

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 any 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 Bertie Memorial Hospital

other names/site number \_\_\_\_\_

=====

2. Location

=====

street & number 401 Sterlingworth Street not for publication N/A  
city or town Windsor vicinity N/A  
state North Carolina code NC county Bertie code 009  
zip code 27983

=====

3. State/Federal Agency Certification

=====

As the designated authority under the National Historic Preservation Act of 1986, as amended, I 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 X 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.)

Jeffrey J. Crow SHPD  
Signature of certifying official

5/6/04  
Date

North Carolina Department of Cultural Resources  
State or 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 commenting or other official

Date

State or Federal agency and bureau

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
- removed from the National Register
- other (explain):

Signature of Keeper

Date of Action

5. Classification

Ownership of Property (Check as many boxes as apply)

- private
- public-local
- public-State
- public-Federal

Category of Property (Check only one box)

- building(s)
- district
- site
- structure
- object

Number of Resources within Property

Contributing	Noncontributing
<u>  1  </u>	<u>  4  </u> buildings
<u>  0  </u>	<u>  0  </u> sites
<u>  0  </u>	<u>  0  </u> structures
<u>  0  </u>	<u>  1  </u> objects
<u>  1  </u>	<u>  5  </u> Total

Number of contributing resources previously listed in the National Register   N/A  

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)

MODERN MOVEMENT:International Style  
\_\_\_\_\_

Materials (Enter categories from instructions)

foundation Brick  
roof Synthetics  
walls Brick  
\_\_\_\_\_  
other \_\_\_\_\_  
\_\_\_\_\_

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.)

- 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.
- 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 1952-1954  
 \_\_\_\_\_

Significant Dates 1952-1954  
 \_\_\_\_\_

Significant Person (Complete if Criterion B is marked above)  
N/A

Cultural Affiliation N/A  
 \_\_\_\_\_

Architect/Builder Carr, George Watts  
 \_\_\_\_\_

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

=====

9. Major Bibliographical References

=====

(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: North Carolina Department of Cultural Resources

=====  
10. Geographical Data  
=====

Acreage of Property approx. 3.6 acres

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

	Zone	Easting	Northing	Zone	Easting	Northing
1	<u>18</u>	<u>323900</u>	<u>3985520</u>	3	<u>    </u>	<u>    </u>
2	<u>    </u>	<u>    </u>	<u>    </u>	4	<u>    </u>	<u>    </u>
	<u>    </u>	<u>See continuation sheet.</u>				

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 Susannah Franklin Buss, Historic Preservation Consultant

organization Landmark Asset Services date 12/29/03  
street & number 406 East Fourth Street telephone 336-722-9871 ext. 106  
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 the SHPO or FPO.)  
name Landmark Asset Services  
street & number 406 East Fourth Street telephone 336-722-9801  
city or town Winston-Salem state NC zip code 27101  
=====

United States Department of the Interior  
National Park Service

## National Register of Historic Places Continuation Sheet

Section Number 7 Page 1

Bertie Memorial Hospital  
Bertie County, North Carolina

---

### Narrative Description

The Bertie Memorial Hospital stands at 401 Sterlingworth Street in Windsor, NC, approximately three blocks from downtown. It is bordered to the south by a tobacco warehouse/market, and on all other sides by a residential neighborhood. Occupying nearly the entire block, the hospital complex, which consists of five buildings and one object, is bordered by Watson Street to the north, Winston Lane to the east and Hospital Drive to the south. The main building faces west and is a horizontal structure with a built-up roof, with a three-story central block on a north-south axis, and one-story projections. One projection comes off of the front or west façade, and serves as an entrance. There are two projections off the rear or east side. This main hospital building is also connected by a breezeway to a smaller structure facing Watson Street.

The hospital, dedicated in 1952, is an excellent example of mid twentieth-century modern architecture, influenced by the Art Moderne movement. Designed by George Watts Carr, this three-story building is executed with simple geometric forms. This simplicity of form and the horizontal fenestration are two of the hallmarks of the International Style, the leading movement in modern architecture by the mid-twentieth century. The exterior masonry walls are fourteen inches thick and employ a two-course American brick bond. The flat roof has a square, one-story structure with a flat slab roof, which conceals mechanical equipment. A tall square chimney is located at the west end of a projecting parapet wall that extends above the northern elevation. The parapet is capped with overhanging limestone coping and is punctuated by five rectangular openings.

The building has several types of windows in various locations. The continuous ribbon windows of the façade are enframed with plain limestone surrounds, similar to the limestone coping along the parapet wall. A rowlock brick course runs along the sill line of the long banded windows. The rear windows have only a limestone sill, and are not enframed with limestone. This is the same for the windows in the rear elevation projections. The individual windows are horizontally divided steel hopper windows. The windows in the main entrance and front lobby area of the hospital have rounded edges, and recall mid-century industrial streamline designs. Glass block is used to add interest on the north end of the front façade and in the stairwell at the south end of the building.

