NPS Form 10-900 OMB No. 1024-0018

908

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.

RECEIVED 2280
OCT 30 2015
Nat. Register of Historic Places
National Park Service

1. Name of Property

Historic name: Smyth County Community Hospital
Other names/site number: VDHR# 119-5017
Name of related multiple property listing: N/A
(Enter "N/A" if property is not part of a multiple property listing

2. Location

Street & number: 565 Radio Hill Road

City or town: Marion State: Virginia County: Smyth County

Not For Publication: N/A Vicinity: N/A

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

Julie V. Langan 10/20/15

Signature of certifying official/Title: **Date**

Virginia Department of Historic Resources

State or Federal agency/bureau or Tribal Government

In my opinion, the property ___ meets ___ does not meet the National Register criteria.

Signature of commenting official: **Date**

Title : **State or Federal agency/bureau or Tribal Government**

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:) _____

Patrick Andrus 12/15/2015

Signature of the Keeper Date of Action

5. Classification

Ownership of Property

Private:	X
Public – Local	
Public – State	
Public – Federal	

Category of Property

Building(s)	X
District	
Site	
Structure	
Object	

Number of Resources within Property

Contributing	Noncontributing	
2	0	buildings
0	0	sites
0	2	structures
0	0	objects
2	2	Total

Number of contributing resources previously listed in the National Register 0

6. Function or Use

Historic Functions

HEALTH CARE: hospital

Current Functions

VACANT/NOT IN USE

7. Description

Architectural Classification

MODERN MOVEMENT: International Style

Materials

FOUNDATION: CONCRETE
WALLS: BRICK, CONCRETE, METAL (aluminum)
ROOF: SYNTHETICS (rubber)

Narrative Description

(Describe the historic and current physical appearance and condition of the property. Describe contributing and noncontributing resources if applicable. Begin with **a summary paragraph** that briefly describes the general characteristics of the property, such as its location, type, style, method of construction, setting, size, and significant features. Indicate whether the property has historic integrity.)

Summary Paragraph

The Smyth County Community Hospital, constructed between 1965 and 1967, is located at the intersection of Radio Hill Road and Parkway Boulevard in the Town of Marion, Virginia, the seat of Smyth County. Designed in the International style by the local firm of Echols-Sparger & Associates, the five-story hospital is rectangular in mass with four upper floors of patient rooms along a circular "racetrack" corridor plan over a ground level of support and service areas. The four-story, steel-frame tower stands on a recessed base of red brick with exposed pilotis. Brick veneer clads the end walls of the upper four floors while light-blue, glazed brick panels and double-hung aluminum windows span the pre-cast concrete piers on the front and rear elevations. Solariums clad in aluminum and glass cantilever from the upper four floors of the east side. A two-story, brick surgical wing and five-story, brick stair tower project from the rear elevation. Compatible one- and two-story brick and pre-cast concrete additions built in 1977 and 1979 wrap the south and west sides of the hospital's lower levels, serving as a base for the original hospital tower. Two free-standing canopies were built in 2007 to shelter the entrances to these additions, and are classified as non-contributing structures. Situated on 9.48 acres, the hospital is surrounded by paved and landscaped parking lots. A one-story, brick physical plant, dating to the original 1965-1967 hospital construction, is located at the northwest corner of the property and is counted as a contributing building.

Narrative Description

Setting

Tucked away in the Blue Ridge Mountains of southwestern Virginia, the Smyth County Community Hospital faces the intersection of Radio Hill Road and Park Blvd, both meandering two-lane streets northwest of the heart of Marion, the seat of Smyth County. Surrounding the medical center is a network of small roads connecting low-density neighborhoods and medical office buildings. Entries to the hospital complex are linked to the surrounding neighborhood with access driveways and landscaped parking areas.

Views of the hospital are dominated by the original five-story tower. Views from within the building are characterized by the surrounding wooded foothills and mountains.

Detailed Description

The original hospital tower, designed in 1965 in the International style by Echols-Sparger & Associates, features four upper stories over a recessed, red-brick base with exposed pilotis. The upper stories of the tower are defined by red brick end walls flanking the primary walls of pre-cast concrete piers spanned by light-blue glazed brick panels and horizontal, two-over-two aluminum windows. As seen in historic photos, a simple, metal canopy originally projected from the center of the south elevation at the main entrance on the raised first-story level. The east end of the building has a projecting mass wrapped in light-blue aluminum panels and bands of windows opening into four stories of solariums cantilevered over a secondary staff and service entry. The hospital's north (rear) elevation is a fully expressed International Style block that repeats the design motifs established on the south façade with pre-cast concrete vertical ribs, glazed brick panels and aluminum window sash. A five-story, brick stair tower and two-story brick surgical wing with secondary staff entrance project from this rear elevation.

A one-story west wing was designed by Echols-Sparger in 1977 to house an expanded emergency room. This west wing extends from the original emergency room area in the ground floor of the 1965-1967 hospital tower. The addition has red brick walls with broad horizontal pre-cast-concrete panels at its roofline. The original, two-story surgical wing was also extended in 1977 with a lower red brick addition designed by the same architect.

In 1979 a two-story addition was constructed on the hospital tower's south side for ground floor offices and a new second-story intensive care unit. The two-story wing complements the original International-style hospital tower with its red brick base and pre-cast-concrete second-floor wall panels. This addition, designed by architects Frederick G. Scott and Henry J. Varwig, includes a five-story red brick-clad elevator tower that matches the original five-story stair tower on the north side. With the construction of this addition, the main entry and related public functions were moved from the original first floor, which is one floor above grade, to this new space at ground level. In 2007, free-standing hip-roofed canopies, designed by Odell Associates, were added at the entrances to the 1977 and 1979 south and west additions; both of these are non-contributing structures.

The interior of the original hospital tower is remarkably intact. The floor plan is defined by a central elevator and stair lobby with a circular "racetrack" corridor on each of the four primary patient floors. The window walls on the first to the fourth floors (now second through fifth floor) are mostly dedicated to patient rooms. Each of these floors retains two nursing stations and original baths, toilets, storage rooms and pantries. The east end of the four patient floors has a generous solarium where patients could visit with friends and family. The former first floor (now second floor) originally contained a small entrance lobby with a registration desk and public restrooms and a snack shop defined by low, exposed brick walls. Administration offices occupied the west end of the floor and the surgical wing was located to the north of the elevators. The former second floor (now third floor) retains the original nursery and labor and delivery suite with pink and blue ceramic tile on the walls. The ground floor contains the service and support areas along a double-loaded corridor lined with a tiled wainscot. Non-public functions located on this level included the emergency room (at the west end and now expanded into the addition), laboratories, the pharmacy (with dumb waiter), the kitchen, staff lounge and cafeteria, and the morgue. An original doctors' call box, which was an innovative feature at the time of construction, is also located on this level. Additional original staircases are located at each end of the building. Most original terrazzo floors, tiled wainscot, plaster walls and plaster ceilings remain intact. While alterations have been made to the modest

lobby and the administration offices on what is now the second floor, these modifications are primarily additive in the form of new partition walls that can be removed. The low, brick wall and public restrooms as well as the north corridor remain intact.

At the northwest corner of the site is a single-story, red-brick physical plant, completed in 1967, simultaneously with the original hospital building. The plant building has a flat membrane roof peppered with pipes, vents, and mechanical equipment. The doors and windows penetrating the walls include paired glass and steel entry doors, multi-light aluminum windows that match the hospital windows, and louvered vents. This resource is a contributing building.

Statement of Integrity

The Smyth County Community Hospital retains sufficient integrity to convey its significance as a progressive, mid-1960s hospital designed in the International style to provide acute care without racial discrimination to the residents of Smyth County and the surrounding region. Its location and setting on a hill in a low-density suburban neighborhood just northwest of the center of Marion, the county seat, and north of US Route 11 and Interstate 81 maintain the high visibility and easy accessibility that were critical in its original siting. The surrounding parking lots, physical plant and subsequent development of medical offices nearby continue to characterize the property as a major center for medical care.

The building retains the workmanship, design, and materials of the International style and the progressive hospital design that reflect the aesthetics of the time as well as new approaches to patient care for improved efficiency, hygiene, technology and the patient experience without discrimination. Elements of its International-style design – including the recessed ground floor with exposed pilotis; vertical emphasis with brick end walls and vertical ribs of cast concrete piers; the cantilevered solarium rooms wrapped in aluminum-and-glass, and the use of new materials such as blue-glazed brick and aluminum windows with horizontal lights – continue to characterize the building's exterior appearance. On the interior, the majority of the significant floor plan, features and materials remain intact, including the "racetrack" corridor plan, vertical circulation cores, solariums, terrazzo floors and tiled wainscot. With these design elements, features and materials intact, the Smyth County Community Hospital also retains its integrity of feeling and association as it conveys the aesthetics and ideals of the mid-1960s when it was originally constructed to provide the latest innovations in hospital design and non-discriminatory patient care.

Although there are several less-than-50-years-old additions to the original hospital, these additions are compatible in design and low in profile as they are located on the ground level and limited areas of the first story, leaving the five-story, International-style tower of the original hospital prominently visible and its interior plan relatively unaltered. These additions allowed the hospital to continue to function as a regional medical center for acute care from its original construction in 1965-1967 until the hospital closed in 2006. The 2007 freestanding entrance canopies were added as part of a plan to adapt the hospital for a new medical purpose, but this plan floundered with the national economic recession that began the same year.

