1. Name of Property

Historic name: Maria Parham Hospital
Other names/site number: Maria Parham Apartments

2. Location

Street & number: 406 South Chestnut Street
City or town: Henderson
State: North Carolina
County: Vance
Code: NC-181
Zip code: 27536

3. State/Federal Agency Certification

I, as the designated authority under the National Historic Preservation Act of 1986, hereby certify that this ______ 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 ______ meets ______ does not meet the National Register Criteria. I recommend that this property be considered significant ______ nationally ______ statewide ______ locally. (See continuation sheet for additional comments.)

[Signature]
[Date]

State or Federal agency and bureau

[Signature of commenting or other official]
[Date]

4. National Park Service Certification

I hereby certify that this 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  __ See continuation sheet.

____ removed from the National Register

____ other (explain):

[Signature of the Keeper]
[Date of Action]
5. Classification of Property

Ownership of Property

(Check as many boxes as apply)

- [X] private
- [ ] public-local
- [ ] public-State
- [ ] public-Federal

Category of Property (Check only one box)

- [X] building(s)
- [ ] district
- [ ] site
- [ ] structure
- [ ] object

Number of Resources within Property

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Number of contributing resources previously listed in the National Register 0

Name of related multiple property listing (Enter "N/A" if property is not part of a multiple property listing.)

*N/A*

6. Function or Use

Historic Functions
(Enter categories from instructions)

Cat: HEALTH CARE Sub: hospital

Current Functions
(Enter categories from instructions)

Cat: DOMESTIC Sub: multiple dwelling

7. Description

Architectural Classification
(Enter categories from instructions)

- Colonial Revival

Materials
(Enter categories from instructions)

- foundation CONCRETE
- roof SYNTHETICS/Rubber
- walls BRICK
- other STONE/limestone

Narrative Description (Describe the historic and current condition of the property on one or more continuation sheets)
Maria Parham Hospital
Vance County, North Carolina

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.)

_A_ owned by a religious institution or used for religious purposes.

_B_ removed from its original location.

_C_ a birthplace or a grave.

_D_ a cemetery.

_E_ a reconstructed building, object, or structure.

_F_ a commemorative property.

Areas of Significance
(Enter categories from instructions)

HEALTH/MEDICINE

Period of Significance
1925-1944

Significant Dates
1925
1941

Significant Person
(Complete if Criterion B is marked above)

Cultural Affiliation
N/A

Architect/Builder
Architect-Linthicum and Linthicum
Contractor-Unknown

Narrative Statement of Significance
(Explain the significance of the property on one or more continuation sheets.)

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):

_p_ preliminary determination of individual listing (36 CFR 67) has been requested.

_p_ previously listed in the National Register

_p_ previously determined eligible by the National Register

_p_ designated a National Historic Landmark

_p_ recorded by Historic American Buildings Survey

_p_ recorded by Historic American Engineering Record

Primary Location of Additional Data:

_A_ State Historic Preservation Office

_p_ Other State agency

_p_ Federal agency

_p_ Local government

_p_ University

_p_ Other

Name of repository: ________________________________
10. Geographical Data

Acreage of Property  1.33 acres

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

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Verbal Boundary Description
(see continuation sheet)

Boundary Justification
(see continuation sheet)

11. Form Prepared By

data        April 1994

name/title  David R. Black/Architectural Historian

organization  Black & Black, Preservation Consultants

date        April 1994

street & number  620 Wills Forest Street

phone         (919) 828-4616

city or town  Raleigh

state        North Carolina

zip code    27605

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 the SHPO or FPO.)

name _______________________________________________________________________

street & number __________________________ telephone ______________________

city or town ___________________________ state _____ zip code _____________

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 the 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 Project (1024-0018), Washington, DC 20503.
The (former) Maria Parham Hospital building is a flat-roofed, three-story brick and concrete structure located at the southwest corner of Orange and Chestnut streets, adjacent to downtown Henderson. The principal elevations of the former hospital are oriented toward the southeast. Built initially in 1925 and extended in 1941 and 1953, the plainly-detailed, but neatly-composed edifice is nominally Colonial Revival in style. At the rear of the building is a circular driveway and paved parking lot, while to the south is more parking and a deep lawn with several large trees. Two mature hardwood trees shelter the southwest corner of the building on Chestnut Street. Carefully rehabilitated in 1992-93 into apartments for senior citizens, the former Maria Parham Hospital is substantially intact and retains an integrity of materials, location, workmanship and setting.

