

FEBRUARY 2021

Georgia B. Williams Nursing Home

Preservation Plan

Ethos Preservation +
Landmark Preservation

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Georgia B. Williams Nursing Home

Listed individually to the National Register of Historic Places in 2011, this image was taken of the house in 2010 showing the house's condition at the time of nomination.

Introduction

The Georgia B. Williams Nursing Home Preservation Plan is the culmination of a four month effort by Ethos Preservation and Landmark Preservation to develop a guiding document that will assist with the rehabilitation of the historic Georgia B. Williams Nursing Home (GBWNH) in Camilla, Georgia. Completed for the Georgia B. Williams Nursing Home Inc. Board, the Preservation Plan identifies specific concerns related to the building's preservation and rehabilitation solutions for prioritized implementation. Solutions are framed in phases to allow for incremental execution alongside fundraising efforts. Accompanying each phase is a budget which serves as an estimate of costs. These recommendations are framed by a historical overview that details the building's evolution and the Beatrice Borders story in a local, regional, and national context. Lastly, this document provides guidance for the economic and operational sustainability of GBWNH Inc. and adaptive reuse of the Georgia B. Williams Nursing Home, to include a draft operations budget and maintenance schedule.

Chronology

In April of 2020, Georgia B. Williams Nursing Home (GBWNH) Inc. reached out to Savannah-based preservation planning firm Ethos Preservation to request professional preservation expertise for the preservation and restoration of the GBWNH. After learning more about the house's current condition, the goals of GBWNH Inc., and the interest in seeking grant monies for the building's rehabilitation, it was recommended that a Preservation Plan be developed to document and identify concerns related to the building's continued preservation. Additionally, it was determined that the Plan would include guidance related to economic and operational sustainability to help ensure project success. To assist in the completion of these tasks, preservation contractor Landmark Preservation was enlisted as a project partner.

On July 9 and 10, 2020, Rebecca Fenwick of Ethos Preservation and Greg Jacobs of Landmark Preservation visited Camilla to tour the Georgia B. Williams Nursing Home and meet the GBWNH Inc. Board. Over the course of two days, an existing condition assessment of the building was performed to include the recordation of dimensions for the creation of an accurate floor plan (Appendix A), an examination of all interior and exterior surfaces, and comprehensive photographic documentation of the building and its preservation concerns.

After meeting with the Board, a greater understanding was gained regarding the organization's resources, fundraising efforts, overall goals, and operational needs. Further, time spent in Camilla shed light on the context of the Beatrice Borders story and the backdrop for the building's adaptive reuse.

Over the course of July, a website was developed (www.beasbabies.org), a new GoFundMe account created, and the Georgia B. Williams Restoration Project Facebook page relaunched prior to the distribution of a press release, announcing the launch of the Preservation Plan project on July 28, 2020. Shortly thereafter, the Georgia B. Williams Nursing Home was added to the National Trust for Historic Preservation's "Where Women Made History" list.

On September 12 and 13, 2020, Rebecca Fenwick presented an outline of the Preservation Plan to the GBWNH Inc. Board in Camilla, with newly added Board members. At this time, an on-site consultation regarding several holes in the roofs associated with the building's additions was made.

On October 17, 2020 an update was presented to the GBWNH Inc. Board via zoom to include the presentation of a historical timeline and literature review associated with the Preservation Plan.

Since that time, the Plan has been composed and was adopted in January of 2021.

Preserving Hope

Members of the Georgia B. Williams Nursing Home Inc. Board participated in the Georgia Trust for Historic Preservation's 2020 "Preserving Hope" campaign to raise awareness of places that historically offered essential services and refuge during times of crisis.



Methodology + Approach

The methodology behind the Georgia B. Williams Nursing Home Preservation Plan pairs both historic preservation best practices with practical solutions for operational sustainability to serve as a historic rehabilitation guide and phase-by-phase reference for meeting the goals of Georgia B. Williams Nursing Home, Inc., as summarized in their mission statement:

The mission of Georgia B. Williams Nursing Home Inc. is to ensure that the historic contribution of Mrs. Beatrice Borders never be forgotten nor destroyed by maintaining the dwelling's future existence as a museum and educational center in Mitchell County.

The backbone of this document is the *Secretary of the Interior's Standards for Rehabilitation*. These ten standards serve as the overarching principles for historic rehabilitation work nationwide and all work proposed to the Georgia B. Williams Nursing Home. All rehabilitation decisions outlined in this report are recommended in accordance with these standards. Further, many specific recommendations have been made in accordance with the National Park Service's Preservation Briefs. The Briefs are published bulletins about specific building materials, conditions, and adaptations, which are designed to supplement the Secretary's Standards and be a reference for anyone completing historic rehabilitation work. The briefs can be referenced online at <https://www.nps.gov/tps/how-to-preserve/briefs.htm>.

Understanding that there are tasks ancillary to the rehabilitation of the Georgia B. Williams Nursing Home building that must be completed in order for the project to be successful, this Preservation Plan pairs building rehabilitation recommendations with recommendations regarding the archiving of historic materials, fundraising and grants, exhibit development and execution, and operations and maintenance. Further, it is understood that there will not be funding available to execute every component at project outset. Considering this, all work that is proposed as a part of this Preservation Plan is outlined in phases. Each phase builds off of work completed in the previous phase.

Phase One:	Critical Path
Phase Two:	Preservation - Stabilization & Building Envelope
Phase Three:	Rehabilitation - Interior Build-Out
Phase Four:	Operations & Sustainability

For this report, a period of significance extending from 1941 to 1971 has been established to guide building rehabilitation recommendations. Aligned with the National Register nomination associated with the property, this period represents the time the house was known as the Georgia B. Williams Nursing Home, for which it derives its historic significance. As such, all materials dating to this time period are considered historic and are recommended for preservation.

SECRETARY OF THE INTERIOR'S STANDARDS FOR REHABILITATION

1. A property shall be used for its historic purpose or be placed in a new use that requires minimal change to the defining characteristics of the building and its site and environment.
2. The historic character of a property shall be retained and preserved. The removal of historic materials or alteration of features and spaces that characterize a property shall be avoided.
3. Each property shall be recognized as a physical record of its time, place, and use. Changes that create a false sense of historical development, such as adding conjectural features or architectural elements from other buildings, shall not be undertaken.
4. Most properties change over time; those changes that have acquired historic significance in their own right shall be retained and preserved.
5. Distinctive features, finishes, and construction techniques or examples of craftsmanship that characterize a property shall be preserved.
6. Deteriorated historic features shall be repaired rather than replaced. Where the severity of deterioration requires replacement of a distinctive feature, the new feature shall match the old in design, color, texture, and other visual qualities and, where possible, materials. Replacement of missing features shall be substantiated by documentary, physical, or pictorial evidence.
7. Chemical or physical treatments, such as sandblasting, that cause damage to historic materials shall not be used. The surface cleaning of structures, if appropriate, shall be undertaken using the gentlest means possible.
8. Significant archeological resources affected by a project shall be protected and preserved. If such resources must be disturbed, mitigation measures shall be undertaken.
9. New additions, exterior alterations, or related new construction shall not destroy historic materials that characterize the property. The new work shall be differentiated from the old and shall be compatible with the massing, size, scale, and architectural features to protect the historic integrity of the property and its environment.
10. New additions and adjacent or related new construction shall be undertaken in such a manner that if removed in the future, the essential form and integrity of the historic property and its environment would be unimpaired.



Physical Description

The Georgia B. Williams Nursing Home is located at 176 Dyer Street in “The Hill” neighborhood of Camilla, Georgia. Located north of downtown Camilla, The Hill is a neighborhood of roughly 20 blocks west of N Harney Street and south of Martin Luther King Jr. Boulevard. Since its inception, it has been an African-American neighborhood. A one-story house with several additions, the Georgia B. Williams Nursing Home house sits facing east at the northwest corner of Dyer and Beacon Streets, at the neighborhood’s center.

setting the stage

Set close to the road in what was once a more densely developed neighborhood, there are several vacant lots where houses previously stood. Since 2007, a total of five adjacent historic houses have been lost, all of which were visible from the porch of the Georgia B. Williams Nursing Home (Google Maps). Today, the neighborhood is sparsely developed with a handful of early twentieth-century cottages and infill from the 1980s, 90s, and 2000s.

The city of Camilla covers roughly six square miles with a total population of 5,360. It is the county seat of Mitchell County. Located in southwest Georgia, Camilla is 28 miles south of Albany, Georgia and 55 miles north of Tallahassee, Florida. The county’s largest employers include Keystone Foods poultry processing, the Mitchell County School System, the Autry State Prison, and the Archbold Medical Center. Adjacent to the neighborhood and within walking distance is a small manufacturing operation owned by Golden Peanut.

Since 2010, Mitchell County has experienced a seven percent decrease in the county’s overall population, even as the state of Georgia’s population has increased. Over the last fifty years, the county has struggled with high levels of poverty, low graduation rates, and stagnant incomes. In 2018, the county’s per capita income was \$17,514, a total of \$12,009 less than that of Georgia and \$15,107 less than the national per capita income. Almost thirty percent of the county lives in poverty. In 2018, only 75 percent of Mitchell County held a high school diploma and only eleven percent of the county had received a bachelor’s degree, compared to twenty percent in neighboring Albany or 25 percent in neighboring Thomasville.

Demographically, Mitchell County’s age distribution is similar to that of the state of Georgia, with 22 percent of the county’s population under the age of 18 and 17 percent over the age of 65. The County’s population is majority African-American, with Black Americans totaling 48 percent of the county’s population. Comparatively, 32 percent of the state of Georgia is African-American. Hispanic Americans make up almost five percent of the county.

Georgia B. Williams Nursing Home Entrance

Pictured here is the main entrance to the Georgia B. Williams Nursing Home, added to the house prior to the opening of the birthing center in 1941 (left).

The Hill neighborhood, examined as a 10 minute walking radius away from the Nursing Home, reflects an even greater concentration of poverty and educational disadvantages, when compared to Camilla as a whole. As cited by the Environmental Systems Research Institute (ESRI), less than half of the neighborhood holds a high school diploma and only 8 percent earned a college degree.

museums and tourism

Currently, the only museum in Mitchell County is the Pelham City Museum. Within Camilla, one district and one individually listed historic resource are listed to the National Register of Historic Places in addition to the Georgia B. Williams Nursing Home. South of the house, the Camilla Commercial Historic District was listed in 1985 and spans the entirety of the historic downtown core. Situated within the district is the James Price McRee House, a large Greek Revival house that was individually listed to the National Register in 1979.

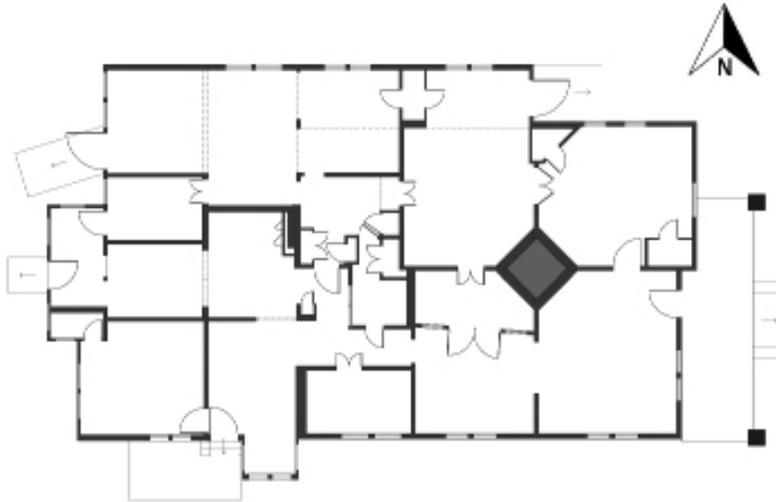
According to the African Diaspora Museology Institute's (ADMI) 2019 List of Georgia's Black Museums, there are currently no African-American museums in Mitchell County. Neighboring Dougherty County is home to the Albany Civil Rights Institute and Thomas County is home to the Jack Hadley Black History Museum. According to Google Maps, the Albany Civil Rights Institute is 31 minutes by car from the Georgia B. Williams Nursing Home, and the Jack Hadley Black History Museum is 38 minutes.

Other area museums include the Albany Museum of Art, the Popes Museum in Grady County and the Pebble Hill Plantation in Thomas County. History museums in particular are scarce with the exception of those listed above and the Grady County Museum in Cairo and the Flowers Foods Heritage Center in Thomasville.

architectural description

The Georgia B. Williams Nursing Home is a three-bay front gable frame bungalow with multiple additions covering a total of 7,392 square feet. Set on a pier foundation, the house is covered in asbestos shingle siding with double-hung sash windows throughout. In some locations, the asbestos shingle siding is missing, revealing the house's original wood clapboard siding beneath the shingles. Extending off the front façade is a two-bay front gable porch that is set beneath an extension of the house's main roof. Set at the corner, the porch contributes to the house's asymmetry and is supported by square posts covered in stucco. The porch and the doors and windows along the south façade all have ribbed metal awnings with a scalloped edge. Centered on the porch is the main entrance.

Extending off the north and west facades are additions from multiple eras. Together, they form a J-shape around the rear of the house to the north, west, and south. More



Floor Plan

This snapshot of the floor plan shows the house on its side to include its front porch (right). Note the direction of the north arrow. More detailed plans can be found in the appendix.

information about the evolution of these additions can be found in the Historical Overview section. Incorporated as part of an addition, a side porch faces south on Beacon Street and served as the official GBWNH entrance. The porch is framed by a metal awning set atop wrought iron posts above a concrete slab foundation.

The house has several elements attributed to the Craftsman architectural style to include exposed rafter tails and decorative tails at the gable ends. There are several multi-light double-hung sash window combinations, the most common of which is a four-over-four pattern that is set in pairs. Other window types include six-over-six and one-over-one double hung sashes. The house has an asphalt shingle roof that is pierced at the center by a shallow brick chimney set at the ridgeline. A second square chimney in brick, of a more recent era, is placed asymmetrically at the rear of the house's central mass.

The interior of the house reflects the house's evolution and use. The central mass is organized similar to a pyramid cottage with four equal sized rooms set around a central chimney mass placed at a diagonal to allow for hearths in all four rooms. Interestingly, an examination from the attic revealed that the central chimney stack is broken into four legs at its base. The two eastern rooms of the plan were used as the main living and bedroom spaces. Alterations to the original four room plan include the division of the southwest room in two, for use as a dining room and incubation room; and the incorporation of a corner closet and small triangular half bath into the northeast room. Lastly, the northwest room was converted for use as a recovery room for mothers visiting the Home for care.



Chimney Legs

When viewed from the attic, the house's central chimney can be seen breaking into four legs at its base. This unusual construction technique likely added greater stability for the central chimney stack, which served four fireplace hearths.

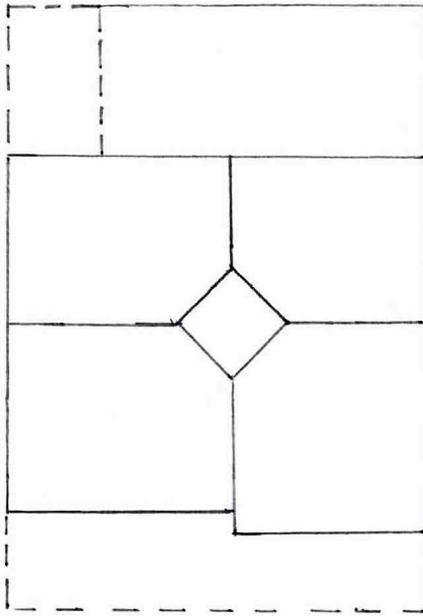
The house originally had wood floors throughout, however only the living room has exposed wood floors today. In all other areas of the house, vinyl or linoleum flooring has been laid, some of which has been covered with wall-to-wall carpeting.

