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Nat. Register of Historic Places
National Park Service

United States Department of the Interior
National Park Service

National Register of Historic Places
Registration Form

This form is for use in nominating or requesting determinations for individual properties and districts. See instructions in *How to Complete the National Register of Historic Places Registration Form* (National Register Bulletin 16A). Complete each item by marking "x" in the appropriate box or by entering the information requested. If an item does not apply to the property being documented, enter "N/A" for "not applicable." For functions, architectural classification, materials, and areas of significance, enter only categories and subcategories from the instructions. Place additional entries and narrative items on continuation sheets (NPS Form 10-900a). Use a typewriter, word processor, or computer, to complete all items.

1. Name of Property

historic name Endicott-Johnson Medical Clinic

other name/site number Wilson Hospital Annex

2. Location

street & number 305 Clinton Street not for publication

city or town Binghamton vicinity _____

state New York code NY county Broome code 007 zip code 13905

3. State/Federal Agency Certification

As the designated authority under the National Historic Preservation Act, as amended, I hereby certify that this nomination request for determination of eligibility meets the documentation standards for registering properties in the National Register of Historic Places and meets the procedural and professional requirements set forth in 36 CFR Part 60. In my opinion, the property meets does not meet the National Register criteria. I recommend that this property be considered significant nationally statewide locally. (See continuation sheet for additional comments.)

Ruth A. Purpoint DBAHO 7/28/15
Signature of certifying official/Title Date

State or Federal agency and bureau _____

In my opinion, the property meets does not meet the National Register criteria. (See continuation sheet for additional comments.)

Signature of certifying official/Title Date

State or Federal agency and bureau _____

4. National Park Service Certification

- I hereby certify that the property is:
- entered in the National Register.
 See continuation sheet.
 - determined eligible for the National Register.
 See continuation sheet.
 - determined not eligible for the National Register.
 - removed from the National Register.
 - other, (explain): _____

Loe Edson H Beall 9-29-15
Signature of the Keeper Date of Action

5. Classification

Ownership of Property
(check as many boxes as apply)

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

Category of Property
(check only one box)

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

Number of Resources within Property
(Do not include previously listed resources in the count.)

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

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

Number of contributing resources previously listed in the National Register

0

6. Function or Use

Historic Function
(Enter categories from instructions)

HEALTH CARE/hospital

Current Function
(Enter categories from instructions)

Vacant/Not in use

7. Description

Architectural Classification
(Enter categories from instructions)

No style

Materials
(Enter categories from instructions)

foundation Stone
walls Brick
roof Synthetics/rubber membrane
other

Narrative Description
(Describe the historic and current condition of the property on one or more continuation sheets.)

See attached

8. Significance

Applicable National Register Criteria

(Mark "x" in one or more boxes for the criteria qualifying the property for National Register listing.)

- A** Property is associated with events that have made a significant contribution to the broad patterns of our history.
- B** Property is associated with the lives of persons significant in our past.
- C** Property embodies the distinctive characteristics of a type, period, or method of construction or represents the work of a master, or possesses high artistic values, or represents a significant and distinguishable entity whose components lack individual distinction.
- D** Property has yielded, or is likely to yield, information important in prehistory or history.

Criteria Considerations

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

Property is:

- A** owned by a religious institution or used for religious purposes.
- B** removed from its original location.
- C** a birthplace or grave.
- D** a cemetery.
- E** a reconstructed building, object, or structure.
- F** a commemorative property.
- G** less than 50 years of age or achieved significance within the past 50 years.

Narrative Statement of Significance

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

Areas of Significance

(enter categories from instructions)

social history

Period of Significance

1928-1942

Significant Dates

1928

Significant Persons

(Complete if Criterion B is marked above)

N/A

Cultural Affiliation

N/A

Architect/Builder

9. Major Bibliographical References

Bibliography

(Cite the books, articles, and other sources used in preparing this form on one or more continuation sheets.)

Previous documentation on file (NPS):

- preliminary determination of individual listing (36 CFR 67) has been requested
- previously listed in the National Register
- previously determined eligible by the National Register
- designated a National Historic Landmark
- recorded by Historic American Buildings Survey # _____
- recorded by Historic American Engineering Record # _____

Primary location of additional data:

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

Broome County Historical Society

10. Geographical Data

Acreeage of Property 1.0

UTM References

(Place additional boundaries of the property on a continuation sheet.)

1 18 422607 4662346
Zone Easting Northing

2
Zone Easting Northing

3
Zone Easting Northing

4
Zone Easting Northing

See continuation sheet

Verbal Boundary Description

(Describe the boundaries of the property on a continuation sheet.)

Boundary Justification

(Explain why the boundaries were selected on a continuation sheet.)

11. Form Prepared By

name/title Bruce G. Harvey, edited by Kathleen LaFrank, National Register Coordinator, NYSHPO

organization _____ date April 2015

street & number 4948 Limehill Drive telephone 315-492-1454

city or town Syracuse state NY zip code 13215

Additional Documentation

Submit the following items with the completed form:

Continuation Sheets

Maps

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

A **Sketch map** for historic districts and properties having large acreage or numerous resources.

Photographs

Representative black and white photographs of the property.

Additional items

(Check with the SHPO or FPO for any additional items)

Property Owner

(Complete this item at the request of SHPO or FPO.)

name/title First Ward Action Council

street & number 165 Clinton St. telephone (607) 772-2850

city or town Binghamton state NY zip code 13905

Paperwork Reduction Act Statement: This information is being collected for applications to the National Register of Historic Places to nominate properties for listing or determine eligibility for listing, to list properties, and to amend existing listings. Response to this request is required to obtain a benefit in accordance with the National Historic Preservation Act, as amended (16 U.S.C. 470 *et seq.*).

Estimated Burden Statement: Public reporting burden for this form is estimated to average 18.1 hours per response including time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate or any aspect of this form to the Chief, Administrative Services Division, National Park Service, P.O. Box 37127, Washington, DC 20013-7127; and the Office of Management and Budget, Paperwork Reductions Projects (1024-0018), Washington, DC 20503.

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Continuation Sheet

Endicott-Johnson Medical Clinic

Name of Property
Binghamton, Broome County, New York

County and State

Name of multiple listing (if applicable)

Section number 7 Page 1

The former Endicott-Johnson Medical Clinic is located on the south side of Clinton Street in Binghamton’s First Ward, between Stanley Street and Wilson Street and approximately 900 feet east of Clinton Street’s termination at Glenwood Avenue. Immediately behind (south of) the building, the Norfolk Southern Railroad runs east-west. The surrounding neighborhood consists primarily of one- and two-story commercial buildings, interspersed with historic churches, small-scale manufacturing buildings, and single-family residences. The building is flanked on each side by a narrow two-story frame house that was built in the early twentieth century; the former medical clinic is separated from each neighbor only by the width of a narrow driveway. The former medical clinic faces a narrow brick front gable church on the north side of Clinton Street; its neighbor to the west is a low one-story contemporary brick building; east of the building is a parking lot. Only one other building is on the lot, a small wooden storage shed at the western edge of the lot that appears to have been built after 1980 (non-historic). The clinic has been vacant for over a decade.

The former Endicott-Johnson Medical Clinic is a two-story building with a flat roof, constructed with a steel frame and clad in red brick. It is T-shaped in plan with the broad rectangular end facing the street and a longer horizontal section extending from the rear. The symmetrical façade features a central section that is four bays wide and projects slightly, with a one-story enclosed portico projecting further from the central section. The central section is then flanked on each side by two bays, each bay marked by a single double-hung window above a granite sill. A contrasting cast-stone course encircles the entire front section of the T, while a cast-stone cornice projects beneath the flat roof. A narrow two-story section extends from the rear of the front horizontal section, with seven bays, each marked on both first and second floors by a single double-hung window above a granite sill. The one-story entrance section is symmetrical, with a central double door framed by granite piers and a granite cornice flanked on each side by triple double-hung windows beneath a line of vertical header bricks. The building measures approximately 80 feet across the façade, fronting on Clinton Street, while the rear horizontal portion of the T extends approximately 70 feet from the rear of the front of the T section. The lot contains a second building, a small wooden storage shed. It is of unknown but recent construction and does not contribute to the eligibility of the property.

