NPS Form 10-900 OMB No. 1024-0018

United States Department of the Interior
National Park Service
National Register of Historic Places Registration Form

1. Name of Property

Historic Name: Roberts Clinic
Other name/site number: NA
Name of related multiple property listing: NA

2. Location

Street & number: 1174 San Bernard Street
City or town: Austin State: Texas County: Travis
Not for publication: ☐ Vicinity: ☐

3. State/Federal Agency Certification

As the designated authority under the National Historic Preservation Act, as amended, I hereby certify that this (☑ 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 at the following levels of significance:
☐ national ☐ statewide ☑ local

Applicable National Register Criteria: ☑ A ☐ B ☐ C ☐ D

Mark Wolfe State Historic Preservation Officer 7/25/19
Signature of certifying official / Title **Date**

Texas Historical Commission
State or Federal agency / bureau or Tribal Government

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

Signature of commenting or other official **Date**

State or Federal agency / bureau or Tribal Government

4. National Park Service Certification

I hereby certify that the property is:

___ entered in the National Register
___ determined eligible for the National Register
___ determined not eligible for the National Register.
___ removed from the National Register
___ other, explain: _____

Signature of the Keeper **Date of Action**

5. Classification

Ownership of Property

X	Private
	Public - Local
	Public - State
	Public - Federal

Category of Property

X	building(s)
	district
	site
	structure
	object

Number of Resources within Property

Contributing	Noncontributing	
1	2	buildings
0	0	sites
0	0	structures
0	0	objects
1	2	total

Number of contributing resources previously listed in the National Register: 0

6. Function or Use

Historic Functions: Healthcare: clinic, Domestic: single dwelling

Current Functions: Domestic: single dwelling

7. Description

Architectural Classification: Late 19TH and 20TH Century Revivals: Colonial Revival

Principal Exterior Materials: Brick, stucco, wood

Narrative Description (see continuation sheets 7-6 through 7-10)

8. Statement of Significance

Applicable National Register Criteria

X	A	Property is associated with events that have made a significant contribution to the broad patterns of our history.
	B	Property is associated with the lives of persons significant in our past.
	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: NA

Areas of Significance: Ethnic Heritage: Black, Health/Medicine

Period of Significance: 1937-1967

Significant Dates: 1937

Significant Person (only if criterion b is marked): NA

Cultural Affiliation (only if criterion d is marked): NA

Architect/Builder: Bingham, John R.(builder)

Narrative Statement of Significance (see continuation sheets 8-11 through 8-22)

9. Major Bibliographic References

Bibliography (see continuation sheet 9-23 through 9-24)

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:
- x State historic preservation office (*Texas Historical Commission*, Austin)
- _ Other state agency
- _ Federal agency
- x Local government: City of Austin, Historic Preservation Office
- _ University
- x Other -- Specify Repository: Austin History Center

Historic Resources Survey Number (if assigned): NA

10. Geographical Data

Acreage of Property: Less than 1 acre

Coordinates

Latitude/Longitude Coordinates

Datum if other than WGS84: NA

1. Latitude: 30.270794°N Longitude: -97.726372°W

Verbal Boundary Description: 107 X 175 FT OF LOT 3 BLK 6 OLT 56 DIV B ROBERTSON GEO L SUBD (Travis Central Appraisal District) as shown on attached map.

Boundary Justification: The boundary contains all property historically associated with the nominated resource.

11. Form Prepared By

Name/title: Bonnie Tipton Wilson (Historian, Texas Historical Commission) and Terri Asendorf Ruiz (Student, University of Texas, 2004)
Organization: Texas Historical Commission
Street & number: P.O. Box 12276
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Date: April 1, 2018

Additional Documentation

Maps (see continuation sheets Map-25 through Map-26)

Additional items (see continuation sheets Figure-27 through Figure-32)

Photographs (see continuation sheets Photo-33 through Photo-43)

Photograph Log

Roberts Clinic
Austin, Travis County, Texas
Photographed by Bonnie Tipton Wilson
Date Photographed: June 7, 2018

Photo 001—East (primary) elevation, looking west.

Photo 002—East (primary) elevation, looking southwest.

Photo 003—South elevation, looking northeast.

