

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 National Register Bulletin, *How to Complete the National Register of Historic Places Registration Form*. 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.

### 1. Name of Property

Historic name: Edgecombe County Home Historic District

Other names/site number: N/A

Name of related multiple property listing: N/A

### 2. Location

Street & number: 3003 North Main Street

City or town: Tarboro State: NC County: Edgecombe

Not For Publication:  Vicinity:

### 3. State/Federal Agency Certification

As the designated authority under the National Historic Preservation Act, as amended,

I hereby certify that this x nomination \_\_\_ request for determination of eligibility meets the documentation standards for registering properties in the National Register of Historic Places and meets the procedural and professional requirements set forth in 36 CFR Part 60.

In my opinion, the property x meets \_\_\_ does not meet the National Register Criteria. I recommend that this property be considered significant at the following

level(s) of significance: \_\_\_ national \_\_\_ statewide x local

Applicable National Register Criteria: X A \_\_\_ B x C \_\_\_ D

<p>_____ Signature of certifying official/Title:</p>	<p>_____ Date</p>
<p>State or Federal agency/bureau or Tribal Government</p>	

<p>In my opinion, the property ___ meets ___ does not meet the National Register criteria.</p>	
<p>_____ Signature of commenting official:</p>	<p>_____ Date</p>
<p>Title : _____ State or Federal agency/bureau or Tribal Government</p>	

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**4. National Park Service Certification**

I hereby certify that this property is:

- entered in the National Register
- determined eligible for the National Register
- determined not eligible for the National Register
- removed from the National Register
- other (explain:) \_\_\_\_\_

\_\_\_\_\_  
 Signature of the Keeper

\_\_\_\_\_  
 Date of Action

**5. Classification**

**Ownership of Property**

- Private:
- Public – Local
- Public – State
- Public – Federal

**Category of Property**

- Building(s)
- District
- Site
- Structure
- Object

**Number of Resources within Property**

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

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Number of contributing resources previously listed in the National Register 0

**6. Function or Use**  
**Historic Functions**

DOMESTIC: institutional housing  
HEALTH CARE: hospital, clinic

**Current Functions**

VACANT/NOT IN USE

DRAFT

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## 7. Description

### Architectural Classification

LATE 19<sup>TH</sup> AND 20<sup>TH</sup> CENTURY REVIVALS: Colonial Revival

MODERN MOVEMENT: International Style

### Materials:

Foundation: BRICK

Walls: BRICK

Roof: SYTHETICS, METAL

## Narrative Description

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### Summary Paragraph

Northwest of downtown Tarboro, North Carolina, on the northeast side of North Main Street, is an approximately 29.6-acre parcel that stretches from the road to the Tar River. The rear portion of the lot is wooded, and the front half houses a campus of related buildings. The County Home building is a Colonial Revival-style brick building, H-shaped in footprint, with a two-story central pavilion that has a monumental pedimented porch centered on its façade. The Tuberculosis Hospital is a more modest one-story, Colonial Revival-style brick building, originally X-shaped in footprint with a later rear addition. The Health Clinic at the eastern portion of the site has an older L-shaped, mid-century core with a later and larger addition, square in footprint, to the southwest. The most recent building on the campus, the Edgecombe Mental Health Center, is at the west side of the site. The mental health center is a one-story, brick, quasi-brutalist building with sections having standing seam metal mansard roofs.

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## Narrative Description

The Edgecombe County Home site is an approximately 29.6-acre parcel, which is all the land purchased by the county for the county home except for a small ( $\approx$  .872-acre) portion at its eastern corner that was subdivided in 2024 for an animal shelter. The parcel contains four primary buildings: the former Edgecombe County Home (1937), a former Tuberculosis Sanitarium (1937, ca. 1993) and a Health Clinic (1953, 1981) to the east, and a Mental Health Clinic (1973) at the west. Vehicular access to these buildings and their supporting parking areas is provided by a series of paved drives.

The primary entrance is by a central drive extending from North Main Street into the campus on axis with the facade of the County Home building. The drive forks, with the east branch servicing a small parking lot east of the County Home and continuing to a parking lot behind the County Home; the west branch services parking lots between the County Home and the Mental Health Clinic and additional parking northwest of the clinic building. On the east side of the parcel are a former tuberculosis hospital and a public health building. They are accessed by Health Court, a road that extends from North Main Street along the east side of the parcel, servicing parking areas at the rear of these buildings. The western edge of the parcel has a wooded buffer. There is a formal allée of crape myrtle trees along the Main Street boundary. Mature trees are found along the main entrance drive and between the County Home building and the other buildings to its west and east. The northwest perimeter of the parcel is lined with mature trees and the rear of the parcel, stretching to the Tar River, is wooded.

A series of aerial photos assembled in a 2025 Phase I Environmental Site Assessment provides an understanding of the evolution of the site through comparison of photographs taken between 1940 and 2023.<sup>1</sup> In 1940, the area around the complex was largely agricultural. A single drive extended northeast from Main Street on axis with the County Home to a round planted bed centered in front of the facade. The drive then divided into two and extended northeast on either side of the County Home, flanking a rectangular bed at its rear. The drive then appeared to turn to the northwest to service what might be a residential complex located north of the county home, which is no longer visible in a 1964 photo. The tuberculosis hospital was serviced by two paths that extended southeast from the southern drive and intersected with round circular planting beds at the north and south of the sanitarium. A 1954 photograph is largely the same with the addition of a second drive that extended northeast from Main Street and serviced the health clinic, and a number of trees that had been planted to the south, southwest and northwest of the county hall.

By 1964, there were developments east and west of the complex and paved drives or roads extended from North Main Street to service them. In the photo, the area north of the county home and the tuberculosis sanitarium appears to continue to be cultivated at this point and there were a number of agricultural outbuildings near the wooded area toward the river. Formal

<sup>1</sup> Cape Lookout Environmental Sciences, *Phase I Environmental Site Assessment*, February 2025.

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plantings of trees along Main Street are evident, as are the two drives that extend to the northwest.

By 1977, the mental health clinic building was evident and by 1982, the Health Clinic was expanded and parking added at its rear. By the early 1980s, the primary entrance to the complex had been extended to service the mental health clinic and associated parking. By 1994, the addition to the Tuberculosis Sanitarium had been built, obliterating the rear planting bed. Additional parking had been added at the rear of the county home building. By 2004, additional parking lots had been built behind both the county home and the Health Clinic.

While much of G. Robert Derrick's initial landscape elements (planting beds and circulation paths) appear to be altered or destroyed, the circular edging for the bed at the façade of County Home remains, though overgrown. It is unclear if the extant magnolia, cedar, pecan, and oak trees were part of a larger designed landscape. The crape myrtles along North Main Street appear to have been installed as part of a cooperative beautification program between what is now the North Carolina Department of Transportation and the Edgecombe Garden Club.<sup>2</sup> A series of curving concrete paths north and west of the Health Clinic appear to be the work of landscape architect Jerry Turner working in collaboration with Dove-Knight and Associates, ca.1980.

## INVENTORY

**Edgecombe County Home** 1937  
*Later known as Edgecombe Acres*

**Contributing Building**

### Exterior

The Edgecombe County Home, later known as Edgecombe Acres, was constructed in 1937. The brick building is organized around a central spine with two sets of flanking, side-gabled, perpendicular wings. The facade has a central, front-gabled, two-story pavilion. The remainder of the building is one story. The southern set of flanking wings have cross-gabled terminal pavilions, giving the facade a pronounced, five-part elevation. Much of the brickwork is consistent throughout, including a projecting soldier course water table, and brick quoins at all corners save for those adjacent to the two-story pavilion. Likewise, the building has a modillioned cornice, save for the two-story pavilion and the gable ends of the wings.

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<sup>2</sup> Starting in 1950, the roadside development section of the North Carolina Highway Division established a program to encourage rural communities to beautify roadside landscapes with the slogan "Model Miles for a More Beautiful North Carolina." Participation and support by the Highways Division varied, but garden clubs throughout the state took up the challenge. The program continued to be promoted by Governor Luther Hodges as part of a "Beautification Highway Project for North Carolina." The Edgecombe Garden Club worked with the county commission and local DOT officials to plan a design to include crape myrtles, ligustrum and pyracanthas for a mile stretch starting at the County Home. "Tarboro Garden Club Plans Highway Planting," *Rocky Mount Telegram*, February 24, 1957; Kan Lincoln, "Rambling in Rural Wayne," *Goldsboro News-Argus*, February 3, 1950; "Tarboro Garden Club Plans Highway Planting," *Rocky Mount Telegram*, February 24, 1957.

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The three-bay, central pavilion on the facade has a two-story, gabled portico supported by monumental squared, paired columns and pilasters. Under the portico is a central, single-leaf entrance with a wooden six-panel door that appears to be original, flanked by three-light sidelights with panels below, all topped by a fan light within an arched opening. Flanking the entrance are three-over-six, double-hung, wood sash windows with panels below, each with shutters that extend the height of the window and panel combined. On the second floor, two six-over-six, double-hung, wood windows are aligned above the first-floor windows. Aligned above the entrance is an original single-leaf, nine-light, two-panel door to a small balcony that has metal railings and is supported by wrought iron brackets. The portico's gable is pedimented with a central, wooden bull's-eye window.

The facade's flanking wings each contain six six-over-six, double-hung, wooden windows with shutters and rowlock sills. Three windows are in the hyphen sections and three windows in the terminal pavilions. The terminal pavilions project slightly from the intervening hyphens and have quoined corners and nine-light, wooden, octagonal windows centered in their attics.

At the northwest and southeast ends of this set of flanking wings are hip-roofed brick vestibules that were originally open porches and later enclosed. The vestibules each have a central, single-leaf door. The vestibules are flanked by four-over-four wooden sash windows. The rear elevations of these flanking wings have fenestration mirroring that on the facade in their hyphens. The fenestration in the pavilions is irregular.

