



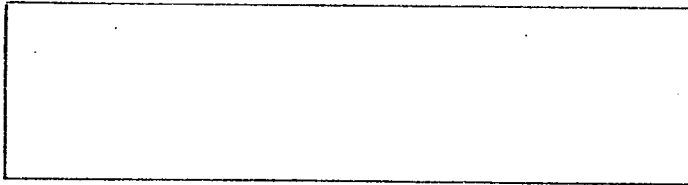
SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH  
 P. O. Box 485  
 Columbia, South Carolina 29202

FOR MAINTENANCE AND MEDICAL CARE OF: Sarah E. Scott, #007-30-2641

BOOK

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



March 23, 1948 through June 30, 1948 @ \$1.00 per day	\$ 100.00
July 1, 1948 through August 28, 1948 @ \$40.00 per month	76.13
January 13, 1949 through July 2, 1949 @ \$40.00 per month	227.10
August 14, 1949 through March 22, 1950 @ \$40.00 per month	291.62
July 22, 1950 through June 30, 1952 @ \$40.00 per month	932.90
July 1, 1952 through June 30, 1962 @ \$60.00 per month	7,200.00
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 March 14, 1974 @ \$13.00 per day	936.00
March 14, 1974 through March 26, 1974 @ \$36.00 per day	432.00
March 26, 1974 through May 5, 1974 @ \$13.00 per day	520.00
May 12, 1974 through June 28, 1974 @ \$13.00 per day	611.00
July 14, 1974 through March 21, 1975 @ \$13.00 per day	3,250.00
March 21, 1975 through March 31, 1975 @ \$36.00 per day	360.00
March 31, 1975 through June 8, 1975 @ \$13.00 per day	897.00
June 21, 1975 through August 11, 1975 @ \$13.00 per day	663.00
August 23, 1975 through December 20, 1975 @ \$13.00 per day	1,547.00
December 27, 1975 through February 17, 1976 @ \$13.00 per day	676.00
	<u>\$33,231.25</u>
Less amount paid	<u>2,578.00</u>
Balance due	<u>\$30,653.25</u>

STATE OF SOUTH CAROLINA )  
 COUNTY OF RICHLAND )

Before me personally appeared **Beverly R. Black** who being duly sworn, says that ~~she~~ ~~is~~ ~~Office~~ ~~Supervisor,~~ ~~Patients~~ ~~Personal~~ ~~Affairs~~ ~~of~~ ~~the~~ ~~State~~ ~~Department~~ ~~of~~ ~~Mental~~ ~~Health~~ and that the above account is true of ~~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 \$30,653.25 and that ~~he~~ ~~she~~ is the proper officer to make this verification.

*Beverly R. Black*

Sworn to and subscribed before me  
 Robert J. Morse  
 this 26th day of May 1976.

*Robert J. Morse*  
 Notary Public for South Carolina

SCDMH FORM  
 REV FEB 72 F-50A

RECORDED MAY 28 1976

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