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.)

[X] 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.

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

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

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

[ ] A. Owned by a religious institution or used for religious purposes

[ ] B. Removed from its original location

[ ] C. A birthplace or 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

Areas of Significance
(Enter categories from instructions.)

SOCIAL HISTORY
HEALTH/MEDICINE
ARCHITECTURE

Period of Significance

1965-1967

Significant Dates

1965

Significant Person
(Complete only if Criterion B is marked above.)

N/A

Cultural Affiliation

N/A

Architect/Builder

Echols-Sparger & Associates (1965-67 Hospital, 1977 Emergency Room & Operating Room)
J. El. Davis and Sons (original builder)
Frederick G. Scott & Henry J. Varwig, Architects (1978 ICU)
Odell (2007 Canopies)

Statement of Significance Summary Paragraph (Provide a summary paragraph that includes level of significance, applicable criteria, justification for the period of significance, and any applicable criteria considerations.)

Smyth County Community Hospital, built between 1965 and 1967 in Marion, Virginia, is locally significant as the first hospital built by the community to provide acute care to the region without racial discrimination. Designed in the International style by the local firm of Echols-Sparger & Associates, the hospital reflected the latest innovations in hospital design and technology for improved efficiency, cleanliness, and patient experience with its simple form, use of modern materials, "racetrack" corridor plan and advanced communication systems. This property is significant at the local level under Criterion A for Social History because it was planned, funded, constructed and operated as the first racially integrated, acute-care hospital in Southwest Virginia and as an embodiment of the region's progressive attitudes. It is also locally significant under Criterion A in the area of Health/Medicine as its "racetrack" corridor plan reflected a radical change in the early 1960s in the approach to hospital design and patient care that continues today. Under Criterion C, the building is locally significant in the area of Architecture because it was designed by the area's most prominent architectural and engineering firm, Echols-Sparger & Associates, as one of the first International-style buildings constructed in Marion and Smyth County and it represented a new approach to hospital design and technology. The period of significance begins in 1965, when the public and private funding for the hospital's construction was in place, the design for the innovative International-style building was completed, and construction began, with the shell of the building completed by the end of the year. The period of significance ends in 1967 when construction was completed, and the hospital was dedicated and began operating as Southwest Virginia's first racially integrated and modern, acute-care hospital.

Narrative Statement of Significance (Provide at least **one** paragraph for each area of significance)

The Construction of the Smyth County Community Hospital – A Community Achievement

The significance of the hospital is well documented in the *Smyth County News*, whose September 28, 1967, edition was almost wholly devoted to articles and advertisements celebrating the hospital's dedication. The hospital's 1965 groundbreaking and its 1967 dedication were attended by Lieutenant Governor, and later Governor, Mills Godwin.[1]

From the outset, planning and construction of the hospital was a community effort, spearheaded by the Marion Chamber of Commerce, which began exploring the feasibility of building a new community hospital in Marion in 1960. The Smyth County Medical Society expressed its support for a new community hospital in a signed statement in 1960. The Chamber hired a New York-based fundraiser to strategize the project's financing. The Smyth County Community Hospital Steering Committee was established in November 1961 to set up a non-profit hospital corporation to raise the money needed to design and build the hospital.[2]

The Smyth County Community Hospital Board was ably headed for almost three decades by a community leader and local dentist, Henderson P. Graham, who more than any other individual promoted the creation of the hospital and its 1977 and 1979 expansions. As noted in his 2013 obituary, "He was a visionary, whose persistence and ability to simply 'get things done' brought about significant developments in Smyth County."[3] In 1961, Graham was appointed the first president of the Smyth County Community Hospital Board, and oversaw the merger of the former Lee Memorial and Marion

General hospitals. Graham then led the efforts to establish a new, modern community hospital with the application for federal Hill-Burton funds for a new hospital in 1963 and the construction of the new hospital from 1965 to 1967. After the opening of Smyth County Community Hospital in 1967, Graham continued to serve as chairman of the board for 29 years. Even in his 80s, Henderson still envisioned possibilities for the "old" hospital to bring economic vitality as well as vital health care to the underserved area.

In 1962-1963, as an interim measure prior to construction of the new building, the Smyth County Community Hospital Corporation, led by Dr. Graham, acquired Marion's two small private for-profit medical facilities, the Lee Memorial and Marion General hospitals. This was the first step in consolidating regional healthcare under the umbrella of a non-profit community hospital. Fund-raising for the hospital's planning and construction was a community affair. Over a third of the costs were donated by private companies and individuals. A number of local companies encouraged employees to donate by payroll deduction.[4]

The January 1965 construction drawings, which initially included only the ground floor and first two patient floors, were assembled when the hospital was close to being fully funded.[5] By mid-March, when the April 1965 groundbreaking ceremony was announced, the project was fully funded and the bid alternative for the upper two patient floors was included in the construction contract.[6] Contributions from local businesses, physicians and individuals totaled roughly $1,000,000. Another $1,000,000 was awarded by the federal Hill-Burton Act. Appalachian Funds and a loan comprised the rest of the dollars needed for construction. The groundbreaking ceremony was held on April 4, 1965, with Lt. Governor Mills Godwin delivering the main address. Other invited guests included U.S. Senators Harry Byrd and Willis Robertson, Congressman Wait Jennings, state senators McGlouthlin (Grundy), Landreth (Galax) and Warren (Bristol), as well as members of the Hill-Burton committee for Virginia and the state Hospital Advisory Board. Regional participants included the mayors of Wytheville, Independence, Rural Retreat, Saltville, Chilhowie and Sugar Grove, the Marion Town Council, and the Smyth County Board of Supervisors.[7]

A March 1965 newspaper article in the *Smyth County News* announcing the ground-breaking ceremony reported that construction was already underway and that it was anticipated that the new hospital would be "under roof" by October 1965.[8] Construction progress photographs taken by Henderson Graham show construction substantially underway by December 1965 with the concrete structure and roof in place and brick veneer being installed.

When the hospital was dedicated on September 28, 1967, a crowd of 2,000 gathered to hear Governor Mills Godwin's congratulatory message: "Virginia is proud of Smyth County and its people."[9] The role of the hospital as a regional leader in health care was demonstrated with the announcement that the new hospital would partner with Wytheville Community College in establishing a new two-year nursing program. The dedication ceremony was attended by numerous state and regional officials and was also broadcast live on the radio throughout the region. Following the dedication, Henderson P. Graham hosted a luncheon for 300 at his home.

The immediate impact of the improved hospital facilities provided by the Smyth County Community Hospital can be seen in the infant mortality rates for Smyth County, which decreased nearly 50 percent, from nineteen in 1964, just before the opening of the new hospital, to eleven in 1970. This positive trend is also seen in the average rate of infant mortalities decreasing from 32.5 percent in the period 1956-1960 to 17.1 percent for the period 1974-1978.[10]

The Racial Integration of Hospitals in the South after the 1964 Civil Rights Act

More than a third of the funding for the Smyth County Community Hospital was awarded by the Hill-Burton Act, a federal program established in 1946 to fund the assessment, construction, and improvement of medical facilities nationwide. Although the Hill-Burton Act forbade facilities that received funding from discriminating on the basis of race, national origin or creed, Hill-Burton allowed funding recipients to provide separate-but-equal facilities until the Act was amended in 1964 following passage of the Civil Rights Act. In spite of this requirement, a survey conducted by Dr. Paul Cornily of Howard University reported that only 6 percent of hospitals in the South admitted African American patients without restrictions in 1959. A 1963 report published by the U.S. Commission on Civil Rights proved that racial discrimination continued to occur in federally-funded hospitals. The report found that 85 percent of those 64 southern hospitals that responded to their survey practiced some form of segregation and that 60 percent of these hospitals had received Hill-Burton funds. The 1964 amendment to the Hill-Burton Act required that funded hospitals serve patients and employ physicians without discrimination, within the same facility. Even then, hospitals were slow to fully integrate their facilities, with only 49 percent of hospitals nationwide (and 25 percent of hospitals in the South) meeting Title VI compliance standards by April 1966. It was not until the establishment of Medicare in July 1966, which required compliance with federal integration guidelines for funding, that hospitals began to fully integrate.[11]

The Hill-Burton Act provided funds through congressional appropriations to individual states. From 1960-1965, the Act funded an average of nine to twelve medical facility projects (including nursing homes) in each state, but in the period when Smyth County Community Hospital was funded, only 13.7 percent of Hill-Burton funds were awarded to new hospitals and only half of these were awarded to public hospitals.[12] It was a local triumph when the Smyth County Community Hospital was awarded more than $1,000,000 in Hill-Burton funds.