The spine between the two sets of flanking wings is on axis with the entrance pavilion. It originally housed dining and service areas. Its northwest side has a central, exterior brick chimney with a corbelled cap. The chimney is flanked by paired six-over-six sash, double-hung, wooden windows. The bay adjacent to the two-story pavilion had fenestration that has been bricked in. The bay adjacent to the rear flanking wing has a bank of three, six-over-six sash, double-hung, wooden windows. The southeast elevation of the spine has a modest, central, projecting, cross-gabled wing without quoins that has a central entrance flanked by windows on its southeast elevation. Originally this was a partially open porch. That small wing is flanked by two six-over-six wooden sash windows on the southeast elevation of the spine.

The rear flanking wings are somewhat uniform. The rear elevation has a central, wooden, six-panel single-leaf door that appears to be original. The door is flanked on either side by nine six-over-six, double-hung, wooden sash windows in an identical pattern: a single window adjacent to the door, then one set of paired windows, followed by six single windows. A concrete stoop and ramp lead to the door, which is sheltered by a small, shed-roofed hood with knee braces. As with the other set of wings, terminal porches on the southeast and northwest elevations with hipped roofs have been enclosed in brick. The enclosed porches are similarly flanked by four-over-four, double-hung, wooden sash windows. The southwest elevations, flanking the spine, have irregular fenestration composed of six-over-six, double-hung, wooden windows in two sizes, arranged singly or in pairs.

Interior

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The basic organizing features of the interior remain with residential rooms divided by race and gender. The southwest wings of double-loaded corridors had resident rooms for white patients with women at the southeast and men at the northwest. Similarly, the northeast wings at the rear of the building contained double-loaded corridors with rooms for African Americans, with women at the southeast and men at the northwest. The white men's corridor also included a medical clinic room.

The two-story pavilion centered on the facade housed a chapel on the first floor, with a stair hall at its east side. Its second floor was used as a small apartment with a living room, a dining room, a bath, and two bedrooms.

North of the chapel were an office and storage spaces. The spine had a white dining room on its southwest side adjacent to the white residential rooms and a central kitchen. It also had a metal spiral staircase to the basement which houses utilities. Beyond the kitchen was an African American dining room, followed by a living room for African American residents near the rear exterior door.

The interior plan remains largely the same despite its conversion to a rest home and later to offices. Some fixtures and finishes have been changed. There are fluorescent lights throughout. Many spaces now have industrial grade carpeting. Exposed conduit services new electrical outlets and fixtures. Suspended acoustic tile ceiling is in most spaces. Bathrooms appear to have updated fixtures. There are simple baseboards throughout and chair rails in the hallways and common areas, all apparently original. The chair rail on the residential hallways is a simple flat board, but there is molded chair rail in the common areas. Most interior doors appear to be replacements, but operable four-light transoms remain throughout. Kitchen equipment has been removed, and what was once the living room for African Americans has been subdivided with a partition wall and service windows to interface with individuals accessing services through the rear door of the building.

### Alterations

Changes to the building have not been fully documented. The transition from a county home to rest home likely required few drastic changes as the use was in essence the same. Newspaper articles document a roof replacement in 1963, the introduction of new vinyl flooring and a new heating in 1964, and installation of a fire alarm system in 1965. A presumably extensive, though not well documented, rehabilitation was completed for the transition to offices for the Department of Social Service offices in 1976.<sup>3</sup> Assuming the building was built to original specifications, other notable changes include the removal of resident lockers and custom-

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<sup>3</sup> "Contract Let for Roofing in Edgecombe," *Rocky Mount Telegram*, November 6, 1963; "Several Road Improvements Sought by Edgecombe Board," *Rocky Mount Telegram*, April 7, 1964; "Edgecombe Board Plans Study of Pay Plan for Co. Employees," *Rocky Mount Telegram*, September 9, 1964; "Fire Protection Given Attention," *Rocky Mount Telegram*, February 3, 1965; Frank Parrish, "Edgecombe Plans to Renovate Building to House Social Services Department," *The Rocky Mount Herald*, January 6, 1976.

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designed cabinetry in the kitchen and laboratory.<sup>4</sup> The alterations for use as Edgecombe County Department of Social Services were designed by Edwards, Dove, Knight Associates ca. 1977.

**Tuberculosis Sanitarium**

**1937, ca. 1993**

**Contributing Building**

*Later known as Edgecombe Meadows*

Exterior

The Tuberculosis Sanitarium, built concurrently with the County Home building, was originally X-shaped in footprint and received a side-gabled rear wing ca. 1993. The original cross-gabled portion of the building is laid in six-course American bond brick. It has a projecting soldier course water table, brick quoins at its corners, and a cornice of Flemish and header bonds with projecting headers simulating brackets or modillions. Windows throughout are one-over-one sash that appear to be vinyl replacements. Drawings suggest that original windows in the east and west wings were casement and positioned directly opposite each other for cross ventilation. Drawings suggest that windows in the north and south wings were originally sash windows. The current window placement, singly or in pairs, is largely symmetrical. Clustered at the center of the building are four semicircular, metal, louvered roof vents. Architectural drawings indicate these features originally housed lunette windows.

The facade has a hipped roof porch supported by squared columns and pilasters, centered on the gable end. The porch is partially obscured by a later covered walkway to an adjacent building. The porch shelters a single-leaf glazed replacement metal door with two-light sidelights. The porch is flanked by one-over-one, double-hung windows. Centered in the peak of the gable above the porch is a semicircular masonry opening with a rowlock sill and header arch containing a louvered vent.

The southeast and northwest gable ends have triangular louvered attic vents. Each of the gable ends has a hipped-roof dual porch. These dual porches each have a brick partition wall dividing it in half. Each half-porch has a brick end wall with corner quoins, water table, and cornice as on the primary building, and each has a large masonry opening with a rowlock sill. The porch sections are accessed from the interior by a five-panel door. Adjacent to the doors are single windows that have been bricked in. Concrete steps from each section extend to the northeast or southwest, respectively, to grade. The rear elevation of the building originally had a porch on its gable end wall that matched that on the facade, which was displaced by a c. 1993 hyphen connecting to the side-gabled rear edition. On the west side of the north wing, toward its north end is evidence of an exterior door now bricked over. However, a shed pent roof with brackets remains in situ.

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<sup>4</sup> Eric Flannagan, Plans and Specifications Edgecombe County Home, and Edgecombe County Tuberculosis Sanatorium, nd, in the collections of the Edgecombe County Memorial Library, Tarboro.

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The addition mimics some of the qualities of the original building with brick quoins, projecting water table, and American brick bond pattern. It has both sash and casement vinyl windows with simulated divided lights, a soldier course at cornice level and round louvered vents. This addition has broad eaves and a roof height and window-to-wall ratio of a larger scale than the original building. Its brick is also browner in hue than that of the original portion of the building.

### Interior

The plan of the original portion of the building, like that of the county home, provided for segregation by both race and gender. The southern half of the building was for white patients, and the northern half was for African Americans. The southwestern wing contained nurses' offices and patient examining rooms and a reception area for white patients. Bathrooms were clustered in the very center of the building. In terms of patient rooms, patients of the same gender were in the same wing but divided by race with a partition wall. The white women's ward was at the south side of the northwest wing and the white men's ward at the south side of the southeast wing. The African American women's ward was on the north side of the northwest wing, and the African American men's ward was on the north side of the southeast wing. The separation of races into the north and south sections of the gendered wings extended to the brick walls dividing the dual porches, creating white and African American porches on the either side of the building. The floor plan was not entirely symmetrical, as in the northeastern wing, in addition to patient rooms and an African American reception room, there was also originally a small kitchen. Presumably African American patients used an entrance at the northeast end of the building.

In the original section, interior floors are covered in industrial grade carpet and in some cases vinyl tile, neither likely original. Common areas have a simple board chair rail that is likely original. Replacement light fixtures are rectangular ceiling fixtures with fluorescent bulbs. A number of original five-panel interior doors remain. The east partition wall between the white and African American men's ward has been removed, creating one large room; however, the partition on the west (women's) side remains.

In the ca. 1993 addition, interior walls are drywall or painted concrete block. Floors are covered with industrial-grade carpet, and there are suspended acoustical tile ceilings with laid-in fixtures throughout. The space is divided into offices with one large meeting room at the far north.

### Alterations

Windows were originally multipaned and appear to have been a combination of casement and double-hung sash. A new heating plant was installed in 1955.<sup>5</sup> The rear wing was added ca. 1993. Other interior alterations probably occurred during the transition to a nursing home in the mid-1950s and the second transition to office space in the 1970s. Additional renovation was designed by Dove-Knight and Associates in 1980.

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<sup>5</sup> "County Home in Edgecombe Turned into Private Homes," *Rocky Mount Telegram*, May 18, 1955.

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**Boiler Building**

**1937**

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**Contributing Building**

Exterior

This small one-story building, northeast of and adjacent to the Tuberculosis Sanitarium, is built of brick with a gable roof and a prominent corbelled brick chimney. It has a projecting soldier course water table, brick quoins, and a cornice of Flemish and header bonds with projecting headers simulating brackets or modillions. It has a flush metal exterior door on its southeast elevation, and a metal industrial window on the southwest elevation.

Interior

All boiler machinery has been removed. The interior walls are concrete block, and the floor is poured concrete. The exposed interior chimney flue is brick. Wooden rafters are exposed.

**Health Clinic**

**1953, 1981**

**Noncontributing Building**

Exterior

The County Health Clinic was built in 1953 and greatly expanded in 1981. The original section on the north side of the building is L-shaped in footprint. It was organized around two intersecting, double-loaded corridors and held 13 rooms. The later, considerably larger expansion to the south, added in 1981, is square in footprint.

