United States Department of the Interior
National Park Service

National Register of Historic Places
Registration Form

This form is for use in nominating or requesting determinations for individual properties and districts. See instructions in How to Complete the National Register of Historic Places Registration Form (National Register Bulletin 16A). Complete each item by marking “x” in the appropriate box or by entering the information requested. If an item does not apply to the property being documented, enter “N/A” for “not applicable.” For functions, architectural classification, materials, and areas of significance, enter only categories and subcategories from the instructions. Place additional entries and narrative items on continuation sheets (NPS Form 10-900a). Use a typewriter, word processor, or computer, to complete all items.

1. Name of Property

historic name (former) Hugh Chatham Memorial Hospital

other names/site number N/A

2. Location

street & number 230 Hawthorne Road

city or town Elkin

state North Carolina code NC county Surry code 171 Zip code 28621

3. State/Federal Agency Certification

As the designated authority under the National Historic Preservation Act, as amended, I hereby certify that this [X] nomination [ ] request for determination of eligibility meets the documentation standards for registering properties in the National Register of Historic Places and meets the procedural and professional requirements set forth in 36 CFR Part 60. In my opinion, the property [X] meets [ ] does not meet the National Register criteria. I recommend that this property be considered significant [ ] nationally [ ] statewide [X] locally. ( [] See continuation sheet for additional comments.)

Signature of certifying official/Title

Date

North Carolina Department of Cultural Resources

State of Federal agency and bureau

In my opinion, the property [ ] meets [ ] does not meet the National Register criteria. ( [] See continuation sheet for additional comments.)

Signature of certifying official/Title

Date

State of Federal agency and bureau

4. National Park Service Certification

I hereby certify that the property is:

[ ] entered in the National Register. See continuation sheet.

[ ] determined eligible for the National Register. See continuation sheet.

[ ] determined not eligible for the National Register.

[ ] removed from the National Register.

[ ] other, (explain:)

Signature of the Keeper

Date of Action

[ ] entered in the National Register.

[ ] determined eligible for the National Register.

[ ] determined not eligible for the National Register.

[ ] removed from the National Register.

[ ] other, (explain:)

Signature of the Keeper

Date of Action
5. Classification

<table>
<thead>
<tr>
<th>Ownership of Property (Check as many boxes as apply)</th>
<th>Category of Property (Check only one box)</th>
<th>Number of Resources within Property (Do not include previously listed resources in the count.)</th>
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<td>Contributing  Noncontributing</td>
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<td>Total     2  0</td>
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Name of related multiple property listing (Enter "N/V if property is not part of a multiple property listing.)

N/A

6. Function or Use

Historic Functions (Enter categories from instructions)
HEALTH CARE/hospital
DOMESTIC/institutional housing

Current Functions (Enter categories from instructions)
VACANT

7. Description

Architectural Classification (Enter categories from instructions)
Colonial Revival

Materials (Enter categories from instructions)
foundation Brick
walls Brick
roof Slate
other Wood

Narrative Description (Describe the historic and current condition of the property on one or more continuation sheets.)
8. Statement of Significance

Applicable National Register Criteria
(Mark 'x' in one or more boxes for the criteria qualifying the property for National Register listing.)

- A Property is associated with events that have made a significant contribution to the broad patterns of our history.

- B Property is associated with the lives of persons significant in our past.

- C Property embodies the distinctive characteristics of a type, period, or method of construction or represents the work of a master, or possesses high artistic values, or represents a significant and distinguishable entity whose components lack individual distinction.

- D Property has yielded, or is likely to yield, information important in prehistory or history.

Criteria Considerations
(Mark "x" in all the boxes that apply.)

Property is:

- A owned by a religious institution or used for religious purposes.

- B removed from its original location.

- C a birthplace or grave.

- D a cemetery.

- E a reconstructed building, object, or structure.

- F a commemorative property.

- G less than 50 years of age or achieved significance within the past 50 years.

Areas of Significance
(Enter categories from instructions)

- Health/Medicine
  - Architecture
  - 
  - 
  - 

Period of Significance

1931-1952

Significant Dates

1931
1932
1937

Significant Person
(Complete if Criterion B is marked above)

N/A

Cultural Affiliation

N/A

Architect/Builder

Macklin, Harold - architect (original building)
Franklin, John M. - architect (1937 addition)

9. Major Bibliographical References

Bibliography
(Cite the books, articles, and other sources used in preparing this form on one or more continuation sheets.)