The building has two main entrances, both in the one-story projection on the west façade. The main entrance, on the north side of the projection, has both steps and a handicapped ramp, and the secondary entrance, originally used for African Americans, is positioned on the south end of the projection. Both the main entrance, originally for whites, and the former black entrance are covered with flat canopies supported by round metal posts. Both are asymmetrically shaped. A concrete walk extends from the original

United States Department of the Interior  
National Park Service

## National Register of Historic Places Continuation Sheet

Section Number 7 Page 2

Bertie Memorial Hospital  
Bertie County, North Carolina

---

black entrance to the helipad, a square concrete slab in the southwest yard. The rear elevation has a service entrance on elevated loading platform, also connected to the parking lot by a sloping ramp. There is an entrance in the rear projection, accessed by a few steps to a landing. On the north end of the rear elevation there is also another entrance accessible by a wooden ramp with rails that ends in a covered walkway, possibly for unloading deliveries.

The interior of the main hospital contains two main lobby areas; one served white patients, and a small room was for black patients. The original plan consists of a central corridor with a series of rooms that open into it. Wide corridors with original terrazzo floors, room doors that are solid wood without ornamentation, nurse call lights, and hand railings remain. Green tile walls, considered very hygienic, are in the obstetrics and operating rooms. The original stairwells remain, lit by glass block. One stairwell is located at the south end of the building and the other in the center of the east elevation. The corridors on all three floors remain intact. Originally, the third and second floors housed the patients' rooms, both private and semi-private, along with staff areas such as the cleaning room, dressing room and work room. Additionally, two operating rooms were located on the second floor at the far north end of the building. The first floor contained more public spaces such as the waiting rooms, and those used by staff and numerous patients. The laboratories, X-ray room, two operating rooms along with the operating recovery room and waiting areas provided patients with modern and advanced medical services. The pharmacies, housekeeping stations and dining room and kitchen were also located in the rear of the first floor.

During the 1980's, some of the patient rooms on the third floor were remodeled, creating smaller, private spaces rather than the previously common shared rooms. The boiler room area was added c. 1979-80. Additionally, in the 1980's, bathrooms were added to each room. Corridors remained then, as well as now. Corridor handrails still serve those needing assistance walking the halls. The interiors of the rooms have been changed to create apartments for the elderly, each with a kitchen area and bath, a bedroom and a few are fitted for handicapped utility. Original doors still open into these renovated spaces and unused doors are left intact but permanently-closed. The former Health Services Building is now the Seniors Center and is used for group activities and meetings.

Despite some alterations to the hospital, many of the original features remain. In particular, the exterior retains a remarkable degree of architectural integrity. Bertie Memorial Hospital is an excellent example of a modern design of the mid-1950's, utilizing the elements of the International Style in a publicly funded and civically important structure. The aesthetic purity and simplicity of the modern design is affected minimally by later additions, such as the structure on the north end facing Watson Street

United States Department of the Interior  
National Park Service

## National Register of Historic Places Continuation Sheet

Section Number 7 Page 3

Bertie Memorial Hospital  
Bertie County, North Carolina

---

or alterations, such as the exterior vents for air-conditioning.

Several one-story, modern ancillary buildings are situated to the rear and sides of the main hospital building. They were constructed after the period of significance. Most were used primarily for storage and maintenance purposes, with the exception being the Health Services Building immediately to the north of the main hospital building. A war memorial is located in front of the building.

### **Building A – Health Services Building- Community Center**

Non-contributing 1978

One-story, rectangular, common bond red brick building connects to the hospital by a canopied open breezeway supported by round posts matching those of the entrance canopies. It has a recessed entry on west façade, tall single-pane windows.

### **Building B** Non-contributing ca. 1960

This building is a small, rectangular, one-story, gable-roof frame building with vertical wood siding. Its entrance is on the west end, one-over-one windows.

### **Building C** Non-contributing ca. 1980

This one-story, frame building has a false mansard roof building and an entrance on north elevation. The southern section of the building has a gable roof and an entrance on the south. Covered in synthetic siding.

### **Building D** Non-contributing ca. 1960

One-story, cinderblock shed has a gabled roof and a single and six-paneled door entrance facing west.

### **Building E** Non-contributing ca. 1960

This one-story building has a small frame and a gable roof. It has a plain green door entrance and double doors, possibly for a vehicle, on the south side.

### **Object F** War Memorial Non-contributing ca. 1955

Stone marker surrounded by circular concrete sidewalk, now sign for Cashie Elderly Center.

United States Department of the Interior  
National Park Service

## National Register of Historic Places Continuation Sheet

Section Number 8 Page 4

Bertie Memorial Hospital  
Bertie County, North Carolina

---

### Summary Statement of Significance

Bertie Memorial Hospital, near downtown Windsor, North Carolina, was constructed in 1952. It is an excellent local example of a hospital design influenced by the International Style of architecture and built to bring advanced health care to Bertie County. Funded by the federal Hill-Burton Act of 1946, many new hospitals provided modern health care to primarily rural and small communities, such as those in eastern North Carolina that lacked adequate treatment facilities. This act significantly raised the standards of health care previously unavailable to communities like Windsor and greater Bertie County. Designed by architect George Watts Carr in 1949 in a restrained International Style, Bertie Memorial Hospital served the citizens of Bertie County for nearly fifty years. From its beginning, the hospital boasted modern medical technology such as x-rays, a dedicated delivery room and surgery equipment. This facility, modern in both design and function, is locally significant under Criterion A for health/medicine in that it provided advanced medical treatments to previously under served communities, and under Criterion C, as an excellent interpretation of mid twentieth-century International Style-inspired design, retaining a great deal of its architectural integrity. The period of significance extends from 1952-1954, as it has been determined that the post-1954 period is not of exceptional significance.