Original Building

The original section is clad in running bond brick veneer. It has a flat roof with generous eaves. Its principal entrance appears to have been incorporated into the later addition. The northwest elevation has at its southern end a small, shed-roofed extension. At the juncture of this extension and the original building is a tapered, interior brick flue. Adjacent to the shed-roofed extension, is a single-leaf metal door with a single light, and a louvered panel above it. Extending to the north, interspersed with sections of wall, are four metal windows, some of which have been altered. The fenestration pattern consists of a flat plywood panel above which are four horizontal, metal, and rectangular lights. The bottom light appears to be a hopper window, and the central lights may be pivot or awning sashes.

The northeast elevation of the original building has a central recessed entrance housing a single-leaf metal door at the terminus of one wing to the west. At the east side, the elevation has a bank of nine windows following the fenestration pattern described above.

The southeast elevation is divided into two parts. The northern section has two windows with the typical fenestration pattern. The southern projecting section has at its terminus a central recessed entrance housing a single-leaf metal door.

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The western portion of the southwest elevation abuts the later addition. The eastern portion has a bank of eleven windows in the typical fenestration pattern centered on the exposed portion of the elevation.

### Addition

The 1981 southern addition is one-story and clad in running bond brick veneer. It has a flat, faux mansard roof with a projecting ribbed metal collar at the cornice. On the flat roof, HVAC equipment is screened by a similar metal construction. The exterior walls are arranged in a series of recessed brick panels in corbelled frames. The principal entrance to this addition and the complex as a whole, is on the north elevation, at the juncture with the 1953 portion of the building. A shed-roofed porch shelters glazed double doors flanked by glazed panels to an entrance vestibule. There are also glazed double doors on its southeast elevation at the juncture to the original building. Double-leaf glazed doors on the northwest elevation provide access to an open, shed-roofed porch. Windows throughout this addition are fixed, single-light, metal windows in various arrangements, including some that stretch down to grade.

### Interior

In the original portion of the building, the corridors have a molded chair rail, and interior doors are flush, wooden doors that may be original. There are two door frames in the older section that have been altered but may have originally contained sidelights or panels, suggesting the original section may have had two exterior doors on its facade. The original plan with double-loaded corridors appears largely intact though it is conceivable that some rooms off the halls may have been consolidated.

The interior of the newer section includes a tiled entrance vestibule leading to a reception desk. The remainder of the building includes perimeter offices with what appear to be flexible/movable partitions, and a large, open space divided into work cubicles. A large open room is immediately adjacent to the older section of the building and seems to serve as a hyphen. Interiors throughout feature commercial grade carpet and suspended acoustic tile ceilings.

### Alterations

The most notable alteration to the health clinic is the 1981 addition, which absorbed the facade of the older building. Interior alterations to the 1953 section of the clinic, such as carpeting, ceilings, and light fixtures, were probably made at this time.

**Mental Health Clinic**

**1973**

**Contributing Building**

*Also known as the Clark Building*

### Exterior

The Mental Health Clinic is a one-story building clad in running bond brick veneer. The main portion of the building is roughly rectangular in footprint and sits to the east. A partial-width

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wing at the west extends from the southern side of this elevation. At the north- and southwest corners of the building are enclosed courtyards created by brick walls extending from the exterior walls of the building. The building has a flat roof, above which are three rectangular, seamed metal enclosures that appear to screen rooftop HVAC equipment. The largest of these, on the eastern portion of the building, is roughly centered on the facade at the main entrance and extends below the eave in a faux mansard fashion. This faux mansard is supported by side walls and six intervening wall sections extending perpendicularly from the facade, creating bays. The bays contain full-height, recessed, smoked glass metal windows, and the primary entrance, which is a recessed, glazed door flanked by glazed panels. Flanking the central entrance section of the facade are two sets of metal, fixed or casement windows which are recessed and have above them a seamed metal pent roof. This treatment, with a metal window beneath a sloping metal pent all recessed behind the wall plane, is the typical window treatment found throughout the building. In some cases, however, the window and its pent are framed by slightly projecting, brick wall sections that are perpendicular to the main wall plane. Fenestration is modest and somewhat regularly distributed, but the long, uninterrupted brick courtyard walls and the exterior brick walls give the building an overall heavy masonry and modular appearance.

### Interior

Access to the interior was limited due to safety concerns. Interior wall treatments include painted brick, painted concrete block, and drywall. Ceilings are suspended acoustical tile with inlaid fluorescent fixtures. Floors are covered in industrial grade carpeting with vinyl base. Interior doors are set in basic, prefabricated metal frames. Metal casement windows have simple flat stools within the depth of the reveal.

**Shed** **ca. 2005** **Noncontributing Building**

This frame, gable-roofed shed is east of the projecting gabled wing of the hyphen of the County Home building. It is clad in vinyl siding and has a single-leaf door on its southeast elevation.

**Shed** **ca. 2018** **Noncontributing Building**

North of the Health Clinic building is a prefabricated metal shed with a gambrel roof.

**Shed** **ca. 2018** **Noncontributing Building**

North of the Health Clinic is a frame, shed-roofed shed, which is L-shaped in footprint.

### Integrity

The Edgecombe County Home complex has not been moved, thus retains its integrity of location. Its large, undeveloped, wooded area towards the Tar River is undisturbed. Newer buildings on the campus, with the exception of the addition to the public health building, have all

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been built within the period of significance. Additional surface parking installed between 1998 and 2005 is to the north of and behind the existing buildings and has minimal impact on the integrity of setting. Industrial and institutional buildings to the east and west were also built during the property's period of significance. Some development south of North Main Street is recent, but its impact is mitigated by its modest size and scale, its setback, and the buffering function of the road. The complex's integrity of setting is largely intact. Integrity of design is also strong. Again, except for the addition to the public health building, a noncontributing resource, exterior changes to contributing buildings have been minimal. Building interiors retain much of the original plan and many original fittings. Many of the interior changes, which involved the transition from residential to an office use, were made during the complex's period of significance; thus, the integrity of design is strong. For these reasons, the integrity of materials and workmanship is also strong. Evolution of the campus from two primary buildings to four communicates the evolution and growth in programs designed to benefit and serve sick and impoverished people; and its continuing role in providing a social safety net, giving the complex a high degree of integrity of feeling and association.

**Statement of Archaeological Potential**

To be provided by OSA

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## 8. Statement of Significance

### Applicable National Register Criteria

- 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

- A. Owned by a religious institution or used for religious purposes
- B. Removed from its original location
- C. A birthplace or grave
- D. A cemetery
- E. A reconstructed building, object, or structure
- F. A commemorative property
- G. Less than 50 years old or achieving significance within the past 50 years

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**Areas of Significance**

ARCHITECTURE  
HEALTH/MEDICINE  
SOCIAL HISTORY

**Period of Significance**

1937- 1976

**Significant Dates**

1937  
1953  
1955  
1973

**Significant Person**

N/A

**Cultural Affiliation**

N/A

**Architect/Builder**

Eric G. Flannagan  
D.J. Rose and Sons  
G. Robert Derrick  
Mann and McLawhorn  
Henderson Lumber Company  
Freeman-White Associates  
Dove Knight and Associates  
Edwards, Dove, Knight Associates

**Statement of Significance Summary Paragraph**

The Edgecombe County Home is a complex of buildings that reflects the evolving role of government in meeting the social welfare and health needs within a community in the mid-twentieth century. The evolution of the site in terms of both buildings and services offered traces changes and advances in philosophies and strategies in caring for the sick and destitute, and the role of government in both. The complex also comprises a collection of buildings that span almost forty years of architectural history, reflecting a range of functional and aesthetic design choices and philosophies. The buildings not only reflect aesthetic considerations of style but also reflect specific programmatic aspects of health care treatment, and the Jim Crow practice of architectural separation and segregation. While many aspects of the original landscape plan appear to have been destroyed, the extant crape myrtle plantings along North Main Street were part of a statewide partnership between garden clubs and the Department of Transportation to

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enhance entrance corridors to local communities. The complex is significant at the local level in the areas of architecture, health/medicine, and social history. Its period of significance begins in 1937 when the initial buildings were completed and ends in 1976, which incorporates the completion of the mental health clinic and marks the transition of the two earliest buildings to office use. It is classified as a district given the evolution of the site physically and programmatically as it possesses a significant concentration, linkage and continuity of buildings united historically, and to some extent aesthetically, by plan and physical development.

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## Narrative Statement of Significance

### Background

Prior to 1937, the Edgecombe County Home was located approximately five miles west of the town of Tarboro. It consisted of a main building, a series of small cottages, agricultural buildings, and a pauper's cemetery. The land was purchased by the county in 1859 to replace a previous complex and site. The main building, thought to have dated to 1859, was a frame, gable-roofed building of mortise and tenon construction on tall brick piers.<sup>6</sup> It contained residential rooms and dining rooms and eventually indoor plumbing. At one point there were roughly 20 one- or two-room cottages on-site. The use of the residential spaces shifted over time, and eventually the big building housed African Americans, with white residents living in the cottages. The land surrounding the County Home was farmed to support the institution.<sup>7</sup>

In 1922 the county commission voted to expand the role and the campus of the old County Home to create the capacity to care for tuberculosis patients. *The Daily Southerner* reported that there was no local institution "to care for these unfortunate people and the consequence is that many have suffered for the want of the proper care and attention."<sup>8</sup> The newspaper applauded the plan to add facilities for tubercular patients, noting, "many a sad heart will be made glad to know that the great county is going to give comfort and support to them in their declining years."<sup>9</sup>

The movement for a new Edgecombe County Home seems to have begun in the 1920s. Architect Eric Flannagan was engaged in discussions about a new facility by 1925. Not only a talented architect, Flannagan was a good, if assertive, businessman. In June 1925 he wrote to the county's Superintendent of Public Welfare, following up on a meeting: "I make a specialty of county institutes, and I'm very anxious to furnish you plans etc. when the time arrives."<sup>10</sup> The following month he contacted the chair of the county commissioners, continuing to lobby for the job:

I understand that the county is planning to build a new County Home, therefore I wish to inform you that I am making a specialty of County institutes, and shall be very glad to furnish you plans, specifications, and supervision for this job. I have planned County Home

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<sup>6</sup> This building was destroyed by arson in 2004; North Carolina Historic Preservation Office, survey file (old) Edgecombe County Farm (ED0449).