The earliest portion of the building, constructed in 1925, is the northernmost seven bays, organized around a segmentally-arched doorway with rusticated surround that is located in the fourth bay from the corner. Colonial Revival in style, this original portion of the building is faced with brick laid in stretcher bond, the first floor being rusticated. Along the top of this rusticated floor is a continuous limestone string course. Running above the third floor windows is a projecting, sheet metal, classical cornice, surmounted by a brick parapet capped with a limestone coping. The twelve-over-one double-hung sash windows are single except at what was originally the southeast corner of the building, where they are doubled. The (northeast) Orange Street elevation of this original portion contains another three bays with the same configuration. On the rear elevation of the 1925 section, a shallow ell extends from what was the southwest corner (this area apparently originally contained the operating room). The rear elevations are sheathed with common brick laid in common bond, all flush, but with a limestone string course above the first floor. Windows on the rear are also twelve-over-one, but in a variety of sizes and with no consistent pattern. Corresponding to the arched doorway on the Chestnut Street elevation, the rear has a hipped-roof entrance porch with square brick columns.
An L-shaped, 1941 addition made to the south end of the original hospital simply extended the rusticated first floor, the cornice treatment and the window sash pattern of the 1925 building. However, the additional seven bays have a different window arrangement, some of the windows being smaller and grouped more closely together (the doubled, closely-spaced small windows apparently represent bathroom cores from original private room suites). At the rear, the 1941 addition doubled the size of the original ell. The addition, however, had smaller, metal casement windows instead of double-hung wooden ones.

A 1953 addition added another three bays to the southwest end of the building, along with a new principal entrance on Chestnut Street. Also faced with stretcher-bond red brick, this elevation is overlaid with a low-relief, limestone classical portico that has fluted pilaster strips with a slightly-projecting limestone entablature. Over the entablature is a full-width panel with the inscription "Maria Parham Hospital" in large letters. The central entrance to this section is a limestone-faced frontispiece with semi-circular canopy containing a pair of glazed doors. Over the doors is the inscription "Dr. James H. Parker Memorial Wing." Windows on the front elevation are paired six-over-one double-hung sash.

The three-story south elevation of the Parker Wing is eight bays deep, including a flat-roofed, slightly-projecting, stair tower. A one-story extension continues eight bays further to the rear.

Like the earlier portions of the hospital, the rear of the Parker Wing is faced with common brick. The rear elevations have single and triple six-over-one double-hung windows.

The interior of the building is very plainly detailed, with double-loaded corridors in all areas. The corridors have plain plaster walls and ceilings except for a wooden crown molding, added in the recent rehabilitation. The main corridor originally carried all the way to the north end of the building, but the end of the corridor has been closed off for an additional apartment. Original pairs of paneled fire doors are located in the corridor between the different sections of the building. On the second and third floors, a wall has been constructed parallel to the axis of the hallway in front of the stair to allow it to function as a means of egress. The enclosed stairs have closed strings and are
quite plain. There are small entrance lobbies at the original entrance and at the Parker Wing entrance.

In the 1925 section the corridor entrances to the rooms have simple, classical, wood door surrounds with transoms and horizontal five-panel doors. The rooms themselves are completely without ornament. In the 1941 section, the doorways and doors are simplified versions of the 1925 type. The 1953 corridors are even more plain, with metal door jambs and flush doors. The only major changes to the original plans that have occurred are in the former cafeteria and operating room. They, like the rest of the building, have been converted into apartments.
Statement of Significance

The (former) Maria Parham Hospital, built in stages in 1925, 1941 and 1953, is being nominated under Criterion A, for its significance as the first modern hospital built for white patients in Vance County, for its association with the movement to develop modern hospital facilities in North Carolina in the 1920s, and for the building’s long association with medical care in Vance County as the only county hospital for white patients from 1925 to 1965. Carefully rehabilitated into senior citizen apartments in 1992-93, the hospital building has been preserved as a tangible reminder of the community's health care history.

Historical Background

In the early twentieth century, the only hospital for white patients in Vance County was the ca. 1912 Sarah Elizabeth Hospital, operated by Dr. H. H. Bass in a converted frame house on Zene Street. Black patients were served by separate hospitals until 1966. The black community, with the assistance of the Women’s Central Missionary Society of the United Presbyterian Church, built a brick hospital, called Jubilee Hospital (after the 1911-12 Jubilee Movement of the United Presbyterian denomination), over a period of years, beginning in 1911 (Vance County Centennial, p. 83 and Ruth Anita Hawkins Hughes, Contributions of Vance County People of Color, p. 394).

