

No 3. No person shall be deemed entitled to the benefit of the preceding sections who shall possess or be entitled to receive a sufficient income for his maintenance and support as a patient in any home, retreat, or hospital for the insane in this State, or who has relatives or others legally chargeable for the support of the said person who are able to pay for the maintenance and support of the said person as a patient at any home, retreat or hospital for the insane in this State. The County Commissioners of any county, or the Supervisors of City Charities of the Department of Charities and Corrections of the city of Baltimore, may consent in writing to the commitment in accordance with the provisions of section one of this Article, of any indigent insane person from the respective counties or the city aforesaid not able to pay the whole cost of his maintenance, but who may be able to pay for part thereof, as a reimbursing patient, and designate the rate per week which shall be reimbursed to the county or city of Baltimore, from which said patient is committed; but no person shall be committed as a reimbursing patient who is himself able, or who has relatives or others legally chargeable with the support of said person, who are able to pay the rates for private patients at the State hospitals, or at any institution or retreat for the insane within the State.

31. No person shall be committed to or confined as a patient in any institution, public, corporate or private, or almshouse or other place for the care and custody of the insane or idiotic, except upon the written certificates of two qualified physicians of the State of Maryland, made within one week after separate examination by them of said alleged lunatic, and setting forth the insanity or idiocy of such person, and the reason for such opinion. No certificate shall be of force which shall be presented for the commitment of any patient more than thirty days after date of examination. The form of physician's certificates shall be substantially as follows:

State of Maryland, county of \_\_\_\_\_, dated \_\_\_\_\_.

I, a resident of the county or city of \_\_\_\_\_, being a graduate of \_\_\_\_\_ Medical College, and having practiced as a physician five years, do hereby certify,