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Exterior

The building was built according to a T-plan, with the broad head of the T facing north onto Clinton Street. This horizontal section is five bays wide and three bays deep. A narrower rectangular section extends from the center of the rear of the front section, containing seven bays on the long sides and three bays on the short side. The entire building rests on a poured concrete foundation, which is solid on the front horizontal section of the T and punctuated by windows in the rear section of the T.

The principal façade facing Clinton Street is clad entirely in red brick laid in Flemish bond with raked joints in which the mortar is recessed approximately one-half-inch behind the front edge of the bricks. This pattern continues around to the sides and the rear of the front section of the T. The rear section of the T is also clad in Flemish bond brick, though the mortar on this section is flush with the bricks and appears to have been applied with less care.

The two-story façade is symmetrical and divided into three components with a broad central section flanked on each side by a smaller section. A contrasting cast-stone belt course, projecting slightly from the façade, divides the first and second floors on the façade and the sides of the front horizontal T section, while a contrasting masonry entablature projects from the façade above the second floor. The entablature is simplified, with only a slightly projecting cornice above a frieze, and is not supported from below by columns; rather, it is applied to the surface.

The central section of the facade projects approximately 18 inches from the flanking sections and contains four evenly spaced bays on the second floor, each marked by a single double-hung window. Each window is set within a narrow wooden frame, resting on a projecting granite sill with a row of vertical bricks simulating a flat arch above. The first floor is dominated by a projecting enclosed one-story porch. The porch projects from beneath the masonry belt course and is the same width as the central section. It is a half-floor lower than the rest of the façade, which is raised above the ground by the concrete foundation. The porch has a flat roof, which is framed at the front and side edges by a granite course. The porch façade is symmetrical, with a central recessed double door framed by vertical masonry posts supporting a projecting entablature with a small cornice. This entrance is flanked on each

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side by a triple window: three single double-hung windows within a wood frame, recessed slightly from the brick façade with a continuous granite sill below and a continuous line of vertical bricks simulating a flat arch above. The bricks on the front of this projecting porch have been repointed between the tops of the windows and the roof, though it is not known when.

The front horizontal portion of the building is three bays deep, and the belt course and upper entablature extend around to the sides. The east side is symmetrical and features a center single double-hung window flanked on each side by a double window; each two single windows are above a single granite sill and surmounted by a course of vertical bricks. The first and second floors have identical window patterns. A narrow paved driveway that provides access to the rear of the building separates it from its neighbor. The west side of the building is also symmetrical and features an entrance at the ground level in the center beneath a small metal roof supported by slender metal posts, forming a porte cochere. This entrance is flanked on each side by a single double-hung window set within a wooden frame, above a granite sill, and surmounted by a row of vertical bricks. The second floor of the west side features three evenly spaced, single double-hung windows, identical to those on the first floor. The rear portions of the front section contain three closely spaced single double-hung windows on each floor, on both sides.

The rear wing of the building, which extends back from the front section, is plainer than the front. It is two stories in height, resting on a poured concrete foundation; the foundation on the rear section, however, features a square fixed-pane window beneath each window bay, allowing light into the basement rooms. Each side of the rear section contains seven bays, each marked by a double-hung window on both first and second floors with granite sills and surmounted by a row of vertical bricks. The walls are clad in brick laid in Flemish bond, but the mortar is flush with the bricks and is bright white. The roof is flat and features a thin line of granite at the edges. There are no entrances on the long sides of the rear section, but there is a single metal door at the rear (south) end of the first floor, with a short concrete staircase to the back yard. The roof of the building can be accessed from an interior staircase on the west side of the building. The roof is clad in a rubber coating and is protected by a solid parapet approximately three feet high.

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Interior:

The building is T-shaped in plan, with two main floors over a partially raised basement. The shorter head of the T faces the street, while the longer section extends from the rear. An enclosed one-story central porch projects from the front section. The first and second floor of the front section features public spaces, including a reception area on the first floor and a meeting room on the second, while the rear section includes primarily hospital rooms and support facilities.

First Floor

The interior of the enclosed porch is unfinished and is dominated by the brick staircase with six steps leading to the central entrance. The flanking brick walls curve outward and downward from the entrance, with a simple metal handrail down the center of the stairs. The stairs lead to a double metal swinging door that provides access to the reception area of the clinic. This central entrance is flanked on each side by a set of three small casement windows within a single frame, with a metal-clad pilaster between the entrance and the windows. Each side wall of the porch features a triple window with wooden frames. The ceiling of the porch is low and is cut out in a square shape above the stairs to allow entrance to the building.

The double door from the porch gives way to an open lobby. A reception desk is to the left (east) of the front door, while an enclosed cloakroom is to the right. A door adjacent to the reception desk gives way to a hallway at the eastern end of the front section. This area contains one office at the front and one at the rear of the front section, separated by a storage closet. A third office is located at the rear of the hallway. At the western end of the lobby, a door adjacent to the cloakroom leads to a hallway which contains a modern elevator, which is surrounded by enclosed stairs that provide access to the ground-level entrance on the west side, the basement on the right side, and to the second floor on the left. The telephone switch room is located at the front corner of the west wing and an office is in the rear corner.

On axis with the central entrance to the lobby, a hallway extends into the rear section of the building. The wide hallway opens to irregularly sized rooms (used as medical exam rooms and offices) on each side, six on the right (west) side and eight on the left side in addition to a small storage closet. A door

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on the right side between rooms 1-18 and 1-19 gives access to a metal staircase, which in turn provides access to the basement and to the second floor and roof. At the rear (south) end of the hallway, a small entranceway leads to a modern single metal door that gives way to the back yard of the property; the door leading to this vestibule from the hallways is slightly recessed, and the corners of the wall curve to meet the metal frame.

All of the doors leading from the hallway to the rooms are wooden, and all except one are four-panel doors without glazing. The once exception is the door to Room 1-8A, which is a Dutch door with three panels on top and six panels below. This door is also 40-inches wide to accommodate wheelchairs and stretchers. The ceiling is solid, though the tiles covering the ceiling have either fallen off or been removed, with metal pipes suspended from the ceiling. The walls meet the ceiling at an entablature on both sides, including a wide projecting wooden cornice above the tops of the doors which flares slightly upward, leaving a gap of approximately six inches between the top and the ceiling.

Interior: Second Floor

Access to the second floor is gained from one of the two staircases, one at the western end of the front section and one on the western side of the rear section, and by way of the elevator at the western end of the front section. The second floor of the front section is dominated by a conference room, which opens from a hallway and occupies the central portion, looking out to Clinton Street. At the western side of the front section, much of the space is taken by the elevator and staircase, with an office at the northwest corner and another office at the southwest corner. On the east side of the front section, a small vestibule opens from the hallway, leading to three offices and a large, full-height cupboard with wooden doors.

Another hallway extends into the rear section of the building from the front. Men's and women's restrooms are located on the west wall of the rear section where it joins with the front section. A second set of restrooms is accessed from a door on the east side of the rear section near the rear of the building. The west side of the hallway opens to five rooms, several of which are connected by interior doors, as well as to the staircase to the first floor and roof. The east side of the hallway also opens to five rooms, one of which is a large kitchen, in addition to a small mop closet and the rest rooms. All of the doors to

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the principal offices and the kitchen are 40-inches wide, and all are wooden with six panels. At the rear, south, end of the hallway a window opens to the back yard of the property. The ceiling is covered in either plaster or wallboard, with metal pipes suspended from the ceiling. The walls meet the ceiling at an entablature on both sides that is identical to that in the hallway on the first floor, including a wide projecting wooden cornice above the tops of the doors which flares slightly upward, leaving a gap of approximately six inches between the top and the ceiling.

