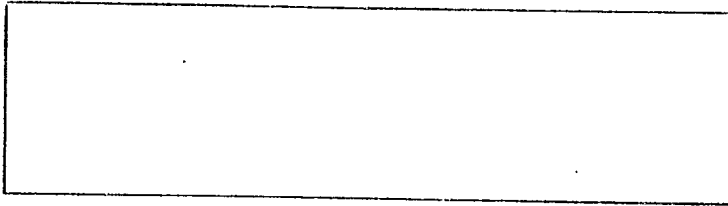


SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
P. O. Box 485
Columbia, South Carolina 29202

BOOK 1 PAGE 354

FOR MAINTENANCE AND MEDICAL CARE OF: **Susan J. Anders, #007-50-0164**

- | | |
|---|--|
| <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"/> Morris Village |
| <input type="checkbox"/> At William S. Hall Psychiatric Institute | |



February 4, 1975 through February 16, 1975 @ \$13.00 per day

\$182.00

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 ~~xxx~~ and that there is now due and owing the State Department of Mental Health the sum of **\$182.00** and that ~~she~~ ~~xxx~~ is the proper officer to make this verification.

Beverly R. Black

Sworn to and subscribed before me

Robert J. Morse
this 10th day of August 1977

Robert J. Morse
Notary Public for South Carolina

My commission expires on May 1, 1983

RECORDED AUG 11 1977

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