Feeling the need for a modern hospital to serve the county's white population, a group of five Henderson physicians organized a stock-issuing, for-profit hospital corporation in the early 1920s. The doctors involved were H. A. Newell, R. T. Upchurch, T. S. Royster, B. G. Allen and A. P. Newcomb. Calling themselves the Annie Lee Hospital, they purchased a tract at the corner of Orange and Chestnut streets in 1924 (Vance Deeds, Book 134, p. 38). A contribution of money and furnishings by Sabat S. Parham, one of the major figures in the Carolina Bagging Company, led to the proposed new hospital being named for his mother, Maria Southerland Parham (Vance County Centennial, p. 45). In February of 1925, the Board of Directors took bids for the construction of the new hospital, which was designed by the Raleigh architectural firm of Linthicum and Linthicum...
Within a few months the hospital was completed, opening on July 2, 1925 as a modern “fireproof” structure with 27 beds and an operating room (Henderson Daily Dispatch, 2 July 1925, p. 5).

Linthicum and Linthicum, who designed this original facility (now the northernmost seven bays of the building) consisted of Hill Carter Linthicum and his son Henry Carter Linthicum, both former residents of Henderson. The elder Linthicum was one of the founders of the North Carolina Chapter of the American Institute of Architects. The firm had an extensive practice in school design, but also was responsible for the design of the Rex Hospital facility on St. Mary’s Street in Raleigh (Catherine Bishir interview with Diana Linthicum Coley, 3 December 1990).

In May of 1931, a non-profit Maria Parham Hospital Association was incorporated which leased the hospital from its original owners (Vance County Heritage, p. 88). An addition was made to the hospital in 1941, increasing the number of beds to 44. A vote by the county’s residents in 1943 led to the hospital being purchased by the county in January of 1944, although it remained a non-profit corporation with the mayor of Henderson and the county commissioners being appointed as members of a new board of trustees (Vance County Centennial, p. 45).

Still another addition was made to the structure in 1953, when the Dr. James H. Parker Memorial Wing was added, raising the capacity to 75 beds and making room for expanded surgical facilities and business offices. Parker was a New York physician who used Pool Rock plantation as a hunting lodge. His widow, Mrs. Julia Augustus Parker, made a large subscription toward the cost of the wing, although most of the cost of construction came from federal and state grants (Vance County Heritage, p. 88 and Vance County Centennial, p. 45).

By the early 1960s, the hospital was again overcrowded and in need of renovation. A decision was made to construct an up-to-date facility on a site west of Henderson. The new Maria Parham Hospital was opened in 1965 as an integrated facility (leading to the closing of Jubilee Hospital) (Vance County Heritage, p. 88). The old building at the corner of Chestnut and Orange Streets was transferred to the county in 1973, which used it...
as office space (Vance Deeds, Book 487, p. 383). After standing vacant and deteriorating for a number of years, the hospital was rehabilitated into senior citizen apartments in 1992-93 by Anderson Development Company.

**Hospitals Context**

Construction of the Maria Parham Hospital was part of a movement across North Carolina in the early 1920s to provide modern hospital facilities. Prior to that time, hospitals were few and widely spread. What facilities existed were generally in converted houses, often of frame construction susceptible to fire. Hospitals were built in many of the state's counties during this period, sometimes by local governments making use of a 1913 county hospital enabling law, more often by associations of local doctors. Coupled with the building of a modern road and highway system, these hospitals made modern medical care a reality for the first time for most North Carolinians (Greenville Daily Reflector, 28 February 1982, p. D-12).

Although a number of hospitals had been established to treat wounded and sick soldiers during the Civil War, there were almost no general hospitals in North Carolina until the late nineteenth century. The first general hospital appears to have been a small private hospital owned and operated by W. W. Lane in Wilmington in 1875. This became City Hospital in 1881, the predecessor of James Walker Memorial Hospital. In 1876, St. Peter's Hospital was founded in Charlotte by the Episcopal Church, and in 1882 a black facility, Leonard Hospital, was opened in Raleigh. John Rex of Raleigh bequeathed his estate in the late 1830s to the establishment of a hospital, but the trustees didn't actually own or operate one until they acquired St. John's Hospital, established by the St. John's Guild of the Episcopal church about 1884. Other early hospitals included Asheville Mission Hospital, founded in 1886, and Good Samaritan Hospital in Charlotte, dating from 1888 (The University of North Carolina News Letter, 25 March 1931, p. 1).

