

**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 Good Samaritan-Waverly Hospital  
other names/site number "Good Sam" Hospital, Waverly Hospital

**2. Location**

street & number 2204 Hampton Street  not for publication  
city or town Columbia  vicinity  
state South Carolina code SC county Richland code 079 zip code 29204

**3. State/Federal Agency Certification**

As the designated authority under the National Historic Preservation Act, 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 for 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 of certifying official/Title Date  
\_\_\_\_\_  
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 certifying official/Title Date  
\_\_\_\_\_  
State or 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

**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**  
(Do not include previously listed resources in count.)

Contributing	Noncontributing	
1	0	buildings
0	0	sites
0	0	structures
0	0	objects
1	0	Total

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

Resources Associated with Segregation in Columbia, 1880-1960

**Number of Contributing resources previously listed in the National Register**

0

**6. Function or Use**

**Historic Functions**  
(Enter categories from instructions)

HEALTH CARE: hospital

EDUCATION: school

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Current Functions**  
(Enter categories from instructions)

VACANT: not in use

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**7. Description**

**Architectural Classification**  
(Enter categories from instructions)

Modern Movement: Moderne

\_\_\_\_\_

\_\_\_\_\_

**Materials**  
(Enter categories from instructions)

foundation Brick

walls Brick

Stone

roof Asphalt

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 melevation 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.

Levels of Significance (local, state, national)

Local

Areas of Significance (Enter categories from instructions)

Social History

Ethnic Heritage: Black

Health/Medicine

Community Planning and Development

Period of Significance

1952-1973

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. birthplace or grave of a historical figure of outstanding importance.
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.

Significant Dates

1952, 1973

Significant Person (Complete if Criterion B is marked)

N/A

Cultural Affiliation (Complete if Criterion D is marked)

N/A

Architect/Builder

G.C. Shockley Construction Company (builder)

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):

- 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:

Good Samaritan-Waverly Hospital  
Name of Property

Richland County, South Carolina  
County and State

## 10. Geographical Data

**Acreeage of Property** less than one acre

### UTM References

(Place additional UTM references on a continuation sheet.)

1	<u>17</u> Zone	<u>498305</u> Easting	<u>3763115</u> Northing	3	<u>17</u> Zone	<u>498242</u> Easting	<u>3763008</u> Northing
2	<u>17</u>	<u>498367</u>	<u>3763055</u>	4	<u>17</u>	<u>498216</u>	<u>3763075</u>

See continuation sheet

### 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 Rebekah Dobrasko and Maria Jones  
organization State Historic Preservation Office and University of South Carolina date 10 June 2008  
street & number 8301 Parklane Road telephone (803) 896-6169  
city or town Columbia state SC zip code 29223

### 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 Allen University  
street & number 1530 Harden Street telephone (803)376-5702  
city or town Columbia state SC zip code 29204

**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 listing. 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 20303.

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National Park Service

## National Register of Historic Places Continuation Sheet

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### Narrative Description

Good Samaritan-Waverly Hospital is located on the corner of Hampton and Pine streets in the heart of the Waverly community in downtown Columbia, South Carolina. The hospital was in operation from September 1952 until August 1973 and serviced the African American population of the city and the seven surrounding counties. The building also operated as a nurse's training school for the area. Although a substantial addition was proposed in the late 1960s, the hospital was never renovated. The building has remained vacant since its closing in 1973 and, despite natural signs of aging, still retains its historic appearance.

An example of modern architecture, the two-story hospital has a decidedly horizontal orientation. The 19,200-square-foot building has a rear-facing, L-shaped plan with load-bearing brick masonry in a common bond. The building is supported by a brick wall foundation and features a steel frame that is protected by plaster fireproofing. The saw-tooth, soldier course water table visually separated the main level from the above-ground basement.<sup>1</sup>

An offset grand entry porch dominates the asymmetrical façade elevation. The pavilion-style central entrance extends slightly from the building and is covered by a simple overhang. A cement staircase leads up to the double leaf doors flanked with transom and sidelights. Typical of the period are the glass block windows on either side of the entrance. Adding to the asymmetrical style are the assorted rectangular window openings that are situated unevenly over the entire façade elevation. Only two metal-framed windows remain in the building.

