



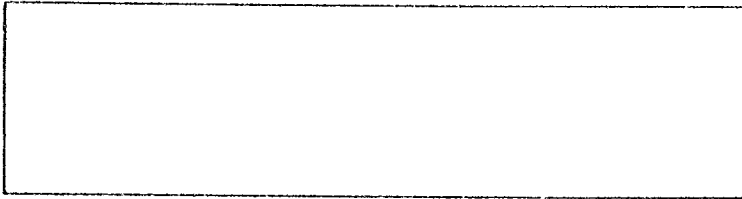
SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
P. O. Box 485
Columbia, South Carolina 29202

900K

1 PAGE 269

FOR MAINTENANCE AND MEDICAL CARE OF: **Donnie R. McCreight, #007-30-2524**

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



December 5, 1965 through February 20, 1966 @ \$90.00 per month	\$ 232.67
October 15, 1970 through March 24, 1971 @ \$3.50 per day	560.00
August 13, 1973 through December 31, 1973 @ \$6.00 per day	846.00
January 1, 1974 through January 12, 1974 @ \$13.00 per day	143.00
January 15, 1974 through January 18, 1974 @ \$13.00 per day	39.00
February 26, 1975 through May 13, 1975 @ \$13.00 per day	<u>1,001.00</u>
	<u>\$2,821.67</u>
Less Amount Paid	736.00
BALANCE DUE	\$2,085.67

Charges continue to accrue as long as patient is hospitalized

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 **\$2,085.67** and that ~~she~~she is the proper officer to make this verification.

Beverly R. Black

Sworn to and subscribed before me
Robert J. Morse
this 13th day of May 1975

Robert J. Morse

Notary Public for South Carolina
My commission expires May 1, 1983

SCDMH FORM
REV MAR 72 F-50

RECORDED MAY 14 1975

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