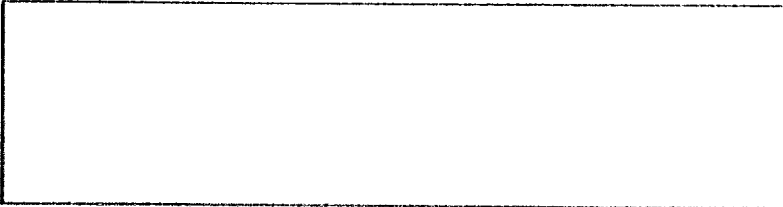


SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH  
P. O. Box 485  
Columbia, South Carolina 29202

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FOR MAINTENANCE AND MEDICAL CARE OF: Maude Arnold, #731 0029

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



September 20, 1973 through October 31, 1973 @ \$6.00 per day	\$ 246.00
February 19, 1976 through December 19, 1976 @ \$13.00 per day	3,952.00
December 29, 1976 through February 18, 1977 @ \$13.00 per day	663.00
February 18, 1977 through March 7, 1977 @ \$36.00 per day	612.00
March 7, 1977 through October 9, 1979 @ \$13.00 per day	12,298.00
October 9, 1979 through October 26, 1979 @ \$20.00 per day	340.00
October 26, 1979 through February 29, 1980 @ \$13.00 per day	1,651.00
March 1, 1980 through November 3, 1981 @ \$15.00 per day	9,195.00
	<u>\$28,957.00</u>
LESS AMOUNT PAID	25,385.78
BALANCE DUE	<u>\$ 3,571.22</u>

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

STATE OF SOUTH CAROLINA )  
COUNTY OF RICHLAND )

Before me personally appeared 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 \$ 3,571.22 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 3rd day of November 1981.

*Lynda Elder Ferguson*  
Notary Public for South Carolina  
My Commission Expires August 9, 1989

FORM F-50

RECORDED NOV 10 1981

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