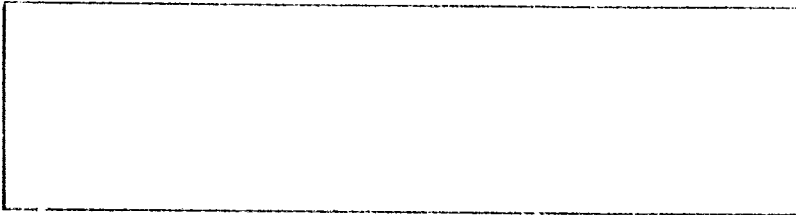


SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
P. O. Box 485
Columbia, South Carolina 29202

FOR MAINTENANCE AND MEDICAL CARE OF: William B. Masters, #007-90-1165

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- | | |
|---|--|
| <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 13, 1979 through September 21, 1979 @ \$13.00 per day	\$ 507.00
September 23, 1979 through September 27, 1979 @ \$13.00 per day	52.00
	<hr/>
	\$ 559.00

STATE OF SOUTH CAROLINA)
COUNTY OF RICHLAND)

Before me personally appeared (Mrs.) Beverly R. Black who being duly sworn, says that ~~he~~/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 \$559.00 and that ~~he~~/she is the proper officer to make this verification.

Beverly R. Black

Sworn to and subscribed before me
Lynda Elder Ferguson.
this 31st day of July, 1980.

Lynda Elder Ferguson
Notary Public for South Carolina

My Commission Expires August 9, 1989

FORM 76F-50

RECORDED JUL 5 1980

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