As the Georgia B. Williams Nursing Home business grew, multiple additions were built, each one growing the house's mass westward. Within the additions, one full and two half baths, a delivery room, a lobby, a kitchen, a breakfast room, and two bedrooms were added. More information about the timeline of the house's development can be found in the Historical Overview section.

1918

Initial Construction

The house that would later house the Georgia B. Williams Nursing Home is built at the corner of Beacon Street and Dyer Place in Camilla. The house has clapboard siding and a low roof with wood shingles and a tall central chimney. It is likely that the house originally had a full-width front porch and a small rear porch (right).

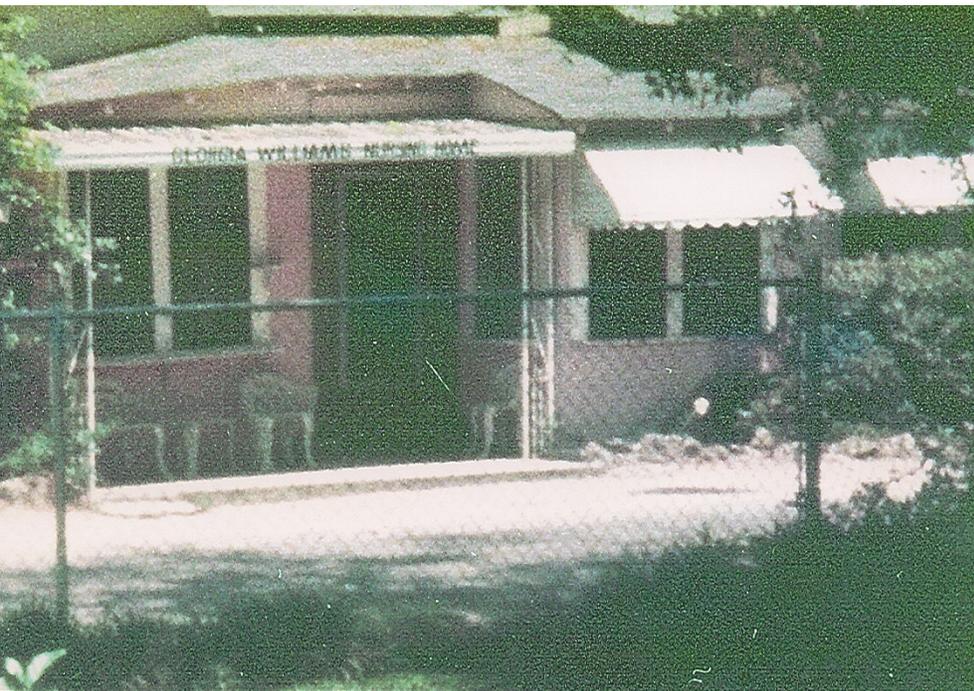


conjectural sketch of pyramid cottage house type

1930

Bungalow Renovation

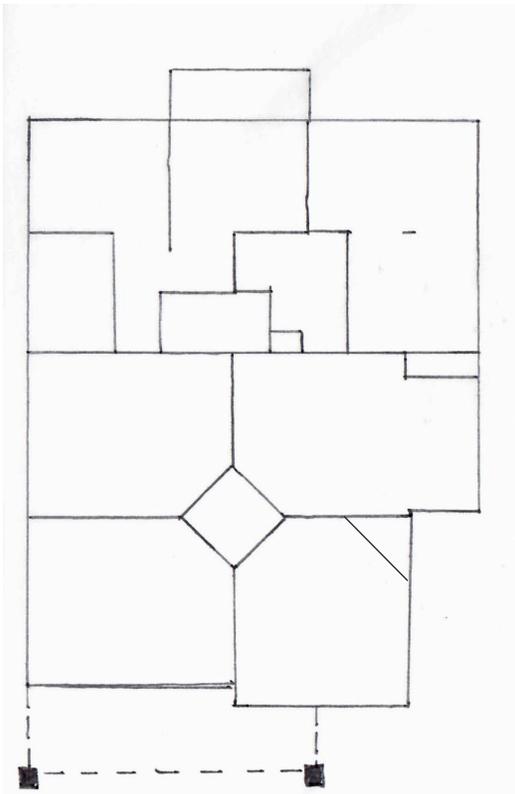
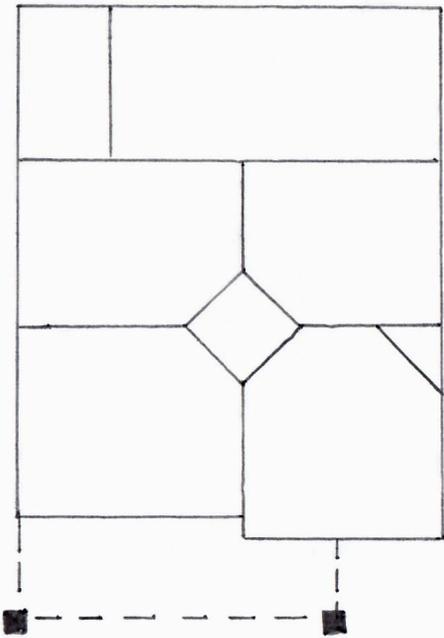
This house is converted from a pyramid cottage into a Craftsman bungalow. At this time, the rear porch is enclosed for use as interior space and a new front porch is set beneath the house's new front gable roof. This renovation is believed to have incorporated the house's first interior kitchen and bath (right).



1940

Georgia B. Williams Nursing Home

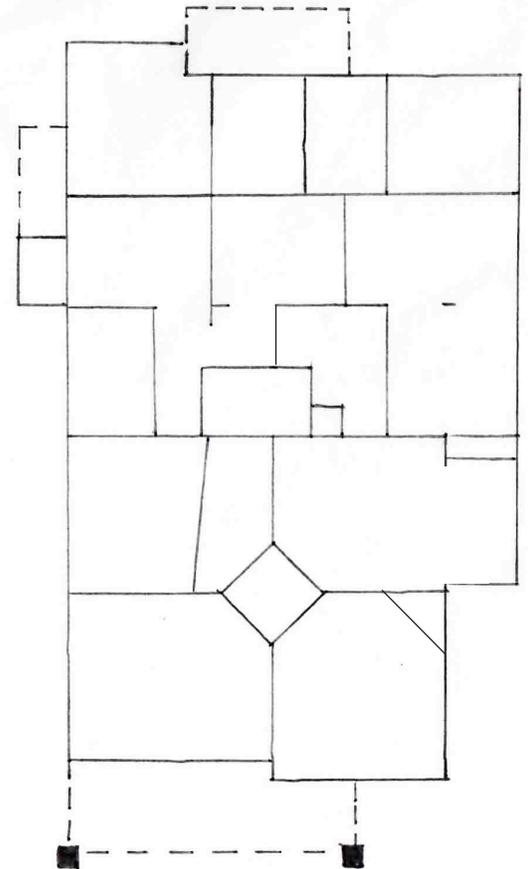
In preparation for the opening of the birthing center in 1941, a large J-shaped rear addition is built to house a Lobby and Delivery and Recovery Room spaces. Windows from the house's former west facades are repurposed on new exterior walls. This addition has a front gable roof, to match (right).



1965

Business is Booming

This addition incorporates an additional bay of rooms, stretching west to include a private bedroom, modern kitchen and laundry. The addition has a low shed roof. It also adds a sunroom extension off the Lobby of the birthing center (right).



**”BLACK MIDWIVES,
PARTICULARLY LAY MIDWIVES,
A GROUP OF WOMEN WHO
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AS NECESSARY..THEY
NEVER LOST SIGHT OF THEIR
OBJECTIVE TO SERVE THEIR
COMMUNITIES TO THE BEST
OF THEIR ABILITY, AND THEIR
UNFALTERING DIGNITY AND
PRIDE ULTIMATELY LED THEM
TO PERSONAL TRIUMPH.”**

Jenny M. Luke, Author

Delivered by Midwives: African American Midwifery in the Twentieth Century South

Historical Overview

For over thirty years, Beatrice Borders operated the only African-American owned birthing center in Georgia.¹ Further, the Georgia B. Williams Nursing Home was the only known commercial birthing center available to Black women in Mitchell County and surrounding counties from ca 1941 to 1971. During that time, she and her assistants delivered over 6,000 babies, mostly at the nursing home, but also in the mothers' own homes. Access to major medical facilities was limited, and African-American women, many of whom lived rurally and were impoverished, could not afford hospital fees. Women often preferred the care of midwives and depended on them for survival.

Listed individually on the National Register of Historic Places in 2011, the Georgia B. Williams Nursing Home is an extremely rare resource associated with the historical evolution of the field of midwifery in Georgia, its significance compounded by its associations with “the life of an exceptional woman who delivered over 6,000 babies.” Further, the nomination recognizes Beatrice Borders as one of the most successful Black business women to ever live in Camilla.

The story of the Georgia B. Williams Nursing Home is unique in that it weaves together one individual's experiences of segregation, entrepreneurship, midwifery, and ultimately perseverance and triumph in rural southwest Georgia in the early to mid-twentieth century. Here, the story of the Georgia B. Williams Nursing Home is detailed through multiple lenses. As a result, the Historical Overview includes sections on Family History, Historical Context, African-American Midwifery, and House History.

Born in 1892 in Camilla, Georgia to Georgia and Stephen Borders, little is known of the early life of Beatrice Borders (1892-1971). What has been passed down orally over multiple generations, are the stories of Beatrice and her mother and grandmother, who were also midwives. As a result, Beatrice was a third-generation midwife. The namesake of the Nursing Home, Georgia B. Williams (1863-?) was Beatrice's mother. Born as Georgia Jones, she learned the practice of “catching babies” from her mother, Katie Jones. Very little is known of Katie, as no physical records of her life have been located. What is recorded was found in the 1880 Census, which states that Georgia's parents were both born in Georgia. Oral history passed through the family tells that Katie was born a slave.

As Georgia was known for its plantation economy, made possible by the use of slaves, greater research in this realm could reveal more of Katie's story. A general search of Georgia plantations associated with families with the surname Jones, revealed one possibility. Greenwood Plantation, roughly thirty miles southeast of Camilla, outside of Thomasville, was the home of Thomas Jones and Lavinia Young. The Jones family lived at Greenwood from 1844 to 1889, even after Thomas' death in 1869. It is recorded that the family had

¹ While unconfirmed, no other documented Black-owned birthing centers in Georgia have been found in records from 1941 to 1971.



nine slaves, although no lists have been located.¹ It was not uncommon for slaves to be given the surnames of their owners.

So while unconfirmed, Katie Jones could have begun her life as a slave just southeast of Camilla in Thomasville.² It is believed that Katie Jones was deceased by the time her granddaughter Beatrice was 7 years old.³

Beatrice's mother, Georgia A. (Jones) Williams was born in 1863.⁴ Little is known of Georgia's father, although oral tradition says that he was a white man. This is further confirmed by census records which show that Georgia was "mulatto," or of mixed descent. It is believed that Georgia's first husband was Stephen W. Borders, Beatrice's father. Stephen was a blacksmith and was also mulatto. Oddly, while they are both listed in the census as living at the same residence on Scott Street in Camilla, both Georgia and Stephen have separate entries in 1880.⁵ Together, the couple has several children. By 1900, however, Stephen had died as Georgia is listed as a widow in the census from this year.

It is also recorded that Georgia has 3 living children and that she had mothered 8. One is left to assume that 5 of her children were deceased. Her three living children include "Beatris," age 7; Steve, age 4; and Dena, age 2. Georgia's aunt, Maria Jones, age 64, is also listed as an occupant of the home, which the family was renting. Georgia's recorded occupation is listed as "Cook" and she is not able to read or write. Georgia married her second husband, Fred Williams, in 1909. Little is known of Williams, although it was recorded that he was a painter. Together, they live in a rented house on Library Avenue in Camilla.

Little is known of Beatrice's early years. What is known is that she first married in 1908 at age 16 and by 1910, had moved out of her parents' house.⁶

Katie Jones

Born a slave, Katie Jones was a midwife and the great-grandmother of Beatrice Borders. Little documentation of her life exists and this is the only known image of Katie.

had mothered 8. One is left to assume that 5 of her children were deceased. Her three living children include "Beatris," age 7; Steve, age 4; and Dena, age 2. Georgia's aunt, Maria Jones, age 64, is also listed as an occupant of the home, which the family was renting. Georgia's recorded occupation is listed as "Cook" and she is not able to read or write. Georgia married her second husband, Fred Williams, in 1909. Little is known of Williams, although it was recorded that he was a painter. Together, they live in a rented house on Library Avenue in Camilla.

1 It is recorded in an online family history that Thomas Jones bought nine slaves in 1839 for \$10,000. <https://sites.rootsweb.com/~minascpi/JonesThomasLaviniaYoungWeb.htm>

2 A search into the 1860 Slave Schedules associated with the U.S. Census did not show any slaves named Katie Jones.

3 Katie Jones' death date is not known. The 1900 Census shows that Maria Jones, believed to be the sister of Katie Jones and an aunt to Beatrice Borders, are living together in the same residence. Maria is aged 64 years at this time. It is believed that if Katie Jones were still living by this time that she would have resided with her sister, daughter, and granddaughter.

4 No primary source material has been found with the name Georgia A. Jones. The earliest record found is the 1880 Census which records a Georgia A. Borders as living in Camilla, Georgia at the same address as her husband Stephen W. Borders.

5 It is unknown which Georgia A. Borders and Stephen W. Borders are not recorded in the same entry in the 1880 Census. While a marriage certificate has not been located, it is believed that they were married, as Georgia has taken his name by this date.

6 No entry for Beatrice Borders could be found in the 1910 Census. Oddly, this is the only census year that an entry could not be found for her.

By 1920, Beatrice had remarried. Her second husband was C. Laurence Minyard. At the time, she was working as a seamstress and living with her mother and stepfather. Her husband is not listed in the household. In the “Records of Marriages (Colored)” in Mitchell County, however, it is recorded that a C. Laurence Minyard married a “Eula B. Borders” in 1911. It is believed that this is Beatrice, although it is unknown why she used the name Eula.

By 1930, Beatrice had married her third husband, Gus Boswell. Gus was a carpenter. Together, Gus and Beatrice live with Fred and Georgia at 146 Rockdale Street in Camilla. It is believed that this is the house that would become the nursing home on Dyer Street as other references record a part of the “Negro Quarters NE” as the Rockdale section. Georgia is listed as a midwife and Beatrice, a practical nurse.

By 1940, it is believed that Beatrice’s parents and husband are deceased as it is recorded that she was living alone as a widow at the residence on Dyer Street in the census for this year. By this time, she has returned to her maiden name, Beatrice Borders. Just one year later, she would open the Georgia B. Williams Nursing Home at the house on Dyer Street.