The staircase at the western end of the front section encircles the elevator column, has no windows and is unadorned. The staircase on the west side of the rear section, however, is lit by windows. The stairs and side supports are metal that has been painted white. The banisters feature wooden hand rails, while the newels consist of paired square columns with flat wooden caps and recessed panels on each side. The portion of the stairs leading from the second floor to the roof is guarded by a wire screen on the sides and a metal door covered with wire screen.

Interior: Basement

The basement is only partially raised, with windows near the ceiling providing some natural light, but is fully finished. A beauty parlor is located adjacent to the elevator shaft on the south side, while the mechanicals and electrical equipment are on the north side of the elevator shaft. The area beneath the front section of the building features a large space at the front opening from a hallway, facing north, without any windows. The east side of the front section consists of a large public area with a kitchen, designated as a baking area. From the hallway in this front section, another hallway extends to the south into the rear section of the building. The east side of the hallway opens to three large rooms: a cinema/dance room, an unlabeled room, and a pool table room at the rear. The west side of the hallway leads to three unidentified rooms, then the staircase to the upper floors. A resource library/computer room is at the rear of the building on the east side, behind the staircase. The furnace and boiler are in a separate room at the rear of the building, down a set of four steps. The ceiling of the hallways in the basement is covered in either plaster or wallboard, with metal pipes suspended from the ceiling. Unlike the first and second floors, the walls of the basement hallway are plain and do not include the entablature with projecting cornice.

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The Endicott Johnson Medical Clinic is significant under criterion A in medicine and social history for its association with the early twentieth century public welfare programs instituted by the Endicott-Johnson Company (EJ) in the Binghamton area. Under the leadership of George F. Johnson, a paternalistic figure who initiated his own brand of philanthropy for the benefit of his employees, EJ and the Johnson family planned, built and/or endowed buildings, structures, parks and programs in the vicinity of its shoe factories to accommodate all aspects of community life, including economic, commercial, residential, educational, religious, medical, and recreational. Known as the "Square Deal," Johnson's programs were an attempt to provide better working conditions for his employees, assist immigrants with assimilation into American society, and promote the values of "ideal" mainstream American citizens such as himself.

The former Endicott-Johnson Medical Clinic, located at 305 Clinton Street in Binghamton's First Ward, was built in 1928. The company instituted its medical relief program during World War I out of both benevolent, paternalistic attention on behalf of the company's president, George F. Johnson, and a need to retain workers in the volatile labor market during and following World War I. The company's medical relief program grew to have 100 medical and related staff in Johnson City and Endicott as well as Binghamton. These clinics provided complete medical and dental services, including routine physicals, a range of specialties, maternity care, and surgeries.

The location of the Binghamton medical clinic is important, as the First Ward traditionally was the home for a vast number of the city's industrial workers, and the company sought to place the medical clinic close to its workers. The company continued to use the medical clinic building in Binghamton until 1942 before selling it in 1946 to the Wilson Memorial Hospital. The hospital, based in nearby Johnson City, used the building on Clinton Street as a clinic. In 1967, it was purchased by New York State for use as a day care center for the Binghamton Psychiatric Center. It has been abandoned for some years, though little has changed either on the interior or the exterior.

The building, which is substantially intact to its period of significance, is significant in the history of the triple cities region for its clear association with an innovative and extensive corporate welfare program

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that mirrored an important national trend in America’s industrial history and was carried out by the region’s leading employer through the early and mid-twentieth century.

Binghamton

The First Ward on Binghamton’s west side is a traditionally mixed-use neighborhood, located to the west of the Chenango River and Binghamton’s downtown area. The earliest center of development in Binghamton was on the east side of the Chenango River, originally named Chenango Point. The city is named in honor of William Bingham, who purchased 10,000 acres in the area in 1792 with the intent of establishing a community that could take advantage of the transportation and power benefits of the Susquehanna and Chenango Rivers and their tributaries. Bingham’s agent, Joshua Whitney, spurred the development of grain and lumber mills in the area which, combined with the access to markets by way of the two rivers, established a tradition of manufacturing and commerce in Binghamton.

The early focus of development for the construction of buildings was on the east side of the Chenango River. One of Whitney’s first public works projects, however, was to construct a bridge over the Chenango River at the location of a ferry carrying the road on the north side of the Susquehanna River west across the Chenango River to connect to the River Road, what is now Front Street (which now forms the eastern border of the First Ward). The bridge, completed in approximately 1804, extended Court Street in Binghamton from the courthouse to the west and allowed for a significant development on the west side of the Chenango. The initial development on the west side was along the Main Street corridor, lying at the southern edge of what is now the First Ward. The area surrounding the intersection of what is now Main Street and Front Street across the river, though much smaller in extent than downtown, still was the subject of dense development by the mid 1820s. The west side of Front Street from what is now Eaton Place to North Street was completely filled with buildings, as were both sides of Main Street extending west from the river to what is now Murray Street. The east side of Front Street, meanwhile, had only scattered buildings both north and south of Main Street.¹ By 1838, in the years immediately preceding the arrival of the railroads, development had extended north on Front Street

¹ J.C. Moore, “A Map of Binghamton,” September 19, 1825. MS in the collections of the Broome County Historical Society, Binghamton, NY.

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nearly to what is now Clinton Street. Although undeveloped in 1838, many of the streets in the eastern section of what is now the First Ward, lying north of Clinton Street and west of Front Street, had already been laid out.²

Binghamton continued to grow through the mid-nineteenth century largely because of its role as a regional center for both manufacturing and transportation. Drawing upon its location as a traditional crossroads where overland travel routes gained access to both the Chenango and Susquehanna Rivers, Binghamton continued to provide access to markets with new transportation routes. In Binghamton’s early years, the Chenango Canal provided a vital outlet for people, agricultural produce, and early manufactured goods. Completed in 1834, the canal linked Binghamton and its environs to the Erie Canal at Utica; this in turn gave access to important markets in Albany and New York City at dramatically lowered shipping rates and cemented Binghamton’s role as a regional commercial center. The canal remained in operation until the 1870s, but its impact was soon lessened by the next wave of transportation innovation. In 1849, the New York and Erie Railroad arrived in Binghamton. Chartered by the State of New York in 1832, its stated purpose was to connect the port of New York City with Lake Erie at Dunkirk, NY. Construction on the line began in 1836; it crossed the Hudson near Nyack and skirted the Catskill Mountains to the south before arriving at Binghamton in late December of 1848. In 1851, Binghamton became a terminal on what was to become the Delaware, Lackawanna and Western Railroad. Then, in 1869, the Delaware & Hudson Railroad connected Binghamton to Albany.³

These connections to outside markets provided a great stimulus to Binghamton’s already developing manufacturing base. Though originally founded largely in timber, the city’s industrial capacity soon diversified. By 1850, as the local supplies of lumber diminished, the production of cigars came to prominence. The city boasted only four cigar shops in 1850, largely producing for a local market only. By the late 1880s, however, cigar manufacturing was the city’s largest employer with nearly 50 firms of all sizes putting some 6,000 people to work. Other important industries in the area that emerged in the

² F. C. Tower, “Map of the Village of Binghamton,” 1838. MS in the collection of the Broome County Historical Society, Binghamton, NY.

³ Margaret Bishop and Jeffrey Slack, *Reconnaissance Level Survey of Local Historic Resources*, Rep., Vol I (Binghamton: City of Binghamton, August 1991) 1991, 6. 26.

