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NATIONAL REGISTER OF HISTORIC PLACES
INVENTORY - NOMINATION FORM

U.S. NATIONAL TRUST
FOR HISTORIC PRESERVATION
WASHINGTON, D.C. 20540

(Type all entries - complete applicable sections)

STATE:	
COUNTY:	
FOR NPS USE ONLY	
ENTRY NUMBER	DATE

1. NAME

COMMON: Medical Hall tenant farmer's house

AND/OR HISTORIC:

2. LOCATION

STREET AND NUMBER: Lane runs southeast of Medical Hall Road about

CITY OR TOWN: near Churchville 0.9 mi east of Thomas Run Road

STATE: Maryland COOE: COUNTY: Harford COOE:

3. CLASSIFICATION

CATEGORY (Check One)	OWNERSHIP	STATUS	ACCESSIBLE TO THE PUBLIC
District <input type="checkbox"/> <u>Building</u> <input type="checkbox"/>	Public <input type="checkbox"/>	<u>Occupied</u> <input type="checkbox"/>	<u>Yes: Restricted</u> <input type="checkbox"/>
Site <input type="checkbox"/> Structure <input type="checkbox"/> <u>Private</u> <input type="checkbox"/>	Public Acquisition: <input type="checkbox"/>	Unoccupied <input type="checkbox"/>	Unrestricted <input type="checkbox"/>
Object <input type="checkbox"/>	Both <input type="checkbox"/>	In Process <input type="checkbox"/>	No: <input type="checkbox"/>
	Being Considered <input type="checkbox"/>	Preservation work in progress <input type="checkbox"/>	

PRESENT USE (Check One or More as Appropriate)

Agricultural Government Park Transportation Comments

Commercial Industrial Private Residence Other (Specify)

Educational Military Religious

Entertainment Museum Scientific Rental housing

4. OWNER OF PROPERTY

OWNERS NAME: Miss Anne Hall

STREET AND NUMBER: Medical Hall Road

CITY OR TOWN: Bel Air STATE: Md COOE: 21014

5. LOCATION OF LEGAL DESCRIPTION

COURTHOUSE, REGISTRY OF DEEDS, ETC.: CLERK OF THE CIRCUIT COURT

STREET AND NUMBER: HARFORD COUNTY COURTHOUSE

CITY OR TOWN: BEL AIR STATE: MARYLAND COOE:

ACREAGE

6. REPRESENTATION IN EXISTING SURVEYS

TITLE OF SURVEY:

DATE OF SURVEY: Federal State County Local

DEPOSITORY FOR SURVEY RECORDS:

STREET AND NUMBER:

CITY OR TOWN: STATE: COOE:

STATE:

COUNTY:

ENTRY NUMBER
DATE

FOR NPS USE ONLY

7. DESCRIPTION

CONDITION	(Check One)					
	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input checked="" type="checkbox"/>	Deteriorated <input type="checkbox"/>	Ruins <input type="checkbox"/>	Unexposed <input type="checkbox"/>
INTEGRITY	(Check One)			(Check One)		
	Altered <input checked="" type="checkbox"/>	Unaltered <input type="checkbox"/>	Moved <input type="checkbox"/>	Original Site <input checked="" type="checkbox"/>		

DESCRIBE THE PRESENT AND ORIGINAL (if known) PHYSICAL APPEARANCE

Three-part house of stone and frame under two roofs. See sketch below.

To the north a ~~one~~ $1\frac{1}{2}$ -story section is under a pitched roof whose ridgething runs east-west. The west end of this section is of stone with stone lintels, and a large stone cooking fireplace in the west end wall, now closed off. ~~The east~~ A spiral staircase once rose beside the chimney to small bedrooms above. The east end of this section is of frame. A smaller staircase rose to ^{one} room above. A fireplace is in the east end wall.

Set into the south wall and extending south, there is a larger section, 2 stories, the roof ridgething running north-south. 2 bays by 2. The doors and windows are arched with salmon-colored brick. A cooking fireplace is in the south end wall. There ~~is~~ ^{remains} a staircase to the upper floors. ~~The three east~~

6. SIGNIFICANCE

PERIOD (Check One or More as Appropriate)

Pre-Columbian 16th Century 18th Century 20th Century
 15th Century 17th Century 19th Century *unknown*