Beatrice maintained a successful midwife practice over the course of her life. She began first as a lay-midwife, delivering babies at the home’s of expectant mothers. By 1930, she had become a certified nurse, practicing under Dr. J.L. Brown, as required by the passing of the Sheppard-Towner Act in 1921. As standards changed, Beatrice adapted, receiving her nursing license in 1953.⁷ While a definitive date has not been determined, it is believed that Beatrice opened the doors of the Georgia B. Williams Nursing Home in 1941. At its inception, it is likely that she still performed some duties as a lay-midwife as the Home only served Black mothers by law. This, paired with limited access to midwives and health clinics that served African-Americans, meant that women came to Beatrice not only from Mitchell County, but also Dougherty, Thomas, Grady, Decatur, and other counties. There is no doubt that Beatrice’s reputation as an experienced midwife preceded her and that “word of mouth” referrals were plentiful.

The sheer number of babies she delivered, recorded as over 6,000 in 1970, is proof of that. On May 26, 1960, Beatrice was



Georgia B. Williams
Second-generation midwife Georgia B. Williams, mother of Beatrice Borders and namesake of the Georgia B. Williams Nursing Home.

⁷ It is uncertain whether the 1953 license attributed to Beatrice Borders that was found at the Georgia B. Williams Nursing Home is her first license or a renewal. J.S. LaVern. Going to Ms. Bea’s, page 27-58.

Beatrice at Work
Situated on a sofa in the Lobby of the Georgia B. Williams Nursing Home, Beatrice Borders poses for a photograph in her nursing gown.



interviewed by *The Camilla Enterprise* for “making medical history.” The article tells the story of the live birth of a premature baby at 1 pound 10 ounces at the Georgia B. Williams Nursing Home. Following the birth, the baby was fed with an eye dropper by Beatrice and held in an incubator for two months, successfully gaining weight.

Although Beatrice never mothered any children of her own, she did informally adopt children over the years, taking in children when times were tough for family friends. Stephen W. Smiley (1927-1985) was one such child. One of many siblings born of his biological parents, Beatrice took him in at a young age. Stephen considered Beatrice his adopted family, so much so that when Stephen completed paperwork for the military draft in the 1940s, he listed Beatrice as his next of kin. Stephen married Arilla Pickney Smiley (1926-2010) of neighboring Pelham, Georgia. Together, they had three daughters, Brenda, Georgia Ann, and Jacquelyn. As Beatrice’s adopted daughter-in-law, Arilla learned the practice of midwifery from Beatrice, was trained by the local Health Department in Brunswick, Georgia, and was certified by the State of Georgia in 1963. As stated by Arilla shortly after retirement, “I was called to be a midwife by God. Ms. Bea just took me along with her.” Over the course of her lifetime, she delivered over 1,000 babies. Carrying on the tradition into a fourth generation, Arilla was the last state certified midwife to practice in Mitchell County.

Both Beatrice and Arilla were devout Christians and members of the Union Missionary Baptist Church, located just two blocks from the Nursing Home. Throughout their lives, their church community provided a strong referral network and mutual support system when times were tough.

In 1971 Beatrice passed away at the age of 79. With her passing, the Nursing Home was left to Stephen and Arilla. With the advances in regulations associated with the operating of birth centers, the Georgia B. Williams Nursing Home closed in 1972. Following this date, Arilla, a savvy businesswoman, converted the house into a childcare center. Operating for over thirty years, the Georgia Williams and Borders Childcare Center was the first state certified professional childcare center and first Black-owned daycare in Mitchell County. By this time, many of the babies delivered by Beatrice had children of their own, and they took them to Arilla for childcare.

Arilla was honored for work in the profession, earning honors from the International Center for Traditional Childbearing and others. With her passing in 2010, the Georgia Williams and Borders Childcare Center closed and the house was deeded to her daughter Brenda Smiley (1928-2016). Although the house has remained unoccupied since this time, significant work



Stephen and Arilla

Pictured here is Beatrice's Borders adopted son Stephen Smiley and his wife Arilla. Arilla learned the profession of midwifery from Beatrice and later operated a childcare center out of the GBWNH, after the closure of the birthing center.

has been undertaken by Arilla's daughters to honor the legacy of their adopted grandmother, Beatrice Borders, and the story of the Georgia B. Williams Nursing Home. In 2011, the house was individually listed to the National Register of Historic Places and in 2012 the non-profit Georgia B. Williams Nursing Home Inc. was established "to ensure that the historic contribution of Mrs. Borders never be forgotten nor destroyed by maintaining the dwelling's future existence as an African American Museum in Mitchell County." In 2019, Arilla's only living daughter Jacquelyn Briscoe, published a book *Going to Ms. Bea's* under the pseudonym J.S. LaVern, documenting the story of Beatrice Borders and the Georgia B. Williams Nursing Home. In the same year, the house was deeded to the GBWNH Inc. non-profit and in 2020, Ethos Preservation was commissioned to execute this Preservation Plan.

Historical Context

Georgia Jones' (later Williams) birth must have been a bright spot in an otherwise tumultuous time. In 1863, the country was in the middle of civil war. While no records have been located, it is likely that Georgia's mother, Katie Jones was still in bondage at the time of Georgia's birth as the process of emancipation would not begin until 1865, and even then it was not immediate. What we do know is that Georgia was living in the young town of Camilla by 1880. By this time, freedman had established "shanties" or crude wooden structures on Camilla's fringes. In 1885, the town of Camilla encompassed Broad, Scott, and Church Streets with a population of 1,000. The town's greatest industry was its grist mill with a few other woodworking, wagon, and blacksmith shops in town.

For African-Americans throughout the South, the Reconstruction Era was fraught with challenges, which were perhaps most plentiful in underdeveloped areas. This was true in Camilla, as evidenced in the unfolding of turmoil associated with reconstruction. Later termed the "Camilla Massacre," nine to fifteen were left dead and forty others wounded in 1868 when 28 Black members of Georgia's General Assembly were expelled and hundreds of Black men marched from Albany to the Camilla Courthouse to defend their seats at a Republican rally, where they were met with violence.

At the time of Beatrice Jones (later Borders) birth in 1892, Camilla's demographics and settlement patterns still reflected the plantation era, which remained in the not-so-distant past. Between 1885 and 1900, Camilla's population had decreased by 200 residents despite the town gaining significant infrastructure to include a second grist mill, a new courthouse, a public school, and jail. It was likely during this period that the neighborhood known today as The Hill developed in earnest as the station and agency of African-Americans in Camilla became more established.

By 1913, Camilla's population had increased to 2,500 as city limits extended outward to include The Hill neighborhood and areas east and west of Peachtree Street. By this time, the Camilla Cotton Oil and Fertilizer Company had constructed a mill at Ellis and Twitty Streets, where the Golden Peanut factory sits today, with The Hill serving as a mill village of sorts.

In the 1940s, the first fish and poultry businesses for which Camilla is known were established. Dominated by Royal Frozen Foods, several poultry processing facilities were introduced. A tradition that remains today, Camilla remains the home of significant poultry processing to include a large Tyson (Keystone) Foods facility.

During the Civil Rights era, demonstrators from Albany, Georgia were jailed in Camilla. On July 23, 1962, several activists tried to visit the jailed demonstrators. While a rally

took place, Marion King, the wife of the Albany Movement's vice president Slater King, was beaten to the ground and kicked by Camilla police until she was unconscious. She was pregnant at the time and had her other young children with her. As a result, she suffered a miscarriage.

With the introduction of additional industries and the growth of surrounding communities such as Thomasville and Albany, Camilla's population has doubled since the turn of the century.

In the early 2000s, Camilla was hit by two disastrous tornadoes, one in 2000 and one in 2003. Further, the great recession of 2008 and 2009 impacted Camilla, as seen in Georgia's many small communities. Bouncing back from these events, there has since been a renewed interest in downtown Camilla, with many storefronts reactivated. Even still, Camilla's heyday remains in the past as evidenced in the city's population decline since 2010.

The Children's Bureau is established to address infant mortality in America

1912

The Sheppard-Towner and Infancy Protection Act is adopted, mandating that African-American midwives only deliver babies to mothers who are referred from practicing physicians.

14,000 African-American women, ten times more than white women, visit Georgia's 181 prenatal clinics, the most clinic operated by any state in the South.

Less than 5% of women give birth in hospitals

1900

Plessy v. Ferguson legalizes segregation validating "separate but equal" policies

1896

1921

There is one Black physician for every 3,300 Black persons and one white physician for every 500 white persons in America

1940s

Mitchell County opens its first hospital in Camilla

1949

1930

1892

Beatrice Borders is born to Georgia and Stephen Borders

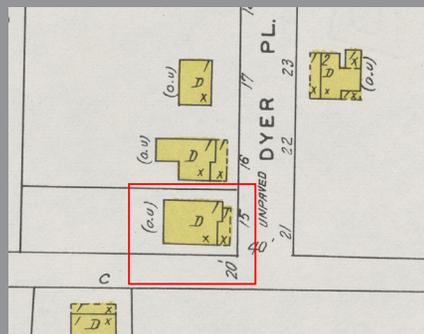
1918

The House at 15 Dyer Place is built at the corner of Beacon Street and Dyer Place, both streets are unpaved

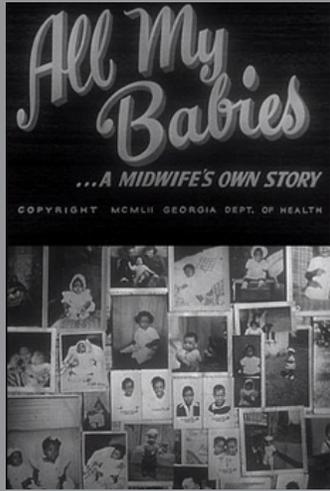


ca 1940

The House at the corner of Beacon and Dyer is renovated, altering its form and style to read as a Craftsman bungalow



eline



The Georgia Department of Public Health releases the film *All My Babies: A Midwife's Own Story* using one Albany, Georgia midwife's story as an educational tool

1953

Brown v. Board of Education reverses "separate but equal" segregation policies in schools

1954

The Camilla Housing Authority honors Beatrice Borders by naming a new housing community Borders Homes

The Georgia B. Williams Nursing Home is individually listed on the National Register of Historic Places

2011

Georgia B. Williams Nursing Home Inc. is incorporated as a 501c3

2012

1950

Georgia is recorded as having 1,322 registered midwives

1953

Beatrice Borders is certified by the State of Georgia as a practical nurse

1970

1972

Arilla Smiley, daughter-in-law of Beatrice Borders, opens the Georgia Williams and Borders Childcare Center at 176 Dyer Street

2004

Arilla Smiley goes into retirement and the house at 176 Dyer Street is vacated

2019

Going to Ms. Bea's, a book documenting the story of Beatrice Borders and the Georgia B. Williams Nursing Home is published by J.S. LaVern

1971

Beatrice Borders passes away and the Georgia B. Williams Nursing Home closes its doors



bea's babies



African-American Midwifery

Childbirth in hospitals is a relatively new development. In 1900, less than five percent of women gave birth in hospitals. Even with medical advancements, rural areas were the last to benefit. Mitchell County did not open its first hospital until 1949. It must have therefore seemed a natural progression for Beatrice Borders, a third-generation midwife, to follow in her mother and grandmother's footsteps and begin practicing midwifery "solo" around 1918. To truly understand Beatrice's story as a midwife, it helps to know the story of midwifery in America and those who came before her.

While once more common globally and across many demographics, the utilization of midwives for the delivery of babies has been a long-standing tradition of the African-American community. In America, the tradition dates to the nation's inception, a time when medical resources were scarce and midwifery more common. For African-Americans, midwife practices traveled from Africa with the arrival of the first slave ship in 1619. Slavery was a flourishing business by the 18th century when approximately 20,000 slaves were transported to the United States annually. By 1860, there were approximately 4,000,000 slaves in America. In the South, as the plantation system became more organized, so did the health care of slaves. Older enslaved women, who had outlived their usefulness in the fields, often assisted women in childbirth.

Before 1820, there was little formal medical training in America whatsoever. Before the advent of antiseptics, pregnant women of all demographics were safer with a midwife than a physician. A midwife made no internal examination but rather let nature take its course. A physician, however, would introduce bacteria, albeit unintentionally, through internal examinations. However, as the science of obstetrics advanced, the skill of midwifery gradually was regarded as out-of-date. Midwives in America first experienced dissent for their work in the early nineteenth century with thirteen states passing laws outlawing "lay healers" by 1830. In response, the Popular Health Movement of the 1830s and 40s, led largely by women, would keep these ideas at bay, denouncing their claims as medical elitism while affirming traditional medicinal practices.

Following the end of the Civil War, the Freedmen's Bureau was established in March of 1865 in part to provide rudimentary health services as the death rate in America still exceeded the birth rate, a truth that was felt most starkly in rural areas. As stated by professor and midwife Sharon Robinson of the Howard University College of Nursing,

"The health benefits of living in the country were superseded by the public health problems that were present. Hospitals were unpopular. When black and poor whites learned of a hospitalization, the tendency was to abandon all hope for recovery. Hospitals reinforced this fear because of their poor quality and inadequate equipment. Segregation further complicated the picture, as there were numerous accounts of victims dying en route to the nearest hospital that treated blacks."

Truly, many African-American women in the Jim Crow South had no expectation of medical care for pregnancy and childbirth. Moreover, they were suspicious of the motivations of white physicians and had little confidence in their skill and knowledge. This distrust, of course, originated in the inhumane treatment that was the backbone of the slave system. Doctors, at the behest of slave owners, attempted to manage the sexuality, fertility, and childbirth of female slaves in order to increase a slave owner's labor pool and profitability. On the one hand, there was the knowledge of herbal remedies and healing treatments that emerged during the era of slavery and on the other, a clear comprehension of the potential dangers of white medicine. These culturally specific ideas persisted for generations.

In 1900, it was recorded that less than five percent of women gave birth in hospitals. Many of the African-American women who entered midwifery after emancipation did so because they felt called by God. They were spiritual women committed to providing the service to their community. As such, they were often teachers, instructing others in their craft to allow the tradition to continue. Many would wait until they received a sign from God before retiring from their duties. Often old and wise women whose practice was rooted in experience, the title "grannie midwife" was common.

There were many ways one assumed the title of midwife. Beatrice Borders followed in the tradition of those who came before her. This was most common within the African-American tradition, as many Black midwives were kin to, if not descendants of, other midwives – a reflection of an earlier time of family trades. Through an informal, if not unintentional apprenticeship, a daughter, granddaughter, or other female relative would assist an older familial midwife with her duties. This constituted the training of a lay midwife who gained experience by observation rather than through formal education.

By the early twentieth century, the death rate among children had not much improved as 124 per 1,000 live births ended in death, with maternity mortality equally appalling. As a result, the federal government established the Children's Bureau in 1912 and the Maternity Center Association in 1918, stressing the importance of community education and the education of nurses in better material-child care. At this time, there were no nurse-midwives in America, and no formal midwife certification or license.

In 1921, Congress passed the Sheppard-Towner Act to provide grants to states for the training of midwives by public health nurses. These nurses met with grannie midwives monthly to discuss problems and give instructions. The midwives traveled long distances to attend classes and took great pride in sharing their stories. While the midwives largely welcomed the training, what they did not realize was that many felt they were the "midwife problem." Many midwives did recognize a need, however, as stated by one midwife:



Midwife Class
 City of Savannah Health Center
 Under Supervision of Miss Helen Bond, R. N.

These midwives are all trained and under supervision, and are faithful allies of the health department in the work of improving the health of colored people.

These midwives all have yearly licenses to practice, issued in accordance with the ordinance of the City of Savannah and the laws of the State of Georgia. They all attend monthly midwife classes; all have yearly health certificates and all make prompt reports of all births to the City Health Department. Note that all are neatly and cleanly dressed and supplied with obstetric bags properly equipped and frequently inspected.