Integration in Marion and Smyth County

The Smyth County Community Hospital was the first racially integrated hospital in the county and in the region. Before the hospital was built, African American patients had to drive to "separate but equal medical facilities" in Abingdon. Local historian Evelyn Lawrence, who in 1965 was the first black public school teacher at the newly integrated Marion Primary School, and became the first black member of Smyth County Community Hospital's Board of Directors in 1979, noted in a 2012 interview that black patients were typically given basement rooms before the new hospital was built. In larger cities, hospitals like the Medical College of Virginia in Richmond maintained separate buildings for black and white patients. Until the Smyth County Community Hospital was established, the only hospitals in the immediate area were small private medical facilities that were residential in scale. The closest hospital of any size was in Abingdon. As part of the public capital campaign, members of the Smyth County Community Hospital Board of Trustees made presentations to civic groups and other community organizations, both black and white, promoting the construction of the new Smyth County Community Hospital as the first large, acute-care hospital that would serve the region without regard to race, place of origin, or creed.[13]

The racial integration of Smyth County public schools, which began in 1965, took place, like integration in the new Smyth County Community Hospital, with little fanfare or disturbance, in part because Smyth County's non-white population was less than 5 percent of the total population. As noted by Lawrence in the 2012 interview, Marion's neighborhoods were integrated before the Civil Rights Movement:

> Smyth County, uh Marion, I've always given it credit for being a very unique place. It's unique if you compare it with the North, the South, the East, or the West. We had integrated neighborhoods....We've always loved each other, cared about each other. Integrated neighborhoods resulted in two racial groups knowing more about each other, caring about each other, and helping each other....[14]

Lawrence, however, did not sugar-coat the difficulties that Marion's African American citizens had in searching for work. "Like I told you, if you were black you had to hitch your wagon to a star because after your (sic) graduated high school you couldn't cook in a White restaurant, wait tables, sell tickets at the theatre, there was nothing, no matter how smart you were."[15] She described the undeniable disadvantages suffered by the black population even in an area where integration took place without overt signs of strife.

Hospitals constructed after the 1964 Civil Rights Act required equal access and equal care without discrimination in order to receive Hill-Burton funds. The relatively small African American population in Smyth County (5%) likely allowed for a fully-integrated hospital to be built with community support and without controversy. From the beginning, patients were treated equally in the new hospital without separation while in many other hospitals in the South, patients continued to be separated by floors.

Post-World War II Hospital Design and Radical Change in the 1960s

The Hill-Burton Act of 1946 set minimum standards of care for the first time by creating preset floor plans and providing funding for the construction of healthcare facilities, including hospitals. The earliest plans featured double-loaded corridors with nursing stations at the end. However, as these hospitals expanded to meet the growing populations they served as well as the changing technology and specialization of medicine, large (and often windowless) wings were added and compromised the original plans of double-loaded corridors with patient rooms along the window walls.[16]

As Hill-Burton funding fueled post-World War II hospital construction, the International style prevailed as the style of choice for new hospitals and health centers. The imposing formality and ornamentation of the classically-inspired designs of the early-20th century hospital was rejected. The solid masonry construction and grand lobbies that evoked dependability and prestige were replaced with glass curtain walls and minimal lobbies to communicate progress and accessibility. The clean, efficient lines and use of modern materials in the International style reflected a new, modern approach to medical care. As a result, a Modern design came to be associated with a superior quality of care.

In the 1960s, the design of hospitals shifted back to the patient experience with an emphasis on patient rooms with views. The clean lines of the International style continued to be used while the double-loaded corridor plan was expanded into a circular "racetrack" configuration. This new plan allowed for patient rooms with windows along both sides while also accommodating the expanded service and support areas, including the nurses' station, in the middle where it was more accessible to all patient rooms. The traditional rectangular footprint of the hospital was also experimented with as pinwheels, triangles and sawtooth arrangements of rooms were often added to increase the number of rooms while retaining views to the outside for each patient.[17] The earliest known example of this new "racetrack" corridor plan is found at St. Joseph's Hospital constructed in 1962 in Burbank, California.[18] While St. Joseph's Hospital still stands today, it has been completely engulfed by later additions that obscure its original form.

Advances in communication systems, such as closed-circuit television, radios, and paging systems, also characterized the new approach to hospital design in the 1960s. These innovations served to increase efficiency in the hospital by providing immediate and direct communication between doctors, nurses and the patients. They also improved the patient experience as they reduced the use of the public address system and created a more restful atmosphere.

Smyth County Community Hospital, with 115 beds, was the biggest community hospital in the region. It was built to serve Smyth, Grayson, and Wythe Counties, and a portion of Washington County. Designed in the International style, the hospital employed the new "racetrack" plan with patient rooms on either side with windows and the nurses' station and other support spaces in the mniddle. A large waiting room for families and visitors with windows on three sides was located at the east end of the building.

The hospital also incorporated cutting-edge medical, technological and other advancements. The special section of the *Smyth County News* published at its opening boasted "Smyth County Community Hospital Medical Center to Have Its Own Television Station." The article went on to describe the facility as having its own emergency room as well as intensive-care and coronary-care units. The surgical suite featured conductive flooring to prevent electrical buildup that might create sparks that could ignite anesthesia and other gases in the operating rooms. Innovative communication systems included a paging system and call box for the doctors to reduce the need to use the intercom system as well as closed circuit televisions and radios to allow for better patient monitoring by the nurses and direct emergency alerts. The closed circuit televisions and direct-dial telephones also improved the patient and visitor experience as they allowed for remote visitation when visitors were not allowed in rooms due to age or contamination. Families could also use a call box outside the nursery to request attendants to hold up a specific baby for them to see. The patient beds even featured speakers for the television and radio in the pillow.[19]

Representation of Post-World War II Hospitals in Virginia

Smyth County Community Hospital was unique in Southwest Virginia as the first modern acute-care hospital designed to meet the new expectations of racial integration and the latest in hospital design and technology. The majority of other hospitals in the region date from the mid-1920s to the mid-1940s. Of the post-World War II hospitals in the region, Martinsville General Hospital (1945) and Radford Hospital (1945) have been demolished. Burrell Memorial Hospital, which was built in 1953 for the African-American community of Roanoke, has been renovated as a behavioral health center. While this hospital is similar to Smyth County in its use of the International style, it was built during the era of Massive Resistance as a "separate but equal facility" and did not employ the new "racetrack" plan or the progressive technology found in Smyth County.

Ten hospitals in Virginia have been identified that date to the 1960s. Of these, Riverside (Newport News; 1960-1965) and Williamsburg Community Hospital (1961) have been demolished. Tidewater Memorial Hospital in Tappahannock, built in 1964, is much smaller in scale. Roanoke Community Hospital was constructed in 1963-1967 to the Brutalism design of Skidmore, Owens and Merrill – making it very different in style from the Smyth County hospital. The 1969-1972 Wytheville Community Hospital was renovated in 1996 with a new façade that alters its appearance. The remaining four hospitals – Fairfax County (1961), Alexandria General (1961); Virginia Beach General (1965), and St. Mary's Hospital in Richmond (1966) – have all been enlarged with numerous additions that either completely engulf the original hospital or obscure its original form.

VIRGINIA HOSPITALS			
Hospital Name	**Location**	**Year Built**	**Status**
Riverside	Newport News	1960-1965	Demolished (2008)
Williamsburg Community	Williamsburg	1961	Demolished (2007)
Fairfax County	Fairfax	1961	Large Additions
Alexandria General	Alexandria	1962	Large Additions
Roanoke Community	Roanoke	1963-67	Differs in scale and/or style
Tidewater Memorial	Tappahannock	1964	Differs in scale and/or style
Virginia Beach General	Va. Beach	1965	Large Additions
Smyth County Community	Marion	1965-1967	
St. Mary's	Richmond	1966	Large Additions
Wythe County Community Hospital	Wytheville	1969-1972	New Façade (1996)

Three hospitals still operating in Southwest Virginia exhibit influences from the International style, but they do not retain the same level of integrity as the Smyth County Community Hospital. Danville Regional Memorial Hospital was originally built in the 1920s and has been entirely enveloped by a later, 1960s International-style addition. Roanoke Memorial Hospital was built in 1950 in the International style but has also been greatly enlarged with full-height additions that leave little of its original section visible. Both of these hospitals were built prior to the Civil Rights Act of 1964 and therefore were not designed as racially-integrated facilities. Finally, the 1972 design of Lewis-Gale Hospital in Salem, with its vertical concrete ribs spanned by blue brick panels and aluminum windows, exhibits many International-style elements similar to those of Smyth County. However, Lewis-Gale dates to the 1970s and has also been greatly enlarged with full-height additions on both sides.

Conclusion

The significance of the new Smyth County Community Hospital was clearly evident to the residents of Smyth County and the surrounding region as it represented more than just a new medical facility. The vision for this hospital was eloquently expressed by the *Smyth County News* on the eve of the hospital's dedication:

> Now the magnificent, new, thoroughly modern hospital rises overlooking the town and county. The dedicatory program is planned, the date is set, the governor is invited and the formal opening is imminent. Perhaps the shadow of new civility will fall so long as to blot out old passions and perhaps in the glow of pride at this extraordinary community accomplishment old antagonisms may melt away. And in the stimulating work of new accomplishment even greater dreams may arise![20]

In 2006, the nominated property was closed and the Smyth County Community Hospital moved to a new location on Medical Park Drive in the Town of Marion. The hospital is a part of the Mountain States Health Alliance, a Johnson City, Tennessee-based firm that operates 13 hospitals in the mountainous northeast Tennessee, southwest Virginia, southeastern Kentucky, and western North Carolina.

9. Major Bibliographical References

Acknowledgements
The above narrative is comprised primarily of the information prepared by Mimi Sadler, Sadler & Whitehead Architects, as submitted in 2013 with additional information and updates provided by Hill Studio in 2014.

Bibliography (Cite the books, articles, and other sources used in preparing this form.)

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"New County Hospital to Have Own Television Station." *Smyth County News,* September 28, 1965.