Previous documentation on file (NPS):
- preliminary determination of individual listing (36 CFR 67) has been requested
- previously listed in the National Register
- previously determined eligible by the National Register
- designated a National Historic Landmark
- recorded by Historic American Buildings Survey
- 
- recorded by Historic American Engineering Record

Primary location of additional data:

- State Historic Preservation Office
- Other State agency
- Federal agency
- Local government
- University
- Other

Name of repository:
(former) Hugh Chatham Memorial Hospital
Name of Property

Surry County, NC
County and State

10. Geographical Data

Acreage of Property Approx. 3.9

UTM References
(Place additional UTM references on a continuation sheet.)

1 1 7 5 1 3 8 5 0 4 0 1 2 0 0 0
Zone Easting Northing
2

Verbal Boundary Description
(Describe the boundaries of the property on a continuation sheet.)

Boundary Justification
(Explain why the boundaries were selected on a continuation sheet.)

11. Form Prepared By

name/title Laura A. W. Phillips, Architectural Historian
organization N/A

street & number 637 N. Spring Street
telephone 336/727-1968

City or town Winston-Salem
state NC
Zip code 27101

Additional Documentation
Submit the following items with the completed form:

Continuation Sheets

Maps

A USGS map (7.5 or 15 minute series) indicating the property's location.

A Sketch map for historic districts and properties having large acreage or numerous resources.

Photographs

Representative black and white photographs of the property.

Additional items
(Check with the SHPO or FPO for any additional items)

Property Owner
(Complete this item at the request of SHPO or FPO.)

name Lily White, Inc., c/o Ed Chappell, President

street & number 125 Dutchman Creek Rd.
telephone 336/835-1720

City or town Elkin
state NC
Zip code 28621

Paperwork Reduction Act Statement: This information is being collected for applications to the National Register of Historic Places to nominate properties for listing or determine eligibility for listing, to list properties, and to amend existing listings. Response to this request is required to obtain a benefit in accordance with the National Historic Preservation Act, as amended (16 U.S.C. 470 et seq.).

Estimated Burden Statement: Public reporting burden for this form is estimated to average 18.1 hours per response including time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate or any aspect of this form to the Chief, Administrative Services Division, National Park Service, P.O. Box 37127, Washington, DC 20013-7127; and the Office of Management and Budget, Paperwork Reductions Projects (1024-0018), Washington, DC 20503.
United States Department of the Interior  
National Park Service  

National Register of Historic Places  
Continuation Sheet  

(Former) Hugh Chatham Memorial Hospital  
Surry County, North Carolina  

Section Number 7  
Page 1  

DESCRIPTION  

Materials, cont’d.  

Foundation: Concrete  
Tile block  

Summary and Setting  

The nominated property consists of two Colonial Revival brick buildings on a wooded site of nearly four acres within a larger wooded area of an upscale residential neighborhood in northeast Elkin. The former Hugh Chatham Memorial Hospital is a two-to-three-story-with-basement, T-shaped structure; the accompanying Nurses’ Home is a two-story-with-basement rectangular building. Set far back from Hawthorne Road and facing northeast, the two buildings stand on a plateau-like ridge from which the surrounding land slopes sharply downward. Several varieties of shrubs line the base of the hospital’s (northeast) facade. A paved drive with parking leads to the hospital from Hawthorne Road, rounds a boxwood-lined circle in front of the hospital entrance, and then leads back to the street. A secondary drive runs from the main drive along the southeast side of the hospital to a parking area south of the hospital and to the Nurses’ Home. A service driveway circles behind the two buildings. (See site plan.)  

Construction Time-Line  

The following construction time-line provides a overview of the physical development of the two buildings.  

1931 Construction of original rectangular hospital completed.  
1932 Nurses’s Home built.  
1937 Northeast half of southwest (rear) ell added to hospital.  
Frame side wings added to Nurses’ Home.  
1947 Extension of southwest (rear) ell built.  
1952 Northwest wing added to original hospital building.  
1958 Hospital interior remodeled and chapel/meditation room added.
1973  Hospital converted to nursing home and interior remodeled. Enclosed stairs at each end of building probably added at this time.

Hospital

The 1930-31 section of the hospital is a large building eleven bays long and two rooms deep with a partially-above-ground basement and two stories. A central cupola and two rear dormers project from a slate-covered hipped roof.

