



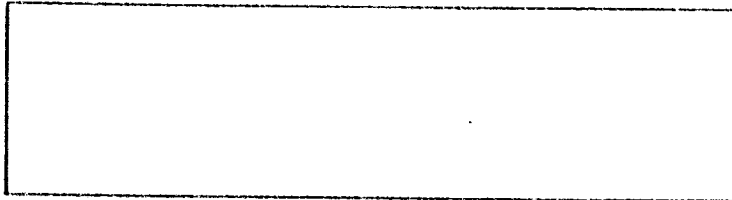
SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
 P. O. Box 485
 Columbia, South Carolina 29202

BOOK

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FOR MAINTENANCE AND MEDICAL CARE OF: **Lawrence Lively, #007-30-3554**

- | | |
|---|--|
| <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 | |



January 31, 1955 through June 30, 1962 @ \$60.00 per month	\$ 5,341.94
July 1, 1962 through June 30, 1965 @ \$75.00 per month	2,700.00
July 1, 1965 through August 31, 1967 @ \$90.00 per month	2,340.00
September 1, 1967 through June 30, 1972 @ \$3.50 per day	6,177.50
July 1, 1972 through December 31, 1973 @ \$6.00 per day	3,294.00
January 1, 1974 through February 13, 1975 @ \$13.00 per day	5,317.00
	<u>\$25,170.44</u>
Less Amount Paid	<u>13,767.50</u>
BALANCE DUE	\$11,402.94

100-10000

STATE OF SOUTH CAROLINA)
 COUNTY OF RICHLAND)

Before me personally appeared (Mrs.) Donna P. Thompson who being duly sworn, says that ~~he~~/she is **Anat. Director, 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 \$11,402.94 and that ~~he~~/she is the proper officer to make this verification.

Sworn to and subscribed before me
 this 13 day of February 19 75.

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

Donna P. Thompson

RECORDED FEB 18 1975

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