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"Smyth County Community Hospital Medical Center Dedication Is a Dream Come True, "*Smyth County News,"* September 28, 1967.

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

Thomas, Karen Kruse, *The Hill-Burton Act and Civil Rights: Expanding Hospital Care for Black Southerners, 1939-1960*. The Journal of Southern History, Vol. 72, No. 4 (Nov., 2006).

"Thousands Attend Dedication, Nurses Scholl Announced," *Smyth County News*, September 28, 1965, page 1.

Verderber, Stephen, and David J. Fine. *Healthcare Architecture in an Era of Radical Transformation.* New Haven: Yale University Press, 2000.

Virginia State Department of Health. *Public Health Reports (1896-1970)*, Vol. 26, No. 15 (Apr. 14, 1971).

Virginia State Department of Health. *Report*. Richmond, VA: Division of Publishing and Printing, 1948/49 and 1950/52.

Virginia State Health Department. *Survey of Hospital Facilities in Virginia.* Richmond, VA: Division of Publishing and Printing, 1947.

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:

_X_ State Historic Preservation Office
____ Other State agency
____ Federal agency
____ Local government
____ University
____ Other
Name of repository: Virginia Department of Historic Resources, Richmond, VA

Historic Resources Survey Number (if assigned): DHR File No. 119-5017

10. Geographical Data

Acreage of Property: 9.48 acres (approx.)

Use either the UTM system or latitude/longitude coordinates

Latitude/Longitude Coordinates
Datum if other than WGS84:_____
(enter coordinates to 6 decimal places)

1. Latitude: 36.851486 Longitude: -81.507792

Or
UTM References
Datum (indicated on USGS map):

☐ NAD 1927 or ☐ NAD 1983

1. Zone: Easting: Northing:

2. Zone: Easting: Northing:

3. Zone: Easting: Northing:

4. Zone: Easting : Northing:

Verbal Boundary Description (Describe the boundaries of the property.)
The trued and correct historic boundary is shown on the attached maps entitled "Location Map" and "Sketch Map/Photo Key," and corresponds exactly to the Tax Parcel No. 132-12-A as recorded in Smyth County land records.

Boundary Justification (Explain why the boundaries were selected.)
The historic boundary encompasses all of the lot historically associated with the Smyth County Community Hospital since it was constructed and all know historic resources within the lot.

11. Form Prepared By

name/title: Alison S. Blanton
organization: Hill Studio, PC
street & number: 120 Campbell Avenue SW
city or town: Roanoke state: Virginia zip code: 24011
e-mail: ablanton@hillstudio.com
telephone: 540-342-5263
date: June 2015

Additional Documentation

Submit the following items with the completed form:

- **Maps:** A **USGS map** or equivalent (7.5 or 15 minute series) indicating the property's location.

- **Sketch map** for historic districts and properties having large acreage or numerous resources. Key all photographs to this map.

- **Additional items:** (Check with the SHPO, TPO, or FPO for any additional items.)

Photographs

Photo Log

Name of Property: Smyth County Community Hospital
City or Vicinity: Marion (Town)
County: Smyth County
State: Virginia
Photographers: Mimi Sadler & Katie Coffield
Date Photographed: 2013 & 2014

Description of Photograph(s) and number, include description of view indicating direction of camera:

Photo 1 of 11: View north from Radio Hill Road, 1979 addition in front (Sadler; 2013)
Photo 2 of 11: 1965-1967 tower with 1979 addition to left, view northwest (Coffield; 2015)
Photo 3 of 11: Northeast corner with solarium at left, view southwest (Sadler; 2013)
Photo 4 of 11: North (rear) elevation, view south (Sadler; 2013)
Photo 5 of 11: Northwest corner with 1977 ER addition, view southeast (Coffield; 2013)
Photo 6 of 11: Physical Plant Building, view southeast (Sadler; 2013)
Photo 7 of 11: Ground Floor Lobby, view north (Sadler; 2013)
Photo 8 of 11: Third Floor Labor and Delivery Suite corridor (Sadler; 2013)
Photo 9 of 11: Original Solarium, view south (Sadler; 2013)
Photo 10 of 11: Second Floor, Patient Room in original 1965-1967 tower (Sadler; 2013)
Photo 11 of 11: Original Doctors' Call Box, Ground Floor Lobby (Coffield; 2015)

Paperwork Reduction Act Statement: This information is being collected for applications to the National Register of Historic Places to nominate properties for listing or determine eligibility for listing, to list properties, and to amend existing listings. Response to this request is required to obtain a benefit in accordance with the National Historic Preservation Act, as amended (16 U.S.C.460 et seq.).

Estimated Burden Statement: Public reporting burden for this form is estimated to average 100 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 Office of Planning and Performance Management. U.S. Dept. of the Interior, 1849 C. Street, NW, Washington, DC.

Endnotes:

[1] *Smyth County News*, 3/18/1965:1 and 9/28/1967:1
[2] *Ibid,* 9/28/1967:2
[3] *Bristol Herald Courier*, 10/23/2013
[4] *Smyth County News,* 9/28/1967:2
[5] *Ibid,* 3/1965
[6] *Ibid,* 3/18/1965:1
[7] *ibid*
[8] *Ibid,* 3/1965
[9] *Ibid,* 9/28/1967:1
[10] Virginia State Department of Health, 1971:500-502

[11] Reynolds, 1997:1851-1856 and Thomas, 2006
[12] Lake
[13] Lawrence, 2012
[14] *Ibid*
[15] *Ibid*
[16] Grunden and Hagood, 2012:21-232
[17] *Ibid,* 236
[18] Verderber and Fine, 2000:26
[19] *Smyth County News,*9/28/1967:3
[20] *Smyth County News,* 9/27/1967:1

Virginia Dept. of Historic Resources

V-CRIS

Virginia Cultural Resource Information System

LOCATION MAP
Smyth County Community Hospital
Tow of Marion
Smyth County, VA
DHR No. 119-5017
Latitude/Longitude Coordinates
Latitude: 36.851486
Longitude: -81.507792

N

Feet
0 100 200 300 400
1:4,514 / 1"=376 Feet

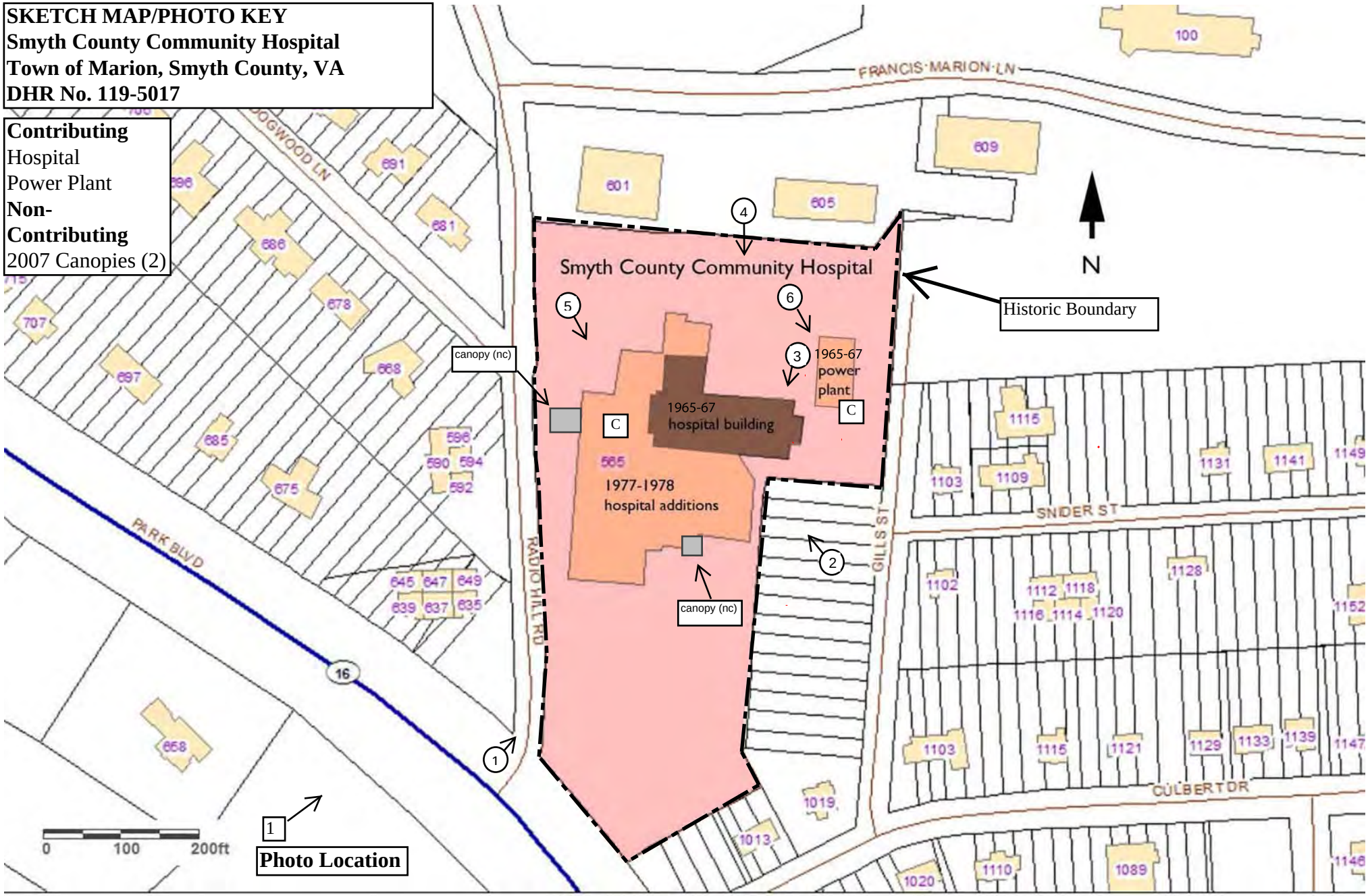
Title: Smyth County Community Hospital **Date: 8/2/2015**

DISCLAIMER:Records of the Virginia Department of Historic Resources (DHR) have been gathered over many years from a variety of sources and the representation depicted is a cumulative view of field observations over time and may not reflect current ground conditions.The map is for general information purposes and is not intended for engineering, legal or other site-specific uses. Map may contain errors and is provided "as-is". More information is available in the DHR Archives located at DHR's Richmond office.