The flat roof and simple ornamentation reinforces the horizontal feeling of the building. There is a streamlined coping around the entire building, including the roof stairwell room and chimney. The Hampton Street façade elevation, minus the entry projection is decorated with two additional two cast stone horizontal bands below the coping. These bands wrap only slightly onto the Pine Street [west] and east elevations. Slight staining of these architectural details has occurred with age.

On the east side of the building is a covered loading dock with a stairway on the front side and a ramp on the back. This side entrance was used for transporting emergency patients from the ambulance into the hospital. The eastern rear of the building hosts an additional loading dock with a concrete ramp leading to a covered basement entrance. On the west side is another covered stairway and side entrance that opens to both the main floor and basement.

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<sup>1</sup> The McPherson Company, "Hospital Survey, Good Samaritan-Waverly Hospital, Columbia, South Carolina," 1 August 1969, Records of Good Samaritan Waverly Hospital (Columbia, SC), South Caroliniana Library, University of South Carolina.

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## National Register of Historic Places Continuation Sheet

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A central hallway runs through all three levels of the building. Each interior room varies in size and layout depending on the historic function of the room. The basement floor held the kitchen, laundry, and records rooms. The records rooms are small, windowless rooms, while the kitchen has several window openings to provide light and air. The first and second floors have larger rooms that served as wards for patients. The nurses' station is located on the first floor near the main entrance to the building. The nurses' station has a large interior window overlooking the hallway and adjacent wards. The obstetrics wing, including the labor room, the delivery room, and the nursery, is located on the second floor. Two operating rooms with tile walls and floors are located in the rear wing of the second floor. The doctors' lounge is located on the second floor and is the only room with an interior brick fireplace. The nurses' lounge is located across the hall from the doctors' lounge. The building has two interior stairwells at opposite ends and an elevator shaft that services all three levels.

The building has not been significantly altered since the time it was opened in 1952. In 1956, air conditioning was added to the operating and delivery rooms. In 1970, air conditioning was added to the other wings and the building was rewired.<sup>2</sup> The plaster finish coat on the walls and ceilings is no longer intact, and only two windows remain in the building. Other than these alterations, the interior retains its historic appearance. The exterior has undergone no alterations since 1952. The glass block windows have suffered some damage from vandalism.

A low stone wall runs along the north and west sides of the property. The granite block fence was built by or before ca. 1900 to surround the large Lysander D. Childs house, in which the first Waverly Hospital operated from its founding until 1952. Dr. Norman A. Jenkins, Waverly Hospital's founder, built a house ca. 1920 at the corner of Hampton and Pine streets. The Good Samaritan-Waverly Hospital building was built on what was once the large west side yard of the Jenkins House.<sup>3</sup>

### Statement of Significance

Good Samaritan-Waverly Hospital is eligible for listing in the National Register of Historic Places under Criterion A for its significance to the local community. During its operation from 1952 to 1973, the hospital served as an alternative institution for black residents in Columbia, South Carolina and was the culmination of a string of local hospitals and clinics built for the African American community. The hospital was the only training facility for black nurses in Columbia, and was built as a state-of-the-art medical facility.

<sup>2</sup> Will Moredock, "Waverly Hospital was a Symbol of Civic Pride," *Columbia Record*, 12 January 1987.

<sup>3</sup> The site of the Jenkins House is listed as a contributing property in the Waverly Historic District nomination to the National Register of Historic Places. Today only remnants of the house's foundation and driveway remain and the fence is broken in several places due to neglect.

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## National Register of Historic Places Continuation Sheet

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During the Jim Crow era in Columbia, the middle class, professional population of the historically-black Waverly residential district worked to develop for themselves what the city and county refused to provide. The Good Samaritan-Waverly Hospital is an example of the alternative spaces African Americans built in the face of discrimination at Columbia's hospitals. The hospital's construction represents the result of a historical tradition among Columbia's black community and philanthropic efforts to establish modern, independent health care facilities.