<sup>7</sup> North Carolina Historic Preservation Office, survey file Edgecombe County Farm (ED449).

<sup>8</sup> "The County Will Make Provisions for the Tubercular Patients," *The Daily Southerner*, August 12, 1922.

<sup>9</sup> "The County Will Make Provisions for the Tubercular Patients," *The Daily Southerner*, August 12, 1922.

<sup>10</sup> Eric Flannagan, letter to Sibyl Fields, June 20, 1925, Collections of Edgecombe County Library.

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for Vance and Northampton Counties and an addition to the Halifax County Home (sic). I am enclosing herewith letter and clipping from paper in regard to the home in Vance. From what I can understand, the home at Vance will probably be a little small for your County, but I believe that the home at Northampton will very near suit your demand. I shall be very glad to come to Tarboro and take your committee to see the Northampton County Home at Jackson, N.C. at my expense. I do not believe that you can obtain a more economical design.<sup>11</sup>

Flannagan continued to cultivate his contacts into the 1930s. Though not explicitly recounted in the commission meeting minutes, the movement for a new County Home was colorfully reported in the local press. An article in the *Rocky Mount Telegram* in 1937 provides additional insight. A grand jury inspection report in 1929

condemned the county commissioners for allowing inhuman existing conditions to continue at the county home. The report showed that poorly heated shacks and shanties housed the counties (sic) oldest, decrepit, and often deathly ill old inmates, in conditions unfit for dogs and cattle. Subsequent grand juries went on to elaborate on the first condemning report, which showed that the old county home, built plantation style, with a main house in the middle of a treed yard and around it like Negro shanties of the Civil War days, one and two room shacks, all badly ventilated, poorly heated, not conducive to living healthful conditions. A short distance away, sleeping on clean beds, but in a wooden house, lay the tubercular of the county waiting for the hearse.<sup>12</sup>

The county commissioners began to plan for a new facility when threatened with legal action and formally voted in June 1935 to build a new one.<sup>13</sup> Competition for the commission was fierce. Architect H. Colvin Linthicum, anticipating the vote, approached the board with a schematic design.<sup>14</sup> The following month additional architects Mr. Benton and Mr. Norfleet addressed the board, though ultimately Eric Flannagan was chosen, perhaps on the strength of similar recent buildings such as the County Home in Vance County.<sup>15</sup> The board also voted to apply for a loan and grant from the United States Federal Emergency Administration of Public Works (sic).<sup>16</sup> The commission expanded the scope of work in August 1935 to add a tuberculosis sanitarium, which Flannagan would also design.<sup>17</sup> In September 1935 the county purchased 30.2 acres north of Tarboro on North Main Street (part of the Collins Farm, also known as Beachwood) for the site from Julian and Lizzie Baker.<sup>18</sup> When federal funding was initially denied, the county approved

<sup>11</sup> Eric Flannagan, letter to J. Cobb, July 14, 1925, Collections of Edgecombe County Library.

<sup>12</sup> Aubrey Shackell, "Edgecombe to Open New County Home December 13," *Rocky Mount Telegram*, December 4, 1937.

<sup>13</sup> Edgecombe County Board of Commissioners meeting minutes, June 17, 1935.

<sup>14</sup> Edgecombe County Board of Commissioners meeting minutes, June 17, 1935.

<sup>15</sup> "Mr. Norfleet" is likely Robert Norfleet; "Mr. Benton" could refer to Charles or Frank, who were brothers, or one of Charles' sons, Henry or Charles, Jr. Edgecombe County Board of Commissioners meeting minutes, July 1, 1935; Shackell, "Edgecombe to Open New County Home."

<sup>16</sup> Edgecombe County Board of Commissioners meeting minutes, July 12, 1935.

<sup>17</sup> Edgecombe County Board of Commissioners meeting minutes, August 23, 1935.

<sup>18</sup> Edgecombe County Deed Book 342, 90.

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a bond issue to finance construction.<sup>19</sup> Final plans were accepted in October 1935 and Flannagan was directed to write specifications.<sup>20</sup>

In March 1936, \$75,000 of local bonds were issued and sold to support construction; \$45,000 of federal Public Works Administration (PWA) funding was eventually secured as well.<sup>21</sup> In August of that year, the project was advertised for bid and the contract was awarded to D. J. Rose and Sons of Rocky Mount.<sup>22</sup> G. Robert Derrick was granted a landscaping contract for the project that included paved drives and presumably other landscaping, like the circular planting beds at each building.<sup>23</sup>

The new building was feted and described at length in the local paper at its December opening. It was

brick, a one story affair, well lighted, ventilated, steam heated, tiled baths and toilets, copper plates under each window sill so that any wood may not rot, fire proof construction throughout, fireproof doors, concrete and tile floors, built-in cabinets in each room for clothes, modern beds and springs, wide paved roads leading to the buildings from the highway, and from other buildings on the lots, sidewalks everywhere, shrubs, outhouses and barns, and a tuberculosis hospital that is the last word in modern construction, properly equipped.<sup>24</sup>

The description of the landscaping was a projection based on plans, as WPA funding had yet to be secured at that point. The article did note recent local appropriations that covered “outhouses, barns, smokehouses and a cook's home.”<sup>25</sup>

The joint facility continued operations with no programmatic changes until the 1950s. In the fall of 1950, it was announced that white tubercular patients would be transferred to the state-run Eastern Carolina Sanatorium at Wilson.<sup>26</sup> The facility in Tarboro would then be exclusively for the treatment of African Americans, though by 1955 those patients were also transferred elsewhere.<sup>27</sup>

Shortly thereafter, in 1951, the property was selected for the site of an Edgecombe County Health Center.<sup>28</sup> In initial discussions about the center Sprite Barbie, Jr., one of the committee members overseeing preparations for the new building, expressed a desire that the architectural

<sup>19</sup> Edgecombe County Board of Commissioners meeting minutes, October 19, 1935; “County Planning Build Anyway,” *The Rocky Mount Herald*, October 18, 1935.

<sup>20</sup> Edgecombe County Board of Commissioners meeting minutes, October 25, 1935.

<sup>21</sup> “Flannagan Designs County Home Plans,” *The Daily Dispatch*, September 14, 1936.

<sup>22</sup> “Advertisement for Bids—Edgecombe County Home and Tuberculosis Sanatorium, PWA Docket NC-1125-R,” *The News and Observer*, August 27, 1936; “Flannagan Designs County Home Plans,” *The Daily Dispatch*, September 14, 1936.

<sup>23</sup> “County Boards Plan Meetings,” *Rocky Mount Telegram*, September 11, 1937.

<sup>24</sup> Shackell, “Edgecombe to Open New County Home.”

<sup>25</sup> Shackell, “Edgecombe to Open New County Home.”

<sup>26</sup> “Sanatorium Change,” *Rocky Mount Telegram*, October 3, 1950.

<sup>27</sup> “Plans Toward Conversion of County Home Underway,” *Rocky Mount Telegram*, March 9, 1956.

<sup>28</sup> “Health Center,” *Rocky Mount Telegram*, February 13, 1951

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style be similar to that of Flannagan's buildings.<sup>29</sup> Mann and McLawhorn, a Greensboro firm, was awarded the architectural contract, and their modernistic design for the new health center was a departure from the existing buildings.<sup>30</sup> Henderson Lumber Company was awarded the construction contract in November 1951 with separate contracts for utilities and equipment. The bids were slightly above the state's standard for this type of building, and the county commission opted to pay the overage. Reimbursement funds for the bulk of the expense would come via the state Medical Care Commission contingent on interim inspection.<sup>31</sup> The federal government would cover 40% of the construction cost, with the state and local government each covering 30%. In addition to a slight cost overage, the county also agreed to cover the cost of sewerage infrastructure.

The building design was described as 4,100 square feet, with an L-shaped footprint, clad in a brick veneer and heated with forced air. It would have two separate parking areas for staff and the public. The *Rocky Mount Telegram* reported,

the interior will include: an assembly room with a receptionist desk; two secretaries' offices; an office for the health officer; two rooms for nurses; a modern laboratory for sanitarians; four toilets, two examining and treatment rooms, each with a dressing room; a conference room which can be converted easily to an examining room; and an x-ray and dark room.<sup>32</sup>

Construction was delayed until the following year due to material shortages during the Korean War.<sup>33</sup> The building was completed in January 1953 and dedicated in June of that year.

In the mid-1950s the county decided to privatize the County Home operations. The former County Home building was designated as a rest home (or boarding home) for white residents with a capacity of 50 units, and the recently vacated Sanitarium was designated for African Americans with a capacity of 27. Known respectively as Edgecombe Acres and Edgecombe Meadows, they were separately leased and operated. A 1955 article in the *Rocky Mount Telegram* noted that both facilities would be open for operation by June 1 of that year. Monthly room and board would range from \$55 to \$85 a month, depending on the level of care needed by each resident. Those who could not afford the monthly charges would be supported by local, state, and/or federal government funding.<sup>34</sup>

In 1969 the campus was chosen for the site of a new mental health center to be part of a joint Edgecombe-Nash Mental Health Clinic.<sup>35</sup> The proposed 12,500-square foot facility was to be designed by Freeman White Associates of Charlotte, with principal Robert Helms. Half of the projected local cost was to be given in memory of the late Frances Myrick Clark, a local volunteer, by her family. In December of 1969, \$244,000 of federal funding was secured, the

<sup>29</sup> "Health Center Progress Seen," *Rocky Mount Telegram*, April 12, 1951.