Midwives and Periods of Practice

1st Row (Sitting)	2nd Row (Standing)
Maggie Whitfield, 1926-1938	Georgia Barron, 1898-1938
Mary Lou Irving, 1923-1936	Anna Duncan, 1896-1938
Sara Mars, 1925-1938	Ida Collins, 1908-1938
Amelia Hargroves, 1906-1936	Mattie Cuyler, 1914-1938
Janie Fields -	Lucy King, 1918-1935
	Katie Gibbs, 1905-1935

State Mandated Midwife Classes

Shown here is the documentation compiled for Black midwife instruction in Savannah.

”Us granny-midwives have got a heap to do yet. We just hope we can hold out faithfull till there get to be hospitals and doctors and nurses in plenty for everybody, even for them that can’t pay no big price big enough to count for much. But that time ain’t come yet, so us grannies still catch a lot of babies with nobody to look to for help but the Lord and the health nurses.”

Midwife M. Campbell, 1949.

Further, the Act initiated the requirement that expectant mothers first visit a physician and receive a referral for delivery by midwife. The referral included a legal document which became

PERMIT FOR DELIVERY BY A CERTIFIED MIDWIFE
(Not to be issued until the 7th month of pregnancy is complete)

NAME Geraldine BRYANT

ADDRESS 211 Camilla COUNTY DeKalb

Based on my examinations and findings on the dates below, and if no complications arise, it is my opinion that the above named person is safe for delivery by a certified midwife.

Initial Examination for Permit:

[Signature] M.D. Date _____

Repeat Examinations:

[Signature] M.D. Date Sept 14 1949

_____ M.D. Date _____

Green Card

Following the passing of the Sheppard-Towner Act in 1921, expectant mothers could only visit midwives if referred by a physician after the 7th month of pregnancy.

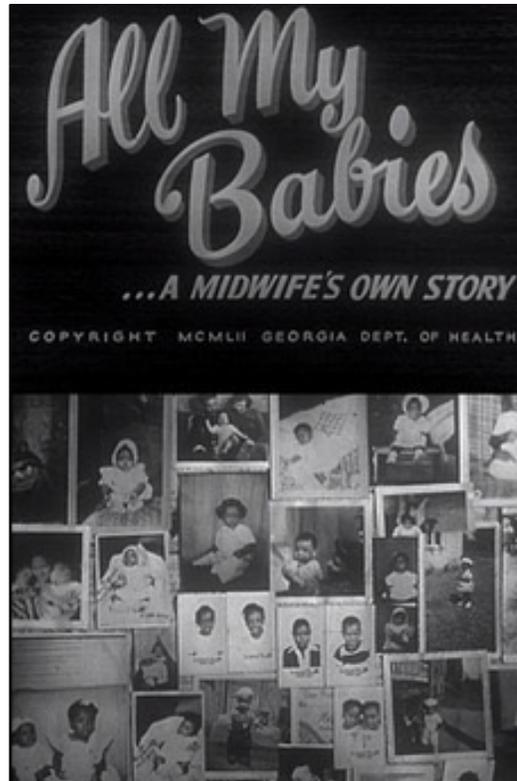
known as a “green card,” which was provided by the physician and given to the midwife.

In 1930, there was approximately one Black physician for every 3,300 Black persons, compared to one white physician for every 500 white persons. By 1933, the first nurse-midwifery school was established by the Maternity Center Association for the education of white midwives and in 1941, the first midwifery training program for Black public health nurses was established at the Tuskegee Institute.

Simultaneously, while these educational opportunities were being developed, they also served to curb the practice of midwifery in an attempt to highlight the dangers and stress

“In many ways, people throughout the United States are working to achieve good medical care for all mothers throughout childbearing. Until that goal can be reached, it is highly important to improve the skills of midwives who carry so much of the responsibility for saving mothers’ and babies’ lives in rural areas where doctors and trained nurses are scarce.” –

Opening Text of *All My Babies*, 1953



All My Babies

Conceived as an instructional aid for “granny midwives,” the film *All My Babies* quickly transcended its original purpose.

the seriousness of hygienic techniques. Any midwife found to have a venereal disease or be “not cleanly as to person, clothing or equipment” risked having her certification denied or revoked. In Georgia, regulations tightened as more local health departments were established, enabling officials to keep county-by-county tabs on midwives and push out those deemed unfit to practice. This increased surveillance succeeded in driving down the number of midwives as Georgia’s 3,000 registered midwives in 1930 dwindled to 1,322 by 1950.

In the 1940s, 14,000 African American women, ten times more than white women, visited Georgia’s 181 prenatal health clinics, the most public clinics operated by any state in the South. In neighboring Dougherty County, a local clinic existed but it was open to Black women only on Friday mornings. Infant mortality continued to remain an issue as the disparity between white and Black death rates in Georgia - 23.6 and 44.8 (out of 1,000 births), respectively, closely followed national trends.

Even with advancements, southwest Georgia would lag in medical and other improvements. The experience of African-American midwives in southwest Georgia, however, would take a national stage in 1953 as part of a government-sponsored film titled *All My Babies: A Midwife’s Own Story*. The film, which showcased the work of “Miss Mary” Coley of Albany, Georgia, was developed to educate African-American midwives in rural areas about the

dangers and best practices of midwifery. More specifically, the film was created in response to the fact that in the 1950s, midwives still attended the majority of Black births despite efforts to persuade mothers to seek the care of physicians. *All My Babies* was watched and discussed throughout the South by midwives in their state mandated classes. Today, it is regarded as a historical artifact, playing on loop at the Smithsonian National Museum of African American History and Culture in Washington, D.C.

When *All My Babies* was filmed, Black midwives attended over eighty percent of African American deliveries in Albany. Further, only four Black physicians served the town's nearly 10,000 Black residents and only five Black nurses worked in the county. The film takes place just thirty miles north of Camilla, and thus provides an amazing portrait of what life must have been like for Beatrice Borders. As viewed today, the film reflects the many dichotomies and difficulties associated with the Jim Crow South. It shows a midwife who is proud of her work and respected in her community. At the same time, it lays bare the conditions of rural Black health care and the fraught relationship between Black midwives and white medical professionals in the mid-twentieth century. It reveals the power of health films from the era to expose, to remedy, and at times, reflect racial prejudice.

Even with the Hill-Burton Act of 1946, which pushed federal dollars to southern communities for the construction of hospitals, southern medical facilities remained deeply segregated and inaccessible to African Americans living far from urban centers. This no doubt remained



Beatrice Borders and Assistant

Pictured here is Beatrice Borders (right) and an assistant, caring for newborns in what was likely a promotional shot as a third child is also situated in an incubator beyond. Image likely taken in Recovery Room A.

true in Camilla, as reflected in the sheer number of deliveries performed by Beatrice as well as her steady continued midwife practice until her death in 1971.

While the role of midwives in the South has dwindled for better or for worse, significant strides have been made. African Americans in need of medical care, particularly African American women, however, still face significant challenges when it comes to risk and the availability of services. As reported by the Southern Rural Black Women's Initiative (SRBWI), every indicator of well-being: poverty, income and employment, education, health, public infrastructure and housing in the rural counties of the South's Black Belt across Georgia, Alabama, and Mississippi is neglected. Fewer than one-half of women in the rural South live within a thirty-minute drive of the nearest clinic or hospital offering maternity services. Further, U.S. maternal mortality is on the rise and African-American women are three times as likely to die from pregnancy-related complications than white women and Black infant mortality is more than twice as high.

Beatrice Borders' role in the small town of Camilla in southwest rural Georgia is tremendously significant. Beatrice filled a void, providing a service that aided thousands of Black women and made the lives of thousands possible. Further, her work persisted despite segregation and the Jim Crow era, the enforcement of mandatory training, her conformance with nurse-midwife certifications, mandated partnerships with white physicians, and regulations associated with her home as a birthing facility. She was undoubtedly determined and dedicated.

With her passing in 1971, the City of Camilla Housing Authority honored Beatrice's legacy by naming a newly constructed apartment complex built with Urban Renewal funds the Borders Community. Today, it is known locally as Borders Homes.

Georgia B. Williams Nursing Home

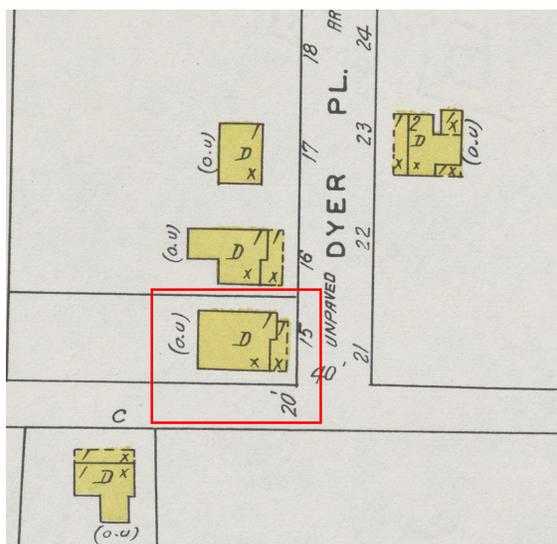
Listed individually to the National Register of Historic Places in 2011, this image was taken of the house in 2010 showing the house's condition at the time of nomination.



House History

The house at 176 Dyer Street in Camilla is believed to have been built in 1918 as a variation of a pyramid cottage, a house type common on the fringes of towns in Georgia in the early twentieth-century. While once more prevalent, these cottages are found throughout The Hill neighborhood in Camilla. Each has a pyramidal roof with four equal sized rooms. The house on Dyer Street also has a central chimney which originally served four fireplaces. When constructed, the house was covered in wood clapboard siding with a wood shingle roof. When examining the remnants of the original roof from the attic, a rear one bay extension was discovered beneath the wood shingles, situated above where parts of the Hall, Circulation, and Delivery spaces and Bath B exist today. These spaces existed in addition to the four equal rooms and may have even been the house's earliest addition. Additionally, a small rear porch with a different roofline, also covered in wood shingles was located at the house's southwest corner, where Bedroom C exists today. Since 1918, the house has been altered many times. Beatrice Borders' friend and neighbor Lucius Jackson is credited with much of the alteration work.

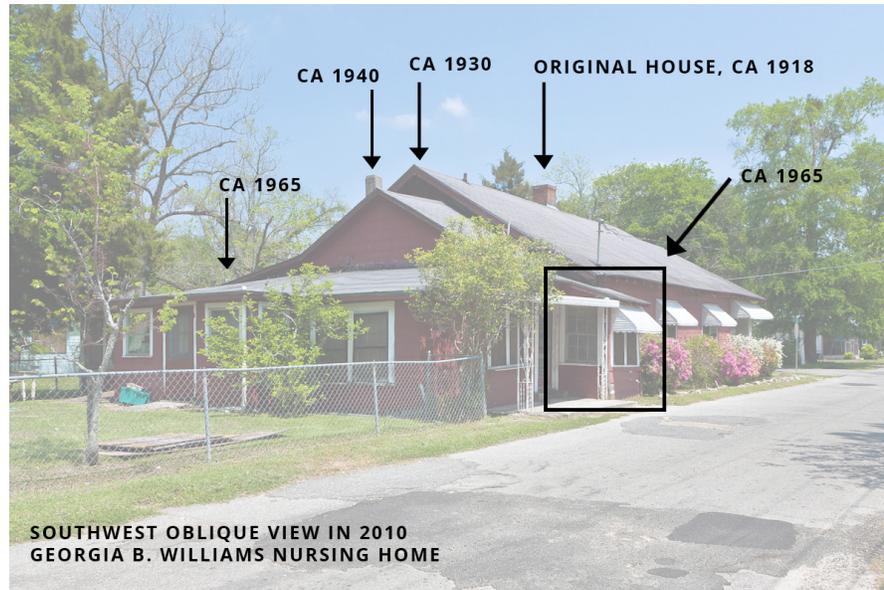
The first of many additions was added to the rear of the house around 1930, greatly altering the form of the house. Growing the house's size, the addition extended the full width of the house to the rear one bay, to include the enclosure of the earlier rear porch. It is believed to have added the house's first interior kitchen and toilet. At this time, the house's pyramidal roof was abandoned and a new, taller front gable roof covered in asphalt shingles installed, extending over a new front porch. This allowed the house and its addition to read as one single mass. These alterations included architectural details of the Craftsman style, popular at the time. The roof edges were uncovered to reveal rafter end tails and the porch incorporated new heavier square posts in stucco. This meant that the house no longer read as a pyramid cottage but rather as a Craftsman style bungalow. As part of this shift, the house's window sashes were replaced. It is believed that the houses's four-over-four sashes were installed at this time, replacing earlier one-over-one sashes. One one-over-one window remains on the front facade.



1934 Sanborn Map

This excerpt from a fire insurance map shows the GBWNH house. Originally 15 Dyer Place, Dyer Place and Beacon Streets are both recorded as unpaved. The house is set on piers and was "open under" (O.U.).

Construction Evolution
 Lightened for commentary, this image shows the rear of the Georgia B. Williams Nursing Home and how it is believed to have evolved with estimated dates.



At some point after 1934, a small secondary dwelling was added at the northwest corner of the lot at Dyer and Beacon Streets. Gone from the landscape today, the dwelling provided additional income and housing for Beatrice and the Nursing Home.

Shortly before opening its doors as the Georgia B. Williams Nursing Home in 1941, a second rear addition was added to the house. This addition largely converted the house into a business, incorporating a side entrance for use by the Nursing Home that faced south onto Beacon Street. Beyond the entrance, a lobby and delivery room were added and the house’s kitchen and bathroom layout reconfigured.

Throughout the period of significance, much care was taken to maintain the home’s appearance and surroundings. Set among several large trees, planted azalea bushes along the building’s exterior, and a landscaped garden at the rear of the property contributed to the house’s overall setting (above).

Following the success of the Nursing Home, the house was expanded a third time in the 1960s. This addition was “J” in shape and extended the house to the north, south, and west, incorporating additional delivery and recovery spaces, handicap ramps leading to extra-wide doors in two locations, a laundry room, a modern kitchen, private bedroom, and a rear porch facing west. Further still, a small window-filled sunroom extension was added off of the lobby to the south. When reading the house’s form from the exterior, the additions from this era are evidenced by a shallow pitched shed roof.

Other modifications to the Home, which are estimated to have occurred in the late 1960s include the enclosure of the rear west porch, creating a half bath off of Bedroom A.



Backyard Polaroid

This undated image is believed to be looking west, with the photographer's back facing the rear of the GBWNH. The image shows the rear landscaped yard and outbuildings, none of which remain today.

With the passing of Beatrice Borders in 1971, the property was converted for use as a daycare center. This conversion meant that several interior finishes were updated to include the installation of wall-to-wall carpeting in several spaces and the painting of the exterior of the house and many interior wall surfaces, to include children's character murals in daycare spaces. Formerly pink, the house's exterior was painted burgundy at this time.

In 2004, the daycare center ceased operations. The house has been unoccupied since this time. The house's vacancy has since led to significant deterioration largely from the presence of multiple roof leaks. More about the house's condition can be found in the Conditions Assessment section.



Original Front Door

Now located at the rear exit of the Georgia B. Williams Nursing Home, this door is believed to be an early front entry door, formerly located on the front (east) facade.

Conditions Assessment

The purpose of this section is to provide a comprehensive examination of the current state of the Georgia B. Williams Nursing Home. This assessment identifies the overall and specific condition of the building and its elements, with historic elements delineated in **green**. When applicable, recommendations for future treatment are provided in keeping with the preservation principles outlined in the Secretary of the Interior's Standards for Rehabilitation.