Prominent Winston-Salem architect Harold Macklin designed the hospital in the Colonial Revival style. The stately simplicity of his design includes numerous distinctive details. The classical symmetry of the facade is created by a central five-bay section flanked by slightly projecting pavilions of three bays each. Additional details that support the Colonial Revival image are the hospital’s Flemish-bond brickwork, molded-brick water table, flat brick arches with raised keystones above the six-over-six sash windows, molded wood window surrounds, molded wood classical roof cornice, and octagonal cupola with round-arched louvered vents and bell cast roof. The decorative focal point of the building is the Colonial Revival central entrance. Ironwork balustraded limestone steps rise in a curve from either side to the elaborate entrance. Although the door itself is a modern institutional glass replacement, the classical wood surround survives intact. It features a fan-filled central round arch, sidelights flanked by Tuscan pilasters, and a full classical entablature with a dentiled and pedimented cornice.

A 1952 two-story-with-basement addition extends the northwest end of the original building. It continues the use of Flemish-bond brickwork and six-over-six sash windows but, unlike the original building, has a flat roof. The basement has glass-block windows.

Projecting southwestward from the rear of the hospital is a long, three-story ell, the product of building campaigns in 1937 and 1947. A concrete basement is visible at the southwest end of the ell. The walls continue the use of Flemish-bond brickwork and the roof is hipped. A small louvered ventilator, square-in-section and with curvilinear wood trim, projects from the roof ridge near the northeast end. A tall brick incinerator stack attaches to the southeast side near the ell’s southwest end. Windows are mostly six-over-six and paired four-over-four sash, but the third-floor solarium has two four-part windows. Projecting from the second story of the southeast side where the ell joins the original building is the polygonal, frame wall of the chapel/mediation room that was added in 1958. A canopy projects beneath it to shelter the side entrance. At the northeast end of the northwest side of the rear ell, a frame deck was added at second-story height, probably after 1973.

A fire stair enclosed in a plain, flat-roofed, Flemish-bond brick structure was added to each of the three ends of the building (northwest, southeast, and southwest) around 1973. Other exterior alterations include the installation of air conditioning vents beneath many of the windows in 1958 and the enclosure
of several windows, primarily on the back side of the former hospital. A small, temporary, pre-fab metal shed stands in the ell formed by the northwest wing and the rear ell.

The interior of the hospital is institutional in design, its appearance dictated by the needs of health care functions. It has been remodeled multiple times, in whole or in part, to update its ability to provide better health care services as a hospital and, later, as a nursing home.

The two-story-with-basement interior has a T-shaped plan with full-length central halls flanked by rooms of varying sizes. Floors are covered with linoleum tiles, walls are plastered or partially covered with ceramic tiles, and ceilings have acoustic tiles dropped about a foot below the original plaster ceiling. Metal handrails line the corridors. A description of the hospital written when it first opened states that "Private rooms have Nile green walls and cream ceiling, and the floors are covered with battleship linoleum. Wards are finished in gray and cream" (Tribune, 6/29/1973 quoting Tribune article of 4/16/1931). Though modernized, the current appearance of the hospital interior gives much the same overall impression as it did originally. It retains its original, typical hospital plan of full-length central corridors flanked on either side by individual rooms, and it continues the use of institutional materials and fixtures.

The main entrance to the hospital is at the center of the (northeast) facade. Nurses’ stations are located at the crossing of the hallways on the first and second floors. An elevator is positioned adjacent to the nurses’ stations in the hospital’s primary wing. Stairs are located adjacent to the elevator, near the center of the southwest wing, and at each end of the building. A large institutional kitchen and an adjacent dining room are on the ground floor (basement). On the second floor, where the rear ell joins the original building, a chapel/meditation room constructed in 1958 projects outward with a polygonal wall. Its interior is finished with plastered walls, a vertical-board wainscot, exposed ceiling joists and ceiling planking, and a five-window bay. Other spaces include primarily patients’ rooms, bathrooms, examination rooms, and operating rooms. The rear (southwest) ell has recently suffered significant water damage from frozen pipes.

