lynda Elder Ferguson
this 12th day of May 1983


Notary Public for South Carolina

My commission expires on August 9, 1989

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