Notice if AE sites:Locations of archaeological sites may be sensitive the National Historic Preservation Act (NHPA), and the Archaeological Resources Protection Act (ARPA) and Code of Virginia §2.2-3705.7 (10). Release of precise locations may threaten archaeological sites and historic resources.

SKETCH MAP/PHOTO KEY
Smyth County Community Hospital
Town of Marion, Smyth County, VA
DHR No. 119-5017

Contributing
Hospital
Power Plant
Non-Contributing
2007 Canopies (2)



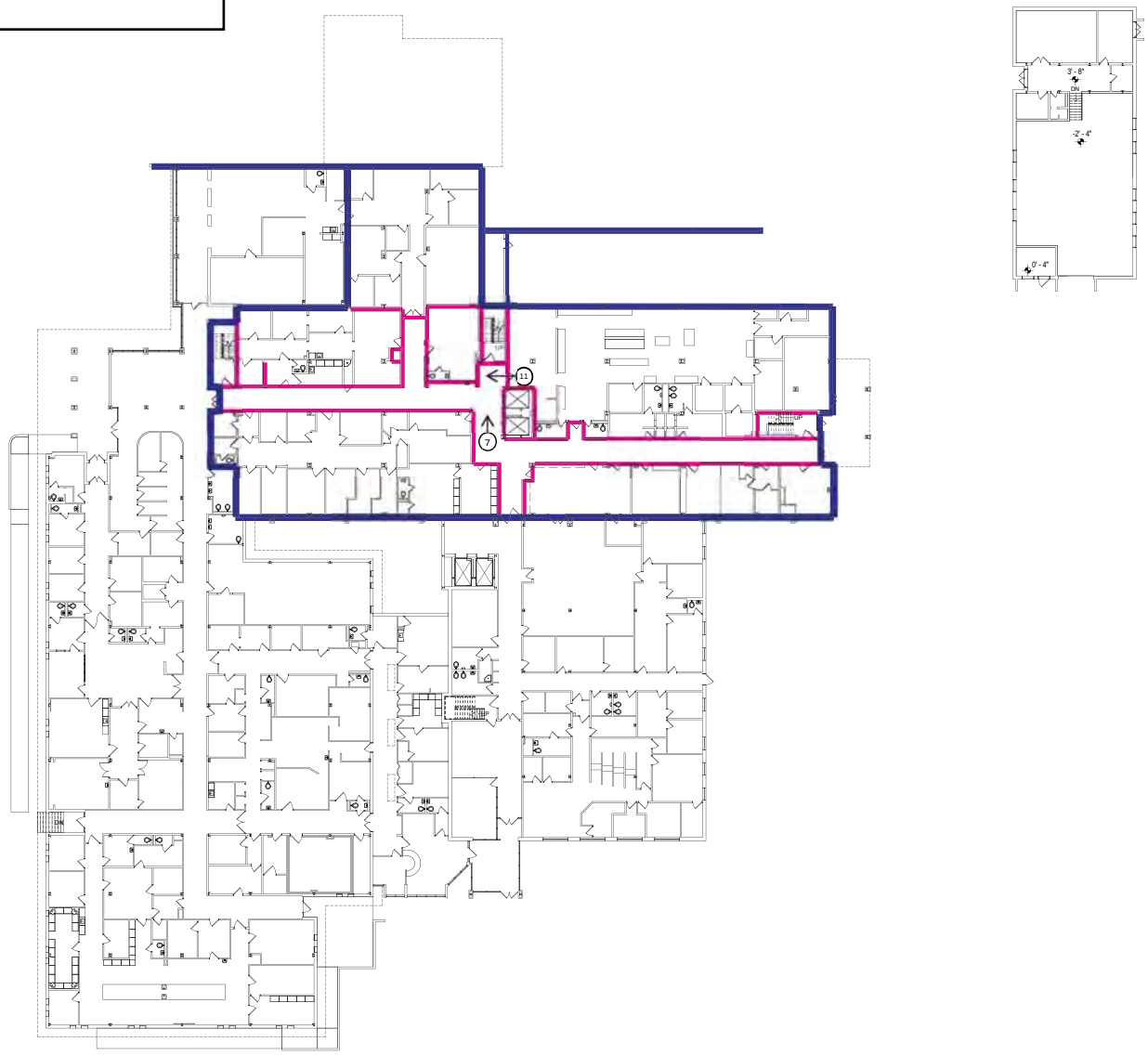
Smyth County, VA

Disclaimer: The information contained on this page is NOT to be construed or used as a "legal description". Map information is believed to be accurate but accuracy is not guaranteed.

Smyth County Community Hospital

http://www.webgis.net Anderson & Associates, Inc. http://www.andassoc.com

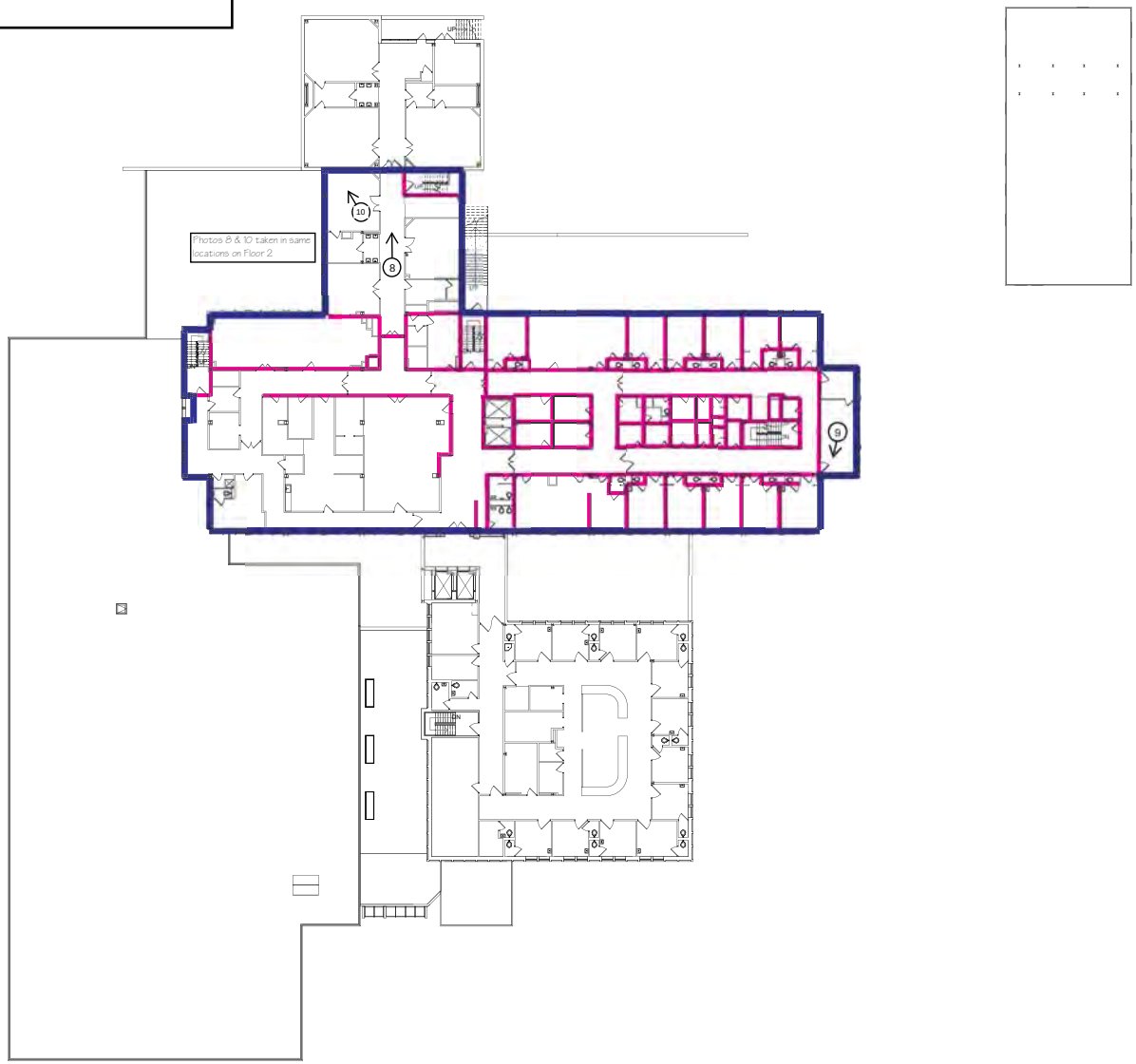
SKETCH MAP/PHOTO KEY
Smyth County Community Hospital
Town of Marion, Smyth County, VA
DHR No. 119-5017



Existing Ground Floor (Basement) Plan

RRMM ARCHITECTS

SKETCH MAP/PHOTO KEY
Smyth County Community Hospital
Town of Marion, Smyth County, VA
DHR No. 119-5017



Existing First Floor Plan

Figure 1. Original Rendering of Smyth County Community Hospital.

