

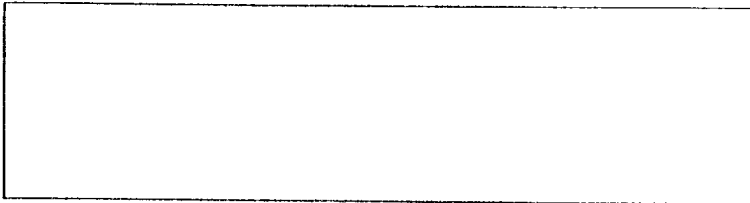
SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH  
P. O. Box 485  
Columbia, South Carolina 29202

BOOK

1 PAGE 522

FOR MAINTENANCE AND MEDICAL CARE OF: Ida C. Smith, #007-31-5053

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



October 27, 1958 through June 30, 1962 @ \$60.00 per month	\$ 2,649.68
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 November 15, 1972 @ \$6.00 per day	822.00
November 15, 1972 through December 31, 1973 @ \$11.00 per day	4,532.00
January 1, 1974 through June 30, 1977 @ \$18.00 per day	22,986.00
July 1, 1977 through July 11, 1979 @ \$14.00 per day	10,374.00
	<u>\$52,581.18</u>
Less amount paid	42,024.58
Balance due	<u>\$10,556.60</u>

CHARGES WILL CONTINUE TO ACCRUE AS LONG AS PATIENT IS BEING HOSPITALIZED.

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 \$10,556.60 and that ~~she~~/she is the proper officer to make this verification.

Sworn to and subscribed before me

Robert J. Morse  
this 11th day of July 1979.

Notary Public for South Carolina

My Commission Expires May 1, 1983  
REV SEPT 76 F-50

Recorded July 13, 1979 at

11:00 A/M

1422