



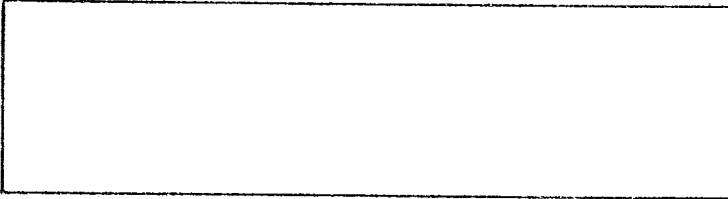
SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH  
P. O. Box 485  
Columbia, South Carolina 29202

BOOK

1 PAGE 279

FOR MAINTENANCE AND MEDICAL CARE OF: **Susan E. Tindall, #007-31-5077**

- |   |   |
|---|---|
| <input type="checkbox"/> At S. C. State Hospital                  | <input checked="" 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 |   |



November 29, 1965 through December 11, 1965 @ \$90.00 per month	\$ 37.94
December 18, 1965 through August 31, 1967 @ \$90.00 per month	1,840.64
September 1, 1967 through June 30, 1972 @ \$3.50 per day	6,177.50
July 1, 1972 through December 31, 1973 @ \$11.00 per day	6,039.00
January 1, 1974 through June 30, 1975 @ \$18.00 per day	9,828.00
July 1, 1975 through February 5, 1976 @ \$23.00 per day	5,060.00
	<u>\$28,983.08</u>
Less Amount Paid	21,154.08
<b>BALANCE DUE</b>	<b>\$ 7,829.00</b>

**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 ~~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 **\$7,829.00** 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 5th day of February 19 76.

*Robert J. Morse*

Notary Public for South Carolina

My commission expires on May 1, 1983

REV. MAR 72 F-50

RECORDED FEB 9 '76

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