Figure 2. 1965 Photo of Smyth County Community Hospital Under Construction – Original South Façade and West Wall.

Figure 3. 1965 Photo of Smyth County Community Hospital Under Construction – Original South Façade at Right and West Wall at Left.

Figure 4. 1965 Photo of Smyth County Community Hospital Under Construction – Original West Wall.

Figure 5. 1965 Photo of Smyth County Community Hospital Under Construction – Original North (Rear) Wall at Left and West Wall at Right.

Figure 6. 1965 Photo of Smyth County Community Hospital Under Construction – Original East Wall at Left and North (Rear) Wall at Right.

Figure 7. 1967 Photo of Smyth County Community Hospital at Its Opening.

ADDITIONAL DOCUMENTATION
Smyth County Community Hospital
Town of Marion
Smyth County, Virginia
DHR No. 119-5017

SMYTH COUNTY COMMUNITY HOSPITAL

MARION — SMYTH COUNTY — VIRGINIA

DAYFORD B. SMITH
Structural Engineer
MARTINSVILLE · VIRGINIA

ECHOLS-SPARGER & ASSOCIATES
Architects · Engineers
MARION · VIRGINIA

JOHN M. STACEY
Hospital Consultant
CHARLOTTESVILLE · VIRGINIA

"ABBREVIATIONS"

AL.	ALUMINUM
AL.TH.	ALUMINUM THRESHOLD
ANC.	ANCHOR
A.B.	ANCHOR BOLT
A.T.	ASPHALT TILE
ACS.DR.	ACCESS DOOR
B.R.	BED ROOM
BOTT.	BOTTOM
BR.	BRICK
BLDG.	BUILDING
B.U.R.	BUILT UP ROOF
B.V.	BRICK VENT
BRG.	BEARING
C.I.	CAST IRON
CER.	CERAMIC
CLG.	CEILING
℄	CENTER LINE
CLO.	CLOSETS
CONT.	CONTINUOUS
C.J.	COLD JOINT
CTR.	COUNTER
C.W.	COLD WATER
COL.	COLUMN
CONC.	CONCRETE
C.B.	CATCH BASIN
C.D.	CANOPY DRAIN
DWG.	DRAWING
E.W.C.	ELECTRIC WATER COOLER
EXP.AGG.	EXPOSED AGGREGATE
FAB.	FABRIC
FIN.FL.	FINISH FLOOR
FL.	FLOOR
F.D.	FLOOR DRAIN
FIN.GR.	FINISH GRADE
GA.	GAUGE
G.C.	GENERAL CONTRACTOR
HT.	HEIGHT
INSUL.	INSULATION
I.F.W.	INSIDE FACE OF WALL
J.C.	JANITORS CLOSET
LKS.	LOCKERS
LTL.	LINTEL
MBL.TH.	MARBLE THRESHOLD
M.O.	MASONRY OPENINGS
M.C.	MEDICINE CABINET
N.I.C.	NOT IN CONTRACT
OBS.GL.	OBSCURE GLASS
O.C.	ON CENTER
OPNG.	OPENINGS
O.F.W.	OUTSIDE FACE OF WALL
PLAST.	PLASTER
POL.	POLISHED
P.P.	POWER POLE
Q.T.	QUARRY TILE
R.D.	ROOF DRAIN
S.S.	SERVICE SINK
SPEC.	SPECIFICATIONS
STR.	STRUCTURAL
SHR.	SHOWER
TEL.	TELEPHONE BOOTH
TERR.	TERRAZZO
T.F.	TOP OF FOOTING
S.B.	SPLAYED BASE

"ARCHITECTURAL SYMBOLS"

BRICK
CINDER OR CONCRETE BLOCK (LARGE SCALE; SMALL SCALE)
CONCRETE
EARTH
GLASS (LARGE SCALE; SMALL SCALE)
GRAVEL OR CRUSHED STONE
INSULATION
STEEL (LARGE SCALE; T-L-E SMALL SCALE)
METAL STUD PARTITION
WATERPROOFING FELT, FLASHING (ECT.)
ACOUSTICAL TILE
CERAMIC TILE
WOOD STUDS
RESILENT METERIALS AS NOTED
ALUMINUM
MARBLE
WALLBOARD FIBER OR FOAMBOARD
STRUCTURAL FACING TILE
EXPOSED AGGREGATE
WOOD (SHEET & BLOCKING; FINISH; PLYWOOD)
TERRAZZO
PLASTER, SAND OR CEMENT

"INDEX TO DRAWINGS"

"ARCHITECTURAL"

SHT. NO.	CONTENTS
A-1	COVER SHEET
A-2	MASTER SITE PLAN
A-3	PARTIAL SITE PLAN
A-4	GROUND FLOOR PLAN
A-5	FIRST FLOOR PLAN
A-6	SECOND FLOOR PLAN
A-7	ROOF PLAN & DETAILS
A-8	FINISH SCHEDULE & DETAILS
A-9	FINISH SCHEDULE & DETAILS
A-10	ELEVATIONS
A-11	ELEVATIONS
A-12	DOOR SCHEDULE & DETAILS
A-13	ENTRY DETAILS
A-14	ENTRY #1 DETAILS
A-15	WINDOW SCHEDULE & WALL SECTIONS
A-16	WALL SECTION & PANEL DETAILS
A-17	WALL SECTION & PANEL DETAILS
A-18	SOLARIUM CURTAIN WALL DETAILS
A-19	1/4" CROSS SECTION & DETAILS
A-20	INTERIOR STAIR SECTION & DETAILS
A-21	INTERIOR STAIR SECTIONS & DETAILS
A-22	EXTERIOR STAIRS & PIPE TUNNEL DETAIL
A-23	DUMBWAITER DETAILS
A-24	ELEVATOR DETAILS
A-25	MISCELLANEOUS DETAILS
A-26	1/4" INTERIOR ELEVATIONS
A-27	DIETARY SUITE LAYOUT
A-28	REFRIGERATION & SNACK BAR DETAILS
A-29	GROUND FLOOR EQUIPMENT LAYOUTS & DETAILS
A-30	GROUND FLOOR EQUIPMENT LAYOUTS & DETAILS
A-31	GROUND FLOOR EQUIPMENT LAYOUTS & DETAILS
A-32	FIRST FLOOR EQUIPMENT LAYOUTS & DETAILS
A-33	FIRST FLOOR EQUIPMENT LAYOUTS & DETAILS
A-34	FIRST & SECOND FLOOR EQUIPMENT LAYOUTS & DETAILS
A-35	SECOND FLOOR EQUIPMENT LAYOUTS & DETAILS
A-36	MECHANICAL EQUIPMENT BUILDINGS & DETAILS
A-37	MECHANICAL EQUIPMENT BUILDINGS & DETAILS

"STRUCTURAL"

SHT. NO.	CONTENTS
F-1	FOUNDATION PLAN
F-2	CAISSON, PIER, GRADE BEAM SCHEDULE & DETAILS
F-3	GROUND FLOOR SLAB PLAN
F-4	REINFORCING & STRUCTURAL DETAILS
F-5	REINF. DETAILS AT ENTRY #1 & ELEVATOR
F-6	REINF. FOR EXT. STEPS, PIPE TUNNEL & PIER DETAILS
F-7	CONCRETE RETAINING WALL DETAILS
F-8	CONCRETE WALL DETAILS & SPECIAL FLOOR SLAB DETAILS
S-1	FIRST FLOOR FRAMING PLAN
S-2	SECOND FLOOR FRAMING PLAN
S-3	ROOF FRAMING PLAN
S-4	COLUMN SCHEDULE & DETAILS
S-5	SPANDREL BEAM & LINTEL SCHEDULE
S-6	COLUMN DETAILS & BEAM CONNECTIONS
S-7	FOUNDATION & ROOF FRAMING PLAN (MECH. EQUIP. BLDG.)

