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HA 909

NATIONAL HISTORICAL TRUST
BOX 1704
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: *Jericho family graveyard*

AND/OR HISTORIC:

2. LOCATION

STREET AND NUMBER: *Lane abandoned. Enter on foot from neighbor's lane running west from Priest Ford Road opposite Cal Spring Keel*

CITY OR TOWN: *Churchville*

STATE: *Maryland* CODE: COUNTY: *HARFORD* CODE:

3. CLASSIFICATION

CATEGORY (Check One)	OWNERSHIP	STATUS	ACCESSIBLE TO THE PUBLIC
District <input type="checkbox"/> Building <input type="checkbox"/> Public <input type="checkbox"/>	Public Acquisition: <input type="checkbox"/> In Process <input type="checkbox"/> Being Considered <input type="checkbox"/>	Occupied <input type="checkbox"/>	Yes: <input type="checkbox"/>
Site <input type="checkbox"/> <u>Structure</u> <input checked="" type="checkbox"/> <u>Private</u> <input checked="" type="checkbox"/>		<u>Unoccupied</u> <input checked="" type="checkbox"/>	Restricted <input type="checkbox"/>
Object <input type="checkbox"/>		Both <input type="checkbox"/>	Preservation work in progress <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"/>
Commercial <input type="checkbox"/>	Industrial <input type="checkbox"/>	Private Residence <input type="checkbox"/>	Other (Specify) <input type="checkbox"/>
Educational <input type="checkbox"/>	Military <input type="checkbox"/>	Religious <input type="checkbox"/>	Comments <input type="checkbox"/>
Entertainment <input type="checkbox"/>	Museum <input type="checkbox"/>	Scientific <input type="checkbox"/>	<i>Owner wishes to keep it abandoned</i>

4. OWNER OF PROPERTY

OWNERS NAME: *James Barow*

STREET AND NUMBER: *Churchville RFD*

CITY OR TOWN: STATE: *Md* CODE: *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* CODE: *40 S. MAIN ST*

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:

FOR NPS USE ONLY

7. DESCRIPTION

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

DESCRIBE THE PRESENT AND ORIGINAL (If known) PHYSICAL APPEARANCE

Stone wall surrounds family grave, and
of about 8 to 14 graves on a knoll
south of the manor house Sericho.

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 | Education <input type="checkbox"/> | Political <input type="checkbox"/> | Urban Planning <input type="checkbox"/> |
| Prehistoric <input type="checkbox"/> | Engineering <input type="checkbox"/> | <u>Religion/Phi-</u> | Other (Specify) <input type="checkbox"/> |
| Historic <input type="checkbox"/> | Industry <input type="checkbox"/> | osophy <input type="checkbox"/> | _____ |
| Agriculture <input type="checkbox"/> | Invention <input type="checkbox"/> | Science <input type="checkbox"/> | _____ |
| Art <input type="checkbox"/> | Landscape | Sculpture <input type="checkbox"/> | _____ |
| Commerce <input type="checkbox"/> | Architecture <input type="checkbox"/> | Social/Human- | _____ |
| Communications <input type="checkbox"/> | Literature <input type="checkbox"/> | itarian <input type="checkbox"/> | _____ |
| Conservation <input type="checkbox"/> | Military <input type="checkbox"/> | Theater <input type="checkbox"/> | _____ |
| Architecture <input type="checkbox"/> | Music <input type="checkbox"/> | Transportation <input type="checkbox"/> | _____ |

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

Lee and Archer family
graveyard.

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

11. FORM PREPARED BY

NAME AND TITLE: _____

ORGANIZATION: *Livingstone* 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 _____