<sup>30</sup> "Health Building Will Begin Soon," *Rocky Mount Telegram*, June 7, 1951.

<sup>31</sup> "Contracts Let in Edgecombe for Proposed Health Center," *Rocky Mount Telegram*, November 21, 1951.

<sup>32</sup> "Contracts Let in Edgecombe."

<sup>33</sup> "Health Center Awaits Final OK," *Rocky Mount Telegram*, January 9, 1952.

<sup>34</sup> "County Home in Edgecombe Turned into Private Homes," *Rocky Mount Telegram*, May 18, 1955.

<sup>35</sup> "Site is Selected for Mental Health Center in Edgecombe," *Rocky Mount Telegram*, April 15, 1969.

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state of North Carolina committed \$96,000, and the county appropriated \$64,000 offset by the Clark family's \$32,000 contribution. The new building, named the Clark Building, was completed in 1973 and dedicated on May 20, 1974.

Two years later, in 1976, Edgecombe Acres and Edgecombe Meadows both closed after the opening of a private nursing home in the area.<sup>36</sup> The following year, Edgecombe County appropriated funds to renovate Edgewood Acres to become the social services offices. The county budgeted \$298,000 to include new parking facilities, new air conditioning, new carpets, lowering the ceilings, adding new fixtures, as well as a new roof and heating plant.<sup>37</sup>

The county began planning for a new public health center in 1977.<sup>38</sup> Though Dove Knight and Associates of Rocky Mount was selected in 1978 to design the building, money was pulled from the project to support needs in the public school system.<sup>39</sup> It was not until 1979 that the county again had funding for a public health center. Plans for an entirely new building were scrapped in favor of the rehabilitation and expansion of the 1953 health center, and the adaptation of the adjacent former tuberculosis facility.<sup>40</sup> Financial considerations reduced the scope of the project, though it was still anticipated to have the capacity to accommodate the health department workers then housed in trailers.<sup>41</sup> The county commission authorized working drawings for the expansion in December of 1979, as well as for renovations for the existing health center and the former Tuberculosis Sanitarium.<sup>42</sup> Work was completed in 1981.<sup>43</sup>

The county continued operations in these former County Home buildings until 2012, when functions were moved to new spaces. In 2016, the buildings were reopened temporarily to provide services in the wake of Hurricane Matthew.

### Social History—County Homes and Social Safety Net in North Carolina

Historically, North Carolina made public provisions for needy persons in the English tradition translated to the colonial society.<sup>44</sup> Local governments used taxes to support the disadvantaged, a translation of earlier customs of having Anglican parishes take charges under church wardens. The nonsectarian practice was formalized in 1777 legislation that called for locally elected, countywide overseers or wardens of the poor that could levy taxes for the public welfare. In 1785, special legislation for selected counties authorized for the first time local taxes devoted to almshouses or poorhouses, later known as county homes.<sup>45</sup> General legislation granting the

<sup>36</sup> George Dudley, "Edgecombe Group Will Give Backing to Rest Home Plan," *Rocky Mount Telegram*, September 15, 1978.

<sup>37</sup> "County Building with Future in Mind," *Rocky Mount Telegram*, March 28, 1977.

<sup>38</sup> "Edgecombe Health Center Gets Green Light," *Rocky Mount Telegram*, August 2, 1977.

<sup>39</sup> "County Asked to Police Macclesfield" *Rocky Mount Telegram* March 7, 1978.

<sup>40</sup> George Dudley, "Board Hears Departmental Budget Requests," *Rocky Mount Telegram*, May 8, 1979.

<sup>41</sup> Sean O'Brien, "Computer Voting Aired," *Rocky Mount Telegram*, October 2, 1979.

<sup>42</sup> Sean O'Brien, "Center Nears Reality," *Rocky Mount Telegram*, December 9, 1979.

<sup>43</sup> Richard Whiting, "New Health Office to be Equipped Soon," *Rocky Mount Telegram*, July 7, 1981.

<sup>44</sup> Benjamin Joseph Klebaner, "Some Aspects of North Carolina Public Poor Relief, 1700-1860," *The North Carolina Historical Review* 31, no. 4 (October 1954): 479.

<sup>45</sup> Edgecombe County was not among these.

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ability to establish these institutions in any county was enacted in 1793. Though it is not entirely clear when the first poorhouse was founded in Edgecombe County, there was one in operation by 1848 when reformer Dorothea Dix toured the state. She noted it had a “good reputation,” although she was unable to visit it.<sup>46</sup>

After the Civil War, North Carolina established the Board of Public Charities,<sup>47</sup> which instituted reporting standards for almshouses, and had among its responsibilities inspection of the same.<sup>48</sup> By the early twentieth century the board had staff and a budget, and issued licenses to institutions under their review.<sup>49</sup> In 1925 the North Carolina State Board of Charities and Public Welfare published a report entitled *Poor Relief in North Carolina*, which provided an overview of the County Home system. They described the state’s early poorhouses as a “Dumping ground for all the misfits of society.”<sup>50</sup> Impoverished people, the “feeble minded,” the elderly, and petty criminals were all admitted and referred to as inmates. The facilities were often on large parcels, with the acreage used for farming to feed the inmates and potentially produce agricultural products for sale. By 1922, North Carolina had 94 poorhouses, of which 88 had more than 25 acres. But by the early 1920s the farming aspect was decreasing in popularity, and five recently constructed homes had been built on considerably smaller parcels.<sup>51</sup> The preponderance of these institutions were collections of small wooden cottages, not unlike those in Edgecombe County at that time. The demographics of the County Home population shifted as mental hospitals were constructed, providing housing and care for the mentally ill.<sup>52</sup> The early twentieth century saw a wave of new construction of county homes. Between 1919 and 1922, 25 counties built new homes (Alamance, Burke, Caldwell, Chatham, Cherokee, Clay, Durham, Guilford, Halifax, Jackson, Johnston, Nash, Northampton, Onslow, Person, Polk, Randolph, Robeson, Rowan, Rutherford, Stanly, Vance, Watauga, Wayne and Wilson).<sup>53</sup>

Federal programs established under the New Deal began to alter the landscape of support. The state infrastructure created to administer social programs continued after the initial federal impetus and funding ended. The North Carolina State Board of Charities and Public Welfare continued efforts begun by the Emergency Relief Administration. Provisions of the Social Security Act passed in 1935 not only gave the board opportunities to develop new assistance programs, but also gradually reduced the demand for housing for the elderly poor as pension benefits phased in and private nursing homes licensed by the state were built.<sup>54</sup> Federally funded public housing also helped fill the gap.

<sup>46</sup> Dorothea Dix as quoted in Roy M. Brown, *Public Poor Relief in North Carolina* (University of North Carolina Press, 1928).

<sup>47</sup> In 1917 renamed The Board of Charities and Public Welfare.

<sup>48</sup> Board of Public Charities, *First Annual Report of the Board of Public Charities of North Carolina*, Raleigh 1870, 4.

<sup>49</sup> K. Todd Johnson, et al, “Poverty,” *Encyclopedia of North Carolina*, <https://www.ncpedia.org/poverty>.

<sup>50</sup> North Carolina State Board of Charities and Public Welfare, *Poor Relief in North Carolina*, Special Bulletin No. 4 Raleigh, 1925, 7.

<sup>51</sup> North Carolina State Board of Charities and Public Welfare, *Poor Relief in North Carolina*, 7.

<sup>52</sup> North Carolina State Board of Charities and Public Welfare, *Poor Relief in North Carolina*, 7.

<sup>53</sup> North Carolina State Board of Charities and Public Welfare, *Poor Relief in North Carolina*, 12.

<sup>54</sup> A. Laurance Aydlett, “The North Carolina State Board of Public Welfare,” *The North Carolina Historical Review* 24, no. 1 (January 1947): 26.

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In 1955, the Edgecombe County Board of Commissioners began studying the possibility of privatizing the Edgecombe County Home. Reporting in the *Rocky Mount Telegram* characterized the county home as part of an “antiquated system.” To study privatization, they followed the lead of other counties that had privatized their county homes.<sup>55</sup> Edgecombe County followed trends seen across the state, as County Homes were replaced by a more robust social safety net that included the introduction of social security and the growing privatization of residential facilities for indigent and/or invalid elderly persons. As a result, County Home facilities were either demolished or adapted for new uses. By 2000, only Beaufort County had a residential facility for the indigent which was operated by local government.<sup>56</sup>

### Health/Medicine—Public Health Interventions

The initial purpose-built, health-related building on the campus of the County Home was a tuberculosis sanitarium. Tuberculosis, a bacterial infection, was the leading cause of death in the United States in the late nineteenth century. The slow-growing infection generally affects the lungs, resulting in a protracted, steady deterioration or “wasting” of a patient. It was not until the late nineteenth century that the disease-causing bacteria was identified. Even after a better understanding of the cause, there was no clear and effective protocol for treatment or prevention. Public health campaigns to limit spread focused on hygiene. Treatment in response to the impact on a patient’s lungs often included a geographical aspect, with clinics built in locations thought to have better climate or air quality. Long periods of convalescence sometimes cured patients or at least allowed their bodies a chance to combat the infection and hold it in a latent phase. Private sanitoriums mushroomed in locations such as Asheville and the Sandhills regions of North Carolina. However, these facilities were generally available only to the wealthy, while others increasingly looked to the government for clinical and residential care.