Early health care in the black community was limited to the urban areas of the state. Often, small black hospitals and nurses' training schools were the only places blacks could receive medical care. In the early 1900s, Columbia only had three black physicians. The first African American hospital in Columbia was opened in 1901 by Dr. Matilda Evans. Evans opened the Taylor Lane Hospital in her home until she was able to finance the acquisition of a separate building for the hospital. Evans also trained nurses and partnered with white doctors who donated their services to the hospital. Funding for the Taylor Lane Hospital came from philanthropic northerners and business owners, as most patients were unable to pay for their treatments. The Taylor Lane Hospital burned in 1914.<sup>4</sup>

Dr. William Rhodes and his wife Lillian Rhodes opened the Good Samaritan Hospital in 1910. This hospital was located at 1508 Gregg Street. Benedict College also opened a hospital on its campus in 1920 to serve its students and employees. The Benedict Hospital merged with Waverly Hospital, which was founded by Dr. Norman A. Jenkins and his four brothers. At the time of the merger in 1926, Waverly Hospital was located in the Lysander D. Childs house on the corner of Hampton and Pine Streets. Waverly Hospital also held a nurses training school.<sup>5</sup>

The black hospitals in Columbia relied on donations of money, time, and materials to treat the community. Several large endowments, including the Julius Rosenwald Fund, were interested in improving the health care of blacks in Columbia. The Duke Endowment, founded by James Buchanan Duke of North Carolina, conducted a survey of African American healthcare facilities in Columbia in the 1930s. The survey confirmed that a modern facility was needed and neither the Good Samaritan Hospital nor the Waverly Hospital had the resources to provide modern health care. The Duke Endowment, along with the Rosenwald Fund (more well-known as the provider of grants to construct black schools), offered to fund construction of

<sup>4</sup> Edward H. Beardsley, *A History of Neglect: Health Care for Blacks and Mill Workers in the Twentieth-Century South* (Knoxville: The University of Tennessee Press, 1987), 37; "Taylor Lane Hospital and Training School for Nurses, Columbia, SC," (Aiken, SC: Schofield School Press, 1906), Matilda Evans File, African American History in South Carolina Clippings Files, South Caroliniana Library, University of South Carolina, Columbia, SC; John Hammond Moore, *Columbia and Richland County: A South Carolina Community, 1740-1990* (Columbia: University of South Carolina Press, 1993), 372.

<sup>5</sup> John Montgomery, *Columbia, South Carolina: History of A City* (Woodland Hills, CA: 1979), 8; Max Citron to Hospital Division of the State Board of Health, 14 March 1950, microfilm, Modjeska Monteith Simkins Papers, South Carolina Political Collections, University of South Carolina;

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a new hospital for African Americans in Columbia. The Endowment required that the Good Samaritan and Waverly hospitals merge to avoid splitting the community and to better benefit black doctors and patients. The endowment grant was instead given to the creation of a segregated wing at the white Columbia General Hospital because of the intense rivalry between the two black hospitals.<sup>6</sup>

The new segregated building of Columbia General Hospital opened on Harden Street in the late 1930s, but not without considerable opposition from the black community. Black doctors at Columbia General were restricted to private cases, while white interns and doctors treated charity cases. Ninety percent of the black patients at Columbia General, however, were charity patients, and the black doctors were upset at the imposed limits on their practice. A group of four hundred protestors voiced their concerns that the hospital was too close to the railroad tracks, that there was no nurse training facility, and that black doctors were not allowed to practice freely. The protestors also argued that the project funding had only been approved because elevationquate facilities had been promised. They demanded a "proper hospital" and threatened to ask the Duke Foundation to withdraw their funding if the community's request was not granted.<sup>7</sup>

On these common grounds, Good Samaritan and Waverly Hospitals merged into a single biracial board of trustees in 1938. The newly created Good Samaritan-Waverly Hospital was incorporated as a non-profit organization dedicated to providing health care and training for nurses, but a new facility was still desperately needed. Unfortunately, by this time the Duke Endowment had refused its earlier offer to fund two-thirds of the cost of a modern hospital.<sup>8</sup>

Instead, the funding would have to come from the black community. Leading the drive that started in 1944 was Modjeska Monteith Simkins, a prominent activist in the local African American community and civil rights supporter. Most of the early funding for a new building consisted of small, individual donations because of the committee's door to door campaign that aimed to visit "every Negro family" in Columbia to ask for contributions.<sup>9</sup> This campaign was supplemented with other fundraising events such as pageants and a boxing match. By 1950, the committee had raised nearly \$100,000 toward the new hospital, hired G.C. Shockley Construction Company as general contractor, and laid the cornerstone for the new building on March 5.<sup>10</sup>

Good Samaritan-Waverly Hospital  
Name of Property

Richland County, South Carolina  
County and State

<sup>6</sup> Beardsley, *History of Neglect*, 119-126. The Duke Endowment and the Rosenwald Fund promised to build two-thirds of a new hospital if Good Samaritan and Waverly merged and raised one-third of the funds.