### Historical Background: Hospital History and the Hill-Burton Act

Very few hospitals existed in America prior to the nineteenth century. Only four buildings in the United States at the beginning of the nineteenth century were specifically built as hospitals (Riley, 222). Of those existing hospitals, most were located in urban areas and rarely provided cures to patients. Wealthier Americans were usually treated at home.

By the late nineteenth century, however, conditions were beginning to change. An increase in population and change in demographic patterns, along with improvements in surgery results and shifting perceptions of medical treatment, lead to an increase in building and operating hospitals (Hollingsworth and Hollingsworth, 19-22).

From 1870-1917 American hospitals evolved from being primarily asylums for the indigent to more updated and scientific institutions (Stevens, 17). This desire for scientific and modern hospitals, as a "hygiene machine" became entrenched as a clear and evolving objective over the course of the twentieth century (Stevens, 17).

During the early decades of the twentieth century, these facilities were primarily voluntary, or non-profit, hospitals, with the exception of some religious institutions. Later, providing hospital care became more business oriented, catering increasingly to the

United States Department of the Interior  
National Park Service

## National Register of Historic Places Continuation Sheet

Section Number 8 Page 5

Bertie Memorial Hospital  
Bertie County, North Carolina

middle class who, now trusting hospital care to a greater extent, could pay for services. Public funding was almost non-existent and most hospitals received funding from philanthropy. By the 1930's it was becoming clear that while care had improved significantly and though more hospitals existed in urban centers than at the beginning of the twentieth century, there was a significant shortage of hospitals and available care in rural and small communities (Hollingsworth and Hollingsworth, 49). Debates circulated over these issues while philanthropic giving, which had sustained many hospitals for generations dried up during the Depression years of the 1930's. By the early 1940's, demands of World War I had depleted the staff of many hospitals. At the same time, the migration of workers to urban areas to fill increased factory jobs created even more need for hospitals in those regions (Stevens, 208). The situation was reaching the level of a health care crisis. The American wariness of public or socialized health care did create controversy, and the voluntary hospital system was deeply entrenched by the 1940's. Thus, efforts to ameliorate the crisis focused on "hospital care", rather than "health care" (Stevens, 214).

Supported by health care lobbyists, U.S. Senators Harold Burton and Lister Hill presented a bipartisan appeal for federal involvement. The culmination of debates and planning was the Public Health Services Act, known as the Hill-Burton Act, which passed the Senate in 1945 and in the House in 1946. The Hill-Burton Act had three major objectives: first, to assist states in taking an inventory of their existing medical facilities, particularly noting inadequacies; second, to provide partial funding for hospital construction or renovation; and last, to stimulate local capital, which was required to match the thirty percent federal contributions (Hollingsworth and Hollingsworth, 33). Applicants were required to supply two dollars for each federal dollar they received. By focusing on funding hospital construction, there was no fear of the state having too much control over health care in general or over the doctor-patient relationship. Funds from the Hill-Burton Act would be available to both public hospitals and voluntary hospitals, and distribution of funds for hospital construction was allocated primarily to the less wealthy states, particularly in the South and Rocky Mountain areas (Hollingsworth and Hollingsworth, 50).

The Hill-Burton Act was prescriptive for adequate medical care available at the time. For example, the guidelines prescribed four-and-a-half hospital beds per 1,000 population for general hospitals, five beds per 1,000 for mental hospitals and two beds per 1,000 for chronic hospitals (Rice and Jones, 74). Different ratios were supplied for rural areas, and general hospitals were planned by location through a coordinated hospital system. This federal act deferred to state laws concerning segregation, containing a "separate but equal" clause allowing Southern facilities to contain a separate wing, or in some cases to build separate facilities for blacks and whites (Rice and Jones, 50).

United States Department of the Interior  
National Park Service

## National Register of Historic Places Continuation Sheet

Section Number 8 Page 6

Bertie Memorial Hospital  
Bertie County, North Carolina

Numerous small and rural communities that previously had no hospital received funding and the Hill-Burton Act “fundamentally transformed the American hospital industry” (Hollingsworth and Hollingsworth, 50). During the years of granting funds for hospital construction, from 1946-1974, the number of general hospitals increased by thirty percent and the number of general hospital beds increased 119 percent (Hollingsworth and Hollingsworth, 34). Most institutions were constructed during the years immediately following the passage of the Hill-Burton Act. Between 1946 and 1966, the act helped fund over 4,600 projects; almost half of which were located in communities with less than 10,000 people. Under the Hill-Burton Act, there were 586 hospitals built in the United States between 1946 and 1950, and another 206 between 1950 and 1955 (Stevens, 229).