The recommendations provided in this report do not focus on restoration to a specific historical period. Rather, treatments are preservation-focused and designed to address deterioration, ensure life safety, and stabilize the structure. The term "in-kind" is used to describe the preferred practice of repair and/or replacement of deteriorated features, to mean that the repair or replacement of elements should utilize elements of the same material type, design, dimension, profile, texture, and appearance.

During the house's period of significance, lead-based paint and asbestos were used in common construction. This is true for the Georgia B. Williams Nursing Home house and its additions. Included within the assessment are recommendations regarding elements containing lead-based paint and asbestos. It should be assumed that any painted surface in the Home contains a layer of lead-based paint. Further, all elements containing asbestos are noted as such within this text. For surfaces covered in lead-based paint, encapsulation is recommended, as opposed to abatement, as the removal of lead-based paint from wood surfaces leaves them brittle and unsalvageable. When the disposal of these elements is required, a state licensed abatement contractor must be used.

A paint scrape analysis should be performed to reveal the original color of every surface on the interior and exterior of the house utilizing proper lead-based paint precautions. When possible, scraping should be performed in an inconspicuous or secondary location, such as at the base of a door's trim. It can be assumed that most of the interior and exterior trim was painted a uniform color, respectively. As such, a scrape analysis does not need to be performed for every window sill, for example. When lead paint is encapsulated with new paint, a long-oil based primer or paint should be used to ensure new paint adhearance.

For the purposes of this section, the condition of the Georgia B. Williams Nursing Home building will be assessed from the exterior first, followed by an interior assessment, working from top to bottom. On the interior, the assessment is organized by room. All exterior doors and windows are addressed solely in the exterior section.

overview

The exterior of the Georgia B. Williams Nursing Home is in good condition with exception given to the house's ca 1940 and 1965 additions, which have suffered significant deterioration. Made up of a variety of historic materials, many of which are layered, the exterior is a direct reflection of developments that occurred during the building's period of significance.

It should be noted that in many areas the house is unsafe and significant mold is present. Anyone visiting the house should take proper safety precautions before entering.

FOUNDATION - BRICK PIERS

The house sits on a shallow brick pier foundation. At the building's perimeter, continuous foundation blocks line the building's edges, interrupted by single **CMU blocks** placed sideways every six feet, holes exposed, to allow for ventilation. It is not possible to view the house's internal pier system from the exterior. Based on the age of the original house, it is believed that the internal piers are built of brick bonded with lime mortar. No crawl space access points were identified. The building's **concrete block foundation** is painted white and stretches around the front porch and the perimeter of the main house below the principal gable roof. The house's later additions sit on shallow unpainted concrete block piers that are largely hidden from view.

Recommendations:

- Perform a full assessment of the building's foundation via crawl space examination
- Remove the bottom layer of exterior siding to examination the foundation in its entirety
- Salvage historic material whenever possible
- Replace deteriorated piers in-kind and repoint brick piers as needed with lime mortar

STRUCTURE + FRAMING

The house is balloon framed and built of wood, to include the house's front gable roof. When examining the roof structure from within the attic, it is clear that the front gable roof framing is newer than the rest of the house's framing, evidencing the house's redesign ca 1930. Further, while the front gable roof was an early alteration, many of the members associated with the roof have been replaced, possibly prior to the house's use as a daycare. The attic "floor" is the house's original wood shingle roof. This earlier roof was of a significantly lower pitch and was likely a hip roof, with a north-south ridgeline. Further, it is clear that there was a rear lean-to or porch with a shed roof where Bedroom



Attic

Accessed from a wall hatch in the Lobby, the attic of the house reveals an earlier wood shingle roof (foreground) and numerous framing members that have been recently replaced.

C exists today. Within the attic, it is also possible to examine the house's central brick chimney. A central stack with four heaths that once opened into four rooms, the chimney configuration is atypical, breaking into four legs at the crawl space, with an open-air area between the legs.

From within the attic, it is clear that the structure and framing of the ca 1900 and ca 1930 portions of the home are in good condition.

From the interior, it is possible to see that the ca 1940 and ca 1965 portions of the house have structural deficiencies. Also of frame construction, several areas where there are roof leaks have deteriorated sections of wall framing and flooring, to include the deterioration of some door and window framing elements. Degradation is significant and on-going.

Recommendations:

- Rebuild portions of the ca 1940 and ca 1965 additions on their existing footprints due to the extent of deterioration
- Perform paint analysis prior to demolition to identify and record original colors
- Ensure new piers are adequately sized and set atop reinforced concrete footers below grade
- Retain doors and windows for reuse whenever possible
- Clad areas rebuilt with a modern-equivalent fiber cement shingle siding
- Frame the rebuilt additions with new asphalt shingle roofing at no less than a 2:12 pitch, with care taken to ensure flashing is comprehensive
- Sister new members to historic members whenever possible

FRONT PORCH + STAIR

The house's front porch extends across the southeasternmost three bays of the front facade. It is set atop a pier foundation that is paired with a continuous perimeter **block foundation** that is vented. The porch is framed by two large **square porch posts in stucco**, which support an enclosed extension of the house's front gable roof, which covers the porch area. The porch's **central front stair** consists of three steps set in poured concrete framed by stepped cheek walls, all of which are in sound condition with no signs of cracking or other deficiencies. The porch floor is roughly 21 inches from grade. Currently, no handrail or baluster exists and no handicap access is available for entry on this facade.

The porch floor has a **wood floor** that is tongue and groove with boards running east-west. Two square sections of the porch floor were replaced at some point, in-kind. Further, a small section of boards are missing at the northeast corner of the porch. The porch was painted at one point, however, little paint remains.

The porch has a sheetrock ceiling framed by a continuous lintel set atop the porch posts. The connection for a ceiling pendant light remains although no fixture is present.

Attached to the outside of the porch, a ribbed metal awning with a scalloped edge exists that was installed ca 1960. Partially stained from age, the awning has

Porch Details

These images show the current condition of the front porch. Part of a major renovation ca 1930, the house was enlarged and converted into a Craftsman bungalow to include this large front gable porch.





Front Porch

These images show the current condition of the front porch. Part of a major renovation ca 1930, the house was enlarged and converted into a Craftsman bungalow to include this large front gable porch.

disconnected from the east facade and is currently hanging from one end. Where the awning has fallen, a painted porch lintel beneath reveals the house's former exterior pink paint color. This member is also warped and bowing.

The gable end of the front porch showcases the house's ca 1930 Craftsman details. Decorative rafter end tails in wood extend outward from beneath the gable's horizontal axis to include two pairs of longer tails set together above the square porch posts and a single longer tail is set at the gable intersection.

The gable end of the porch is filled with stucco painted white with a triangular attic vent in wood at the top that features vertical Craftsman detailing.

The roof edge and soffit, which extend outward to form a wide eave, is also framed in wood. All wood elements associated with the gable end of the porch are in good condition but are in need of paint.

Recommendations:

- Retain all elements for repair and reuse. The porch floor and/or the metal awning may need to be replaced in-kind, if too deteriorated beyond repair.
- All elements shall be painted with the exception of the metal awning.
- A simple metal baluster should be installed on the front entry steps to a height of 36 inches to allow for greater accessibility. It is not recommended that a porch railing be installed as it is not required and will create a false sense of historical development.
- Install a new structural lintel in-kind to replace the bowing member. Use the older lintel to perform a paint color match and paint the new member to match.



REAR PORCH

In the first two bays of the south facade, facing Beacon Street, sits the rear entry porch that was the main entrance to the Georgia B. Williams Nursing Home. The porch is made up of a rectangular **concrete pad** that is covered by a **flat corrugated metal awning** supported by **wrought iron porch posts**, which have been painted white. The awning retains the ghost of earlier painted lettering which read “Georgia B. Williams Nursing Home.” The concrete pad surrounds an earlier set of **brick entrance steps** placed adjacent to the southern entrance. A handful of bricks are missing, vegetation is present, and the wood sill of the entrance is worn and in need of paint. Situated at the southwest corner of the pad is a sewer drain. At this location, the pad is cut away to accommodate the drain. The rear porch is in fair condition. The concrete pad has experienced some cracking. The metal porch posts and roof have weathered and are in need of paint.



Recommendations:

- Replace missing bricks at entrance steps in-kind and install simple metal baluster at a height of 36 inches
- Repair wooden door sill, with replacement in-kind if necessary, and paint
- Repair cracks in concrete slab or pour new slab in-kind
- Assess the structural stability of the entrance awning and retain and preserve existing awning, if possible
- Paint porch posts and repaint ghost text on awning edge to read “Georgia B. Williams Nursing Home”

GBWNH Entrance

These images show the current condition of the side entrance onto Beacon Street. The entrance is set within the house’s rear addition, which was built ca 1940 and altered ca 1965.

CONCRETE RAMPS

Three **concrete ramps** were installed, the first of which was added ca 1940, to allow for accessibility at three secondary entrance points. These entrances enter into Recovery Room A, Recovery Room B, and the Back Porch, which has been enclosed. The ramps are in good condition but do not have balusters of any kind.

Recommendations:

- Retain sloped concrete entrance ramps
- It is recommended that any ramps used for life-safety egress receive a simple metal baluster to a height of 36 inches



Ramps

Pictured here are two secondary entrances that were added to the GBWNH when additions were built. Added specifically to accommodate wheelchairs and gurneys, they have low sloped concrete ramps that lead to extra-wide entrance doors.



EXTERIOR WALLS

The house is covered in wavy **asbestos shingle siding** which is believed to have been added around 1940. The siding sits atop wood **clapboard siding**, which is visible in several locations where there are missing or broken asbestos shingles. Painted burgundy when the house was converted for use as a daycare, the asbestos shingles were previously painted pink.

The clapboard set beneath the asbestos shingle siding varies in size and finish based on the era it was installed, revealing which areas were constructed at the same time.

Because the asbestos shingle siding was added during the house's period of significance, it is considered historic. It should be noted, however, that more information regarding the building's evolution may be revealed with its removal.

Incorporated within the exterior wall face are gable end attic vents in wood, which are set beneath the house's eaves just below the gable intersection. Detailed with vertical slats, the vent design is indicative of the Craftsman style.



Recommendations:

- Remove the bottom layer of asbestos shingle siding on all facades to examine the condition of the building's sill plates, the bottom of all framing members, and the top of the foundation
- Retain all other asbestos shingle siding, in-place, on all areas not being rebuilt
- Repair sections where shingles are broken or missing with modern-equivalent fiber cement shingle siding
- Retain gable end attic vents

Exterior Layers

Pictured here are several areas where the house's asbestos shingle siding has broken or been removed to reveal a variety of clapboard siding beneath. The first image (top) also shows the house's original exterior pink paint color.



Repurposed Window Opening

This image from the National Register nomination shows the west wall of the Lobby. Previously an exterior wall, the window opening in this location has had its sashes removed for conversion to interior shelving.

WINDOWS + DOORS

The majority of the house has four-over-four double-hung sash single-pane **wood windows** with true-divided light sashes, where wood mullions divide multiple pieces of glass. Exceptions include one large one-over-one double-hung sash window in the last bay of the front facade and six-over-six windows that were incorporated into areas of the house ca 1965. Lastly, the rear, west Rear Porch enclosure features one-over-one aluminum windows.

The one-over-one window on the front facade is believed to reflect the original configuration of the house's windows, with the four-over-four sashes replacing these simpler sashes around 1930.

The majority of the windows are in good condition with the exception of broken glass associated with the one-over-one wood window and several of the six-over-six windows associated with the ca 1965 portions of the house. The six-over-six window framing is deteriorated in some locations with some sashes warped and missing pieces of glass, as much of the wall framing, and subsequently the window framing, has failed due to roof leaks.

Because the house has multiple additions, there are places where windows have been incorporated into interior areas, such as along the west wall of Bath B and along the west wall of the Lobby, although these windows in this location no longer remain (above). It is believed that the four-over-four windows incorporated into the exterior walls of the additions were originally part of other, earlier, exterior walls.



The house has five entry and exit doors that are unoriginal to the house, however, many were added during the house's period of significance. Both the main entrance to the house and the main entrance to the Nursing Home off of Beacon Street are **solid wood doors** with central glass openings filled with jalousie windows added ca 1965. Prior, the front entry door was a three-panel wood door with a six-light inset window. This door was relocated to the rear of the house, when the rear porch was enclosed (left).

The other exterior doors that exist are of a large size and exit out onto concrete ramps to allow for the entry and exit of wheelchairs and gurneys. These doors are unoriginal plywood doors that are now deteriorating.



Original Entry Door

Set in the background of a photograph ca 1960, the house's original front entry door can be seen. Additionally, the house's earlier, lighter, paint color is visible in this black and white image. It is believed that this door was repurposed as the rear exit when the Rear Porch was enclosed after 1965.

Recommendations:

- Retain all extant window openings and sashes for reuse whenever possible
- Complete a window assessment to determine which windows need new glazing, weatherstripping, and/or other in-kind repairs or replacement
- Paint all windows, with consideration for their continued use and operability whenever possible
- Replace windows too deteriorated for salvage in-kind to match with true-divided light wood windows of the same size and configuration
- Retain the three main entry and exit doors for reuse, repair as needed, and paint
- Replace the plywood doors with a period appropriate single or pair of solid wood doors fit to size each opening

ROOFS + CHIMNEYS

The majority of the house has a front gable **asphalt shingle roof** with Craftsman detailing. The front gable roof configuration dates to ca 1930, however, the asphalt shingles are newer. These roof shingles have however now exceeded their useful life as there are several interior roof leaks, despite the addition of some roof patches.

Other roof elements include **rafter end tails** in wood and **decorative brackets** on the front facade. These elements are in need of paint.

The addition that runs along the north elevation has an asphalt shingle shed roof set at a low pitch. This roof is suffering the most significant deterioration with multiple holes present.

The addition along the west elevation also has a shed roof set at a low pitch, however this section of roof is covered only with modified bitumen roofing. This section is warped in many areas and suffering from a hole above Bedroom A.

The house has two **brick chimneys**, both of which are in good condition. The chimney piercing the ridgeline of the roof is the older of the two and is original to the house. The smaller square chimney was installed as a wood stove flue.



Roof and Chimney Variations

The above image shows the northwest corner of the house with the house's additions in the foreground. Each era's addition has a different roof structure. The house's two chimneys can also be seen. The below image shows the house's south facade and its roofline variations.

Addition Roof Deterioration

This image was taken at the house's northwest corner, as viewed from a ladder. The image shows the state of the low-pitch roof associated with the north addition to include many holes.



Recommendations:

- Replace all roofs with new a new three-tab asphalt shingle roof system that is grey in color, to match. Architectural shingles should not be used.
- Leave the eaves of the new roof edges exposed, as they were historically, showing the rafter end tails
- Ensure that the roof system is flashed appropriately, especially at the building's chimneys, which should be step flashed and regulated into mortar joints
- Assess chimneys for potential masonry repointing, and repoint, if needed, with lime mortar with thickness and tooling to match
- Examine chimneys and cap if they are not capped already using field stone mortared in place (from above, not to be visible) to eliminate condensation inside stack

LIVING ROOM

The living room is located at the southeast corner of the house and is square in shape with the exception of a corner hearth. The room has a **wood floor**, which has been stained, **plaster walls** and a **sheetrock ceiling**. The walls and ceilings are built of tongue and groove wood boards with plaster laid over top. The paint color dates to the period of significance as revealed in historic photographs (right). It is likely that when the house was built all of the walls and ceilings were exposed tongue and groove boards.