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late nineteenth century included photographic equipment, paper, and ice, along with the manufacture of shoes, which became the city's leading industry by the early twentieth century. This rapid burst in manufacturing brought vast numbers of people to the city in the late nineteenth century, as the city's population exploded from 16,000 in 1880 to 47,000 by 1910.⁴

First Ward Neighborhood

When the Binghamton was incorporated in 1834, the village was divided into five wards. The First Ward was identified as "that part of the village which lies west of the Chenango River." This definition was revised as the city expanded further to the west. When the city charter of incorporation was passed in 1867, only a few families lived in the First Ward. Several years later, in 1871, John Murin moved to the area from Scranton, Pennsylvania, initiating the first Slovak settlement in the neighborhood. Murin attracted railroad workers to the neighborhood, boarding them in his own home. Other Slovaks worked in the factories or on the canal. Many of these workers built their own homes in the neighborhood, sparking a dramatic increase in population and a corresponding demand for churches, schools, and recreational facilities. In addition to Slovakian immigrants, Russians, Poles, and Lithuanians were also attracted to the neighborhood, leading to a rich mix of Eastern European cultures. By the turn of the twentieth century the community included churches, schools, community halls, and libraries.⁵

In 1919, the First Ward was identified as the most densely populated and fastest growing area in Binghamton. Its population of 15,000 included more than one-quarter of the entire city. The growth of the population surpassed the availability of services, leading local leaders to demand changes. A local newspaper reported an assessment of the ward's needs. The activists described the ward as congested, with "not a patch of green for a playground or an acre of land set aside for them [children] as a breathing spot, no public fountain or drinking fountain or comfort station." They stressed the immediate need for a playground and drinking fountains and the eventual need for a branch library. The observation was made that leaders "have been expressing these ideas more and more forcefully in the past five years, especially since the conclusion of the war." The latter referred to the return of young men from World

⁴ Bishop and Slack, 7

⁵ "Rapid Strides Made Since '67 In First Ward," undated clipping, Ford Scrapbook, Broome County Historical Society .

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War I and noted that “business [was] booming and “there were high wages everywhere.”⁶

Clinton Street, just over a mile in length, marks the spine of the First Ward and its main commercial district. As streetcars began to link the disparate neighborhoods of Binghamton together in the late nineteenth century, a new line was constructed down Clinton Street. The street has long been noted for its juxtaposition of churches and bars, both of which served as community meeting places for the working-class population. The prolific number of churches catered to the variety of different national and ethnic immigrant groups, providing a way for new immigrants to maintain their native languages and customs. During the Depression, speakeasies were common in the neighborhood.⁷

By the 1980s, the First Ward had a long-term stable population, many of whom had lived there for more than half a century, and the neighborhood was still characterized by its distinctive mix of residences, churches, factories, and small businesses. The population was poorer, however, and businesses were more likely to be antique shops than groceries and hardware stores. Churches and bars, however, have remained a neighborhood staple.⁸

Endicott-Johnson

The Endicott-Johnson Corporation had its origins in the Lester Brothers Boot and Shoe Company, which was founded in Binghamton in 1854. In 1888 G. Harry Lester, the owner of the shoe factory, by then the city’s largest, decided to build a new factory two miles west of Binghamton. Lester planned to create a complete industrial village that would be good for his workers, a utopian setting far removed from the ugliness of then-modern urban settings in which civility, safety, and moral order would be maintained. In doing so he drew upon a longstanding trend in America’s industrial history in which factory owners sought to ameliorate concerns over an abandonment of the nation’s agricultural roots by casting the factories in more familiar, pastoral settings and in this way making the factories more appealing both to potential factory workers who, in the early years of the nineteenth century tended to be

⁶ William L. Engle, “First Ward Asks Improvements as Start of City-wide Campaign,” *Republican Herald*, 12 August 1919.

⁷ “The First Ward: Life Gets Tougher,” *Press and Sun Bulletin*, Susquehanna Edition, 10 December 1978, 4-10.

⁸ Tom Tobin, “First Ward Undergoes Change,” *Binghamton Press*, 24 July 1983, 1B-2B.

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women, and to social critics who feared industrial development.⁹ By the mid and late nineteenth century, the concern over the effects of industrialization had grown to encompass a more generalized fear of cities, filled with the working poor, immigrants, and other “undesirables.”

Lester’s plans for his new village, which he dubbed Lester-Shire and which later became Johnson City, included both the factory and housing for workers. He was able to attract a number of other factory owners and residents who built plants and houses in his new town, but a combination of rapid over-expansion and poor management led to a financial collapse of his shoe company, which was then reorganized in 1890 as the Lester-Shire Boot and Shoe Company. Again in 1892 Lester had to seek outside financing in an attempt to reorganize the company. He found an appropriate partner in Henry B. Endicott. Endicott’s origins were in sales, particularly in the shoe and boot industry in New England, and by the early 1890s he was the head of the Commonwealth Shoe and Leather Company of Boston, MA. He was also a major stockholder in Lester’s company as a result of Lester’s financial reorganization of 1890. Endicott again reorganized the company, placing himself as treasurer; he soon bought out the other stockholders and took control of the company himself. For a general manager of the factory, Endicott hired one of Lester’s foremen, George F. Johnson. Johnson had worked for Lester since 1881 and had risen through the ranks of the company.

Johnson’s talents for management were recognized, and he became a partner in the business in 1909. Together he and Endicott decided to build a new factory town several miles away, in what is now Endicott. Johnson had complete charge of the expansion and of the management of the plant, while Endicott handled the financial and sales components of the company. Johnson led a vast expansion of the company in the early years of the twentieth century, opening four new tanneries in Endicott and more than a dozen factories and annexes in Endicott and Johnson City. Under the leadership of Henry Endicott, the company began to expand into retail in addition to their wholesale trade, opening stores through upstate New York and offering a diversified product line. The business grew rapidly, increasing

⁹ See Gerald Zahavi, *Workers, Managers, and Welfare Capitalism: The Shoeworkers and tanners of Endicott Johnson, 1890-1950* (Urbana: University of Illinois Press, 1988), 1, for a brief overview of this development.

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from \$600,000 in sales in the 1890s to nearly \$100,000,000 by 1919.¹⁰

American industrial capitalism underwent a profound change from the mid nineteenth century to the early twentieth century, particularly in terms of labor relations. Sheer numbers begin to tell the story: from 1860 to 1900 the American manufacturing labor force nearly quadrupled, from 1.3 million to approximately 5 million, and by 1900 over 1500 factories had more than 500 employees. The acceleration in the scale of America's industrial complex was breathtaking, particularly in terms of those who labored within it. The American ideal had always included the concept of mobility, both geographic and occupational. However much this may have been exaggerated, the ideal was able to hold until the sudden emergence of vast numbers of factory workers for whom there would be no mobility. An awareness of the permanent wage labor condition of so many Americans generated unrest and unease among many observers within and without the industrial world and helped to foster greater approval for labor unions. The labor movement that had emerged in the United States in the 1870s and 1880s clearly began to gain additional ground by the end of the century, as more people became aware of the abuses of workers at the hands of capital. By the 1890s, labor issues were a major part of the nation's discussion and generated intense political instability.¹¹

Beginning in the late 1870s, the federal government had begun to enter the labor market as it became more of an issue for interstate commerce and did so most often on behalf of the business owners against labor uprisings. As union membership skyrocketed during the late 1890s and into the first years of the twentieth century, however, federal and state legislators began to pay much more careful attention to labor issues. Moreover, they did so increasingly on behalf of the workers. Given the degree of labor unrest throughout the nation, and with inspiration from the emerging Progressive movement advocating a variety of social reform issues, several governmental entities began to commission studies by experts in industrial relations and sociology in order to identify the sources of worker discontent. As Andrea

¹⁰ Wendell Endicott, *Henry B. Endicott: A Brief Memoir of His Life and His Services to the State and Nation* (Boston, MA: privately printed, 1921) <https://ia700401.us.archive.org/20/items/henrybendicottbr00endi/henrybendicottbr00endi.pdf>; Zahavi, 21.