The Hill-Burton Act was very successful in promoting the “scientific planning” that was deemed necessary for the increasingly technical role of hospitals, described in 1945 by Surgeon General Parran as “a complex technical machine, employing the latest scientific diagnostic aids, preventative and curative measures, and professional skills” (Stevens, 281-220). The conception of the Hill-Burton Act planned for a coordinated network of health care facilities and available treatments. A pattern of overlapping rings, with a larger more urban hospital typically in the center ring and smaller or more specialized facilities radiating outward, comprised the plan for spreading and providing health care to the nation. This plan covered the most area with the concentrations of new hospitals near the greatest portions of the population. The Hill-Burton Act also provided standards, not only for the number of beds available, but more specifically provided “preset floor plans, room arrangements, bed capacities” (Verderby, 23). This was all to ensure consistent quality of facility and treatment. A modern design was universally considered appropriate to house a modern medical facility. In fact, “Hill-Burton facilities were modeled, almost automatically, on the principals of modernist functionalism” (Verderby, 23). Throughout the late 1940’s and 1950’s, legislation and professional organizations provided a basis for the creation of the modern hospital system.

### Health Care Trends in North Carolina

Much like the rest of the nation, North Carolina’s early hospitals were supported primarily by funding from the wealthy. In 1925 the Duke Endowment provided funds for many hospitals and orphanages. During the Depression, several hospitals, like the Duke Hospital in Durham and Baptist Hospital in Winston-Salem kept beds for the indigent and physicians provided medical care to the needy for no charge (Powell, 474 and 489). In 1923, there were thirty-five hospitals operating under the American College of Surgeons and American Hospital Association standards in North Carolina (Hubbard, 66).

United States Department of the Interior  
National Park Service

## National Register of Historic Places Continuation Sheet

Section Number 8 Page 7

Bertie Memorial Hospital  
Bertie County, North Carolina

---

Despite these facilities and the philanthropic contributions of organizations like the Duke Endowment, North Carolina was in critical need of improved health care. North Carolina ranked forty-fifth of forty-eight states in the number of doctors per 1000 people. It was forty-second in the number of hospital beds per 1000 people (having only one bed per 1000, as opposed to the recommended four per 1000 beds.) Additionally, North Carolina ranked thirty-ninth in infant mortality and forty-first in childbirth mortality (Hubbard, 112).

In 1940, the North Carolina Hospital and Medical Care Commission prepared a study, "Hospital and Medical Needs of North Carolina Rural Population," addressing the serious physician shortage in rural areas throughout the state, and noting that almost half of the total hospital beds in the state were located in six urban counties. The report illustrated the great need in rural areas for hospitals, emphasizing that twenty of the thirty-four counties in North Carolina without a hospital were large enough to require a fifty-bed facility. Bertie County was one of those locations recognized as needing a modern hospital. This report was part of a national effort between 1940 and 1946 to map hospital services and regional patterns, which laid the groundwork for the later passage of the Hill-Burton Act. Boosting the trend for improving hospitals, in 1945, the North Carolina Good Health Association campaign increased awareness of the state's shortages.

In North Carolina, the Hill-Burton Act assisted with the construction of twenty-three local general hospitals between 1947 and 1951 with an additional twenty-seven institutions added by July of 1953 ("Report for 1951-1953 of the North NPS Carolina Medical Care Commission," 1953, 11). The majority of these hospitals were completed between 1951 and 1952. The success of this endeavor is evident in the notable increase in hospitals that met the federal "bed/1,000 population" standard across the state. In 1947, sixty-five hospital areas had less than half of the federal standard, whereas, by 1953, this number had been reduced to twenty-one deficient hospital areas.

### **Local Impact: Bertie County and Eastern North Carolina**

Located in the coastal plain, the oldest settlement region of North Carolina, Bertie County was created as the Bertie Precinct in 1722, formed from the Chowan Precinct. Tobacco cultivation prevailed at this time and multiple warehouses sprang up in the area of the county to later become Windsor. This area was a water shipping and trade center. At mid-eighteenth century Bertie was actually quite populous (Watson, 5). In 1790 Bertie County had the third largest population in the state, however the population declined from 1790 until 1840. The town of Windsor was established in 1768, serving as the Bertie county seat since 1773, at which time it contained several taverns, "sundry stores," and a "good Ferry" (Watson, 46). After the Civil War, while other areas in the state were

United States Department of the Interior  
National Park Service

## National Register of Historic Places Continuation Sheet

Section Number 8 Page 8

Bertie Memorial Hospital  
Bertie County, North Carolina

---

advancing economically through industrial growth Bertie County did not recover and industrialize to a great extent and remained primarily agricultural, a trend that prevails today. In 1927 the county was sixty-eighth of eighty-seven in industrial output of all reporting counties (Watson 62).

In Windsor, however, cotton plantations were flourishing prior to the Civil War, and the town's steamboat connection to Norfolk, Virginia, helped the lumber industry grow after the war. By the turn of the twentieth century Windsor was a thriving river town, and many families had migrated to the town from the country. In the 1920's Windsor installed water mains and fire hydrants. However, the growth and relative prosperity of Windsor slowed after 1925, with the 1970 population only exceeding the 1924 population by 400 people (Windsor Historic District, National Register, 1991).

The situation in Bertie County was like that of many other predominately rural North Carolina counties. With little history of adequate health care, Bertie County was a prime candidate for the improvements that were on the horizon in the 1940's.

