SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

Paris	1_)					-	
	•	HTUOS	CAROLINA DEPA	RTMENT OF	BESTAN	EALTH BO	ـ الحاس	1130
			P.O	. Box 485	MENIMENT	EALIN DO	or This	4138
	· 14.		Columbia, So	uth Carolina	29202			*
	୍ବର 🏻			um ouronna	20202			
POH	MAINTENAN	CE AND MEDICAL C	ARE OF: Billy	Joe Epps	#771-7636			
09 r	TALC M Tuest	or le Nome Design		cddg 200				
	At Crafts-Fare	ter, Jr., Human Resourd row State Hospital	es Center	<u> </u>	At James F B		onter	
	At Earle E. Mo	orris, Jr., Alcohol and D	Stud Addiction Contor	<u></u>	At S. C. State At William S. I		1	
1000	At G. Werber	Bryan Psychiatric Hosp	oltal					
A ST	•			, ^	ratrick	B. Harris	Psychiatric	: Hospital
2	100			•	_			
7(0)	1						•	
	1				-	• •	÷	
MAN I	3			-		•	•	-
	13 1							"
	. 8							•
	學中心				1			
	という							
						•		- 1 .m
3.45								•
	•							
1	August	31, 1977 throu	igh Sentember 2	8 1977 @	\$25 00 500	.	A 700	
	April	2, 1983 through	Anrilla 1083	6 \$25 OO	\$23.00 per	day		.00
	March :	31, 1988 throug	h April 28 10	00 0 64E 0	per day			.00
	April 1	30, 1988 throug	h May 10 1000	00 6 \$42.0	o per day		1,260	
	August	19, 1988 throu	ich Contambam 0	. ሁ \$45•UU 1000 ራ ሲ	per day			5 . 00
V _C		19, 1900 Elliou	.gu september o	, 1988 6 \$	45.00 per d	lay	900	0.00
	;						\$ 3.990	0.00
N.						mount Paid		` : 00
*					Balance	e Due	\$,990	.00
E also	•							
4.							•	
2817								
the co								
M								
***							e ^p	
	Oko was						•	,
	NOT TO	be used for in	surance purpos	es.				
1 3 73	Marian Marian					•		
			•					<u>.</u>
A CONTRACTOR	e Marina Artini (1900)							,
STAT	E OF SOUTH	CAROLINA \		· · · · · · · · · · · · · · · · · · ·				-
COUN	TY OF RICH	LAND)			į.			ĺ
l.	01 112011)			•	•		
	Refore me ne	rsonally appeared						
SWOTE	o, says that she		(Mrs.) Beve	erly R. Nic	cholson		who be	ing duly
naria	r, suys marzą	y sne is Off	ice Manager, Pa	atients Res	sources			
naid	hy coch disco	i riouiin una mat me	above account is tr	'ue of 'yis∕ her	own knowledg	e and that no	part thereof h	os hean
Mante	oy cusii, aisco	ount or otherwise an	d. d. 0. 12/	13/89 tn e	re is/was due	and owing th	a State Dena	tment of
,,,,,	ai Liedilli ille	sum of \$3,990.00) and that he/	she is the pro	per officer to	make this ve	rification.	
: 3	,			1	,			
- 16 V	i, A				n /	1	1	
	4	-		TM	111116	111	Al alan	/ / /
Swa	to and a		•	$\mathcal{L}\mathcal{M}$	MIL	IN N G	U MAIX	(5/1) 1
	STEE THE	bscribed befor	e me			1	- Cy CW	~
- h	* Lynda E	lder Ferguson			1.	/ -		
his	3th day	of December 1	9 -89		ν		r	
-/	/		-				•	
X	2 no. 1) -	900		•				
YX	Maa	CON UNS	RUNDX)	AA.c	tautu.			
Not	Public	for South Caro	liha	My comm	ission expires	on <u>July</u>	7 10, 1999	
1 1	DMH FORM	1	Recorded Decem	ber 14, 19	89 at 12:30	Э-Р.М	COO.4	
RE	V APR EL FoSO		/			(;	5201	1