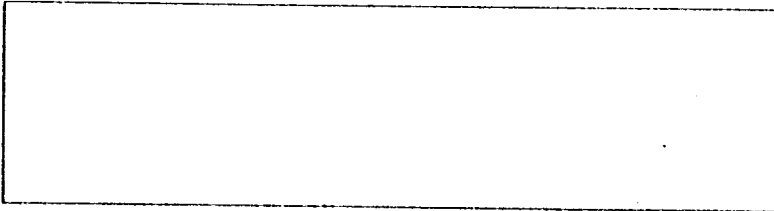


SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH  
P. O. Box 485  
Columbia, South Carolina 29202

FOR MAINTENANCE AND MEDICAL CARE OF: Roosevelt Smith, #007-30-9299

BOOK 1 PAGE 557

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



November 24, 1961 through June 30, 1962 @ \$60.00 per month	\$ 434.00
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 October 20, 1974 @ \$11.00 per day	3,212.00
March 29, 1975 through June 30, 1975 @ \$11.00 per day	1,034.00
July 1, 1975 through January 23, 1980 @ \$13.00 per day	21,684.00
	\$40,875.50
Less amount paid	515.50
Balance due	\$40,360.00

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

STATE OF SOUTH CAROLINA )  
COUNTY OF RICHLAND )

Before me personally appeared (Mrs.) Beverly R. Black who being duly sworn, says that ~~she~~ she is Office Manager, 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 \$40,360.00 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 23rd day of January 1980.

*Robert J. Morse*  
\_\_\_\_\_  
Notary Public for South Carolina  
My Commission Expires May 1, 1983

23266

JAN 23 1980