'60s Graduation

This image shows the Living Room of the GBWNH in the 1960s. Seen here is the "modern" fireplace hearth that has been painted with glossy paint and its associated gas heater.

The room has **wood baseboards** and **window and door trim**. The **brick hearth** was added ca 1940 and likely replaced an earlier wood mantle. The fireplace originally had a central fire box, which has since been filled with smooth brick of a later era. At this time, stepped cheek walls were added, set around a gas heater. All of the brick associated with the fireplace is painted and has a glossy finish, some of this paint is peeling.

The room has a **solid wood entry door with a jalousie window** that leads to the front porch, a three-panel wood door that leads into Bedroom B, and a double door opening with no doors that leads into the Dining Room. The entrance into the Dining Room once had a pair of French doors that were hinged on the Dining Room side, as the connection hardware remains. It is believed that these doors were repurposed to create the Incubation Room.

The ceiling has a hole in the southwest corner, where a roof leak has led to interior deterioration, exposing the tongue and groove boards set beneath the plaster. Placed at the center of the ceiling is a **1960s light fixture** with four bulbs.

Recommendations:

- Clean and stain the floor to match the original floor stain
- Paint the walls, trim, doors, and windows to match existing colors, as needed
- Patch the sheetrock ceiling in-kind and paint to match
- Retain ca 1940 hearth as-is and paint to match
- Retain historic light fixture at center, clean and repair for reuse



Living Room

(Above) Images of the current condition of the Living Room. Note ceiling hole and corner hearth.



Bedroom B and Bath D

(Below) Images of the current condition of Bedroom B and Bath D. Note corner hearth, closet flooring, and wood wall in Bath.



BEDROOM B + BATH D

Bedroom B is believed to have always been used as a bedroom. Originally a square room with one chamfered corner, the room has had two major alterations. A half bath was added behind a second chamfered corner wall in the room's northwest corner. The bath has a toilet only and may have been the house's first indoor bathroom. Inside, the room's original horizontal **tongue and groove wall boards** exist on the north wall. Additionally, a floor-to-ceiling closet was added to the room's southeast corner ca 1930.

The floor of this room has multiple layers, the youngest of which is **asbestos tile**. This tile is set over **vinyl sheeting** stamped to read as tile. Lastly, a wood floor exists beneath the vinyl. These layers are evidenced at the entrances to the closet and bathroom.

The room has **plaster walls** and a **plaster ceiling**, both of which are in good condition. The room has **wood baseboards** and **window and door trim**. The **door trim** in this room indicates how old each door opening is, as the bathroom and double door trim is newer and less ornate. The **hearth** was added ca 1965 and is built of smooth brick that has never been painted. The brick is laid in a stacked bond to include a central square of stacked brick headers set around a pipe, which accommodated a wood stove. A gas heater later replaced the wood stove, as seen in photos taken in 2011.

The room has multiple **wood panel doors**, the earliest of which are the tallest and have three equal panels. The others have five panels. All have metal hardware. The doors leading into Recovery Room A were salvaged from another location and cut to fit this opening.

On the west wall, a wall mounted porcelain **hand sink** exists.

Recommendations:

- Replace deteriorated asbestos 9x9 tile flooring with a sympathetic and period appropriate modern-equivalent tile
- Retain hearth as-is and clean
- Retain all doors and trim
- Paint all walls and wood surfaces
- Retain hand sink
- Retain toilet in Bath D for period interpretation



Recovery Room A Current Conditions

(Above) Images of the current condition of Recovery Room A. Last image shows historic newspaper flooring underlayment.

RECOVERY ROOM A

The northwesternmost room in the house's original four-room plan, this square room with chamfered corner was expanded one bay north ca 1940 to include a half bath and large rear exit door with exterior sloped ramp for wheelchair and gurney access. The chamfered corner sits at the southeast corner, where a fireplace once existed. Examination revealed that an earlier hearth and fire box exists beyond the wall surface.

The space has **vinyl flooring** printed to read as tile. An examination of the floor by the entrance to Bath C reveals several layers of vinyl flooring to include another printed tile sheet as well as a sheet printed to appear as pebbles. Beneath the last layer, atop the room's wood floor, is a newspaper underlayment from September 23, 1969. Thus, all of the room's vinyl layers were added after 1969. Prior, the room likely had a finished wood floor.

The room has **plaster and sheetrock walls**, dependent on era, that are in good condition but are suffering from hairline cracks and peeling paint. The room's most recent coat of paint is believed to have been added when the house was converted for use as a daycare. The room has **wood baseboards** and **window and door trim**. A wall mounted porcelain **hand sink** exists on the east wall, with a small section of **wall tile** above, which has been painted to match the wall.

The ceiling of the space delineates which areas date to the original house floor plan and where the northern addition begins, as the ceiling is lower in the addition. At the northwest corner, the half bath that was added extends outward into the space. Also, on the east wall, the framing for Bath D extends into this space.

The room has a simple historic **ceiling pendant light fixture** with two bulbs.

While the majority of the space is in good condition, the portion of the room that is associated with the addition has suffered the most damage, originating from a roof leak which is now bringing daylight and vegetation in. This has resulted in the rotting of several floor joists below.

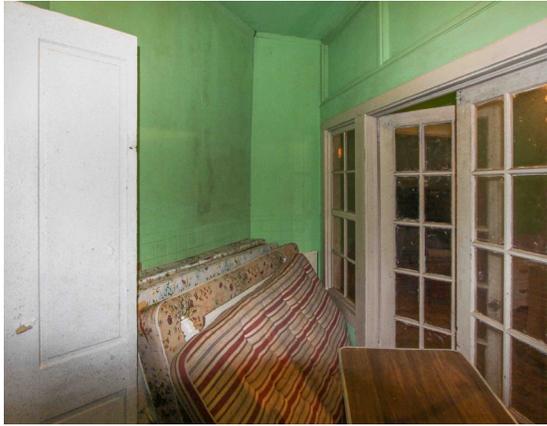


Multiple Mantels

Pictured here is the hearth in Recovery Room A before and after the discovery of a second, older hearth and mantel set behind the one attached to the wall surface.

Recommendations:

- Rebuild the addition to the north in-kind, to include the removal of all elements that have experienced rot. Sister new framing elements to historic elements wherever possible
- Restore wood floors or replace existing vinyl flooring in-kind with a sympathetic and period appropriate modern-equivalent vinyl flooring
- Restore the earlier fireplace mantel and fire box
- Paint all walls and wood surfaces
- Retain hand sink and remove paint from associated tile
- Retain light fixture and repair for reuse



Incubation Room

(Above) Images of the current condition of the Incubation Room. Note hearth with no fireplace (left) and variation in wall construction (wall inserted on right).



Dining Room

(Below) Images of the current condition of the Dining Room. Note ceiling patch exposing tongue and groove boards, hardware for moved French Doors, and "cork" linoleum floor.



INCUBATION ROOM

This room was divided out of what was the southwesternmost room of the house's original four-room core. The creation of the room included the repurposing of the **French doors** that led from the Living Room into the Dining Room along this room's south wall as well as the incorporation of two exterior four-over-four **double-hung sash windows** from a portion of exterior wall that was converted to interior space. The room has multiple angled walls to include a chamfered northeast corner, where a hearth was once located. No fireplace exists in the space today.

The room has **asbestos tile flooring**, that is in fair condition, and **plaster walls and ceilings** with **tile wainscoting**, which has been painted the same color. The room has **wood baseboards** and **door and window trim**. The walls and ceiling are in good condition.

Recommendations:

- Retain asbestos tile flooring in-place and do not disturb
- Paint all walls and wood surfaces

DINING ROOM

The Dining Room is located at the southwest corner of the house's original four-room core. The room was subdivided to create the Incubation Room, at which time the **French doors** associated with the room's double door opening into the Living Room were repurposed for entry into the Incubation Room.

This room has a **linoleum floor** designed to look like cork with midcentury detailing. The room has **plaster walls** that are in good condition. The room has **wood baseboards** and **door and window trim**. The ceiling is drywall and was added following a roof leak on the southern side of the room. A portion of drywall is missing, exposing the room's **tongue and groove ceiling**, and not all of the previous ceiling patch has been painted.

The room has a 1960s **central light pendant** with four bulbs that matches the fixture in the Living Room.

Recommendations:

- Retain and clean the linoleum floor for reuse
- Confirm the roof leak is inactive
- Repair the drywall ceiling and paint white to match other ceilings
- Paint all walls and wood surfaces
- Retain and repair light fixture for reuse

HALL

The hall of the house connects the Dining Room with the rear additions of the house, forming an ell that stretches westward to meet the Lobby. The floor is made up of red **asbestos tiles** and the room has **sheetrock walls** framed by wood battens, all of which is painted. Several children's character murals are painted on the walls, which were added when the house was converted for use as a daycare. The space has **wood baseboards** and **door and window trim**. Two interior **four-light windows** are present at the corner of the ell, allowing light to pass into Bath B. The doors leading in and out of the space are horizontal **panel wood doors**. A half door has been cut and placed between the Hall and Circulation spaces, likely added when the house was converted for use as a daycare. All of the doors are suffering from peeling paint. Above the half door is an original doorbell box. The room has a **sheetrock ceiling** and a pull-down access hatch that leads to the attic.

Recommendations:

- Retain asbestos tile flooring for reuse in-place and do not disturb
- Paint all walls and wood surfaces
- Paint over children's character murals
- Remove half door
- Retain doorbell speaker box, for period interpretation



Bedroom C Current Conditions

(Above) Images of the current condition of Bedroom C. Note the low ceiling and vegetation that has entered the room at the window opening.

BEDROOM C

Bedroom C is a square room with a low ceiling as the space was originally a rear porch, as evidenced in the attic.

During fieldwork, the floor was not visible. The room has **textured plaster walls and ceiling** and the walls have a simple **wood chair rail**. The southwest corner of the room has a section of wood veneer wall paneling where an electrical box is located. At this corner is a small attic hatch. The room has **wood baseboards** and **door and window trim**.

The room has a pair of intact **six-over-six windows** on the south wall where vegetation, now dead, has entered the interior. A wall mounted porcelain **hand sink** exists on the north wall. The sink has separated from the wall and is being supported by a pole that has been added as a band-aid measure. A **single light bulb fixture** is located at the center of the ceiling as well as one **single bulb wall mounted fixture** on the north wall.

Recommendations:

- Examine flooring after the removal of all stored items and repair or replace in-kind
- Remove vegetation and repair windows to ensure they are air and water tight
- Remove wood veneer wall patch, examine and repair plaster, and paint
- Paint all walls and wood surfaces
- Repair wall mounted sink, adding structural wall support internally as needed
- Retain lighting configuration for period interpretation

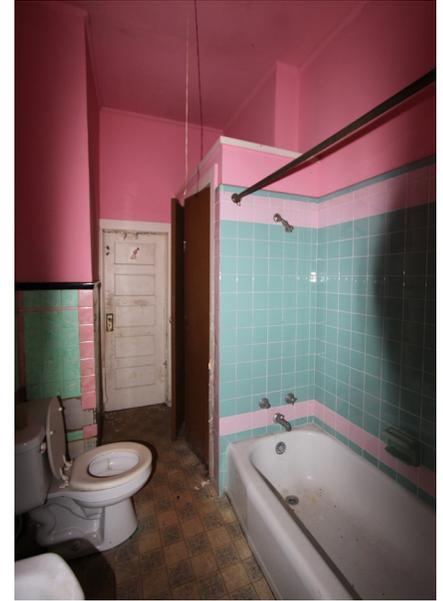
BATH B

Added ca 1930, Bath B is located at the center of the house and has two entrances that lead into the Hall and Circulation spaces, respectively. The space has a wall mounted **hand sink**, a **toilet**, and a full size **porcelain tub**. Framing the tub at its north end is a built-out closet with hollow veneer double doors that are unoriginal. At the northwest corner, the wall jogs to accommodate a closet that opens into the Circulation space.

The room has a **vinyl floor** stamped to read as tile, that is in good condition. The space has **plaster walls** with **tiled wainscoting** that is pink and green. Two **fixed four-light windows** exist on the west wall adjacent to the Hall, which were likely repurposed from an earlier exterior wall that was altered. The room has **wood door and window trim** and a **single bulb light fixture** at the ceiling's center.

Recommendations:

- Retain existing flooring and repair at thresholds and edges as needed, or replace with a sympathetic and period appropriate modern equivalent
- Retain tile wainscoting
- Retain all plumbing fixtures unless inoperable. If necessary, replace with new units in styles to match
- Paint all walls and wood surfaces
- Install opaque film on inside of window glass to eliminate visibility into the space
- Replace closet doors with solid wood doors
- Retain single bulb light fixture for future interpretation of the space



Bath B Current Conditions

Images of the current condition of Bath B. Note the low closet (above) and the interior window set behind the mirror and shelves (below).



Breakfast Room and Kitchen Current Conditions

Breakfast Room (left) and Kitchen (right) current conditions. Note the ceiling leak in the Breakfast Room and the low ceiling and period cabinets and stove in the Kitchen.

BREAKFAST ROOM + KITCHEN

The Breakfast Room was added to the house ca 1930. The room can be entered from the Lobby, the Hall, and the Kitchen and is square with the exception of a built-out section in the northeast corner, which accommodates a chimney and closet that is accessible from the Circulation space. Dividing the space from the Lobby is a low wall with a wood lattice screen that frames an arched opening. The space has **wood cabinetry** on the south and east walls and a large opening that leads into the Kitchen on the west wall.

The floor in the Breakfast Room is **asbestos tile** and is in good condition. The room has **sheetrock walls and ceilings** framed by wood battens, all of which is painted. At the northwest corner, a roof leak has molded the ceiling. The room has a children's character mural on the north wall and a wainscot of wallpaper, all of which was added when the house was converted into a daycare. A single bulb light fixture exists at the center of the ceiling, the connection point for which is inaccessible beyond the sheetrock, which is unsafe.

The Kitchen is located in a portion of the house added ca 1965. The addition from this year is situated beneath a long and low shed roof. As a result, the ceiling in the Kitchen is low and sloping. The Kitchen leads from the Breakfast Room to the Rear Porch and exit, and thus is organized as a "galley" or corridor kitchen, with wall cabinets on the north and south walls. Dividing the space from the Breakfast Room is a half-wall with a hinged wood batten half-door added for daycare use. Previously, a doorway connected the Kitchen with Bath A on the south wall, where an opening likely added when the house was converted for use as a daycare has since been walled-off.

The Kitchen has an **asbestos tile floor** that is in fair condition, matching adjacent spaces. As seen in the space's southwest corner, an earlier **vinyl floor** stamped to read as tile is

set below the asbestos tile. The room has **sheetrock walls** and simple **wood cabinets** with **metal hardware** in different styles, indicative of the 1960s. The countertops on the south side of the room are the oldest. One section has a **veneer countertop framed by a metal edge** and the other has an entirely metal countertop, similar to a Hosier cabinet. The half wall between the Kitchen and the Breakfast Room has a narrow countertop, which also features a metal edge. The cabinets on the north wall are topped with a modern composite and were likely added to accommodate the modern sink it surrounds. The room's cabinets and walls have mold and mildew stains. The space also has an original **1960s gas stove and hood**. The kitchen cabinets, hood, and walls are all painted cyan. The space has a sheetrock ceiling which is sagging and a simple central **jelly jar light fixture**.