Like many other rural counties in North Carolina, prior to the twentieth century, those in Bertie County suffering from illness were either cared for at home by family members or, in the worst cases, by local physicians. Fevers, including malaria and pneumonia, were rampant throughout the eighteenth and early nineteenth centuries (Watson, 20). By the late nineteenth century, the county had at least three doctors to serve the sick. These physicians were also apparently concerned with basic health education, as evidenced by their comments against patent remedy dealers, who they termed "itinerant hawkers of spectacles" (Watson, 24).

Following national and state trends, the county's health facilities began to formalize during the early twentieth century. The establishment of the Bertie County Chapter of the American Red Cross in August of 1917 was one important development for the county's health care system. Though very active during World War I, the chapter lost momentum after the war. During the late 1920's, however, the chapter regrouped and focused their energies on creating an emergency hospital in the old jail building. A five-bed hospital, served by a full-time public health nurse, was dedicated on November 14, 1929. In 1931 it was one of few hospitals in the world operated by a county Red Cross chapter. Volunteers claimed that the project would be "an inspiration to county chapters everywhere" (*Bertie Ledger*, 11 November 1929). The length of operation of the hospital is unknown, though it surely fulfilled its intended purpose of becoming "a fine nucleus for a real, functioning hospital that Bertie County and the other Roanoke-Chowan counties need so acutely" (*Bertie Leger-Advance*, 8 May 1931).

It is known that the Red Cross hospital had disbanded by the 1940's and a local physician, Dr. Cola Castelloe, maintained a small hospital in the J. P. Rascoe building on Main Street. Dr. William P. Jordan served in this hospital before setting up his own clinic

United States Department of the Interior  
National Park Service

## National Register of Historic Places Continuation Sheet

Section Number 8 Page 9

Bertie Memorial Hospital  
Bertie County, North Carolina

after his return from World War II. Additionally, Dr. J. E. Smith maintained an office in Windsor. If a medical situation was critical, travel to Rocky Mount, NC, Greenville, NC, or Norfolk, VA, was necessary (Interview with Dr. William P. Jordan, 30 March 2001). By the end of World War II, Bertie County's health services were still quite basic, consisting of only a handful of physicians and a very small hospital that provided few modern health innovations.

These conditions created a need for more advanced and accessible health care for the Bertie County citizens. The funding provided by the Hill-Burton Act for new hospitals in rural or under served communities would satisfy this need. Bertie Memorial Hospital is an excellent example of the modern, rural hospitals funded by the Hill-Burton Act. As the 1940 North Carolina report had shown, Bertie County was in need of a modern hospital facility. The county passed a bond referendum in the amount of \$200,000 during a special election on December 15, 1948. This money, coupled with state and city funds would supply the necessary two-thirds to match the federal dollars. The site for the new, fifty-bed hospital was purchased in February 1949. On March 16, 1950 the county commissioners awarded the construction bids and \$90,000 was allocated for the immediate commencement of construction (*Bertie County Board of Commissioners meeting minutes*). The exact date of completion is not known, but it is likely that the hospital was substantially complete by late 1951. The general opening was held May 11, 1952. This is supported by the "Report for 1949-1951 of the North Carolina Medical Care Commission," which found that the Bertie Memorial Hospital was eighty-two percent complete on June 30, 1951.

At its completion, Bertie Memorial Hospital was the first hospital in the area that provided all of the necessary modern amenities and technologies. According to Dr. William Jordan, who practiced medicine at Bertie Memorial Hospital during its early days, four doctors and about forty nurses served the hospital when it was new. The facility provided x-rays and made surgeries safer because of the care for cleanliness taken in its design. For example, the hospital's delivery room had easy-to-clean, sterile green tile covering its walls (Interview with Dr. William P. Jordan, 30 March 2001). This was quite an improvement over delivering babies at home, as was common, or having to travel great distances in the most life threatening circumstances. The earlier local hospital facility had been too small to make child delivery feasible. The hospital had fifty beds for adults and ten infant bassinets. Interestingly, thirty-nine beds were for African Americans patients and only eleven for white patients. Due to segregation, the black patients entered the hospital through a separately designated entrance and had a separate waiting room. Two operating rooms, X-ray labs and a pharmacy indicate the level of improvement in care for the Bertie County area. Additionally, the kitchen and dining areas made the Bertie Memorial Hospital a large, full-service hospital.

United States Department of the Interior  
National Park Service

## National Register of Historic Places Continuation Sheet

Section Number 8 Page 10

Bertie Memorial Hospital  
Bertie County, North Carolina

---

### Architectural Design and Comparison

The roots of Modernism can be traced back to the emergence of the scientific paradigm that developed during the Enlightenment of the eighteenth century (Gowans, 271). Representing clean, scientific and reasonable design, this emerging modern style of architecture was codified in Europe in the early twentieth century and brought to America by immigrant architects following World War I. Rejecting all aspects of Romanticism, these modernists strove for purity and efficiency in design intended for the “idealized proletariat” (Gowans, 282).

This visual manifestation became the modernist ideology, one of faith in the power and importance of technology. Ironically, this new style of architecture was primarily the style of the educated, and embraced by corporate and governmental bodies. The style was most commonly used for public buildings such as offices, schools, shopping malls, libraries and hospitals. These types of institutions became synonymous with modern life, and served as civic centerpieces after World War II, as “symbols of the collective aspirations of the community” (Verderby, 18).