Nurses’ Home

South of the hospital stands the Nurses’ Home, built in 1932 to house the head surgeon and his family in the southeast half and the nurses in the northwest half. It is a two-story, running-bond brick building with a brick basement and a low hipped roof pierced by a chimney near the center. The original building is seven bays wide and is flanked by two-story, weatherboarded side wings added in 1937. The brick portion of the building and the northwest wing have sash windows, mostly in pairs, while the southeast wing has casement windows. Colonial Revival details include a molded brick water table, a boxed and molded classical cornice, keystoned window lintels, and a pair of front entrances (one for the
surgeon and his family and the other for the nurses), each with a classical surround composed of fluted pilasters and a broken pediment with a central urn. Flanking the entrances are small, bell-shaped, metal light fixtures. A handicap ramp has been added to the southeast entrance. The rear of the building has an entrance to the first floor in the southeast wing, a basement entrance in the northwest wing, and glass block basement windows across the central brick section.

The interior of the Nurses’ Home is planned around a transverse hall (on each floor) that runs the length of the original brick portion of the building and tees into the frame additions at each end. A secondary hall perpendicular to the main hall runs from the building’s rear entrance at the south corner along the northwest wall of the southeast frame addition. The first and second stories have hardwood floors (some now covered with institutional carpet), plastered walls, and plastered ceilings (some now covered with acoustic dropped tiles). The first and second floors also display simple baseboards, simply molded window surrounds, and one-panel doors with molded surrounds. The basement has a concrete floor, tile block walls, and a plastered ceiling with exposed pipes. At the southeast end of the basement corridor, a pair of glass and wood-paneled doors leads to the area beneath the building’s southeast frame addition.

The two primary entrances on the northeast facade open into the building’s two largest rooms, which originally served as the living rooms for the surgeon’s and the nurses’ portions of the building. The surgeon’s living room features a brick fireplace with a molded wood Colonial Revival shelf and flanking built-in bookshelves and cabinets. Original bedrooms with closets and bathrooms survive in recognizable form; other rooms, such as kitchens and dining rooms, do not. In later years, probably post-1973, many of these rooms, especially on the first floor, were converted to doctors’ offices and treatment rooms, while retaining many original finishes and details.

The building has two sets of stairs—one for the surgeon’s family and one for the nurses. Each runs from the second floor to the basement. The surgeon’s stair is located at the southeast end of the original building and runs parallel to the transverse hall. The run from the first to second stories has been enclosed. The nurses’ stair is located on the southwest side of the corridor at the center of the nurses’ section of the building and runs perpendicular to the corridor. It has been blocked off from the hall at the first-story level. Each of the stairs has square-in-section balusters, a molded handrail, a closed string, and paneled newels.

**Integrity**

Both the former hospital and the former nurses’ home are in good condition overall, although the rear ell of the hospital has suffered recent water damage. The exteriors of both buildings remain largely intact, while the interiors have been altered through the years to retain their institutional usefulness.
However, even with these alterations, the interiors retain many features central to their characters. The hospital maintains its overall plan composed of long central corridors flanked by individual rooms, and its use of institutional materials and fixtures. The Nurses’ Home retains its original overall plan with transverse halls and two sets of stairs, and numerous original features—including hardwood floors, plastered walls, baseboards, molded door and window surrounds, single-panel doors, and the Colonial Revival fireplace and flanking built-in bookshelves. Overall, the former Hugh Chatham Memorial Hospital and accompanying Nurses’ Home retain historic integrity in terms of location, setting, design, materials, workmanship, feeling, and association.
SIGNIFICANCE

Summary

When the former Hugh Chatham Memorial Hospital was built in Elkin in 1930-31—sponsored by the Western North Carolina Conference of the Methodist Church but funded by the Duke Foundation and local citizens—it was one of only twelve Methodist hospitals in the South and the only one located in North Carolina. More importantly, it was the only hospital facility in the Elkin area and for some years served not only Elkin but also the people of the surrounding counties, as well as Methodists throughout the Western North Carolina Conference. Until at least the end of the hospital’s association with the Methodist Church in 1967, it prided itself in never having turned away any patient who could not afford to pay for services. The construction of the hospital was followed in 1932 by the erection of the adjacent Nurses’ Home, which provided housing for the nurses as well as for the hospital’s chief surgeon. As the hospital prospered, additions were built in 1937, 1947, and 1952. In 1973, the present Hugh Chatham Memorial Hospital opened, and the old hospital became a nursing care center. The former Hugh Chatham Memorial Hospital is locally significant in the area of Health/Medicine because of its long association with the development of health care and, more specifically, hospital facilities, in Elkin and the surrounding area during much of the twentieth century. As such, it fulfills Criterion A for listing in the National Register.