The State of North Carolina built and operated a series of sanitoriums beginning in 1908 in Hoke County (later called McCain), a facility with 32 beds that expanded over time to treat African Americans, incarcerated patients, and children. Additional state facilities were built in Black Mountain in 1937, Wilson in 1942, and Chapel Hill in 1953. Despite the state's efforts, demand far outpaced investments in state facilities, and the institutions maintained long waiting lists for admission. This gap in service was filled to some extent by local government efforts such as those in Edgecombe County.

As early as 1920, Joseph Spruill, the director of the state’s tuberculosis clinic, admonished the citizens of Edgecombe County. He noted that state legislation had passed in 1917 authorizing localities to issue bonds to build sanatoria to bridge the gap between expensive private retreats and overburdened state tuberculosis hospitals.<sup>57</sup> The county made a modest investment in infrastructure at the old County Home and expanded treatment capacity with a facility at the new County Home.

<sup>55</sup> “Plans Toward Conversion of County Home Underway,” *Rocky Mount Telegram*, March 9, 1955.

<sup>56</sup> K. Todd Johnson et al, “Poverty.”

<sup>57</sup> Joseph L. Spruill, Letter to the Editor, *The Daily Southerner*, August 23, 1920.

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As late as 1947, more than one thousand people died in North Carolina of tuberculosis. Beginning in the 1940s, the use of streptomycin and other drugs was found to be an effective treatment, and cases declined. With the rise in effective treatment came decreased demand for sanitariums. By 1962 all specialized county facilities were closed, and remaining patients were moved to centralized state hospitals and treatment centers.<sup>58</sup>

Edgecombe County followed state and national trends with the retreat from tuberculosis treatment and a shift to providing more systemic and holistic health care services. The new public health building on the campus completed in 1953 continued the practice of treatment on the site. Services to be provided by the health department included “the assurance of clean water, milk, and food, proper waste disposal, healthful working and housing conditions, control of communicable diseases and maternity care and home planning.”<sup>59</sup> At the time of the building’s dedication there were 21 local health department centers in North Carolina, with 26 being built or planned.<sup>60</sup> Dr Roy Norton, State Health Officer, praised Edgecombe County’s efforts at the building’s dedication, saying, “This is a long-range preventative program, a program that should be worked out in every county in North Carolina for the sake of healthier living.”<sup>61</sup>

The County further expanded its healthcare services by creating a mental health facility on the County Home site. Though delayed by funding issues, the center was contemplated in the 1960s to augment facilities in nearby Rocky Mount that were not adequate to meet growing demand.<sup>62</sup> Local and state funding was augmented by federal funding, notably authorized by the 1946 Hill Burton Act, also known as the Hospital Survey and Construction Act, which spurred the growth of local community hospitals and health centers across the country.<sup>63</sup> At the building’s dedication in 1974, Billy Royal, the area director of the Edgecombe Nash Mental Health Center, described how the expansion of infrastructure supported services: “This new building is a fine addition to our physical facilities for us to use as we endeavor to bring the best possible mental health services to the people of Edgecombe and Nash counties. Through the proper use of this facility, we will be better able to deliver comprehensive programs and services to the people of this area.”<sup>64</sup>

A later article provided an expanded description of the types of programs to be offered at the new building, which included programs geared toward families and children. The facility would support testing (psychological, speech, hearing, development, etc.); the development of treatment plans; alcohol abuse treatment; emergency intervention services; continuing support for mentally

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<sup>58</sup> David L. Cockrell, Andrew Hosfeld, David A. Norris, and Thomas C. Parramore, “Infectious Diseases,” NCpedia, November 2022, <https://www.ncpedia.org/infectious-diseases-part-ii>.

<sup>59</sup> “New Edgecombe County Health Center Dedicated,” *Rocky Mount Telegram*, June 3, 1953.

<sup>60</sup> “New Edgecombe County Health Center Dedicated.”

<sup>61</sup> “New Edgecombe County Health Center Dedicated.”

<sup>62</sup> “Edgecombe Mental Health Funds Approved,” *Rocky Mount Telegram*, December 23, 1969.

<sup>63</sup> “Edgecombe Mental Health Center Groundbreaking Scheduled Monday,” *The Rocky Mount Herald*, April 3, 1971.

<sup>64</sup> “Clark Building to be Dedicated,” *Rocky Mount Telegram*, May 16, 1974.

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disabled adults; and outpatient support for those not requiring inpatient services.<sup>65</sup> The colocation of supportive services was a strong argument for the expansion of the public health building, completed in 1981.<sup>66</sup>

### Architecture

The Edgecombe County Home Historic District is significant architecturally in that it embodies distinctive characteristics of several types and methods of construction. Eric Flannagan's designs for the County Home, Tuberculosis Sanitarium, and adjacent boiler building epitomize the Colonial Revival style employing a design vocabulary that harkens to the origins of the nation and back to Greek democracy as a suitable representation of governmental values for a significant governmental complex. The use of Modern architecture in the public health building, particularly its initial portion, was a radical and conscious departure from the earlier stylistic choices on the campus. As such it appears to communicate modernity, progress, science, and technology reflecting new strategies for treatment beyond a "rest cure" associated with sanitarium. The earlier buildings on campus had a significant residential component and also reflected the contemporaneous attitudes towards treatment particularly in the open wards, large windows, and floor plan that encouraged light and air circulation in the Tuberculosis Sanitarium. The newer buildings on campus were smaller, reflecting outpatient treatment versus residential commitment. In the case of the Mental Health Clinic, safe outdoor play spaces were included to expand treatment for children. Finally, the earlier buildings reflect in their floor plans the architecture of segregation- a physical manifestation of racial separation in the Jim Crow era.

The Edgecombe County Home and neighboring Tuberculosis Sanitarium were designed by architect Eric Goodyear Flannagan (1892-1970). A native of Albemarle County, Virginia, he worked in design and construction at the West Virginia Pulp and Paper Company from 1914 to 1922, when he moved to Henderson, North Carolina.<sup>67</sup> His practice was largely in North Carolina and despite some notable outliers, such as a theater and a church, most of his work was in either the academic or health care sectors. His oeuvre is notable for his skill in employing a range of architectural styles. His First Methodist Church in Hendersonville (1922) is a classic example of the Gothic Revival style.<sup>68</sup> For the Randolph County Hospital in Asheboro (1932) and the Coca Cola Bottling Building in Sanford (1931), he employed the Art Deco style.<sup>69</sup> The Acme-McCrary Recreation Center in Asheboro (1949) is Art Moderne, and the Alamance County Hospital is an International Style building (1951).<sup>70</sup>

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<sup>65</sup> Frank Parrish, "People to Improve says Mental Health Director," *The Rocky Mount Telegram* May 22, 1974.

<sup>66</sup> Robin Mowbray, "Health Care Expanded", *Rocky Mount Telegram*, June 19, 1979.

<sup>67</sup> "New Construction Engineer at Henderson, N.C.," *Oxford Public Ledger*, October 27, 1922.

<sup>68</sup> "Church Occupies its New Building," *The News and Observer*, November 17, 1929.

<sup>69</sup> "Large Crowd Dedicates Beautiful Randolph Hospital," *The Charlotte Observer*, July 10, 1932; "Ingram Erects New Building," *The Sanford Express*, October 15, 1931.

<sup>70</sup> Jack Abernathy, "Building will be Pleasure to Workers," *News and Record*, December 25, 1949; "Funds approved for Building Alamance County Hospital," *The Daily Times-News*, October 23, 1948.

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For the Edgecombe County Home and Sanitarium (1937), he designed in the Colonial Revival style. The County Home design is similar to that of the Northampton County Home in Jackson (1924).<sup>71</sup> The Vance County Home in Henderson (ca. 1923), which was demolished between 2017 and 2017, was designed in the Craftsman style, although photos show that it has a similar footprint and presumably similar plan as the later Northampton and Edgecombe homes.<sup>72</sup> All three were designed with a central spine that extends to the rear of the building with two intersecting, perpendicular wings.

The Edgecombe County Home exhibits many key characteristics of the Colonial Revival style. The building is largely symmetrical. Its five-part façade draws on the precedent of Andrea Palladio with a prominent central portion, flanking hyphens, and terminal dependencies. Though originally employed for domestic architecture, the form has been readily adapted for institutional and other uses, with North Carolina examples such as at Tryon Palace.

The building's monumental portico with squared columns and pilasters is also a hallmark of the style. The portico reinforces the importance of the principal entrance, as does its treatment with sidelights and overarching fan light. Other classically inspired but appropriately restrained decorative ornament typical of the Colonial Revival employed on the building include multi-pane, double-hung sash windows, quoins and modillioned cornice.

The Tuberculosis Sanitarium shares many of the defining characteristics of the Colonial Revival with the County Home. It is largely symmetrical with an entrance portico, and employs classical motifs, such as brick quoins and cornice. Windows are double-hung sash, though replacements. The Sanitarium is executed on a more modest scale and lacks the grandeur of the County Home's monumental portico and highlighted entrance with fanlight. Though documentary evidence is lacking, it may have been built at a reduced scale for budgetary reasons or as not to "compete" with the original commission. Even more modest, but still sharing a stylistic vocabulary, is the contemporaneous boiler building with its brick quoins.