Many early buildings of the modern movement were executed in the Art Moderne style that utilized horizontal and curved lines, smooth walls and ribbon windows. The evolving International Style, in full development in the 1950's, often employed glass or metal panel walls over a reinforced concrete frame set in cubic forms, architecture as volume rather than mass. Both of these derivations of modern architecture were based on prescribed social ideals of the time that included the manifestation of scientific thought and the power of man over nature (Gowans, 283). Modern design and social equalities formed the perfect combination in creating a public building to serve the people of Bertie County with the latest medical innovations and most up-to-date health care.

Named in honor of those who served in World Wars I and II, Bertie Memorial Hospital was designed by George Watts Carr. Educated through correspondence courses, Carr was a prominent Durham architect, who began his career as the Durham field manager with the Winston-Salem firm, Northup and O'Brien, in 1926. In 1927, Carr opened his own firm in which he practiced for nearly forty years. In 1936 and 1937, he served as NC-AIA Chapter President and won Honor Awards for his residential design work. The 2,000-bed Marine Hospital at Camp Lejeune, NC, was the single largest project completed by Carr. He also designed the Camp Lejeune Marine base itself. Carr was also involved in the design of the Cherry Point Marine Air Base, as well as buildings at North Carolina Central University, University of North Carolina at Chapel Hill and the Veterans Hospital in Durham (Jackson and Brown, 1998). Additionally, he designed

United States Department of the Interior  
National Park Service

## National Register of Historic Places Continuation Sheet

Section Number 8 Page 11

Bertie Memorial Hospital  
Bertie County, North Carolina

---

several hospitals and hospital additions in the eastern part of the state. These include Onslow County, Roxboro, Elizabeth City and Washington.

While George Watts Carr preferred the Georgian Revival style in his residential work, he employed the modern International Style for all hospital designs (Carr interview). Young architects in Carr's firm played a significant role in advocating the use of modernism. Some had been educated under the modernist influences at North Carolina State University or the University of Pennsylvania. This style was often considered cost effective and flexible. With its rejection of ornamentation and embrace of functional forms, allowing for manipulation of interior space, the International Style was well suited for such public institutions like hospitals.

Under the guidelines of the Hill-Burton Act, this new style of architecture was so prescriptive as to almost imply mandatory use. In the years following World War II, the medical establishment came to embrace the International Style as the accepted aesthetic, rejecting any style with historic elements. This greatly influenced the design of numerous hospitals in the United States and from this point, "the International Style was able to assert dominance over the next forty years of health architecture" (Verderby, 22). The Bertie Memorial Hospital embodies the style and design elements from this modern vision. With its horizontal axis, ribbon windows, plain brick façade, modern parapet design and overall clean and functional appearance, the building design is well suited to its intended purpose. Created to bring modern science and medicine to a rural community, the hospital also brought the International Style. Other hospitals in the eastern part of North Carolina provide architectural comparison for Bertie Memorial Hospital.

The Onslow County Hospital is a good comparative example. Also designed by George Carr and completed in 1953, this rectilinear structure is three stories in height with horizontal lines, characteristic of the International Style. A typical design element used by Carr on many of his hospitals was the emphasis on horizontal lines created by brick patterns and window bands (Interview with Robert W. Carr, 29 March 2001). A glass reception area and covered walkway supported by metal poles and brick pylons further emphasizes the style. A small, box-like roof "penthouse" houses the mechanical systems, an architectural element shared with Bertie Memorial Hospital. However, Bertie Memorial Hospital more fully addresses the modern style, with projecting slab roofs on the penthouse, ribbon windows, and a large vent stack. Additionally, Bertie's more free-form, one-story section for the entrance also exhibits a purer demonstration of modernist expression.

Another of Carr's designs, the Albemarle Hospital, located in Elizabeth City, may also be compared to Bertie Memorial Hospital. One major difference in these two facilities is that the Albemarle Hospital was a larger center, housing 150 beds. Elements

United States Department of the Interior  
National Park Service

## National Register of Historic Places Continuation Sheet

Section Number 8 Page 12

Bertie Memorial Hospital  
Bertie County, North Carolina

---

such as the ribbon windows and mechanical penthouse are shared by the two, though the height of the four-story Albemarle Hospital reduces the horizontal effect of the design. Additionally, the paired windows, which alternate with panels, do not form a continuous band. They are recessed in horizontal bands created by the masonry, as opposed to the flat, glass and brick, streamline-influenced façade at Bertie Memorial Hospital. Bertie Memorial Hospital retains a high degree of architectural integrity. It serves as an excellent example of the International Style adapted by Carr and introduced to an area previously dominated by vernacular and period revival designs. This building heralded the arrival of a modern medical facility and a modern style of architecture. Carr's designs, and Bertie Memorial Hospital in particular, introduced this modernity to small North Carolina communities like that of Windsor.

Often, hospitals are modified by additions and changes, as is the case with the 1951 Pitt County Hospital. Located in Greenville and designed by Carr, this building has been obscured by additions and newer buildings. In contrast, Bertie Memorial Hospital has received no substantial additions, and is only connected to a one-story building via an open canopy area. This structure is a later adaptation of modern principals of design, and coordinates well with the original hospital building completed c. 1952.