<sup>7</sup> "Columbia Negroes Demand Proper Hospital," *Atlanta World*, 23 December 1931, pg. 6; Beardsley, *History of Neglect*, 125-126.

<sup>8</sup> Certificate of Incorporation, 14 November 1938, Records of Good Samaritan Waverly Hospital (Columbia, SC), South Caroliniana Library, University of South Carolina; Beardsley, *History of Neglect*, 125.

<sup>9</sup> Good Samaritan-Waverly Hospital, Topical File, microfilm, Modjeska Monteith Simkins Papers, South Carolina Political Collections, University of South Carolina.

<sup>10</sup> *Ibid.*



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Following this massive effort, the Duke Foundation agreed to donate \$100,000 for the building's construction and the purchase of equipment. Even so, the fundraising committee was still short on the necessary money and applied for funding from the Hospital Advisory Council of the South Carolina State Board of Health. Board member Dr. Carr McFall, an African American physician, was instrumental in securing funds for the hospital. Following his appointment to the board, the previously unresponsive council adopted more favorable policy towards the need of the black population, and sometimes even went as far as to show preferential treatment to African Americans. As a result of McFall's efforts, Good Samaritan-Waverly Hospital was able to secure \$130,000 under the federal Hospital Survey and Construction Law (Hill-Burton Act), funds that typically were granted for construction of racially integrated hospitals or separate, segregated wings. Because of the Hospital Advisory Council's justification that the new hospital would alleviate the shortage of African American beds in Columbia, Good Samaritan-Waverly Hospital was one of only four all-black hospitals to receive Hill-Burton Act funds.<sup>11</sup>

The new building opened as a licensed hospital and nurse training facility in September of 1952, serving as a much needed medical facility as well as Columbia's first purpose-built hospital for blacks. The new facility had a pharmacy, laboratory, X-ray room, staff dining room, two operating rooms, and fifty beds. As one community member stated, "The hospital, because of its place in the community, had a very special place in the heart of the black community. We saw it as a symbol of what we had accomplished together."<sup>12</sup>

Unfortunately, within just a decelevation of its opening, Good Samaritan-Waverly Hospital was struggling under massive debt. The hospital routinely served as an overflow facility for charity patients from Columbia General and other hospitals in the surrounding counties, but was often forced to absorb the cost as the local governments failed to reimburse the hospital for treatment. As a result, there was not money to elevationquately maintain the facility or modernize its equipment. In the late 1960s, the hospital was evaluated by the McPherson Company and a major renovation project with a substantial addition was proposed to the board of trustees. A lack of funds prohibited the completion of the project.<sup>13</sup>

Ironically, the biggest challenge to Good Samaritan-Waverly Hospital was the Civil Rights Act and the integration of Columbia's hospital facilities. Good Samaritan-Waverly Hospital struggled to attract white patients to keep its eligibility for Medicare funding. The first white patient of the hospital was admitted in 1966 and the first white baby was born at Good Samaritan in 1969.<sup>14</sup> In 1972, the county constructed the integrated Richland County Memorial Hospital, and neither Good Samaritan-Waverly Hospital nor

Good Samaritan-Waverly Hospital  
Name of Property

Richland County, South Carolina  
County and State

<sup>11</sup> Ibid; Beardsley, *History of Neglect*, 176-181, 333n.

<sup>12</sup> Will Moredock, "Waverly Hospital was a Symbol of Civic Pride," *Columbia Record*, 12 January 1987.

<sup>13</sup> Ray Benson, "'Good Sam' Hospital Nearly Bankrupt," *Columbia Record*, 1 December 1965; The McPherson Company, "Hospital Survey, Good Samaritan-Waverly Hospital, Columbia, South Carolina," 1 August 1969, Records of Good Samaritan Waverly Hospital (Columbia, SC), South Caroliniana Library, University of South Carolina.