Photo 004—West (rear) elevation, looking east.

Photo 005—North elevation, looking southwest.

Photo 006—Secondary entrance on north side of entry pavilion, looking south.

Photo 007—WPA stamp in sidewalk.

Photo 008—One-story residence (non-contributing), looking west.

Photo 009—Garage (non-contributing), looking northwest.

Photo 010—Interior foyer, looking east.

Photo 011—Interior hallway, looking south.

Photo 012—Kitchen, looking northwest.

Photo 013—Hallway, looking north.

Photo 014—Living room, looking east.

Photo 015—Master bedroom and doorway to sleeping porch, looking southwest.

Photo 016—Second floor hallway, looking west.

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

Estimated Burden Statement: Public reporting burden for this form is estimated to average 100 hours per response including time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate or any aspect of this form to the Office of Planning and Performance Management. U.S. Dept. of the Interior, 1849 C. Street, NW, Washington, DC.

Narrative Description

The 1937 Roberts Clinic, in Austin, Travis County, Texas, is a 2-story brick Colonial Revival house with a modified rectangular plan and features a centered front gable entry wing. Originally constructed as a duplex with a medical clinic on the first floor and a residence above it, the home was later converted to a single-family dwelling. Roberts Clinic faces east on San Bernard Street, a broad road with generous setbacks, in Central East Austin. Residences around the nominated building are primarily historic 19th and 20th century homes. The Roberts Clinic is a Colonial Revival-style building with a multi-colored brick veneer over a frame construction and multi-pane glazing in double hung windows. The hipped roof is asphalt composition shingles, and a 2-story sleeping porch, a historic addition, is on the south elevation. The focus of the façade is the arched, white stucco door surround that is topped with a small wrought iron balconet in the projecting centered gable wing. A secondary entrance, the historic entry to the top floor, is on the north elevation of this wing. Roberts Clinic interior first floor center hall plan is intact with four large rooms that originally functioned for treating patients. In 2000, homeowners converted the duplex to a single-family dwelling by removing the walled partition in the entry wing that once separated the two units. Behind the house are two other resources—a 1-story wood frame dwelling (constructed c. 1900) and a garage (c. 1940)— that are non-contributing due to alterations that adversely affected the integrity. Despite interior configuration changes, the Roberts Clinic retains sufficient historical and architectural integrity for listing in the National Register of Historic Places.

Setting

Roberts Clinic is located at 1174 San Bernard Street, approximately one mile east of the Texas State Capitol in Austin, Travis County, Texas. The surrounding Central East Austin neighborhood is generally flat with numerous mature native trees—live oak, cedar, ash, mountain laurel, and a few sabal palm—throughout each block. San Bernard Street runs north-south for five blocks from Rosewood Ave. and ends at Oakwood Cemetery. Once a thoroughfare for the city streetcar, the broad road is characterized by generous setbacks and lined with sidewalks. Most resources on the street are historic-age residences constructed between 1900 and 1950, and the oldest resource was built in 1887. A 2016 survey of East Austin determined that 33 of the 55 resources (69%) on San Bernard Street could be individually-eligible, or contributing to a district, for listing in the National Register of Historic. Eight residences, including Roberts Clinic, are designated City of Austin Historic Landmarks, and one is listed in the National Register of Historic Places.[1] Other notable properties include the Olivet Church (1959), designed by noted Black architect David Chase, and the Late Gothic Revival-style 1929 Wesley United Methodist Church (NRHP 1985 and City of Austin Historic Landmark) on blocks immediately adjacent to the nominated property.

Roberts Clinic faces east to San Bernard Street on a half-acre lot that measures 107-feet by 175-feet. The property is primarily flat. Stone planters on both sides of the front walkway function as a terrace between the front yard and the sidewalk, which is on higher ground. The house is setback from San Bernard Street approximately 30 feet, and a wide concrete walkway extends from the curb to the front door then curves around to a second door on the north side of the centered gable entrance wing. The front yard is landscaped with native trees (Post Oak, Pecan, and Juniper), shrubs, hedges, and non-native trees. A gravel driveway on the south end of the property provides parking and auto access to the backyard. An approximately 8-foot-tall wood and metal wire fence divides the front and back yards on the north portion of the property.