This marriage of form and function is exemplified in the Bertie Memorial Hospital. The Hill-Burton Act itself was a representation of "expansion in the name of hospital science" (Stevens, 219), and the program was designed to make science "more accessible (and useful) to Americans" (Stevens, 220). The Hill-Burton Act had a significant impact on the health care system in America, and in particular in states like North Carolina, mostly rural and lacking in adequate health care. Access to modern health care was of great benefit to the residents of Bertie County, who no longer needed to undertake lengthy and sometimes dangerous travels to receive specialized care. The modern design of the hospital embodied both architectural and social ideals. Cleanliness, modernity and serving the public symbolized the philosophy of the Hill-Burton Act. This ambition was realized in Bertie County, and these ideals were exemplified in the design and construction of Bertie Memorial Hospital. Serving its original function from its grand opening on May 11, 1952, until the hospital closed in 2000, the Bertie Memorial Hospital meets National Register criteria, as both an excellent example of a modern designed hospital and as an important modern health facility in Bertie County.

United States Department of the Interior  
National Park Service

## National Register of Historic Places Continuation Sheet

Section Number 9

Page 13

Bertie Memorial Hospital  
Bertie County, North Carolina

---

### Section 9: Bibliography

Bertie County Board of Commissioners Meeting Minutes, March 16, 1950.

Bertie County Ledger, November 11, 1929.

Bertie-Leger-Advance, May 8, 1931.

Carr, Robert W., telephone interview conducted March 29, 2001, conducted by Sherry Wyatt.

Gowans, Alan. *Styles and Types of North American Architecture: Social Function and Cultural Expression*. New York: Harper Collins, 1992.

Hollingsworth, J. Rogers, and Ellen Jane Hollingsworth. *Controversy about American Hospitals: Funding, Ownership, and Performance*. Washington, DC: The American Enterprise Institute for Public Policy Research, 1987.

Hubbard, Fred C. *Physicians, Medical Practice and Development of Hospitals in Wilkes County, 1830-1975*, no publisher listed, 1979.

Jackson, David and Charlotte Brown. *History of the North Carolina Chapter of The AIA*, 1998.

Jordan, Dr. William P., interview March 30, 2001, conducted by Sherry Wyatt.

Pezzoni, J. Daniel. *The Architectural History of Onslow County North, Carolina*, Richlands, North Carolina: Onslow County Museum.

Powell, William S. *North Carolina Through Four Centuries*, Chapel Hill and London: University of North Carolina Press, 1989

Report for 1951-1953 of the North Carolina Medical Care Commission, 1953.

Rice, Mitchell F., and Woodrow Jones, Jr. *Public Policy and the Black Hospital: From Slavery to Segregation to Integration*, Westport, Connecticut and London: Greenwood Press, 1994.

Riley, Mary. *House of Healing*. Garden City, NY: Doubleday, 1961.

Roth, Leland M. *American Architecture: A History*. Boulder, Colorado: Westview Press, 2001.

Stevens, Rosemary. *In Sickness and in Wealth: American Hospitals in the Twentieth Century*. New York: Basic Books, Inc., 1989.

United States Department of the Interior  
National Park Service

## National Register of Historic Places Continuation Sheet

Section Number 9 and 10 Page 14 Bertie Memorial Hospital  
Bertie County, North Carolina

---

Walsh, Robert E. *Your Community Hospital*. Boston: Beacon Press, 1969.

Watson, Alan D. *Bertie County: A Brief History*. Raleigh: North Carolina Department of Cultural Resources, Division of Archives and History, 1982.

Windsor Historic District, National Register Nomination, 1991.