Recommendations:

- Replace asbestos tile flooring with a sympathetic and period appropriate modern equivalent or with new vinyl flooring that is sympathetic and period appropriate
- Remove wallpaper from Breakfast Room
- Clean cabinets and assess for salvage and reuse. If too deteriorated beyond repair, replace in-kind, to include period appropriate hardware, and paint
- Remove modern era countertop from cabinets on north wall and replace with countertop to match others
- Retain period gas stove for period interpretation. Ensure gas lines are capped and inactive
- Retain low wall and remove half-door
- Replace sagging ceiling with new sheetrock ceiling
- Paint all walls and wood surfaces
- Paint over children's walls murals
- Retain central light fixture and repair and reuse

BACK PORCH

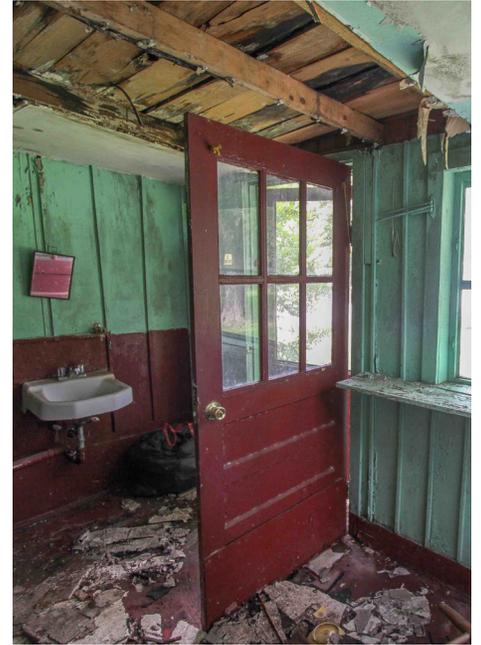
Located at the rear (west) face of the house, the Rear Porch features the most recent alterations. The main exit point for the house, it has seen significant wear and use. The space is square in shape and may have originally been an open-air porch. The room has a poured concrete floor that is painted, **board and batten walls**, and a **tongue and groove ceiling** covered with sheetrock. The space has a wood exit door and one-over-one

double-hung sash aluminum windows.

The space's floor and walls are in good condition. Set beneath one window is a wall shelf. The ceiling has experienced a roof leak and is subsequently deteriorating. Following the construction of Bedroom A to the south, Bath A was added between the Rear Porch and Bedroom A. At this time, a hand sink was added to the south wall of the Rear Porch. The exit door leading out of the Rear Porch and into the rear yard is believed to be the house's **original front door**.

Recommendations:

- Rebuild the roof structure in this area
- Install new sheetrock ceiling
- Retain hand sink for period interpretation
- Paint all walls and wood surfaces



LAUNDRY

The most utilitarian space in the house, the Laundry is part of the house's ca 1965 addition. Set between Recovery Room B and the Kitchen and Rear Porch, the room has a **poured concrete floor**. The space is square in shape, with **sheetrock walls** with a tongue and groove wainscot. The space has a sloped tongue and groove ceiling with peeling paint. The west wall has little wall surface as it accommodates a six-over-six window and a cased opening into the Rear Porch. Within this space is a large two-basin **steel laundry sink**. The ceiling has a **single bulb light fixture** at its center, as well as exposed gas lines.

Recommendations:

- Clean all surfaces and paint as needed (with the exception of the floor), color to match
- Retain sink and light fixture for period interpretation
- Ensure that gas lines are capped and inactive
- Paint all walls and wood surfaces



Rear Porch Current Conditions

Images of the current condition of the Rear Porch. Note the original front door that has been repurposed here and the board and batten walls.



Roof Leak Deterioration
 (Above) Images of the current condition of the joint Delivery and Recovery Room B spaces.

Before Photos
 (Below) These images show what the Delivery and Recovery Room B spaces looked like in 2010 prior to damage.



DELIVERY + RECOVERY ROOM B

Formed from a portion of the house added ca 1930, which was expanded in 1940, the Delivery Room incorporates space devoted specifically to the delivery of babies. It is located along the building's north wall, between Bath C and Recovery Room B. It is connected to Recovery Room B by two large openings separated by a center column. The space has suffered significant damage related to a roof leak, which has expanded to expose the room to weather and the elements.

The Delivery Room has wall-to-wall carpeting that was added when the room was converted for use as a daycare center, **sheetrock walls** framed by wood battens, all of which are painted; flush **wainscoting**; and a **tongue and groove ceiling** that is covered in plaster. **Wood baseboards** and **door and window trim** can be found throughout. The ceiling is tall with the exception of the northern portion which is lower, possibly to accommodate HVAC lines. It is within this lowered northern portion that the ceiling has had a roof leak which has led to a large hole, exposing the tongue and groove board behind the plaster. Daylight is visible and the hole is significant. As a result, the flooring below has deteriorated and is unsafe. The floor deterioration has exposed the floor's layers. Below the wall-to-wall carpeting is **vinyl flooring** stamped to read as tile, and asbestos tiles below that.

Located at the northwest corner of the house, Recovery Room B is a large room made up of two sections, as delineated by changes in the ceiling. The eastern half sits closest to the delivery room and has a ca 1940 **tongue and groove ceiling** that is painted two different colors. The paint lines in this section may delineate where an earlier wall was located. The western half has a lower **plaster ceiling** that is textured, which frames the house's ca 1965 northwest corner. A **header** separates these two spaces, where a ceiling fan is located that is missing several blades.

The entirety of the space is covered in wall to wall carpeting that was added when the house was converted to daycare use. The room has **plaster walls** framed by wood battens, all of which are painted, with a flush wainscot. The walls feature several childrens character murals. **Wood baseboards** and **window and door trim** are found throughout. The space has solid **wood panel doors**, with the exception of the rear (west) exit door which is an extra wide plywood door. The doorway into the Laundry Room has **narrow double-doors** in wood with panels which have been filled with wallpaper.

Recommendations:

- This entire section shall be rebuilt in-kind due to extreme deterioration
- Prior to demolition, perform a paint scrape analysis to determine the original paint color of all surfaces
- New floor joists shall be sistered to historic members whenever possible
- New framing shall replicate room's existing dimensions
- New walls to have drywall finish and flush wainscot
- Paint all new walls and wood surfaces
- Flooring to be finished with VCT tiles or vinyl sheeting that is sympathetic and period appropriate
- Retain, repair in-kind, and reuse all doors and windows. Remove wallpaper from doors.
- All wood and plaster surfaces to be painted, color based on paint analysis

BATH C

Incorporated as part of the house's first addition ca 1940, this half bath is located along the house's north wall and has entrances from both Recovery Room A and the Delivery Room. The room has **vinyl flooring** that is in fair condition and sheet vinyl wainscotting added ca 1990, stamped to read as tile. The space has painted **sheetrock walls**. The room has a **wood baseboard, chair rail, and door trim**. Two **five panel wood doors** lead into the space and have peeling paint.

The room has a **toilet** and a wall mounted porcelain **hand sink**.

Recommendations:

- Replace the existing vinyl flooring in-kind with



Bath C Current Conditions

Images of the current condition of the Rear Porch. Note the original front door that has been repurposed here and the board and batten walls.

a sympathetic and period appropriate equivalent

- Remove vinyl wall sheeting
- Repair plumbing fixtures or replace in-kind with modern equivalents as needed
- Paint all walls and wood surfaces

CIRCULATION

This space serves to connect several spaces in the house's rear addition to include linking Recovery Room A with the Delivery, Recovery Room B, Hall, and Bath B rooms. The space has three closets and a piped radiator, which connects to the house's rear chimney stack, as seen on the exterior. It is possible that this room was used as the kitchen ca 1940 when the rear addition extended only to this room's west wall. With the house's expansion ca 1965, the room became a well-used corridor.

This space serves to connect several spaces in the house's rear addition to include linking Recovery Room A with the Delivery, Recovery Room B, Hall, and Bath B rooms. The space has three closets and a piped radiator, which connects to the house's rear chimney stack, as seen on the exterior. It is possible that this room was used as the kitchen ca 1940 when the rear addition extended only to this room's west wall. With the house's expansion ca 1965, the room became a well-used corridor.

The floor of the space is covered in wall-to-wall carpet which was added when the house was converted for use as a daycare center. It is likely that the room originally had vinyl flooring in keeping with the rest of the birthing center spaces. A layer of flooring may be below the carpet. The room has sheetrock walls with wood battens, all of which are painted. Some areas have mold and mildew staining. The room has wood baseboards and door trim. All doors leading in and out of the space are solid wood panel doors. The space has a tongue and groove wood ceiling that is painted.

Circulation Area

Images of the current condition of the Circulation area. Note the daycare paint scheme and the space's many closets.



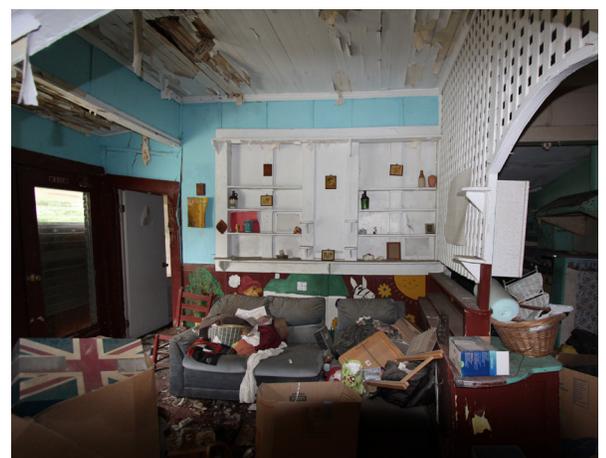
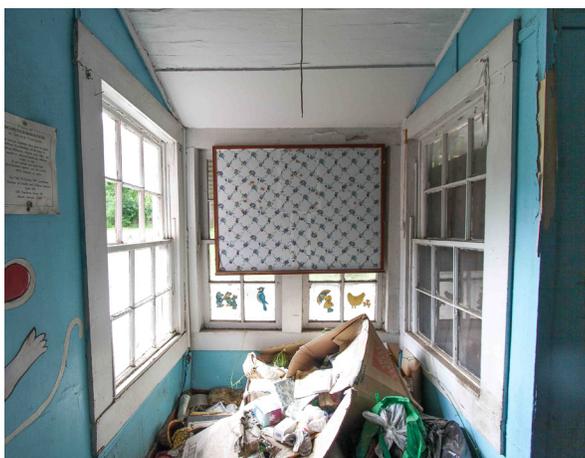
Recommendations:

- Remove wall-to-wall carpet and examine flooring set beneath. If vinyl, either restore or replace with period appropriate vinyl equivalent
- Paint all walls and wood surfaces

LOBBY

Located on the house's south wall in a portion of the building added ca 1940, the Lobby was the main entrance for expectant mothers visiting the Georgia B. Williams Nursing Home. The space features an exit onto Beacon Street and a small sunroom extension to the south that was added ca 1965. The room's west wall was once an exterior wall. As such, a **large framed window opening** exists, which has been filled with interior shelving. Bedroom A, the Breakfast Room, and Hall are all accessible off of the Lobby.

The room has an **asbestos tile floor** that is unsound as evidenced in significant sagging associated with deteriorated floor framing beneath. The space has **sheetrock walls** framed by wood battens, all of which is painted and the space has **wood baseboards** and **door and window trim**. Children's character mural paintings exist throughout the space from the daycare era. On the east wall, an **attic access hatch** exists, where it is possible to access the space above Bedroom C. The room has a **tongue and groove ceiling**, which is painted. Roof leaks have led to significant damage, particularly adjacent to the south entrance. The ceiling features a **header** at the southern end of the room, revealing where the ca 1940 room may have been extended ca 1965. On the north wall, a low wall with **wood lattice** above separates the Breakfast Room from the Lobby.

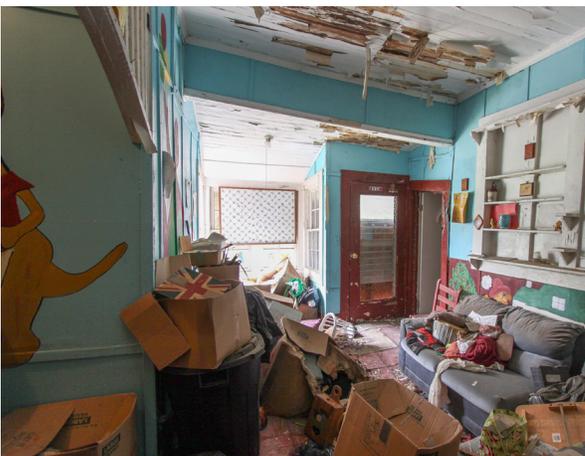


Recommendations:

- Demolish the flooring and ceiling in this space to allow for the repair, in-kind
- Remove joists deteriorated beyond repair and sister new joist members to solid extant members
- Install modern equivalent asbestos tile flooring that is sympathetic and period appropriate
- Paint all walls and wood surfaces
- Paint over children's character murals
- Ensure roof leak is inactive and repair deteriorated tongue-and-groove ceiling in-kind and paint to match

Lobby Current Conditions

Images of the current condition of the Lobby. Note the added sunroom space (first), the former exterior window opening (second), and ceiling leak (third), and the wood lattice partitions (last).



BEDROOM A + BATH A

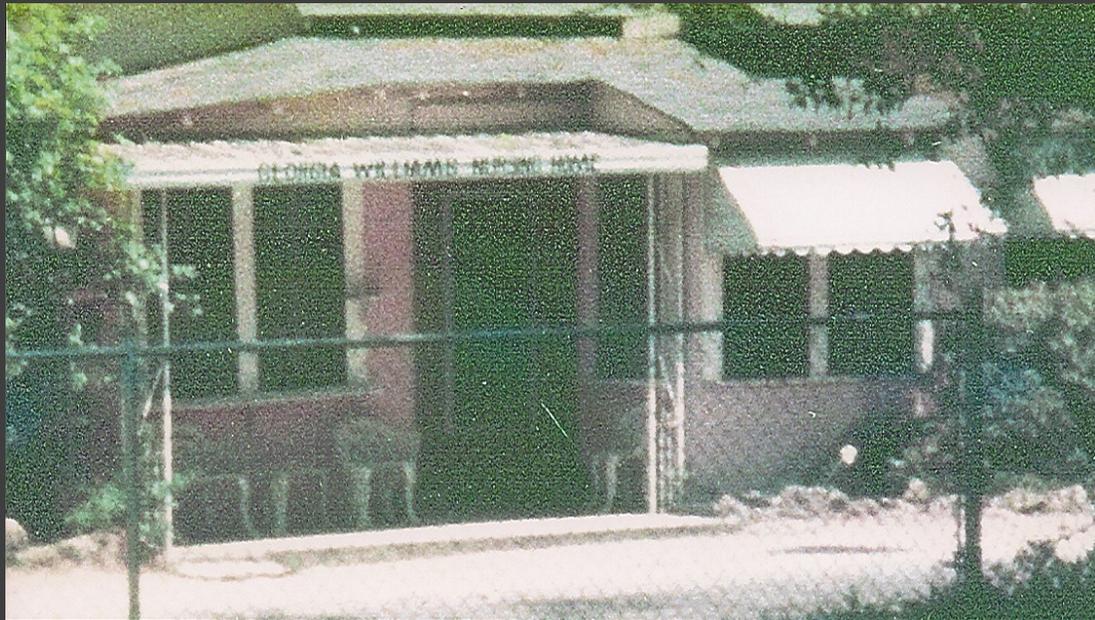
Part of a ca 1965 addition to the house, Bedroom A is set at the southwest corner of the house and was the private sleeping quarters of Beatrice Borders. Originally a square room, a bathroom was later inserted in the northwest corner. Bath A takes space from Bedroom A and the enclosed Rear Porch, its north wall dividing a window on the house's west wall.

