

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

BOOK 1 PAGE 467

FOR MAINTENANCE AND MEDICAL CARE OF: Theodore Diggs, #007-30-9607

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



August 23, 1947 through June 30, 1948 @ \$1.00 per day	\$ 313.00
July 1, 1948 through August 7, 1948 @ \$47.00 per month	49.03
April 27, 1959 through November 29, 1959 @ \$60.00 per month	426.00
July 6, 1962 through July 30, 1962 @ \$75.00 per month	60.48
August 23, 1963 through September 29, 1964 @ \$75.00 per month	994.27
June 3, 1965 through June 30, 1965 @ \$75.00 per month	70.00
July 1, 1965 through August 31, 1967 @ \$90.00 per month	2,340.00
September 1, 1967 through October 17, 1967 @ \$3.50 per day	164.50
September 24, 1968 through October 28, 1968 @ \$3.50 per day	122.50
January 30, 1969 through January 14, 1970 @ \$3.50 per day	1,225.00
June 14, 1972 through June 30, 1972 @ \$3.50 per day	59.50
July 1, 1972 through December 19, 1972 @ \$6.00 per day	1,026.00
October 1, 1973 through December 31, 1973 @ \$6.00 per day	552.00
January 1, 1974 through February 1, 1974 @ \$11.00 per day	341.00
October 6, 1974 through February 1, 1975 @ \$11.00 per day	1,298.00
October 29, 1975 through November 10, 1975 @ \$13.00 per day	156.00
February 26, 1976 through December 6, 1977 @ \$13.00 per day	8,437.00
March 30, 1978 through April 10, 1978 @ \$13.00 per day	143.00
April 28, 1978 through August 10, 1978 @ \$13.00 per day	1,365.00
	\$19,142.28
Less Amount Paid	5,252.52
Balance Due	\$13,889.76

STATE OF SOUTH CAROLINA )  
COUNTY OF RICHLAND )

Before me personally appeared (Mrs.) Donna P. Thompson who being duly sworn, says that ~~he~~ she is Assistant Director, 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 \$13,889.76 and that ~~he~~ she is the proper officer to make this verification.

Sworn to and subscribed before me

Robert J. Morse  
this 10th day of August 1978

*Robert J. Morse*  
Notary Public for South Carolina  
My commission expires May 1, 1983

SCDM FORM  
REV SEPT 76 F-50

RECORDED AUG 15 1978

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