<sup>14</sup> "Negro Hospital Has 'Patient Imbalance,'" 30 June 1966, clipping in Records of Good Samaritan Waverly Hospital (Columbia, SC), South Caroliniana Library, University of South Carolina; Will Moredock, "Waverly Hospital was a Symbol of Civic Pride," *Columbia Record*, 12 January 1987.

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Columbia General Hospital could compete. In August of 1973, Good Samaritan-Waverly Hospital was forced to close its doors. The building was left abandoned until 1987, when nearby Allen University bought the property with the intent of building a physical education facility.<sup>15</sup> The building has stood vacant since then, but still stands as a reminder of the accomplishment of the African American community in the face of the inequality of segregation. The university is now planning to rehabilitate the building as a multi-purpose facility to service the Waverly neighborhood and the Allen University community. The plan includes a health center for Allen students, professional offices, and space for programs that serve micro-businesses, youth, and senior citizens. Once completed, the Good Samaritan-Waverly Hospital would once again hold a central place in the Waverly community, reminiscent of its historic function.

The Good Samaritan-Waverly Hospital is eligible under Criteria Consideration G as an excellent local example of racial segregation. The hospital was the first purpose-built facility open to the African American residents of Columbia and the surrounding areas and served the local black population until well after the Civil Rights Act of 1964. The closure of the hospital in 1973 is also significant in the history of the local black community, as many black businesses, stores, and offices were unable to remain financially viable after facilities became integrated.

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<sup>15</sup> Beardsley, *History of Neglect*, 270-271; "Waverly Hospital to Close Friday," (*Columbia*) *State*, 27 August 1973; "Allen Growth Plan Concerns Neighbors," (*Columbia*) *State*, 29 September 1988.

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### **Bibliography**

#### Unpublished Materials

Evans, Matilda File, African American History in South Carolina Clippings Files, South Caroliniana Library, University of South Carolina

Modjeska Monteith Simkins Papers, South Carolina Political Collections, University of South Carolina.

Records of the Good Samaritan Waverly Hospital (Columbia, SC), South Caroliniana Library, University of South Carolina.

#### Published Sources

Beardsley, Edward S. *A History of Neglect: Health Care for Blacks and Mill Workers in the Twentieth-Century South*. Knoxville: University of Tennessee Press, 1987.

Moore, John Hammond. *Columbia and Richland County: A South Carolina Community, 1740-1990*. Columbia: University of South Carolina Press, 1993.

Montgomery, John A. *Columbia, South Carolina: History of a City*. Woodland Hills, CA: , 1979.

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National Park Service

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## Verbal Boundary Description

The boundary of the Good Samaritan-Waverly Hospital is shown as the thick black line on the accompanying map from the Richland County GIS department entitled "Good Samaritan-Waverly Hospital," dated 2007 and drawn at a scale of 1" = 100'.

## Verbal Boundary Justification

The nominated property includes the entire parcel historically associated with the hospital.

United States Department of the Interior  
National Park Service

## National Register of Historic Places Continuation Sheet

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The following information is the same for each of the photographs:

Name of Property:                      Good Samaritan-Waverly Hospital  
Location of Property:                  2204 Hampton Street  
    Columbia, Richland County, South Carolina  
Photographer:                            Rebekah Dobrasko  
Date of Photographs:                    November 2007  
Location of Original  
Digital Images:                          South Carolina Department of Archives and History, Columbia, SC

1. North elevation, eastern end
2. North elevation, western end
3. Oblique, north elevation and west facelevation
4. North elevation, facing west
5. Oblique, north elevation and west elevation, stone fence
6. North elevation, entrance detail
7. North elevation, detail of cornerstone
8. East elevation, emergency entrance, facing south
9. East elevation, emergency entrance, facing north
10. South elevation, east wing
11. South elevation, east wing and oil house
12. South elevation, western end
13. West elevation
14. West elevation, east wing, window detail
15. Basement hallway, facing east
16. Basement kitchen, facing north
17. Basement room, facing south
18. First floor hallway, facing west
19. First floor nurses' station, facing north
20. First floor waiting room, facing north
21. Western stairwell, window, facing west
22. Second floor hallway, facing east
23. Second floor, nursery, facing south
24. Second floor, major operating room, facing south
25. Second floor, doctors' lounge, fireplace detail
26. Second floor, elevator door detail
27. Second floor, ward, facing northeast
28. Western stairwell, facing south