¹¹ For an excellent discussion of this background, see Andrea Tone, *The Business of Benevolence: Industrial Paternalism in Progressive America* (Ithaca, NY: Cornell University Press, 1997), 18-23.

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Tone has observed, “By 1900, as the Progressive impulse quickened, they had already sketched the outlines of a program that was, at least by employers’ calculations, discernibly pro-labor.”¹² In the wake of these studies, a number of states began to establish labor bureaus that mandated basic safety and sanitation standards, child labor laws, and similar protections for workers.

At the same time, a number of the larger manufacturing firms in the country were beginning to experiment with approaches to improving worker morale, a movement known as welfare capitalism. The idea, which the manufacturers shared with many of the Progressive era reformers, was that the environment had a profound effect on an individual’s sense of well-being and that the environment could be modified to improve the conditions and the lives of people. In the parlance of the factory owners, improving the workers’ surroundings improved the worker and, thus, his or her productivity. The National Cash Register Company led the way in the 1890s, establishing a library, a clubhouse, exercise breaks during the work day, a kindergarten for the children of employees, various types of classes, Sunday outings, and a park. Other firms soon followed suit, and by 1914 at least 1,500 firms had some form of welfare programs.¹³ According to a pair of national surveys in 1913, these firms tended to be very large, with over 1,000 employees, and had a large proportion of skilled laborers.¹⁴

The motives to create these programs, which made factories more endurable, were mixed. That there was genuine concern for the workers was clear. Benevolence, however, was matched by a number of other considerations. The provision of workplace enhancements and additional community amenities proved profitable to the company owners and they helped to forestall the development of welfare programs mandated by the federal government that many of the Progressive reformers were eagerly advocating. The ability to control the establishment and scope of welfare programs from within gave the corporate leaders a degree of stability in a remarkably unstable world. As Andrea Tone has noted, “Employers in Progressive America were confronted with unprecedented labor agitation, unionization, high turnover, labor shortages, public animosity, and the possibility of a burgeoning welfare state vitiating, if not eliminating, business prerogatives. Under these conditions, being sympathetic to

¹² Ibid., 24.

¹³ Ibid., 52, 67.

¹⁴ Ibid., 53-62.

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workers was a way to reinforce, not contradict, the capitalist ethos.”¹⁵

These programs were designed to create more employee-friendly workplaces and generally included the development of additional benefits, including profit-sharing plans and pensions. An important component in the development of these welfare benefits was health care. In the first decade of the twentieth century, America’s industrial leaders were coming to recognize the importance and value of protecting employees’ health, and the American medical profession was providing them with the tools to do so through a new understanding of the nature of communicable diseases. With so many people working together for so long in such close proximity, the spread of disease could have a profound impact on a company’s productivity. Health provisions, particularly in the early years, were considered broadly and included improved ventilation and lighting, the provision of baths and showers, rest rooms, drinking fountains, exercise breaks, and dining rooms serving healthy meals. By the advent of World War I, many of the firms had also begun to develop in-house medical facilities. A study in 1916-1917 of 431 companies that had welfare provisions found that 265 had hospital or emergency rooms, 110 had first-aid equipment, 64 offered tuberculosis therapy, 106 offered daily rest periods, and 193 allowed for paid sick leave.¹⁶

George F. Johnson clearly was aware of these national developments. Having worked his way up in Lester’s shoe company, Johnson was particularly attuned to the needs of the workers in the various factories of Endicott-Johnson. The new efforts at corporate welfare programs around the country appealed to him, and the company made occasional attempts in the late nineteenth and early twentieth centuries at providing additional benefits. These early efforts, however, despite Johnson’s obvious good intentions, were limited and provided little assistance. In 1896, for example, the company established a mutual benefit society for the workers which provided disability pay for up to eight weeks. The program was paid for by a payroll deduction, with a minor company contribution. The program was ripe for abuse, as responsibility for determining eligibility lay with the foremen of the various shops; this combined with the low amount contributed by the company led to a very low participation rate by the

¹⁵ Ibid., 65.

¹⁶ Ibid., 80-81.

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employees. Under Johnson’s leadership, the company had also begun to offer limited medical care to the employees by 1903. A hospital room had been set up in one of the factories to provide care for injured workers. The benefits often were administered in an arbitrary way, but the injured workers often received pay during their period of disability.¹⁷

In the years before World War I, therefore, Endicott-Johnson had begun to make small steps toward a form of corporate welfare provisions. As Gerald Zahavi has observed, “Endicott Johnson was a relative latecomer to welfarism, although in its informal and paternalistic policies it did exemplify many of the sentiments that motivated welfare capitalists, both humanitarian and pragmatic. It only required the additional catalyst of the war to push the firm into more formal welfare programs and policies.”¹⁸

While WWI did not have the same devastating impact on America as it had on Europe, it nonetheless affected the nation’s labor market in a significant way. The labor market was considerably more unsettled during and after the war, as the war inspired greater mobility and the new railroads and automobiles made the mobility possible. In addition, vast numbers of immigrants, primarily from eastern and southern Europe, had arrived in the United States in the first two decades of the century, creating a host of new industrial workers, while the labor movement had begun to take on a more militant approach. In the face of these circumstances, corporate welfare became an even more important tool for the nation’s industrial leaders as they sought to create a stable work force for their factories, one in which lower employee turnover allowed for greater profits.

Endicott-Johnson’s response to the turmoil in the work force during and after WWI was to create what Johnson called the “Square Deal.” It was a contract of sorts between management and labor, in which the firm promised fair treatment, job security, and good benefits in return for hard work and company loyalty. Through the Square Deal, Johnson and his sons, who followed in the family company, sought to create an industrial community bound together by a network of shared interests. Among the various benefits that the company created were a low-cost home-building program for employees and a more

¹⁷ Zahavi, 22.

¹⁸ Ibid., 38.

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generous profit-sharing plan.

Chief among the company’s benefit package, however, was the Medical and Relief Department. While the program had a precursor with the hospitalization program in the early twentieth century, this program started formally in 1916 with a one-room medical office in one of the tanneries, with one full-time physician and one nurse. The origins of the program lay in the need to comply with New York State’s new workmen’s compensation laws. The program grew quickly, as a result of requests from a number of employees for general medical services for themselves and their families that, they claimed, they could not pay for in any other way. In 1918, the company expanded medical service to all employees rather than try to determine who was truly in need of assistance. It also grew to include workmen’s compensation, old age and widow’s pensions, housekeeping assistance, and allowances for food, fuel, and clothing to needy families, in addition to the medical program.¹⁹ The company grew through the 1920s to have over 15,000 employees, and the Medical and Relief Department kept pace.

The heart of the overall relief program, however, was the medical service; in 1928, the medical service had a budget of over \$800,000, out of a total Medical and Relief Department budget of approximately \$1,000,000.²⁰ Although the early users of the program tended to be the lower-paid workers, it soon became increasingly popular throughout the company; according to the 1928 study of the medical relief program, 90 percent of the company’s employees who received medical care in 1927 did so through the company’s medical program.²¹

With such popularity, the medical department expanded rapidly during the 1920s and established clinics in Binghamton and Johnson City in addition to Endicott. By the time that these clinics were established, the Endicott Johnson medical program had grown to a remarkable size. In 1928, the program had a full-time staff of 28 physicians, four dentists, five dental hygienists, two physical therapists, 67 nurses, four

¹⁹ Ibid., 48.; Niles Carpenter, “Medical Care for 15,000 Workers and their Families,” report prepared for The Committee on the Costs of Medical Care, Washington, DC, 1930, 13-14.

²⁰ Carpenter, 15.

²¹ Ibid., 14.