[1] Local landmarks with street number: Costley-Goins House (1157), Spinola-Smith House (1160), Arnold House (1170), Thompson House (1171), Roberts Clinic (1174), Benjamin Lee House (1178), Scott-Hammond House (1191), Giese-Stark Store (1211). In 1985, the Arnold House (NRHP# 85002269) and Wesley United Methodist Church (NRHP# 85002281) were listed in the NRHP under the MPS *Historic Resources of East Austin* (NRHP#64000840).

The large backyard features two non-contributing buildings: a one-story, wood frame dwelling that faces east in the southwest corner of the lot is rental housing; and a one-story side gable garage faces south on the center north part of the yard. Each resource will be addressed in further detail below. Landscaping in the backyard is limited to two mature Ash trees and a grass lawn.

Roberts Clinic

The 1937 Roberts Clinic is a 2-story Colonial Revival building with multi-colored brick veneer over a frame construction and multi-pane glazing in double-hung windows. Originally constructed as a duplex with a medical clinic on the first floor and a residence above it, the home was later converted to a single-family dwelling. Its rectangular plan is modified with a 2-story centered gable front wing on the primary elevation, a full-height sleeping porch (a historic addition) on the south elevation, and a 2-story wing on the rear façade. The low-pitched hipped roof is covered with composition shingles and has a boxed roof-wall junction with a shallow overhang over a wide band of plain, white trim. Roberts Clinic is a wood-frame building on a raised concrete foundation and finished with a running-bond, multi-colored brick veneer that varies from dark red to cream. All the windows are historic wood-framed double-hung with 6/6 and 8/8 glazing patterns bearing brick sills and lintels. Each window has a wood-frame screen. Modern, aluminum sash windows were installed in the 2nd floor sleeping porch. The nominated building exhibits Colonial Revival-influence in its symmetrical fenestration on the primary elevation, multi-pane windows, and accentuated front door surround. The building features a projecting full-height centered gable, a Georgian variant, and white stucco portico that accentuates the historic Roberts Clinic public entrance. The deep projection of its centered gable originally provided a large interior waiting room on the ground level and contained an interior staircase to access the second-floor residence.

East (Primary) Elevation **(Photo 1)**

Roberts Clinic faces east to San Bernard Street. The brick on the primary façade matches in coloration to the veneer on other elevations but is of higher quality brick. A full-height centered front gable with a half-hipped roof projects from the façade plane. Its depth creates a wing for the two Roberts Clinic entrances that are on the east and north sides of it. A smooth, semi-circular white stucco entry portico with a curved underside accentuates the primary doorway on the east elevation. Two concrete steps lead to the 15-panel glazed French door, a modern replacement, and two metal lanterns hang from the stucco portico. The portico is capped with row of brick headers, a row of soldier-course brick, and an iron balconet. The window above the balconet is a 6/6 double-hung window. Neither the north or south elevations of the centered gable wing are directly visible from the street. The south elevation has a 6/6 window on each floor and the north elevation has a 6/6 window on the second floor with the original secondary entrance on the ground level **(Photo 2)**. This secondary entrance is a glazed panel door with a mail slot and thought to be original to Roberts Clinic. The east façade fenestration is symmetrical with the entrance wing flanked on both floors by 6/6 windows, followed by 8/8 windows. A narrow, brick chimney is right of center on the principle hipped roof. Also visible from this elevation is the 2-story sleeping porch that extends from the south elevation.

South Elevation **(Photo 3)**

The south elevation features the 2-story sleeping porch centered on the façade with a concrete patio. Originally, the south elevation had the same fenestration as the north façade. Roberts removed the center 2nd-floor 6/6 window when he added the sleeping porch. Built in 1954, the sleeping porch is a wood frame addition with a half-hipped roof, white siding, and modern, aluminum sash windows supported by two concrete piers. Prior to the 2nd-floor enclosure, both levels had screen windows. Single windows also flank both sides of the sleeping porch. The first floor has a set of double French doors flanked on both sides by two sets of windows. A concrete staircase leads from the patio to a three-panel glazed door that is on the south-facing elevation of the rear wing.