The Colonial Revival style in America, some argue, continues to the present day; however, it was most popular between 1890 and 1950. Kenneth Ames writes in his introduction to the collection of essays *The Colonial Revival in America*, "Visions or versions of the colonial past can be found on a remarkable range of structures, including supermarkets, gas stations, shopping centers, post offices, governmental structures of many kinds, ice-cream parlors, churches, and a surprising number of other forms wherever building has taken place in the last century."<sup>73</sup> So the use of this style for a County Home and Tuberculosis Sanitarium is not unusual, particularly for imposing buildings representing local government programs. The use of the style is a statement of national and governmental identity and harkens back stylistically not only to the origins of

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<sup>71</sup> Angie Clifton, "Eric G. Flannagan (1892-1970) / North Carolina Architects and Builders," <https://ncarchitects.lib.ncsu.edu/people/P000578>.

<sup>72</sup> North Carolina State Board of Charities and Public Welfare, *Poor Relief in North Carolina*, Special Bulletin No. 4 (1925): frontispiece, 36.

<sup>73</sup> Kenneth Ames, "Introduction" in *The Colonial Revival in America*, ed. Alan Axelrod (W. W. Norton and Company, 1985), 2.

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the country but also to the symbols of classical Rome and Greece, imbuing the building with patriotic and classical messaging.

Stylistically the mid-century health department building, though adversely impacted by a later addition, retains some characteristics of the Modernist Style. Notably it has a flat roof, windows that are flush with the wall plane and that are in some cases grouped together in a quasi-ribbon window format, a lack of external ornament, asymmetrical elevations and smooth wall textures on the exterior. While the architecture of the County Home and Sanitarium stylistically speaks to the government's role through references to history and tradition, the mid-century modern style of the health department is a departure that looks not to the past but to the future with current, state-of-the-art designs that lack the precedents of the Colonial Revival. In some ways the stylistic departure is not unlike the concurrent changes and advances in health care and treatment of ailments such as tuberculosis. The use of a Modern style may have been employed to communicate new, modern advances in healthcare and a view to the future, instead of the past

The departure from classical norms continues with the mental health building and the addition to the public health building, which are contemporary buildings, one-story with sparse detailing. The Mental Health Clinic also borders on brutalism, with its minimal windows inserted into large expanses of flat masonry forms.

In all of the buildings, the program affects the design, most notably in the Sanitarium and the mental health building. Before the cause and cure of tuberculosis were fully understood, the design of residential treatment facilities emphasized ventilation. Large operable windows that allowed for cross-ventilation, open wards, and porches were all typical features of sanatoria, and Flanagan's design incorporates all three of these elements.

The mental health building was designed with the capacity to treat children in a playful atmosphere. Its two enclosed gardens created environments for new therapeutic approaches that emphasized incorporated play-like activities for children, within enclosed and protected space. The construction of a relatively small-scale mental health clinic geared toward outpatient treatment was also a departure from traditional, large inpatient facilities. New theories posited that treating patients in familiar surroundings near their homes, not warehoused in a central location, was therapeutic.<sup>74</sup>

Both the County Home and the Tuberculous Sanitarium, as products of their time and place and history, also reflect what scholar Robert Weyeneth refers to as an example of the architecture of segregation, more specifically of the subvariant of fixed partitioning. Black spaces and white spaces were separated and clearly designed to be so, either by locating these populations in entirely separate wings or in wings with partitions for separation. The separation extended even to dining facilities, treatment rooms, and porches. Segregated spaces continued into the 1950s. At a March 7, 1955 meeting, it was reported that there had been some interest in the community of operating a rest home for white people but no interest yet in operating a similar facility for

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<sup>74</sup> Frank Parrish, "New Mental Health Center Dedication Held in Tarboro." *The Rocky Mount Telegram*, May 21, 1974.

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African Americans. County Auditor M.L. Laughlin noted, “the law . . . requires that two separate buildings be used for white and Negroes. Therefore, the building formerly occupied by the TB sanatorium, on the same grounds, will be used for the Negro rest home.”<sup>75</sup>

Through style, plan, scale, program, and segregation, the complex of buildings together demonstrates an architectural evolution of attitudes about treatment, symbology, and inclusion.

DRAFT

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<sup>75</sup> “Plans Toward Conversion of County Home Underway” *Rocky Mount Telegram*, March 9, 1955.

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**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 # \_\_\_\_\_
- recorded by Historic American Landscape Survey # \_\_\_\_\_

**Primary location of additional data:**

- State Historic Preservation Office
  - Other State agency
  - Federal agency
  - Local government
  - University
  - Other
- Name of repository: \_\_\_\_\_

**Historic Resources Survey Number (if assigned):** \_\_\_\_\_

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## 10. Geographical Data

Acreeage of Property 29.37

### Latitude/Longitude Coordinates

Datum if other than WGS84: N/A

1. Latitude: 35.929789° Longitude: -77.557872°
2. Latitude: 35.929064° Longitude: -77.556408°
3. Latitude: 35.926228° Longitude: -77.556267°
4. Latitude: 35.924128° Longitude: -77.558267°
5. Latitude: 35.925314° Longitude: -77.560950°

### Verbal Boundary Description

The historic district boundary encompasses all of Edgecombe County Parcel # 4729-65-7279-00 as seen on the accompanying map entitled Edgecombe County Home Boundary map

### Boundary Justification

The boundary includes all of the property traditionally associated with the site, excluding the small parcel that was subdivided and sold for an animal shelter.

## 11. Form Prepared By

name/title: Mary Ruffin Hanbury  
organization: Hanbury Preservation Consulting  
street & number: PO Box 6049  
city or town: Raleigh state: NC zip code: 27628  
e-mail maryruffin@hanburypreservation.com  
telephone: 919 828 1905  
date: 10/20/2025

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*Figure 1 Construction photo, collections of the Edgecombe County Memorial Library, Tarboro*

Edgecombe County Home  
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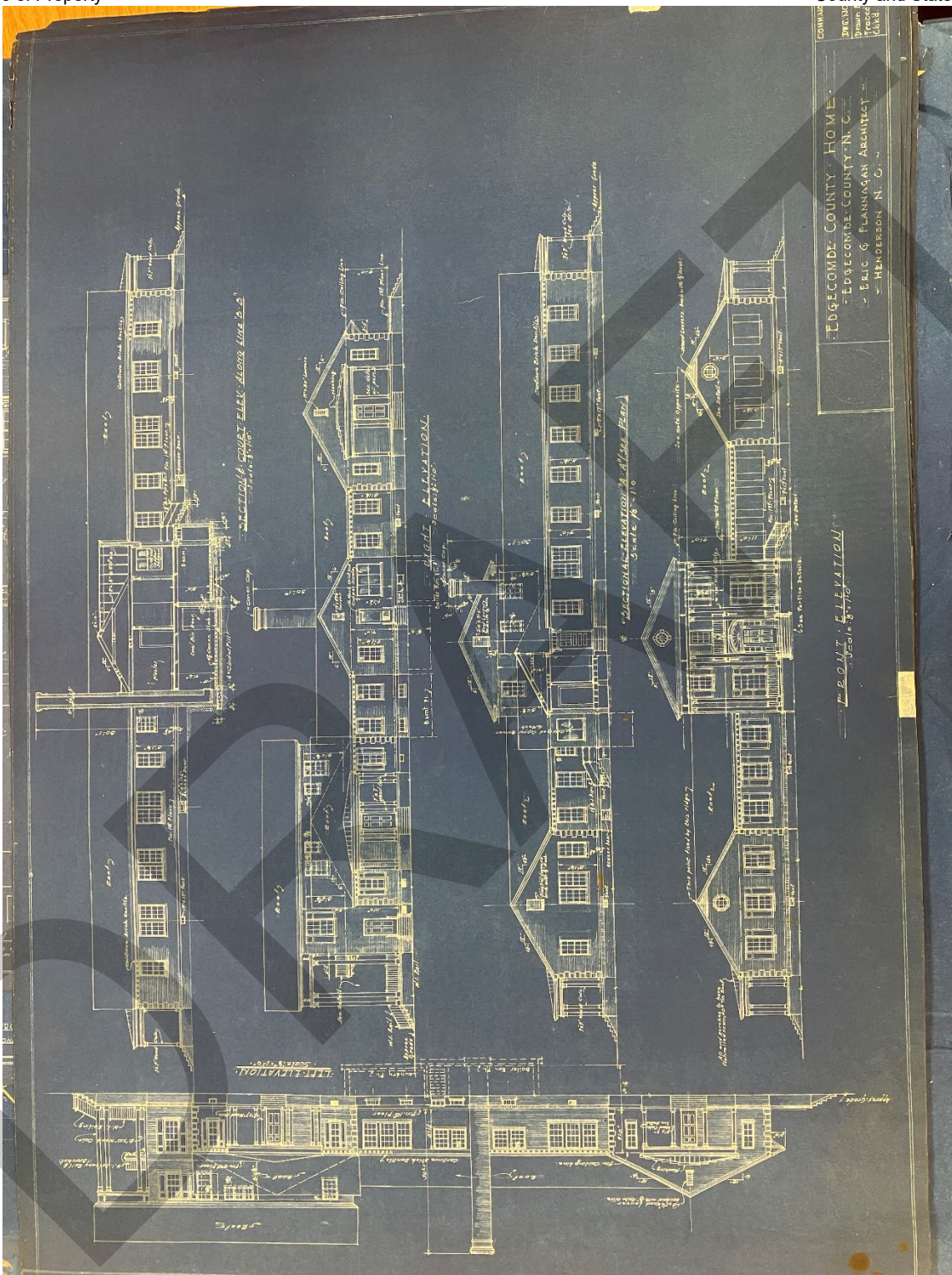


Figure 2 County Home elevations, collections of the Edgecombe County Memorial Library, Tarboro