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bacteriologists, four pharmacists, 17 technicians, and 16 clerks and office assistants.²² The program also owned six ambulances, had its own surgery facilities, x-ray facilities, and a pharmacy. In 1927, the physicians made 83,000 house calls, had 116,000 office visits, and 21,000 dental visits. The company's medical program also worked with local specialists and had admitting privileges at Johnson City's Wilson Memorial Hospital, which the company founded, and at the Binghamton City Hospital.²³ A 1929 study cited by Diane Vecchio noted that there was "nothing in industrial medicine [that] could compare with Endicott-Johnson service."²⁴

According to Binghamton city directories, Endicott-Johnson first had a medical relief clinic in Binghamton in 1921. It appears that the medical clinic in the first several years operated from various rental locations, first at 290 Clinton Street, then at 302 Clinton Street, and finally at 259 Clinton Street from 1926 to 1928. In 1928, however, the company built its own Medical Relief building at 305 Clinton Street, a two-story brick building on the south side of the street. No records have been found to indicate the architect or builder of the building.

Photographs of the other medical centers, in Johnson City and Endicott, do not suggest any similarities of style, though all three were built of brick. The medical center in Johnson City (extant, NR listed in Johnson City Historic District) is a three-story brick building, square in plan with a flat roof. It had a central entrance on the first floor flanked by broad plate-glass display windows, while the upper two floors were divided into three sections by brick pilasters; the center bay featured five single windows on each floor, while the two side bays feature two single windows on each floor. The medical center in Endicott, meanwhile, was rectangular in plan and four stories in height, clad in rusticated brick. The entrance on the first floor featured a single door surrounded by plate glass windows, while the upper three floors featured four, closely spaced single windows. Each of the three medical center buildings appeared to have been designed specifically for their spaces, rather than designed according to a

²² Ibid., 9.

²³ "The Endicott Johnson Workers Medical Service," pamphlet in the collections of the Broome County Historical Society, Binghamton, NY, c. 1928.

²⁴ 1929 study quoted in Diane Vecchio, *Merchants, Midwives, and Laboring Women: Italian Migrants in Urban America* (Urbana: University of Illinois Press, 2006), 48.

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company standard.²⁵ The status of the building in Endicott is not known.

All three of the medical centers featured a range of medical services, including general practitioners, dentistry, a pharmacy, x-ray facilities, physical therapy, post-natal clinics, and a visiting nurse service. The Binghamton clinic, along with the Johnson City one, also had a maternity ward, while the Endicott and Johnson City clinics both featured an ear-nose-and-throat hospital. All of these physicians, nurses, and specialists were on staff at Endicott Johnson and were made available to the workers and their dependent family members free of charge.

Endicott-Johnson thrived during the Great Depression, though its business slowed with the general economy. The company laid off many workers in an attempt to remain profitable and began to explore options regarding the Medical and Relief Department, which was tremendously expensive. Much of the pressure to make such adjustments came from stockholders, who wanted costs kept to a minimum so as to maintain dividends. George F. Johnson generally resisted these calls as much as possible, as his tendency was to treat the workers well and with compassion, though the pressure to make changes was enormous. When the layoffs began in the late 1920s, the company’s policy turned toward increasing the period before workers became eligible for the medical program and using more temporary laborers, who were not eligible for the medical program. In 1931, Johnson made a radical change and enacted a 5 percent wage deduction to help to pay for the medical services, a deeply unpopular move that was partially removed only in 1940.

The company’s labor force increased during the early years of World War II as demand rose sharply, but the company classified most of the new workers as temporary, thus not eligible for the medical services. Moreover, those workers who did remain at the plant during the war years gained a greater sense of their power as workers and were more willing to take action to improve their conditions; they also became aware that the federal government was more willing to take an active role in supporting workers. A union finally managed to secure a position in the Endicott-Johnson tanneries in 1942, but it was voted out again in 1947 in large part as a result of the continuing Medical and Relief Department and the

²⁵ Photographs of the buildings are included in “The Endicott Johnson Workers Medical Service,” p. 4.

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overall contentment with the company's paternalistic approach.

By the late 1940s, however, this paternalistic approach was becoming much harder to sustain. The company rebounded from the Depression during World War II, but its profits remained slight, and pressures mounted on Johnson, who died in 1948. As Gerald Zahavi noted, the entire paternalistic approach that Johnson had fostered began to falter in the face of changing times and his increasing age: "An ailing and bitter patriarch less willing to defend welfarism against profit-hungry stockholders, a labor force more prone to work stoppages and strikes, a management less inhibited in its use of coercion and intimidation, as well as a new and important government role in labor-management relations were signs that the 'Square Deal' was and would be transformed and diluted—from within and from without."²⁶

Despite these pressures, however, the Endicott-Johnson medical program continued after George Johnson's death. The company built a new medical clinic in 1946 in Endicott, a two-story brick building.²⁷ In 1954, the company produced a pamphlet that detailed the company's medical program, and it still contained a wide range of services including general surgery, gynecology and obstetrics, neurosurgery, pediatrics, ophthalmology, and more. The facilities included two clinics, clinical laboratories, x-ray facilities, a pharmacy, and physical therapy. Hospitalization by then was provided through an arrangement with the Charles S. Wilson Memorial Hospital in Johnson City. The medical program was available to the employees and to their dependent children under 19 years of age; according to the pamphlet, this included approximately 50,000 people covered by the program, of whom 21,000 were employees.²⁸

In 1962, the company closed the medical building in Endicott and consolidated all services in Johnson City. Seven years later, EJ announced that it would finally drop its medical program, effective January 1, 1970, and replace it with a Blue Cross/Blue Shield program. The company was finding it harder to

²⁶ Zahavi, 177.

²⁷ "Medical Move by EJ to Improve Service," *Binghamton Evening Press*, May 30, 1962.

²⁸ "The Medical Care Program," 1954, pamphlet in the collections of the Broome County Historical Society, Binghamton, NY.

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build and maintain a full, in-house medical staff. According to the newspaper report, “It will be the end of a medical system that was the wonder of the industrial world when it was established by the late George F. Johnson, co-founder of E-J.”²⁹

The Binghamton clinic, however, did not survive that long. In a sign of the reduction of services, the Binghamton medical clinic closed its doors in 1942, as the company sought to consolidate its services. The clinic remained vacant for several years until early 1946, when the Wilson Memorial Hospital leased the second floor of the clinic from Endicott-Johnson. In August of that year, the Wilson Hospital purchased the building from Endicott-Johnson for use as an annex and installed modern hospital furnishings.³⁰ The hospital continued to update the clinic with modern equipment and services, including the development of psychiatric treatments in the late 1950s. In 1967, it was purchased by New York State for use as a day care center for the Binghamton Psychiatric Center. It has been abandoned for some years, though little has changed either on the interior or the exterior. The building remains in a mixed residential/commercial neighborhood, essentially unchanged from when it was built in 1928. As an intact hospital building from the late 1920s, it remains a significant reminder of the vast, energetic, and nationally recognized system of corporate healthcare operated by Binghamton’s largest single employer through the first half of the twentieth century.

²⁹ “EJ to Drop Medical Program for Blue Cross, Blue Shield,” *Binghamton Evening Press*, December 3, 1969.

³⁰ “Wilson Hospital Annex Opens 21 More Beds,” *Binghamton Press*, January 10, 1947; “Psychiatric Information Center Aim,” *Binghamton Press*, September 26, 1957.

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Verbal Boundary Description

The boundary is indicated by a heavy line on the enclosed map with scale.

Boundary Justification

The boundary was drawn to encompass the original parcel associated with the clinic.

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Photographer: Bruce G. Harvey
4948 Limehill Drive
Syracuse, NY 13215

Date: 2015

Tiff Files: CD-R of .tiff files on file at
National Park Service
Washington, D.C.