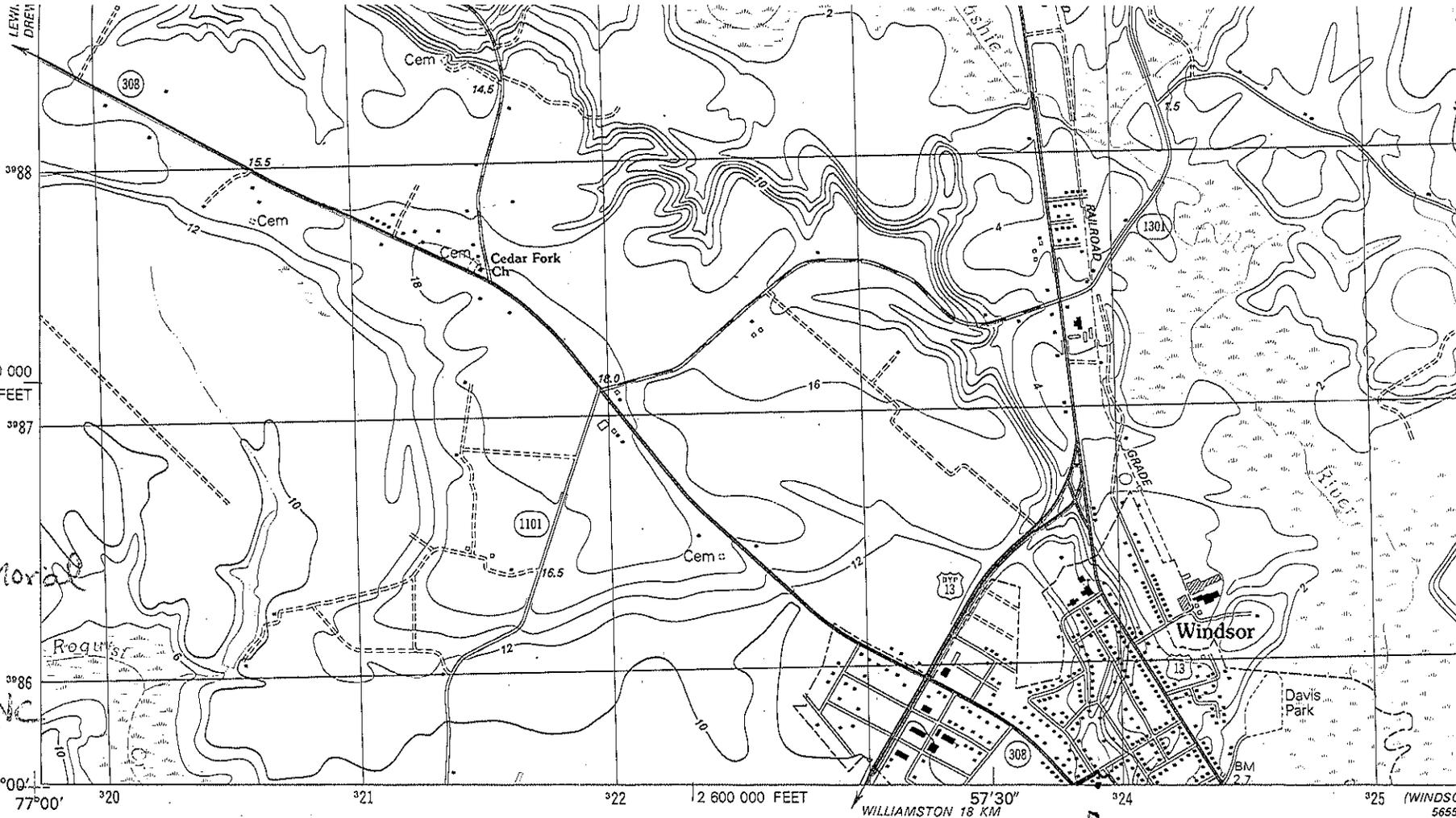
### Section 10: Geographical Data

#### Verbal Boundary Description

The boundaries of the property are delineated by a black line on the accompanying property survey map at the one inch to fifty feet scale.

#### Boundary Justification

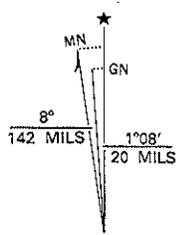
The boundary contains the approximately 3.6 acre parcel historically associated with the Bertie Memorial Hospital.



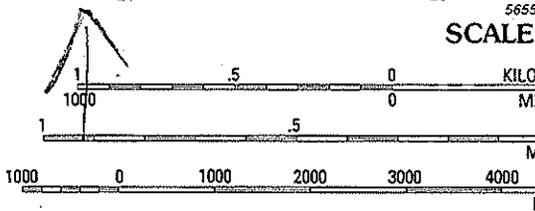
Bertie Memorial  
Hospital  
Windsor  
Berke Co, NC  
Zone 18

E 323920  
Windsor North (QUITSNA)  
5555 1 NE  
N 3985520

**Mapped, edited, and published by the Geological Survey**  
 Control by USGS, NOS/NOAA, and USCE  
 Topography by photogrammetric methods from aerial photographs  
 taken 1975. Field checked 1976. Map edited 1981  
 Projection and 10,000-foot grid ticks: North Carolina coordinate  
 system, (Lambert conformal conic)  
 1000-meter Universal Transverse Mercator grid, zone 18  
 1927 North American Datum  
 To place on the predicted North American Datum 1983  
 move the projection lines 12 meters south and  
 28 meters west as shown by dashed corner ticks



UTM GRID AND 1981 MAGNETIC NORTH  
DECLINATION AT CENTER OF SHEET



CONTOUR INT  
SUPPLEMENTARY CON  
DASHED SUPPLEMENTARY C  
NATIONAL GEODETIC V  
CONTROL ELEVATIONS SHOW  
OTHER ELEVATIONS SHOWN

THIS MAP COMPLIES WITH NAT  
FOR SALE BY U. S.  
DENVER, COLORADO 80225  
A FOLDER DESCRIBING TOPOGRAPHIC MAP

6558 11 SE  
(REPUBLICAN)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY



Zone 18  
323920 Easting  
3985520 Northing  
Bertie Memorial Hospital  
Windsor, Bertie Co. NC

STATE OF NORTH CAROLINA  
DEPARTMENT OF TRANSPORTATION  
AND COMMUNITY DEVELOPMENT  
RALEIGH, NC

77°00' 36°00'

320°00mE

321

322

AHOSKIE 13 MI.  
BUENA VISTA 9 MI.

57°30'

DREW 6 MI.

windsor South

(WIND)



1500