"MECHANICAL"

SHT. NO.	CONTENTS
M-1	GROUND FLOOR H.V.A.C.
M-2	FIRST FLOOR H.V.A.C.
M-3	SECOND FLOOR H.V.A.C.
M-4	MECHANICAL EQUIPMENT BUILDING LAYOUT
M-5	UTILITY SITE PLAN.
P-1	GROUND FLOOR PLUMBING PLAN
P-2	FIRST FLOOR PLUMBING PLAN
P-3	SECOND FLOOR PLUMBING PLAN
P-4	MECHANICAL EQUIPMENT BUILDING PLUMBING
P5A,B,C	- GAS PIPING PLANS
E-1	GROUND FLOOR ELECTRICAL PLAN
E-2	FIRST FLOOR ELECTRICAL PLAN
E-3	SECOND FLOOR ELECTRICAL PLAN
E-4	DETAILS & MECHANICAL EQUIPMENT BUILDING ELECTRICAL PLAN
E-4	CENTRAL KITCHEN WIRING DIAGRAM.
E-5	GROUND FLOOR NURSES CALL & COMMUNICATIONS
E-6	FIRST FLOOR NURSES CALL & COMMUNICATIONS
E-7	SECOND FLOOR NURSES CALL & COMMUNICATIONS
E-8	LEGEND & DIAGRAMS

PROJECT NO. "VA-171"

COMMONWEALTH OF VIRGINIA — H. M. SPARGER, CERTIFICATE No. 175 — CERTIFIED PROFESSIONAL ENGINEER

COMMONWEALTH OF VIRGINIA — H. M. SPARGER, JR., CERTIFICATE No. 1153 — CERTIFIED ARCHITECT

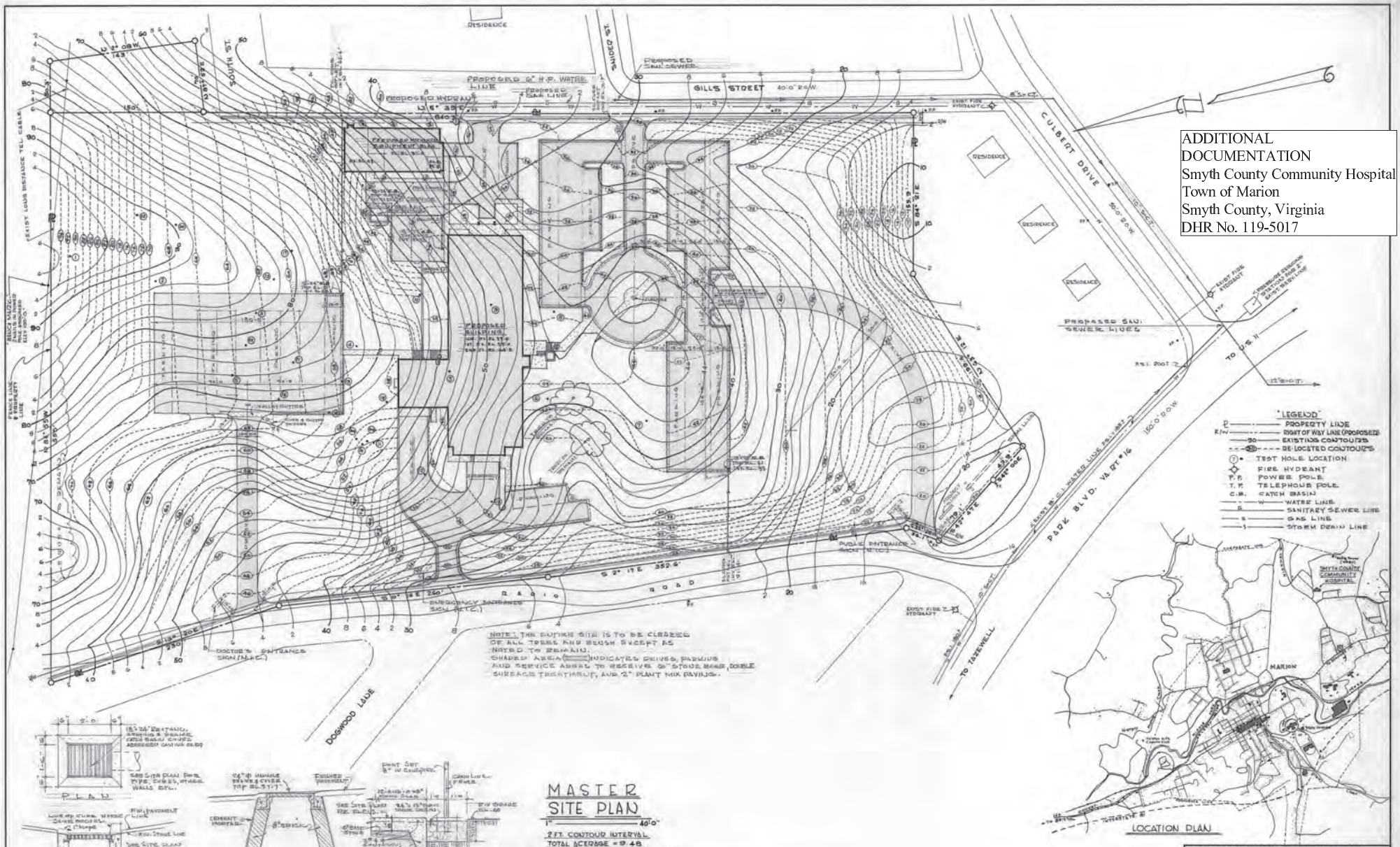
HOSPITAL ADMINISTRATOR	VIRGINIA DEPARTMENT OF HEALTH	U.S. PUBLIC HEALTH SERVICE	SMYTH COUNTY COMMUNITY HOSPITAL
1-7-65			1-7-65
DEALE E. BEAMER — DATE	DATE	DATE	PRESIDENT — DATE
			HENDERSON P. GRAHAM

ECHOLS-SPARGER & ASSOCIATES
Architects · Engineers
MARION · VIRGINIA

BY S.D. — DATE JAN. 5, 1965 — SHEET NO. A-1 — A-37

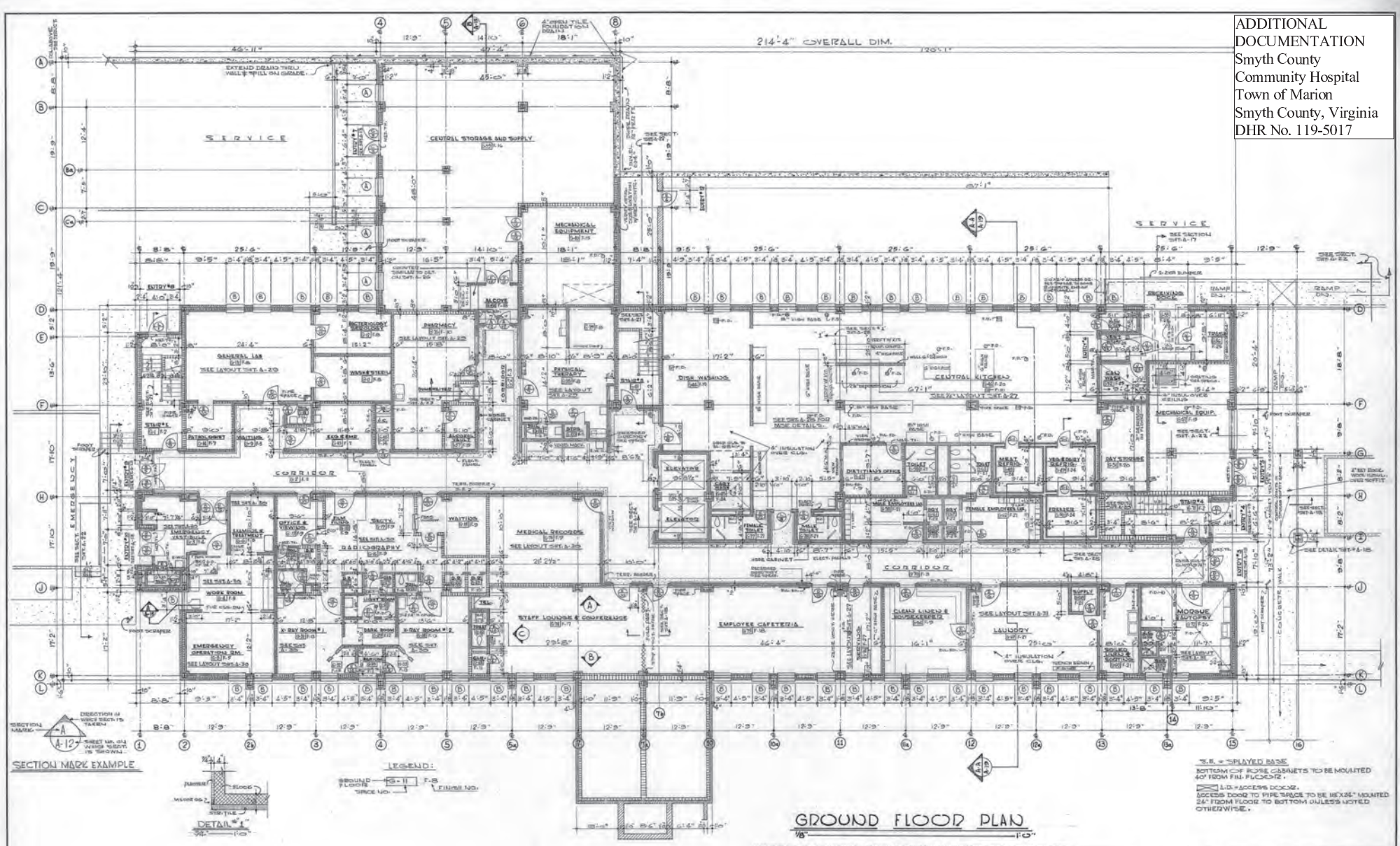
6501

ADDITIONAL
DOCUMENTATION
Smyth County Community Hospital
Town of Marion
Smyth County, Virginia
DHR No. 119-5017