The hospital is also locally significant as a rare—and, in fact, the oldest surviving—example of the Colonial Revival style for non-domestic buildings in Elkin. Designed by prominent Winston-Salem architect Harold Macklin, the original 1930-31 hospital building is a large, two-story-plus-basement, Flemish-bond brick building with projecting end pavilions, a central classical entrance, an octagonal cupola, and other Colonial Revival features. The 1932 Nurses’s Home also reflects the Colonial Revival
style, as do the additions to the hospital. Because of its local architectural significance, the former Hugh Chatham Memorial Hospital fulfills National Register Criterion C.

The former hospital also meets Criterion Consideration A. During its period of significance, it was owned and operated by the Western North Carolina Conference of the Methodist Church. However, it derives its primary significance from its strong association with the development of health care in Elkin and the surrounding area and from its rare representation of the Colonial Revival style used for non-domestic buildings in Elkin.

The period of significance for the former Hugh Chatham Memorial Hospital spans the years from the opening of the hospital in 1931 to 1952, when the hospital’s last significant addition, the northwest wing, was built. The period encompasses the construction of the Nurses’s Home in 1932, the construction of frame additions to the sides of the Nurses’ Home in 1937, and the construction of and addition to the hospital’s rear ell in 1937 and 1947. After the period of significance, the hospital’s clientele shifted from being composed primarily of both the citizens of Elkin and the people of the surrounding counties as well as Methodists from throughout the Western North Carolina Conference to being focused more on the populations of Elkin and the immediately surrounding area.

Historical Background and Health/Medicine Context

The former Hugh Chatham Memorial Hospital is located in Elkin, a town of approximately four thousand residents located at the confluence of Elkin Creek and the Yadkin River in the southwest corner of Surry County. Although the evolution of the town began in the mid-nineteenth century, it was not incorporated until 1889 in preparation for the 1890 arrival of the Northwestern North Carolina Railroad. The newly acquired rail service became a determining factor in Elkin’s increased growth and prosperity for many years thereafter (Phillips, Downtown Elkin NRHD nomination, 38).

Elkin’s first hospital was established in 1924 by Drs. H. Clay Salmons and Robert R. Garvey on the second floor of a new commercial building at the northeast corner of W. Main and Church streets (part of Downtown Elkin NRHD, 2000). Although small in size, the hospital boasted a lab, an operating room, a sterilizing room, two offices, a waiting room, a dining room, a kitchen, and patients’ rooms. During its first year, the hospital served 350 patients, about twenty-five percent of whom were charity admissions. When Dr. Garvey moved to Winston-Salem in 1926, the hospital closed. It had operated only two years, but during that short time had clearly demonstrated the need for such a facility in Elkin (Phillips, Downtown Elkin NRHD nomination, 22; Centennial History, 57).

Meanwhile, in 1925, the Hospital Board of the Western North Carolina Conference of the Methodist Church became convinced that the conference should have within its bounds a general hospital (Journal, 1925). Rev. Logan Berge Abernethy, pastor of the Elkin Methodist Church, spearheaded the
drive for a new hospital. By 1929, the Duke Foundation had pledged $35,000, the citizens of Elkin and the surrounding towns had secured a like amount, and the Chatham Manufacturing Company had donated a site of 14.34 acres in northeast Elkin. With funds and a site in hand, the Western North Carolina Conference authorized the erection of a thirty-five-room hospital, to be named the Hugh Chatham Memorial Hospital for prominent Elkin industrialist and philanthropist Hugh Gwyn Chatham, who had died that year. In 1930 additional funds were raised and the hospital was chartered. Prominent Winston-Salem architect Harold Macklin designed the new hospital, which opened for patients on April 20, 1931 (Journal, 1930, 1930, 1931, 1953; Centennial History, 167; Plaque).

When the Hugh Chatham Memorial Hospital opened, it was the only hospital facility in the area and was one of only twelve Methodist hospitals in the South, none of the others of which were in North Carolina. It was designed to provide hospital care for the people of Elkin and the surrounding counties as well as for Methodist ministers and lay people from across the Western North Carolina Conference. In 1932 the hospital admitted 916 patients. Five years later it admitted 1,231 patients. Ten years after that, in 1947, 3,057 patients were admitted. Thereafter, until the early 1960s, the number of admissions remained fairly stable. For many years the institution rendered invaluable medical service to people who could not otherwise afford it and to a large number of ministers and Methodists across the state who likewise would have had to forego needed medical attention. By mid century, the hospital took pride in the fact that no patient had ever been turned away because of lack of money (Journal, 1930, 1932, 1937, 1947, 1952, 1953, 1958, 1961, 1967).