West (Rear) Elevation (Photo 4)

Fenestration on the rear elevation is asymmetrical. A narrow, 2-story wing (10'x 9') with a half-hipped roof (similar in form to the primary façade) projects left of the central bay with two small, 6/6 double-hung windows that punctuate each floor. The principal roof has a center gable with a wood-paneled gable end and a small, louvered window. The second floor has four windows: one 3/3 in the center bay and two 6/6 are to right (south) of the wing and one 6/6 is left (north) of the wing. A concrete staircase with wrought iron railing is supported by concrete piers against the rear wall.[2] It leads from a door on the south side of the rear wing to a short landing before descending to the ground-level patio. Underneath the 2nd floor landing is a three-paneled glazed door. Both this door and the adjacent door in the south side of the rear wing share a concrete landing and steps to the yard. Pairs of 6/6 windows are in the outer bays, denoting the former patient rooms, and the back door is flanked by a 1/1window and a small, 6/6 window.

North Elevation **(Photo 5)**

The north elevation has same fenestration pattern as the south façade without the sleeping porch. In its place, there is a 6/6 double-hung window above a pair of glazed panel doors that open to a modern wooden deck.

Interior

Roberts Clinic is a 2-story single family residence that was converted from a duplex with a ground-level medical clinic and top floor residence. The extent and dates of some alterations, like the installation of air conditioning, to the historic interior are not known. The building has functioned as a single-family residence since the medical clinic closed in 1967, and the current configuration is the result of a renovation circa 2000.[3] Based on oral testimony and physical evidence, the historic upstairs kitchen was removed and the first-floor kitchen enlarged. Other rooms on both levels were enlarged by either removing or moving walls. Significantly, the entry wing was modified to unify the historically-separate clinic from the upstairs living space. Although the interior has been altered, the historic footprint is still visible and original materials—like windows, doors, hardware, wide baseboards, hex-tile and pine floors—remain intact. During the renovation, some original materials were reused in other parts of the house. The central heating system, original to the building, still exists in the 8' x 7' boiler room under the center of the house that is accessed by a trap door in the first-floor hallway.

First Floor **(Figure 1)**

Historically, the Roberts Clinic first floor functioned as a medical clinic, and patients entered through the front door on the east (primary) elevation to wait in the foyer. The interior stairway was previously enclosed, and the foyer ceiling was 10'-tall. A north-south hallway bisected the clinic's rectangular floor plan with entrances to four, 15'x 15' examination rooms in the northwest, northeast, southwest, southeast corners. An open kitchen was at the west end of the foyer, and a bathroom was behind it at the rear, west wall. The rear wing, with exterior access only, is thought to have originally functioned as a laundry room.

The current first floor plan is in keeping with the general historic configuration with rooms at each corner that are bisected by the foyer (east-west) and hallway (north-south). However, only the southeast former examination room retains its original proportions and partitions. A modern kitchen was installed in the southwest room that was enlarged

[2] A stamp that says "ROBERTS CLINIC 1 19 44" on the first step of the two-story concrete stairway implies it was added in 1944.
[3] Between 1992 and 1997, Roberts Clinic was rented to Oxford House, Inc., a nation-wide chain of halfway houses for recovering alcoholics, and accommodated 5-12 tenants at a time.

by the removal of its north wall. The modification took square-footage from the original first floor kitchen and bathroom. Supporting piers show where the original walls once stood before the kitchen entry was enlarged. Ceramic tile replaced original pine hardwood floors in the new kitchen and adjacent hallway. An irregularly-shaped bathroom now occupies the space between the modern kitchen and living room. It retains the original hex-tile floor with modern fixtures, including a stand-up shower. Two former examination rooms on the north end of the building became one large living room following the removal of hallway walls. The historic footprint of these rooms is evident in the supporting piers and in pattern of the wood flooring. Interior panel doors, baseboards, and hardwood floors throughout the first floor are original.

Second Floor **(Figure 2)**

The nominated building's second floor was originally living quarters for the Roberts Family who accessed the apartment from a side door in the centered gable wing. The interior stairway was walled off from the foyer, and the second-floor landing extended into the wing.[4] Three small bedrooms occupied the south part of the nominated building. Access to the sleeping porch would have been from the middle bedroom. The kitchen, dining room, and living room were in the north half of Roberts Clinic. The original floorplan had one bathroom at the west end of hallway. Another exterior door from the second-floor wing opens to concrete stairs at the rear of the building.