The last decade of the century witnessed the beginning of more hospitals than had been established in total to that time. Twelve were founded during those years, more than half of the eighteen general hospitals in North Carolina at the beginning of the twentieth
General hospitals in this period were a largely urban phenomenon; only 13 counties in North Carolina contained a hospital in 1900 (News Letter, 25 March 1931, p. 1). While hospitals were scarce, the ones that existed sometimes had difficulty finding patients, since hospitals in the nineteenth century were popularly viewed as places to go to die (News Letter, 7 July 1926, p. 1).

Although the General Assembly passed legislation in 1913 allowing counties to establish general hospitals, few availed themselves of the opportunity. As late as the 1920s, more than eighty percent of the North Carolina hospitals were privately owned and operated, usually by local physicians. As one hospital physician remarked during the period, "This fact speaks handsomely for the professional pride, ambition and ideals of our physicians. The counties and cities have been slow to build hospitals, and our physicians have said, 'We will go forward.' Every private hospital represents a magnanimous gift to the community by some philanthropic physician" (1968 Annual Report, North Carolina Hospital Association, p. 7). The North Carolina Hospital Association was founded June 2, 1918, in Greensboro, by twenty-six physicians and nurses. Contrary to what one might expect, it was not initially primarily an organization of the hospitals themselves, but rather was composed of individual members concerned with "the promotion of economy and efficiency in hospital management and the welfare of hospitals and hospital workers in North Carolina" (1968 Annual Report, North Carolina Hospital Association, p. 6).

The involvement of the Duke Endowment in hospital reform, beginning in the mid-1920s, represented an important development in the history of hospitals in the state. The Endowment worked to arouse community interest in health issues by studying and publicizing hospital needs and by helping to establish a system of rural and regional hospitals centered around a large hospital and medical school (News Letter, 7 July 1926, p. 1). As part of its efforts along these lines, the Endowment even published prototypical hospital designs and standards, elements of which found their way into hospitals built during the 1920s and 1930s (Rankin, W. S., The Small General Hospital). Perhaps most tangibly, the Duke Endowment offered hospitals not strictly run for profit a daily subsidy of one dollar
per bed occupied by a charity patient, a meaningful incentive for non-profit or public hospitals (Rankin, W. S., "A Million Dollars a Year for Carolina Hospitals," Review of Reviews, April 1926, p. 406).

By 1930 there were 58 counties in the state with general hospitals. Vance County, with 99 beds in Maria Parham and Jubilee Hospitals, ranked seventh in the state in number of beds per inhabitant. North Carolina still placed near the end of the states in most hospital rankings. Not only did it have relatively few hospital beds, its investment per bed was lower than other southern states and much lower than the United States average. The state was still dependent upon a large number of small hospitals of frame or brick veneer construction located in small towns and cities (News Letter, 25 March 1931, p. 1).

Substantial state involvement in hospital construction began in January of 1944 when Governor J. Melville Broughton presented to the Board of Trustees of the University of North Carolina a report from a committee of distinguished physicians which pointed out that North Carolina was the 11th most populous state in the Union, but that it was only 42nd in the number of hospital beds per 1,000 population. A State Hospital and Medical Care Commission, appointed by Governor J. Melville Broughton in the same year, studied the hospital resources and needs of North Carolina. In its summary, the committee declared that "three things are supremely needed: MORE DOCTORS, MORE HOSPITALS, MORE INSURANCE" (Lefler and Newsome, North Carolina, History of a Southern State, p. 678). Over the next several legislative sessions the General Assembly adopted a sweeping program for hospital reform and funding that was tailored to meet the requirements of the federal Hill-Burton Act for hospital construction. As a result, between 1947 and 1953 North Carolina constructed approximately five thousand new hospital beds, second only to Texas during that period. Of the $68,000,000 expended, over $24,000,000 came from federal funds, $29,000,000 from local funds, and a little more than $14,000,000 from state revenues (Lefler and Newsome, p. 679).
9. Major Bibliographic References


Vance County Deeds.


________, "New Maria Parham Hospital Opens with Ten Patients Already There." *Henderson Daily Dispatch*, 2 July 1925, p. 5.


10. Geographical Data, Continued

Verbal Boundary Description

The boundaries of the Maria Parham Hospital nomination are as shown by the dashed line on the attached Vance County tax map, Henderson Township Map 3, drawn at a scale of 1 inch equals 100 feet.

Boundary Justification

The boundaries of the Maria Parham Hospital nomination include those lots which were associated with the hospital during the period of significance, and which provide an appropriate setting for the building.
Maria Parham Hospital
Henderson, Vance County
North Carolina

Vance County Tax Maps
Henderson Township Map 3
1 inch = 100 feet