Initially the hospital had a capacity of thirty-eight beds and six baby bassinets. During its first year, it operated at near full capacity. However, the surgeon occupied two of the single bedrooms and eight nurses lived at the hospital, reducing the number of patient beds to twenty-eight, plus the bassinets. Part of the problem was temporarily solved by renting a building for the nurses one mile from the hospital, but this arrangement proved unsatisfactory. The following year, in 1932, the Nurses' Home was erected just south of the hospital. One side of the two-story brick building became the residence of the surgeon and his family, while the nurses occupied the other half. Total cost of the Nurses' Home was $21,202, with $8,000 coming from the Duke Endowment, $1,113 from the General Hospital Board of the Methodist Church, $4,500 from the Conference Hospital Board, and $7,589 from private subscriptions. In addition, the Chatham Manufacturing Company provided free use of their trucks and forces of men throughout construction, saving the conference hundreds of dollars (Centennial History, 167; Journal, 1931, 1932).

In 1934, a home was built for the hospital superintendent on a lot adjacent to the hospital grounds that was donated by Chatham Manufacturing Company. It was built largely with funds from the Duke Endowment (Journal, 1934). The former superintendent’s house is not part of this nomination because it stands on a separate parcel whose owner was not interested in designation.
In 1937, the first half of the hospital’s rear ell was erected, at a cost of $46,000. When it was dedicated on January 6, 1938, it had already been in operation for a number of weeks. Elkin architect John Franklin designed the new wing, which was named in honor of Anna Hodgin Hanes. The Frank L. Blum Company of Winston-Salem served as contractor. The three-story addition provided the hospital with thirty-eight additional beds, bringing the total to seventy-four beds. An additional six beds could be derived from the ell’s solarium. At the same time that the hospital was enlarged, two-story frame extensions were added to either end of the Nurses’ Home to provide additional bedrooms for the increased staff of nurses (Journal, 1937; Tribune, January 6, 1938).

In 1947 the rear ell was extended to its present size. It was designed to house the heating plant, an office and treatment rooms for an eye, ear, nose, and throat specialist, an office for a resident intern, and rooms for sixteen additional beds with storage facilities (Journal, 1947). Two years later, the Journal of the Western North Carolina Annual Conference of the Methodist Church announced that since employing an eye, ear, nose, and throat specialist, the hospital had had more children than could be cared for properly in the hospital’s wards. In response, a plea was made for the building of a new children’s ward and also a ward for colored people (Journal, 1949).

The plea for more space was answered in 1952, when a wing was added to the northwest end of the original hospital building. The new addition, which was dedicated on Easter Sunday of 1953, provided space for two children’s wards, one for white and one for colored children, and included room for sixteen additional beds (Journal, 1952, 1953). With the 1952 addition, the Hugh Chatham Memorial Hospital building achieved its present size.

The year 1958 brought remodeling of the hospital at a cost of approximately $232,000. Included in the project were adding two operating rooms and a recovery room, rearranging the doctors’ scrub-up rooms, reorganizing the dressing and locker rooms for the nurses, changing the pediatric ward, relocating and modernizing the obstetric suite and adding three labor rooms, adding a larger and completely automatic elevator, adding air conditioning, and adding a new chapel/meditation room (Journal, 1958).

By the early 1960s it had become apparent that a change was needed in the hospital’s relationship with the Western North Carolina Conference of the Methodist Church. Several years’ of research and study followed. Since 1950 there had been a new trend in hospital care in North Carolina. Many community hospitals had been created, thus limiting the sphere of service of the Hugh Chatham Memorial Hospital. Fewer and fewer Methodist ministers and lay people were being served by the hospital, whereas in the beginning it had served many such patients. Beginning in the 1950s, there were four other hospitals within thirty-five miles of Elkin, resulting in the Chatham Hospital becoming more community oriented and supported. The Methodist conference’s support of charity patients decreased from around $25,000 annually to only $3,600 in 1967. By the mid-1960s, the hospital’s physical plant had become outdated, and a report by the Department of Hospital Administration at the University of North Carolina
recommended that a new hospital be built at a cost of around $3,000,000. When the hospital requested that the conference contribute $500,000 toward the cost of a new hospital, it became clear that the conference needed to make a decision regarding its relationship with the hospital. Either the Western North Carolina Conference needed to give larger financial support to the hospital, or it needed to release the hospital to the community of Elkin to enable the community to give better support. Recognizing that few Methodists at that time even knew of their denomination’s connection with the hospital and that Methodist patients within the conference area would continue to use their own community hospitals, the conference knew that it would be extremely difficult to raise the needed money for a capital campaign. As a result of these considerations, the Western North Carolina Conference of the Methodist Church in 1967 conveyed the hospital property to the Hugh Chatham Memorial Hospital, Inc., divesting itself of any interest in or control of the hospital (Surry County Deed Book 169, page 176; Journal, 1961, 1963, 1967). Thereafter, Hugh Chatham Memorial Hospital operated as a community institution (Centennial History, 167).

