

MD. HISTORICAL TRUST
BOX 1734
ANNAPOLIS, MD. 21404

NATIONAL REGISTER OF HISTORIC PLACES
INVENTORY - NOMINATION FORM

(Type all entries - complete applicable sections)

STATE:	
COUNTY:	
FOR NPS USE ONLY	
ENTRY NUMBER	DATE

1. NAME

COMMON: Site of Dr Archer's office, Medical Hall

AND/OR HISTORIC:

2. LOCATION

STREET AND NUMBER: Medical Hall Road, a county road, deadends at Medical Hall

CITY OR TOWN: Fulford about 1.2 mi east of Thomas Run Road

STATE: Maryland CODE: COUNTY: Harford CODE:

3. CLASSIFICATION

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

PRESENT USE (Check One or More as Appropriate)

Agricultural <input type="checkbox"/>	Government <input type="checkbox"/>	Park <input type="checkbox"/>	Transportation <input type="checkbox"/>	Comments <input type="checkbox"/>
Commercial <input type="checkbox"/>	Industrial <input type="checkbox"/>	Private Residence <input type="checkbox"/>	Other (Specify) <input type="checkbox"/>	<u>Abandoned</u>
Educational <input type="checkbox"/>	Military <input type="checkbox"/>	Religious <input type="checkbox"/>	Medical	
Entertainment <input type="checkbox"/>	Museum <input type="checkbox"/>	Scientific <input type="checkbox"/>		

4. OWNER OF PROPERTY

OWNERS NAME: Miss Anne J. Hall

STREET AND NUMBER: Medical Hall Road

CITY OR TOWN: Bel Air BFD STATE: Md CODE: 21044

5. LOCATION OF LEGAL DESCRIPTION

COURTHOUSE, REGISTRY OF DEEDS, ETC:

STREET AND NUMBER: HARFORD COUNTY COURTHOUSE

CITY OR TOWN: STATE: CODE:

ACREAGE

APPROXIMATE ACREAGE OF NOMINATED PROPERTY:

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: CODE:

STATE:

COUNTY:

ENTRY NUMBER

DATE

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7. DESCRIPTION

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

DESCRIBE THE PRESENT AND ORIGINAL (if known) PHYSICAL APPEARANCE

The site of Dr Archer's medical office. Overgrown, the nearest suggestion of a flat floor is found in the hillside ~~side~~ east of the deteriorating spring house.

8. SIGNIFICANCE

PERIOD (Check One or More as Appropriate)

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

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"/>	<u>Medical History</u>
Agriculture <input type="checkbox"/>	Invention <input type="checkbox"/>	Sculpture <input type="checkbox"/>	<u>Education</u>
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.)

Learn as a small out building southeast of the house in an early painting, ~~archaeological investigation~~
 This is believed to be the office of Dr. John Arel, first graduate in medicine in America. Home from service in the Revolutionary War, he taught medicine to his sons and several nephews and neighbors, of whom several went on to become doctors.
 Archaeological investigation being arranged.

9. MAJOR BIBLIOGRAPHICAL REFERENCES

See HA 3

Painting of Medical Hall in the possession of Mrs. Lewis Williams, 26 Crossy Parkway, Bel Air, Md.

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

NATIONAL REGISTER VERIFICATION

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 _____

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 844

Possible site De Archaes office

Medical Hall Oct 71 JSE