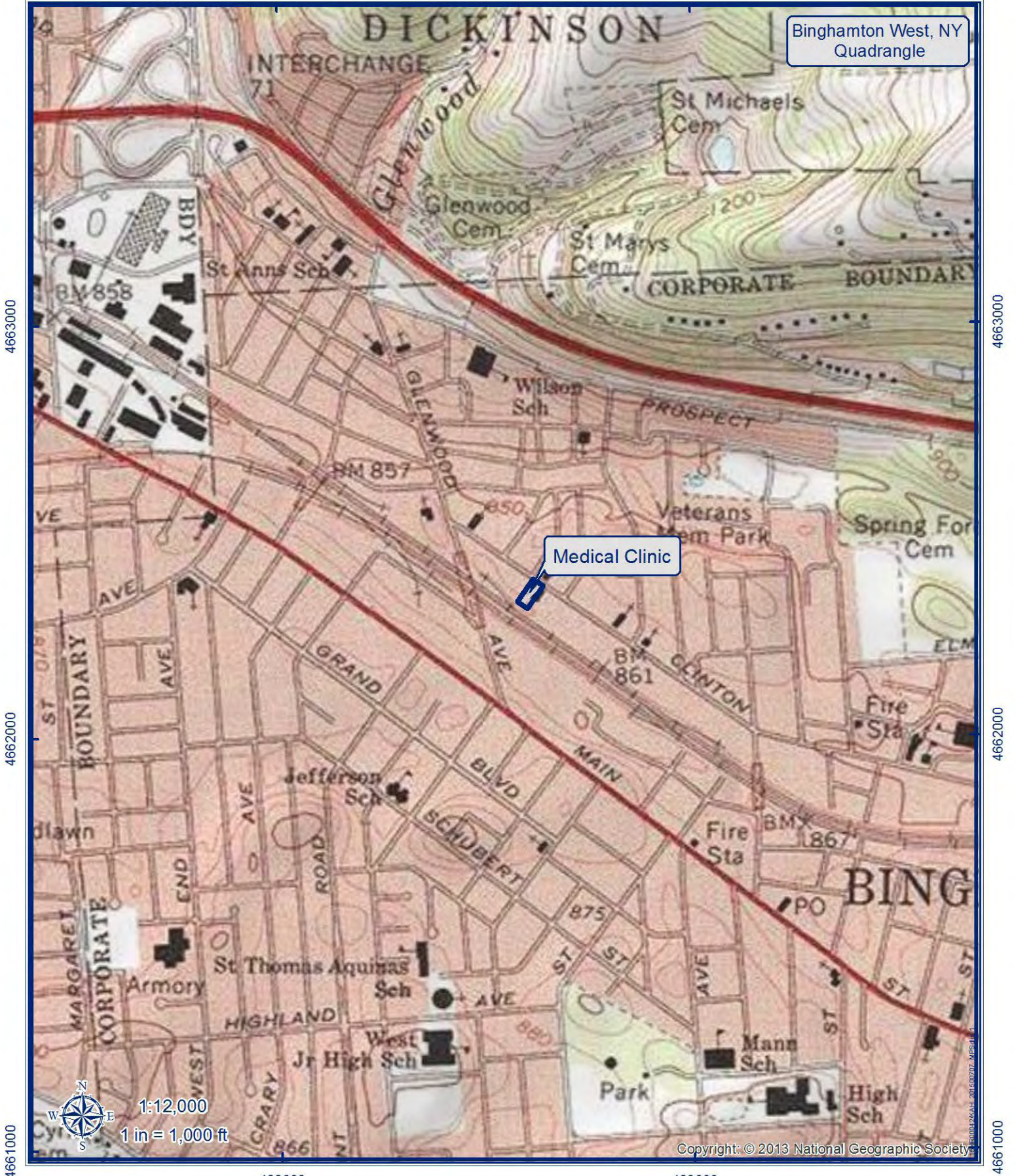
and

New York State Historic Preservation Office
Waterford, NY

Photo List:

0001. exterior north and east elevations, looking southwest
0002. exterior, north elevation, façade
0003. exterior, west elevation, looking south, showing side entrance and porte cochere
0004. exterior, east elevation, showing T-shape and rear extension
0005. exterior, entrance vestibule showing stairs and main entrance, looking west
0006. interior, basement kitchen
0007. interior, first floor, hallway, looking north
0008. interior, first floor, detail of connected offices

Binghamton West, NY
Quadrangle



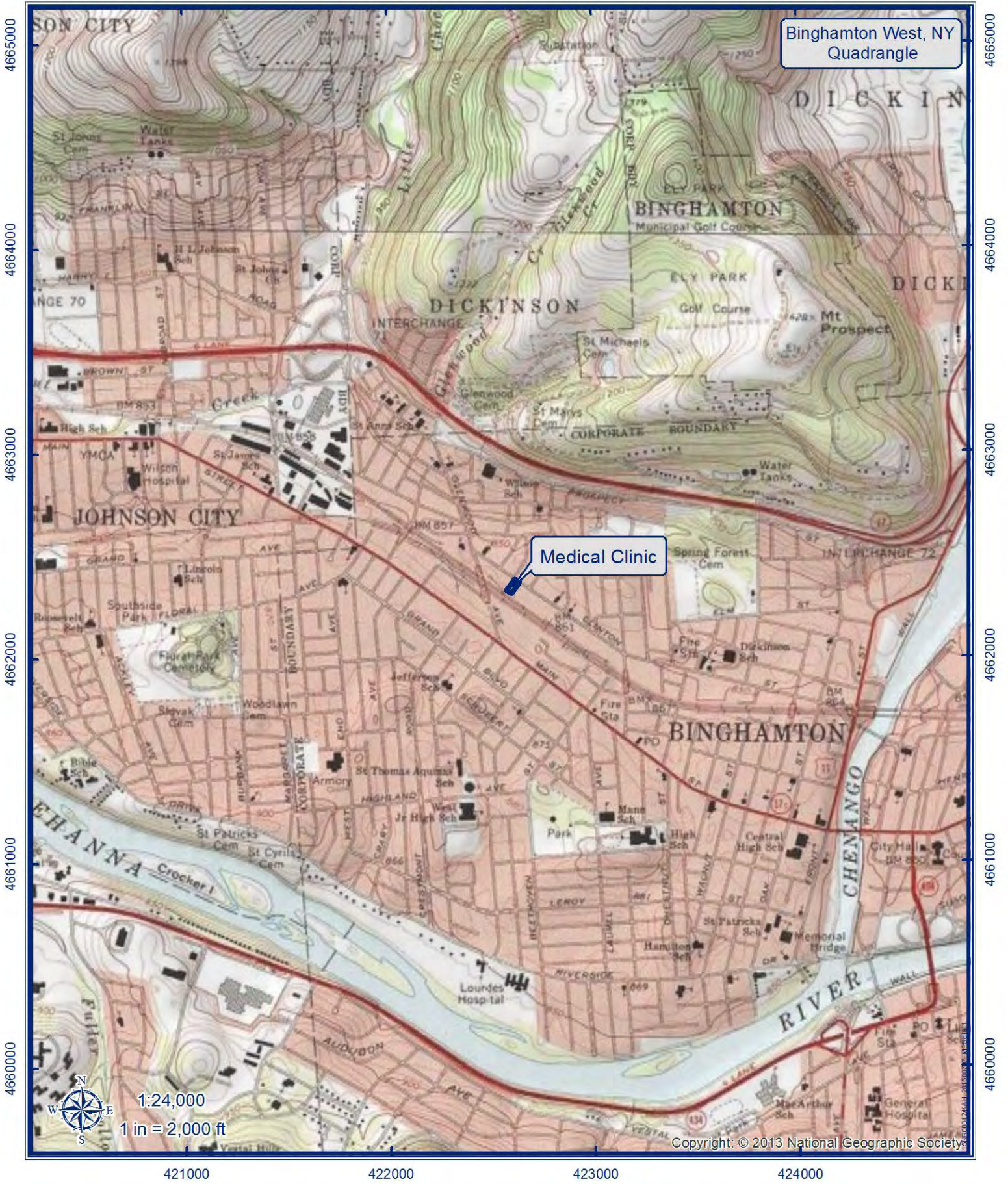
Coordinate System: NAD 1983 UTM Zone 18N
Projection: Transverse Mercator
Datum: North American 1983
Units: Meter