In 1973 a new $3.5 million hospital facility was completed on Johnson Ridge Road in Elkin. At that time, the Hawthorne Road facility was converted to a nursing care center with some interior remodeling to conform to its new use (Centennial History, 168; Yadkin Enterprise, 1/23/1974). It was probably at this time that the stair wells were added to each end of the building. The former hospital building remained a nursing center until the late 1990s. Since then it has stood vacant, except for a time when the first-floor basement level was used by a charter school. The Nurses’ Home is also vacant.

The former Hugh Chatham Memorial Hospital is significant for its central role in providing health care, and particularly hospital facilities, in Elkin and the surrounding area during much of the twentieth century. For more than forty years—from its opening in 1931 to its closing in 1973—it was the town’s only hospital. During the first two decades of that period, it also served the people of the surrounding counties, as well as Methodist ministers and lay people throughout the Western North Carolina Conference. With Methodist sponsorship, the hospital for years provided charity care for patients who could not afford to pay for services, turning away no one. When the building ceased functioning as a hospital in 1973, it continued its role in providing Elkin with health care facilities by serving for the next two decades as a nursing home.

**Architecture Context**

The Colonial Revival style in America was spurred by the 1876 Centennial Exposition, which generated patriotic enthusiasm for the American past. Later fairs, such as the 1893 World’s Columbian Exposition whose major buildings highlighted classicism and whose smaller buildings often reflected the architecture of America’s colonial period, further encouraged the adoption of the Colonial Revival style.
Exalted as the architecture of "Americanness," it was also, in part, a reaction against the extravagance of late nineteenth-century Victorianism. The style reflected not only the influences of seventeenth and eighteenth American architecture, but also that of the early nineteenth century (Bishir, 416-417).

In North Carolina, the Colonial Revival style first appeared at the end of the nineteenth century, when classical ornamentation was used on houses of Queen Anne form. This eclectic phase of the style flourished until World War I and continued until the early 1920s. It was overlapped, beginning in the mid 1910s, with a second phase of the style which utilized a more literal replication of Georgian and Federal stylistic themes. This second phase, of which the former Chatham Memorial Hospital is an example, thrived in the 1920s and 1930s and can still be seen, to some extent, in much of today’s domestic architecture (Bishir, 417).

Numerous houses reflecting the Colonial Revival style were built in Elkin during the first two decades of the twentieth century. However, the Colonial Revival was rarely used for other building types. Completed in 1931, the Hugh Chatham Memorial Hospital is the oldest surviving and a rare example of the style used for a public or institutional building in Elkin. When the Nurses’s Home was erected the following year, it continued the use of the style. Thereafter, a decade lapsed before the Colonial Revival was again used for a public building in Elkin—this time for the Gilvin Roth Y.M.C.A. Building, erected on the campus of Chatham Manufacturing Company in 1942. Like the hospital, it is a long, two-story brick building with a central classical entrance. Unlike the hospital, it has a truncated gable roof, a pair of gable-end interior chimneys at each end, and a two-story, five-bay, pedimented portico. Another decade passed before other examples of the Colonial Revival style appeared in public or institutional buildings in Elkin. During the 1950s, both the First United Methodist Church, located adjacent to the hospital property, and the First Baptist Church were built in ecclesiastical versions of the style (Phillips, *Simple Treasures*, 91-105; *Centennial History*, 85, 94-95).