The room has a **linoleum floor**, **sheetrock walls**, and an **asbestos "popcorn" ceiling**. The ceiling has suffered from a significant roof leak that has led to the deterioration of the flooring system below. As such, Bath A was inaccessible during fieldwork. The space has hollow core wood veneer doors.

Recommendations

- This entire section shall be rebuilt in-kind due to extreme deterioration
- Prior to demolition, perform a paint scrape analysis to determine the original paint color of all surfaces
- New floor joists shall be sistered to historic members whenever possible
- New framing shall replicate room's existing dimensions
- New walls to be drywall, paint color to be determined from paint analysis
- Install new sympathetic and period appropriate linoleum flooring

phases



“The culture and souls of black folk embody the historic places we preserve.”

W.E.B. DUBOIS

PHASE ONE: CRITICAL PATH

These are items that should be tackled as soon as possible to ensure the immediate needs of the building are met. Here, physical needs are paired with initial recommendations regarding fundraising for the Georgia B. Williams Nursing Home Rehabilitation effort.

Part A. Building Needs

- Remove all vegetation and biological growth touching and entering the building
- Sensitive remove all items stored inside the house, with care taken to ensure that no pertinent historical documents or birthing center artifacts are discarded
- Install a temporary roof protection system over areas where the house has roof holes, the majority of which are a part of the north and west addition roof systems
- Perform select removals of surfaces believed to be covering earlier birthing center building materials on the interior, to examine original surface composition and finish.
 - Remove wall-to-wall carpet
 - Examine floor in Bedroom C
 - Examine ceiling in northwest corner of Recovery Room B

Part B. Use Exploration

It is not too early to begin to think about what combination of uses will ensure the future use of the Georgia B. Williams Nursing Home is financially sustainable. What is certain is that the building will ultimately need a variety of income sources in order to be sustainable. Important considerations include the size and needs of the Camilla community, potential community partnerships, and the support of a long-term Friends of Georgia B. Williams Nursing Home group.

Listed here are a variety of potential uses:

- Museum of Beatrice Borders
- Museum of African-American Midwifery in the South
- Camilla Civil Rights Museum
- Partial apartment or commercial tenant space
- Rentable community activity center
- After-school tutoring site/wifi hub
- Co-working space

It is recommended that an architect be engaged as soon as possible to assist with the conceptualization of building plans related to specific uses. This will assist in a greater understanding of the marriage of future use and associated building code requirements.

Part C. Database Creation

Understanding that GBWNH Inc. possesses thousands of birthing records, it is very important that these records be digitized and safely archived as soon as possible. An invaluable resource for interpreting the story of the Georgia B. Williams Nursing Home, it is recommended that a grant be sought for the professional digitization of these documents for the long-term preservation of these physical resources and their associated data. Further, the records should be stored in acid-free archival storage in a place safe from water, fire, and other potential damage.

Further still, a database of “Bea’s Babies,” or list of persons delivered by Beatrice Borders or others employed at the Georgia B. Williams Nursing Home should be developed. Such a database will serve as a tool for:

- Recordation of the Georgia B. Williams Nursing Home story
- Reference for persons researching their own birthing story
- Contact list for fundraising and the development of “Bea’s Babies” or a Friends of GBWNH group

This, paired with specific tasks executed during the development of the Preservation Plan, will jump start the effort to rehabilitate the Georgia B. Williams Nursing Home.

Since the kick-off of the Preservation Plan, these tasks have been executed.

- Removal of vegetation surrounding the house
- Removal of all furnishing and items stored inside the house
- Development of a website to promote the project, www.beasbabies.org
- Development of an official email address, gbw@beasbabies.org
- New GoFundMe campaign launched
- Facebook account, the Georgia B. Williams Restoration Project, updated
- Press release for Preservation Plan shared with news outlets
- GBWNH Inc. applied for and received a Digital Library of Georgia digitization grant
- Exploration of building rehabilitation grants

PHASE TWO: PRESERVATION

Phase Two will consist of specific rehabilitation activities pertinent to the stabilization of the building and its exterior envelope. These tasks will ensure that the building is weatherized, secure, and structurally sound.

In preparation for exterior stabilization, Phase Two shall include the following planning activities:

NOTE: Preservation contractors should have proven experience in completing historic rehabilitation work according to the Secretary of the Interior's Standards and should have experience completing projects of this type and size. References should be requested and verified.

- Establishment of community partnerships, public and private
- Application of grants for planning and bricks and mortar rehabilitation, as needed (For more info, see Grants Appendix)
- Final use and design selection
- Architect and engineer execution of construction documents and specifications for interior build-out and site work
- Use construction plans and specifications to solicit bids from preservation contractors
- Development of an initial operations, use, and management plan with community partners

Linked directly with the recommendations associated with the Conditions Assessment section, the needs categories below should be addressed at this stage.

- Removal of deteriorated elements to include rear additions that are identified for reconstruction
- Crawlspace and sill plate examination to include the removal of the bottom layer of siding
- Foundation repairs
- Structural jacking and framing repairs, as needed
- Exterior sheathing stabilization, to include the replacement of any deteriorated or removed asbestos-shingle siding with modern equivalent fiber-cement shingles
- Abatement work as needed
- Window and door stabilization
- Installation of a new asphalt shingle roof and all pertinent

NOTE: Any historic elements removed or deconstructed as a result of deterioration-beyond-salvage should be well documented to include photographs, dimensions, and paint chips for color-matching, which shall be keyed to their location and stored for reference, as applicable.

During Phase Two, and throughout the project, it will be important that organizational activities occur concurrently with work on the ground. During Phase Two, these momentum-building tasks should occur.

- Formalization of the “Bea’s Babies” Friends of GBWNH group e-mail listserv (contact list with names, addresses, telephone numbers, and email addresses)
- Document and share project progress updates via the listserv and on social media
- Invitations to press for key-events such as “groundbreaking” ceremony

PHASE THREE: REHABILITATION

Phase Three executes construction documents for the building's interior build-out and complete rehabilitation.

In preparation for interior rehabilitation, this phase shall include these planning activities:

- Selection of a preservation contractor
- Execution of requirements related to the receipt of grants, as applicable
- Finalization of operations, use, and management plan for building in anticipation of rehabilitation finalization

Linked directly with the recommendations associated with the Conditions Assessment section, the needs categories below should be addressed at this stage.

- Comprehensive paint scrape analysis to determine original paint colors
- Interior finish rehabilitation of all surfaces
- Electrical repairs to include new wiring, the reuse of select fixtures, and the installation of new fixtures
- Plumbing repairs to include new lines, the reuse of select fixtures, and the installation of new fixtures
- The installation of a new HVAC system and tankless hot water heater

During Phase Three, and throughout the project, it will be important that organizational activities be maintained, to occur concurrently with work on the ground. During Phase Two, these momentum-building tasks should occur.

- Maintained correspondence with "Bea's Babies" (Friends of GBWNH group) via the e-mail listserv (contact list with names, addresses, telephone numbers, and email addresses)
- Document and share project progress updates via the listserv and on social media
- Invitations to press for key-events, such as "ribbon-cutting"

PHASE FOUR: OPERATIONS + SUSTAINABILITY

Phase Four addresses the building's continuous and long-term operational needs and the personnel, monetary, and community requirements for the organization's sustainment.

Included with the Budgets Appendix, a proposed Operational Budget has been outlined as a point of reference.

Following the completion of the Rehabilitation Phase, Phase Three will:

- Close-out of building rehabilitation to include final walk-through with contractor
- Close-out of any associated grant paperwork
- Open house to allow community to tour space and pledge financial support

For operational sustainability, these questions must be answered:

- Who will staff the museum?
- Who are GBWNH Inc.'s community partners? What are their responsibilities (i.e. monetary, staffing, cleaning, etc.) and what do they receive in return (i.e. access to space, recognition in materials, etc.)?
- How will the house's needs (i.e. utilities, staffing, cleaning, maintenance) be funded (i.e. endowment, merchandise sales, annual non-profit fundraising, community partnership, apartment or business rental)?
- What are the organization's needs?
- Who will maintain the database, listserv, website, and social media accounts?
- How will you grow "friends" or membership in Bea's Babies?
- Who will be in charge of fundraising and for how long (will it be a rotating position)?
- How will the roles of the GBWNH Board transition before, during, and after renovation?

FINAL CONSIDERATIONS

In addition to the activities directly associated with the rehabilitation of the Georgia B. Williams Nursing Home, there are a handful of additional considerations that are indirectly associated with the project that have the potential to have a significant impact. Listed below are some final considerations.

Fundraising Ideas

- Consider sponsorship levels
- Promote the stages of renovation with birthing terminology - sharing the launch of the capital building campaign “at conception” and each stage of work as a “trimester”
- “Sponsor a Room” Campaign (consider identifying a monetary donation amount that will be honored with a plaque dedicated to each room of the house)

Activity House
Pictured here is the Georgia B. Williams Activity Center located at 145 Harney Street, around the corner from the GBWNH. Today, it is a multi-use space with wall a hanging exhibit about Beatrice Borders and the GBWNH story.



Georgia B. Williams Activity Center

Leveraging outside resources to support the rehabilitation and operation of the Georgia B. Williams Nursing Home Museum will be essential. Understanding that GBWNH Inc. also owns a property at 145 Harney Street, it is recommended that this property be converted to an income-producing use for the monetary sustainment of the Nursing Home museum. Constructed ca 1920 as a duplex, the house has since been converted for use as the Georgia B. Williams Activity Center. As a result, the space is large enough to house a business or single family tenant. The maintenance costs and other needs associated with

this building should likewise be considered. It is not recommended that this building be sold, as its potential for continuous income and its value as a real estate holding exceeds its monetary value.

Exhibit Design/Execution

In addition to the costs associated with the Georgia B. Williams Nursing Home building and its renovation, there is a need to develop an operations plan for the development of a museum as identified in the GBWNH Inc. mission. Importation museum-specific considerations include:

- What will be the content focus of the museum?
- Will the house be interpreted as a birthing center?
- Will the story be expanded to include the context of African-American midwifery throughout the region? The state? The south?
- What will be the name of the museum? Does “Nursing Home” make sense as a museum title?
- Who is the target audience?
- Will there be an admission fee?
- Who will be in charge of curation?
- What types and mediums of exhibits work best?
- What will be the hours of operation?

Grants specific to the development of museum exhibits have been identified and are included in the Grants Appendix.

Preservation Easement

It is recommended that after the Georgia B. Williams Nursing Home has been rehabilitated, a preservation easement be placed on the building. Tied to the deed for the property, preservation easements are associated with buildings, as opposed to owners, and thus exist in perpetuity. When placed with a proper entity, preservation easements serve as the highest form of preservation protection for historic buildings. Entities such as the Georgia Trust for Historic Preservation serve as holders of easements. As holders, these groups ensure that when changes are made to easement properties they are in keeping with the Secretary of the Interior’s Standards for the Treatment of Historic Properties.

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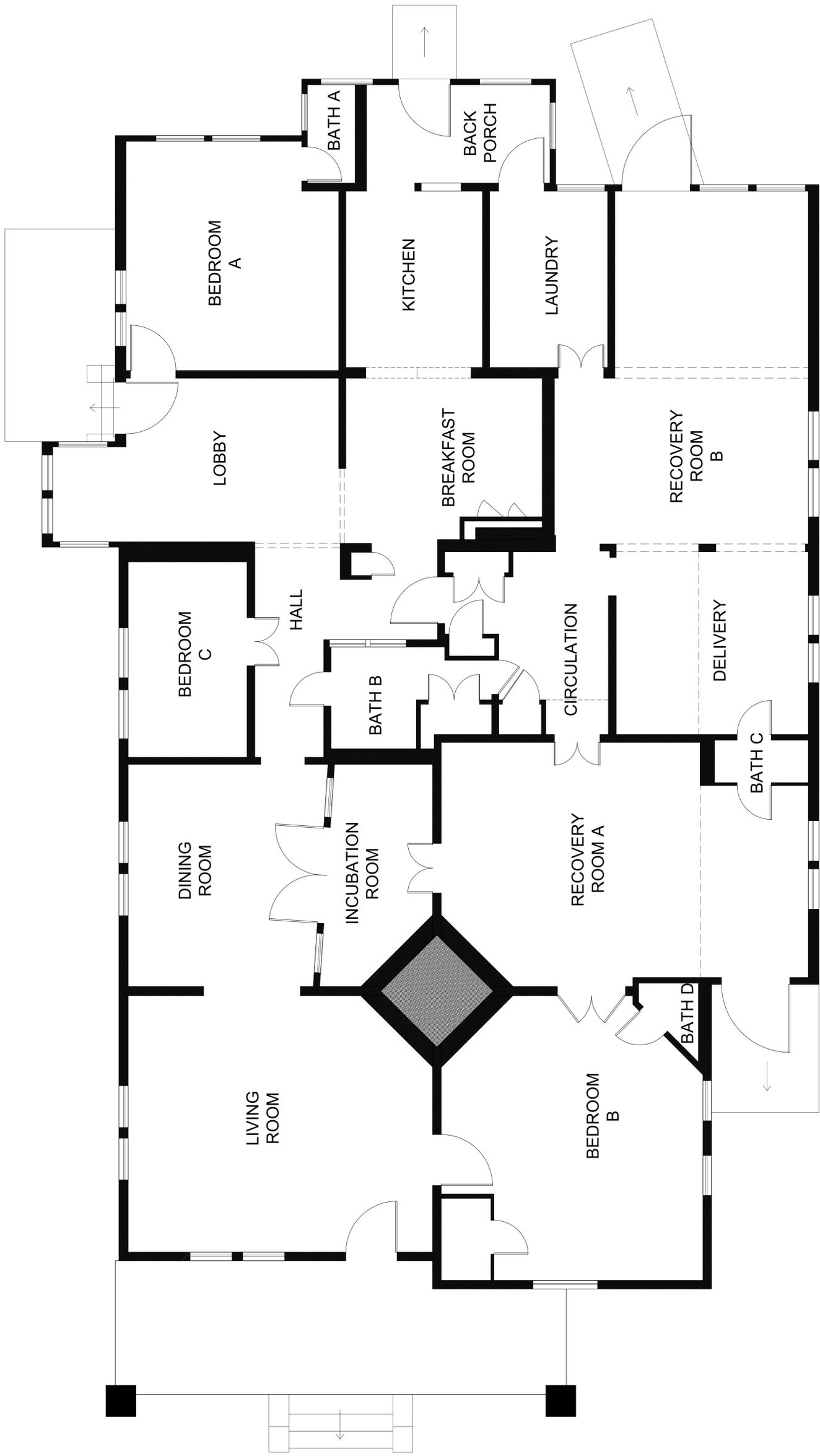
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APPENDIX: DRAWINGS



1 FIRST FLOOR EXISTING CONDITIONS PLAN
 1/2" = 1'-0"



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GEORGIA B. WILLIAMS NURSING HOME
 176 DYER STREET, CAMILLA, GA
 EXISTING CONDITIONS DOCUMENTATION

DATE ISSUED: AUGUST 6, 2020

A1
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