 Medical Clinic



**Parks, Recreation
and Historic Preservation**



Binghamton West, NY
Quadrangle

Medical Clinic

1:24,000
1 in = 2,000 ft

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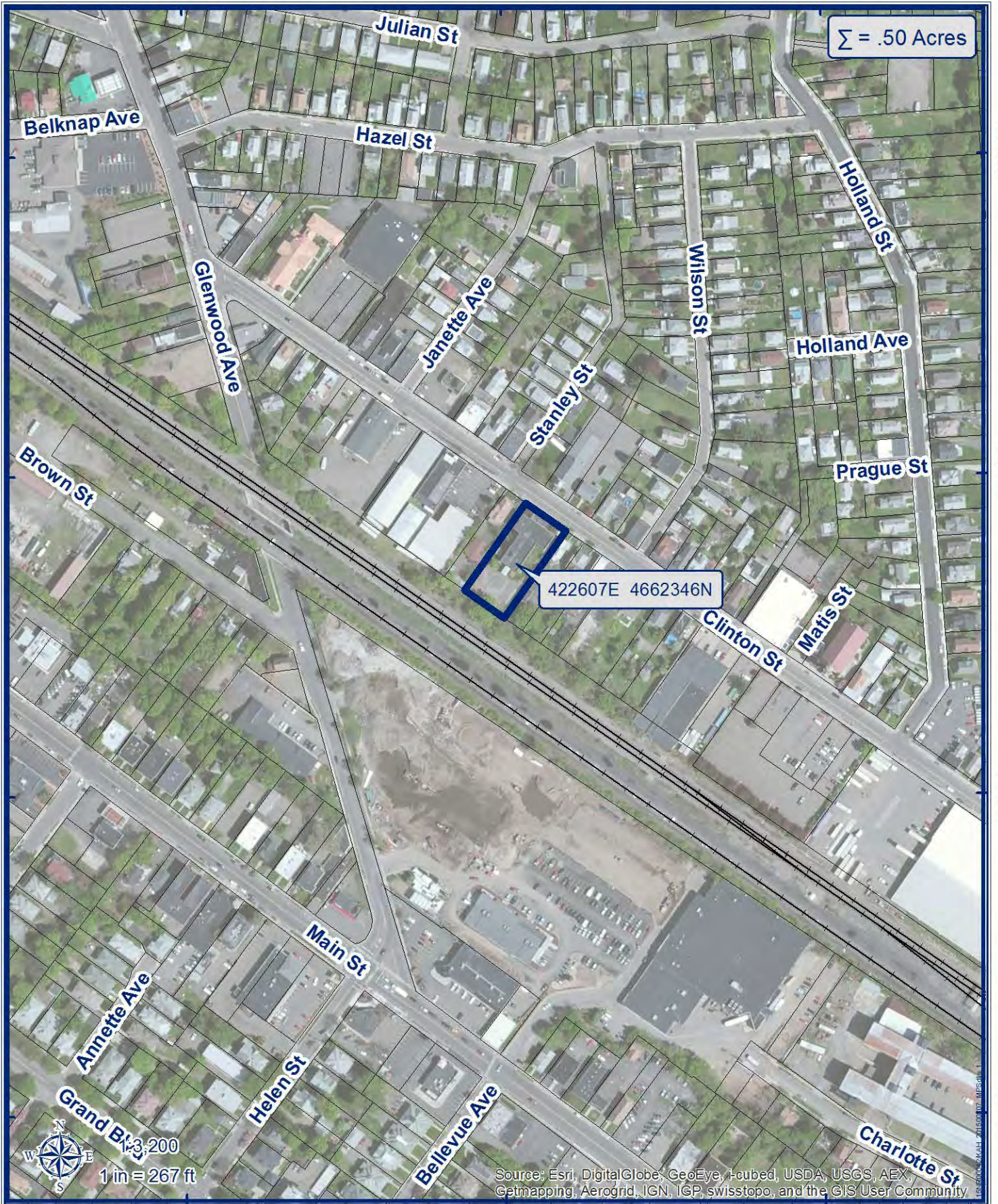
Coordinate System: NAD 1983 UTM Zone 18N
Projection: Transverse Mercator
Datum: North American 1983
Units: Meter



Medical Clinic



Parks, Recreation
and Historic Preservation



$\Sigma = .50$ Acres

422607E 4662346N

1 in = 267 ft

Source: Esri, DigitalGlobe, GeoEye, i-cubed, USDA, USGS, AEX, Getmapping, Aerogrid, IGN, IGP, swisstopo, and the GIS User Community

Coordinate System: NAD 1983 UTM Zone 18N
Projection: Transverse Mercator
Datum: North American 1983
Units: Meter



Medical Clinic



Parks, Recreation and Historic Preservation



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AVAILABLE
ORION REALTY
607-770-0005

NO PARKING
ANY TIME
← →
SCHOOL ZONE
7
P.M. - 5:00 P.M.

← EXIT

STOP



← EXIT

NO PARKING
FIRE DEPARTMENT

305

AVAILABLE
GRIM REALTY
603-770-0005



STOP

ENTRANCE

PEDESTRIANS PROHIBITED





ALL PERSONS
ENTERING MUST
REPORT TO THE
RECEPTION DESK





1-14

1-15

1-16

EXIT



UNITED STATES DEPARTMENT OF THE INTERIOR
NATIONAL PARK SERVICE

NATIONAL REGISTER OF HISTORIC PLACES
EVALUATION/RETURN SHEET

REQUESTED ACTION: NOMINATION

PROPERTY Endicott--Johnson Medical Clinic
NAME:

MULTIPLE
NAME:

STATE & COUNTY: NEW YORK, Broome

DATE RECEIVED: 8/14/15 DATE OF PENDING LIST: 9/09/15
DATE OF 16TH DAY: 9/24/15 DATE OF 45TH DAY: 9/29/15
DATE OF WEEKLY LIST:

REFERENCE NUMBER: 15000672

REASONS FOR REVIEW:

APPEAL: N DATA PROBLEM: N LANDSCAPE: N LESS THAN 50 YEARS: N
OTHER: N PDIL: N PERIOD: N PROGRAM UNAPPROVED: N
REQUEST: N SAMPLE: N SLR DRAFT: N NATIONAL: N

COMMENT WAIVER: N

ACCEPT RETURN REJECT 9.29.15 DATE

ABSTRACT/SUMMARY COMMENTS:

Entered in
The National Register
of
Historic Places

RECOM./CRITERIA _____

REVIEWER _____ DISCIPLINE _____

TELEPHONE _____ DATE _____

DOCUMENTATION see attached comments Y/N see attached SLR Y/N

If a nomination is returned to the nominating authority, the nomination is no longer under consideration by the NPS.



**Parks, Recreation
and Historic Preservation**

ANDREW M. CUOMO
Governor

ROSE HARVEY
Commissioner

RECEIVED 2280

AUG 14 2015

**Nat. Register of Historic Places
National Park Service**

24 July 2015

Alexis Abernathy
National Park Service
National Register of Historic Places
1201 Eye St. NW, 8th Floor
Washington, D.C. 20005

Re: National Register Nominations

Dear Ms. Abernathy:

I am pleased to submit the following three nominations, all on disc, to be considered for listing by the Keeper of the National Register:

American Radiator Factory Complex, Erie County
Endicott Johnson Medical Clinic, Broome County
Lithuanian National Association Hall, Broome County

Please feel free to call me at 518.268.2165 if you have any questions.

Sincerely:

Kathleen LaFrank
National Register Coordinator
New York State Historic Preservation Office