Prominent Winston-Salem architect Harold Macklin (1885-1948) designed the 1931 Hugh Chatham Memorial Hospital. It is not known whether or not he prepared the plans for the Nurses’s Home the following year. His selection may have come through the recommendation of the Chatham family. Although Hugh Gwyn Chatham, for whom the hospital was named, died in October, 1929, other family members lived in Winston-Salem at the time (this was during the period when Chatham Manufacturing Company’s main office was in Winston-Salem) and would surely have known of Macklin’s work there (*Centennial History*, 79). Harold Macklin was a native of Portland, England and was educated in the cathedral schools in Salisbury, England and the Architectural School in London. He moved to Winston-Salem in 1919 and soon thereafter opened his own architectural practice there. Macklin was known primarily for his public buildings. Although he could design in a variety of styles, he seems to have been particularly drawn to the Colonial Revival, and some of his best buildings are in that style. Among these are the Winston-Salem Journal and Sentinel Building (1926), the Spruce Street
YMCA Building (1927) and the YWCA Building (1941-42) (Phillips, Gilmer Building NR nomination, 8.1).

Macklin’s use of the Colonial Revival style for the design of the hospital lent it not only an attractive appearance, but perhaps more importantly, a comfortable, domestic feel—a good choice for a place where patients and family members are often anxious. For the Nurses’s Home, the Colonial Revival style was a natural choice, not only because it was intended to complement the design of the hospital, but also because it was, in fact, a domestic building that conformed easily to the style.


*The Elkin Tribune.*
- January 6, 1938
- February 28, 1966
- June 12, 1967
- June 29, 1973


"Hugh Chatham Memorial Hospital: A History of Dedication and Generosity." Hugh Chatham Memorial Hospital Auxiliary. Typescript photocopy.


Plaque. Originally installed in 1931 Hugh Chatham Memorial Hospital and later moved to present

Stuart, Dr. Hal (born in hospital in 1931; son of long-time nurse and dietitian at hospital; practiced medicine at hospital). Phone interview by author. April 21, 2001.


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**GEOGRAPHICAL DATA**

**Verbal Boundary Description**

The boundary of the nominated property is shown by the heavy black line on the accompanying site plan, drawn to a scale of 1" = 120'.

**Boundary Justification**

The boundary of the nominated property is drawn to include the Hugh Chatham Memorial Hospital, the Nurses' Home, and the surrounding 3.9 acres on which they stand. The property comprises the ridge portion of the original 14.34-acre site which contains the property's historic resources and which is expected to be transferred to new ownership for preservation development.
United States Department of the Interior
National Park Service

National Register of Historic Places
Continuation Sheet

(former) Hugh Chatham Memorial Hospital
Surry County, North Carolina

Section Number Photos Page 15

PHOTOGRAPHS

The following information for #1-5 applies to all nomination photographs:

1) (former) Hugh Chatham Memorial Hospital
2) Surry County, North Carolina
3) Laura A. W. Phillips
4) March, 2001
5) State Historic Preservation Office, Raleigh, North Carolina

6-7) A: Overall of Hospital facade, view to W
B: Site context, view to SW
C: Site context, view to NE
D: Hospital entrance, view to W
E: Hospital - Rear of 1952 wing and NW side of rear ell, view to E
F: Hospital - Rear of 1931 section and SE side of rear ell, view to NW
G: Hospital - Nurses’ station and hall, 1st floor, view to SW
H: Hospital - 2nd floor hall, view to NW
I: Nurses’ Home facade, view to W
J: Nurses’ Home - Surgeon’s entrance, view to W
K: Nurses’ Home - rear (SW) elevation, view to NE
L: Spatial relationship between Nurses’s Home and Hospital, view to N
M: Nurses’ Home - Surgeon’s living room (1st floor), view to NW
N: Nurses’ Home - 1st floor doors and baseboard, view to S
O: Nurses’ Home - Nurses’s stair, view to SW
Produced by the United States Geological Survey
Control by USGS and NOS/NOAA
Topography by photogrammetric methods from aerial photographs taken 1967. Field checked 1971
Projection and 10,000-foot grid ticks: North Carolina coordinate system, (Lambert conformal conic)
1000-meter Universal Transverse Mercator grid ticks, zone 17, shown in blue
1927 North American Datum (NAD 27)
North American Datum of 1983 (NAD 83) is shown by dashed corner ticks
The values of the shift between NAD 27 and NAD 83 for 7.5-minute intersections are given in USGS Bulletin 1875

UTM GRID AND 1994 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET

THIS MAP COMPLIES WITH NATION
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A FOLDER DESCRIBING TOPOGRAPHIC MAPS.