Edgecombe County Home  
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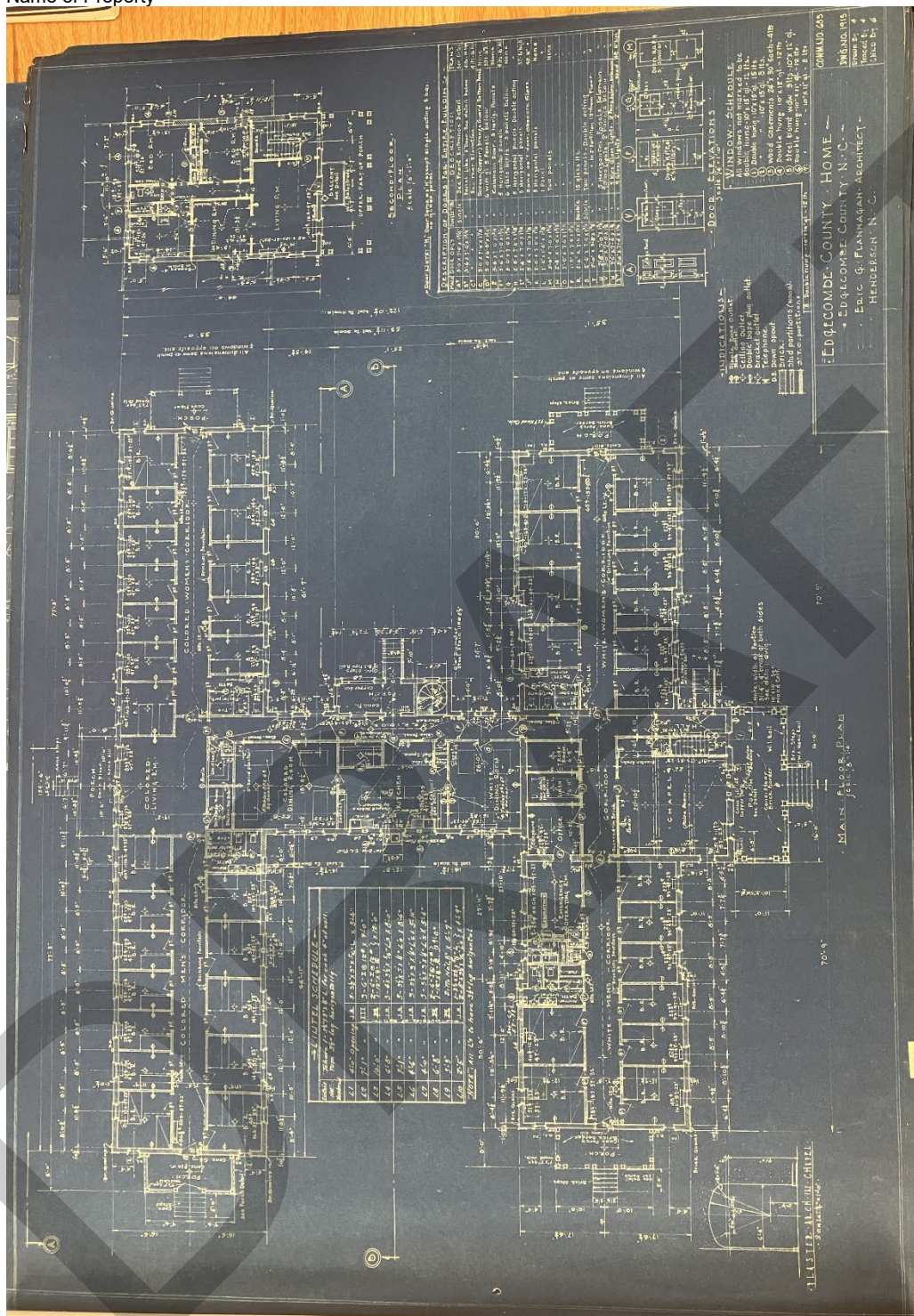


Figure 3 County Home plans, collections of the Edgecombe County Memorial Library, Tarboro



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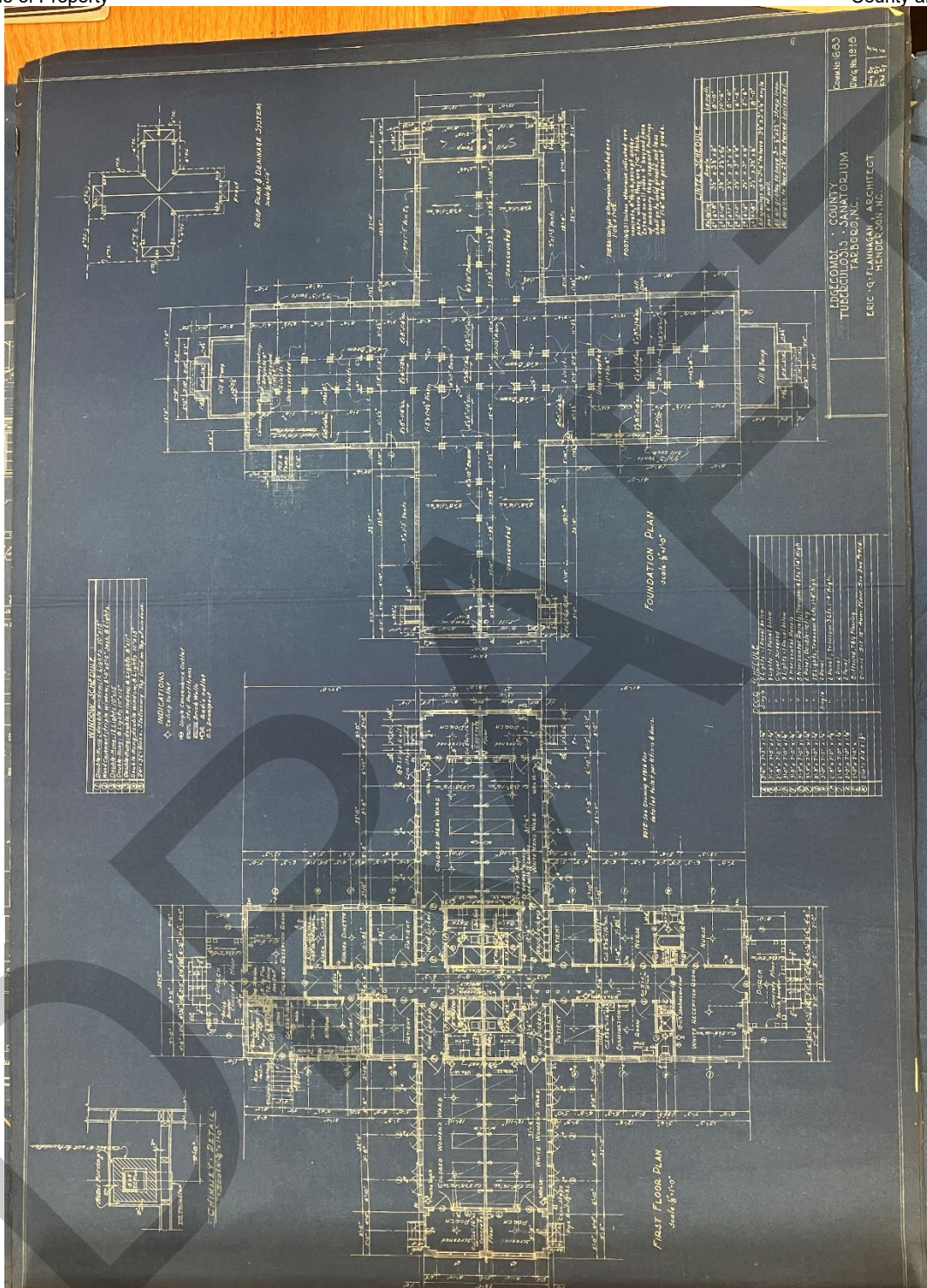


Figure 5 Tuberculosis Sanitarium plans, collections of the Edgecombe County Memorial Library, Tarboro

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**Photo Log**

Edgecombe County Home  
Tarboro  
Edgecombe North Carolina  
Mary Ruffin Hanbury

March 2025  
Edgecombe County Home Building,  
Exterior, View to Northeast  
1 of 17

March 2025  
Edgecombe County Home Building,  
Exterior, View to North  
2 of 17

March 2025  
Edgecombe County Home Building,  
Exterior, View to East  
3 of 17

September 2025  
Edgecombe County Home Building,  
Exterior, View to Northeast  
4 of 17

September 2025  
Edgecombe County Home Building,  
Exterior, View to Northwest  
5 of 17

March 2025  
Edgecombe County Home Building,  
Interior, Stair to basement, View to East  
6 of 17

March 2025  
Edgecombe County Home Building,  
Interior, Northwest Wing, View to East  
7 of 17

March 2025  
Tuberculosis Sanitarium, Exterior, View  
to Northeast  
8 of 17

March 2025  
Tuberculosis Sanitarium, Exterior, View  
to Northeast  
9 of 17

March 2025  
Tuberculosis Sanitarium, Interior, View  
to Southeast  
10 of 17

September 2025  
Boiler Building, Exterior, View to  
Northwest  
11 of 17

March 2025  
Tuberculosis Sanitarium and Health  
Clinic, Exterior, View to Northeast  
12 of 17

March 2025  
Health Clinic, Exterior, View to West  
13 of 17

September 2025  
Health Clinic, Exterior, View to  
Northeast  
14 of 17

September 2025  
Mental Health Clinic, Exterior, View to  
Northwest  
15 of 17

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September 2025  
Mental Health Clinic, Exterior, View to  
North  
16 of 17

September 2025  
Mental Health Clinic, Interior, View to  
East  
17 of 17

**Paperwork Reduction Act Statement:** This information is being collected for nominations 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.460 et seq.). We may not conduct or sponsor and you are not required to respond to a collection of information unless it displays a currently valid OMB control number.

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- Tier 2 – 120 hours
- Tier 3 – 230 hours
- Tier 4 – 280 hours

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