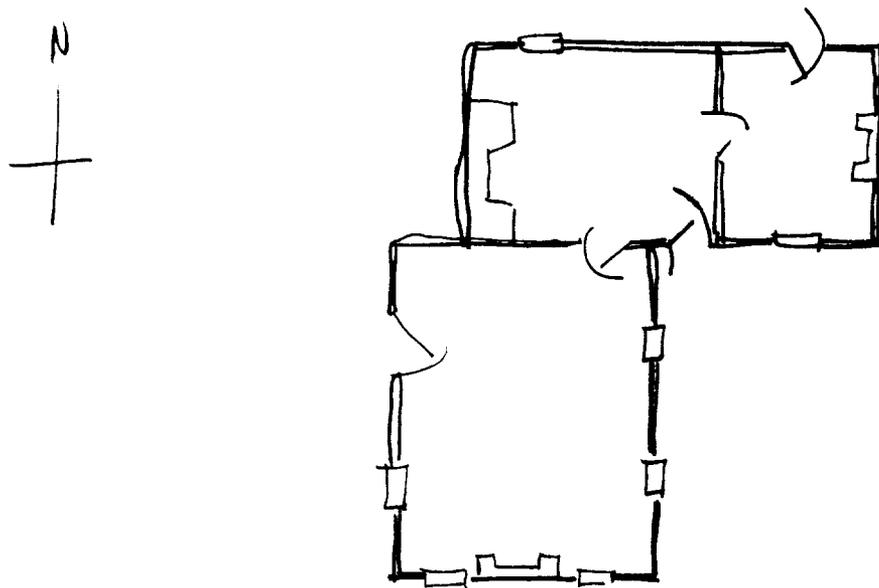
SPECIFIC DATE(S) (If Applicable and Known)

AREAS OF SIGNIFICANCE (Check One or More as Appropriate)

Aboriginal <input type="checkbox"/>	Education <input type="checkbox"/>	Political <input type="checkbox"/>	Urban Planning <input type="checkbox"/>
Prehistoric <input type="checkbox"/>	Engineering <input type="checkbox"/>	Religion/Philosophy <input type="checkbox"/>	Other (Specify) <input type="checkbox"/>
Historic <input type="checkbox"/>	Industry <input type="checkbox"/>	Science <input type="checkbox"/>	_____
Agriculture <input type="checkbox"/>	Invention <input type="checkbox"/>	Sculpture <input type="checkbox"/>	_____
Art <input type="checkbox"/>	Landscape <input type="checkbox"/>	Social/Humanitarian <input type="checkbox"/>	_____
Commerce <input type="checkbox"/>	Architecture <input type="checkbox"/>	Theater <input type="checkbox"/>	_____
Communications <input type="checkbox"/>	Literature <input type="checkbox"/>	Transportation <input type="checkbox"/>	_____
Conservation <input type="checkbox"/>	Military <input type="checkbox"/>		_____
Architecture <input type="checkbox"/>	Music <input type="checkbox"/>		_____

STATEMENT OF SIGNIFICANCE (Include Personages, Dates, Events, Etc.)

Miss Hall believes the Breker family built this cluster of 3 separate houses for workers and slaves. The house is since altered into ~~one~~ ~~family~~ a one-family house with the addition of two interior doors.



9. MAJOR BIBLIOGRAPHICAL REFERENCES

Blank area for major bibliographical references.

10. GEOGRAPHICAL DATA

LATITUDE AND LONGITUDE COORDINATES DEFINING A RECTANGLE LOCATING THE PROPERTY			O R	LATITUDE AND LONGITUDE COORDINATES DEFINING THE CENTER POINT OF A PROPERTY OF LESS THAN ONE ACRE		
CORNER	LATITUDE	LONGITUDE		LATITUDE	LONGITUDE	
	Degrees Minutes Seconds	Degrees Minutes Seconds		Degrees Minutes Seconds	Degrees Minutes Seconds	
NW	° ' "	° ' "		° ' "	° ' "	
NE	° ' "	° ' "		° ' "	° ' "	
SE	° ' "	° ' "		° ' "	° ' "	
SW	° ' "	° ' "		° ' "	° ' "	

LIST ALL STATES AND COUNTIES FOR PROPERTIES OVERLAPPING STATE OR COUNTY BOUNDARIES

STATE:	CODE	COUNTY	CODE
STATE:	CODE	COUNTY:	CODE
STATE:	CODE	COUNTY:	CODE
STATE:	CODE	COUNTY:	CODE

11. FORM PREPARED BY

NAME AND TITLE: _____

ORGANIZATION _____ DATE _____

STREET AND NUMBER: _____

CITY OR TOWN: _____ STATE _____ CODE _____

12. STATE LIAISON OFFICER CERTIFICATION

As the designated State Liaison Officer for the National Historic Preservation Act of 1966 (Public Law 89-665), I hereby nominate this property for inclusion in the National Register and certify that it has been evaluated according to the criteria and procedures set forth by the National Park Service. The recommended level of significance of this nomination is:

National State Local

Name _____

Title _____

Date _____

NATIONAL REGISTER VERIFICATION

I hereby certify that this property is included in the National Register.

Chief, Office of Archeology and Historic Preservation

Date _____

ATTEST:

Keeper of The National Register

Date _____



HA 253

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Medical Hall tenant house

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