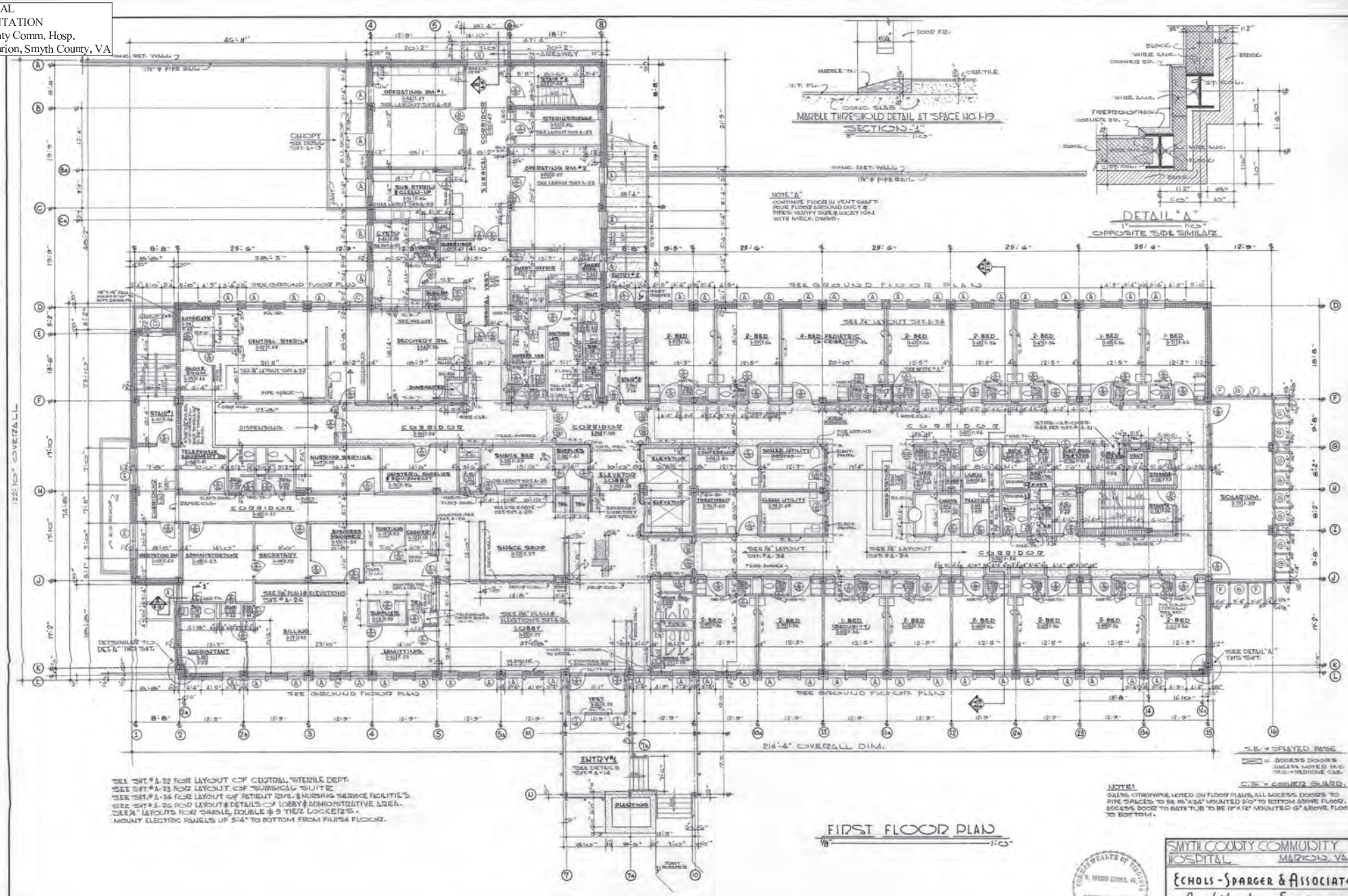


6501

ADDITIONAL DOCUMENTATION
Smyth County Community Hospital
Town of Marion
Smyth County, Virginia
DHR No. 119-5017



ADDITIONAL
DOCUMENTATION
Smyth County Comm. Hosp.
Town of Marion, Smyth County, VA



SEE SHT. # A-32 FOR LAYOUT OF CENTRAL STERILE DEPT.
SEE SHT. # A-33 FOR LAYOUT OF SURGICAL SUITE.
SEE SHT. # A-34 FOR LAYOUT OF PATIENT RMS. & NURSING SERVICE FACILITIES.
SEE SHT. # A-26 FOR LAYOUT & DETAILS OF LOBBY & ADMINISTRATIVE AREA.
SEE "A" LAYOUTS FOR SINGLE, DOUBLE & 5 TIER LOCKERS.
MOUNT ELECTRIC PANELS UP 5'-4" TO BOTTOM FROM FINISH FLOOR.

S.B. = SPLAYED BASE
= ACCESS DOORS UNLESS NOTED M.C. M.C. = MEDICINE CAB.
C.G. = CORNER GUARD.

NOTE:
UNLESS OTHERWISE NOTED ON FLOOR PLANS, ALL ACCESS DOORS TO PIPE SPACES TO BE 18"X24" MOUNTED 2'-0" TO BOTTOM ABOVE FLOOR. ACCESS DOOR TO BATH TUB TO BE 12"X12" MOUNTED 6" ABOVE FLOOR TO BOTTOM.

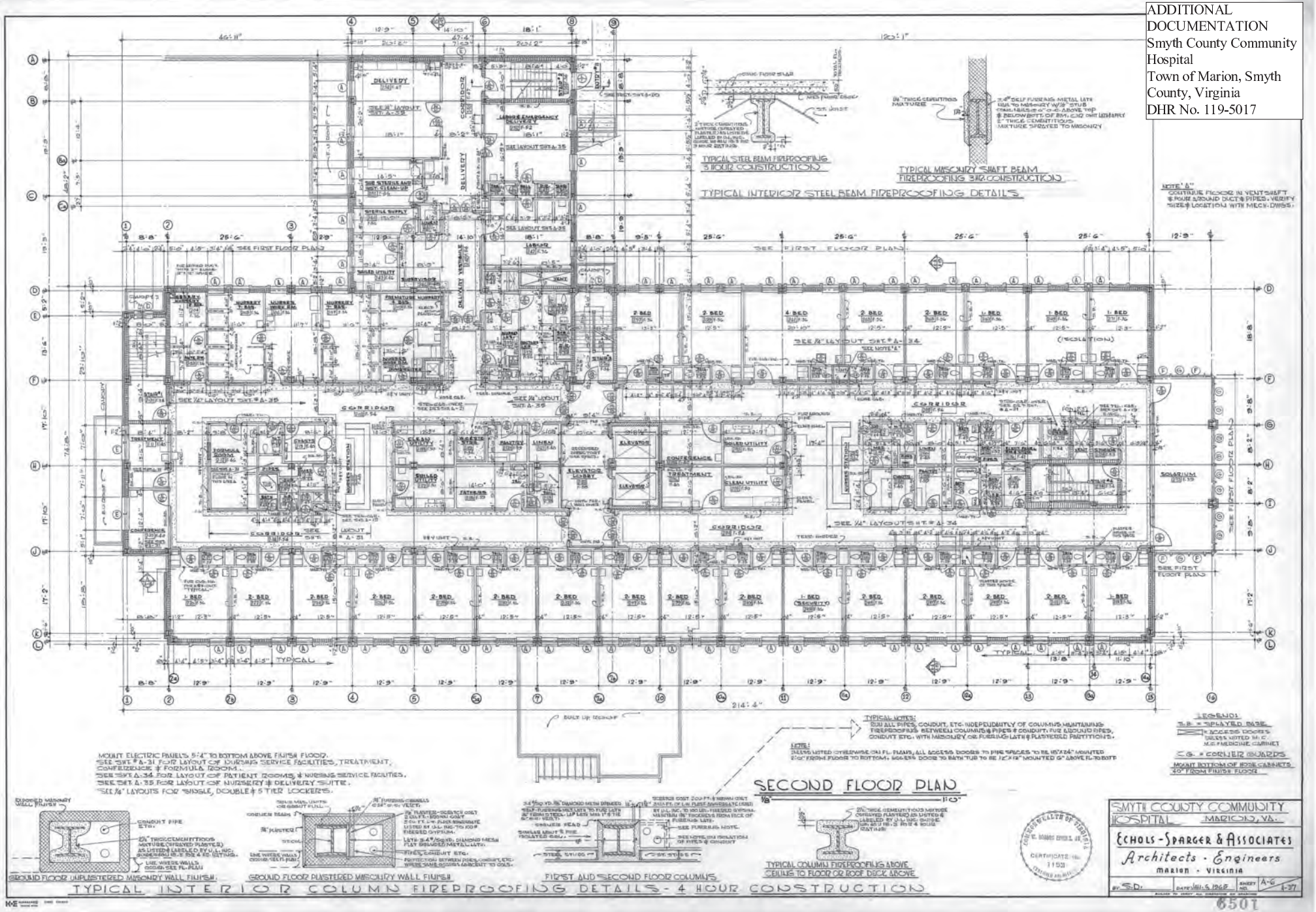
SMYTH COUNTY COMMUNITY HOSPITAL MARION, VA.

ECHOLS-SPARGER & ASSOCIATES
Architects · Engineers
MARION · VIRGINIA

BY S.D. DATE JAN. 6 1965 SHEET NO. A-5 A-37

0501

ADDITIONAL DOCUMENTATION
Smyth County Community Hospital
Town of Marion, Smyth County, Virginia
DHR No. 119-5017



6501

EXIT

EXIT