A partition and ceiling in the foyer that historically-separated the Roberts Clinic two floors was removed circa 2000. Modern wood stair balusters and bannister were installed on the L-shaped staircase, and its second-story landing has a smaller footprint due to the now full-height ceiling in the centered gable wing. Three small bedrooms were replaced by master bedroom and an ensuite bath, separated by a ¾ partition wall, in the south half of the nominated building. This large room was also widened, which resulted in narrower second floor hallway. The sleeping porch was carpeted and enclosed with modern, single-pane casement windows; it functions as a home office. The original bathroom, at the end of the hallway, retains its original tile floors and cabinetry. Two bedrooms occupy the north half of the nominated building. One replaced the former living room (northeast corner) and is accessed by modern French doors from the hallway. Its ceiling is now vaulted. A panel door with a small glazed light provides access the northwest bedroom (formerly the kitchen/dining room.) Although this is not likely the original room door, it is believed to have been reused from the first floor. An arched doorway separates this rear bedroom from the small, second floor room within the rear wing. Original pine floors, baseboards, and most interior panel doors are original to Roberts Clinic.

Non-Contributing Resources

One-Story Residence, c. 1900 **(Photo 8)**

At the southwest corner of the lot is a one-story wood-frame dwelling constructed c. 1900 with an ashphalt composition roof. The simple building is a National Folk-style, side-gabled hall-and-parlor house with a one story, cross-gabled addition in the rear. It is thought to be the original home built on the nominated property that was later moved when Roberts Clinic was built. A covered porch spans the length of its east (primary) façade. Over time, it has been substantially altered to included a rear addition and deck. It is missing original materials like windows, doors, siding (on all except drop siding on the front elevation), and porch supports. It is considered non-contributing because alterations greatly diminished intregity of its design, materials, workmanship, feeling, location, and associaion.

[4] There are conflicting accounts about the existence of an interior doorway connecting the stairway to the waiting room on the first floor.

Garage, c. 1940 **(Photo 9)**

The garage is a one-room wood-frame building with a gabled roof clad in composition shingles and grooved plywood siding. Located on the rear north portion of the lot behind Roberts Clinic, the building's footprint matches a garage shown on historic fire insurance maps, and it is believed to have been constructed circa 1940. The garage is considered non-contributing because, at this time, there is no supporting information to determine whether its surviving physical characteristics existed during the property's historic period.

Integrity

The Roberts Clinic overall retains good architectural and historic intergrity to communicate its significance as an early 20th century medical clinic and residence. It retains intergrity of location at its original address in East Austin on a residential street with historic homes that reflect the cultural heritage of the former-Black neighborhood. Spatial relationships between the houses and the road – lot sizes, sidewalks, generous setbacks – are retained and demonstrate the character of this historic streetcar neighborhood. Roberts Clinic also retains integrity of design in its architectural style, form, and exterior plan. The intergrity of interior design was adversly impacted by renovations that converted the building to a single-family residence, and when the first floor configuration was altered from its original plan. Evidence of the original interior plan is intact where partitions were removed, and many original materials are intact. Essentially a 1930s Classical Revival duplex, the building retains its fenestration and featured center gable front wing with a white stucco portico that articulates the primary entrance. The secondary entrance that led to the upper floor residence remains and communicates the Roberts Clinic historic plan, despite later interior alterations that made the building a single-family home. Integrity of workmanship and materials are retained on the exterior and interior. Original windows, hardwood floors, doors, basement broiler, and finishes communicate the era of its construction. It retains integrity of workmanship in the masonry construction, the handsome portico, and sturdy condition of the building. Its high integrity of setting, original design, materials, and workmanship communicates the feeling of other residences that were constructed in the same era as Roberts Clinic, even if it does not obviously convey the historic function. A WPA stamp on the front sidewalk indicates it was formerly the Roberts Clinic providing a direct association with its historic significance.

Statement of Significance

Roberts Clinic, opened in 1937 by Dr. Edward L. Roberts, was the first medical facility in Austin established to provide hospital rooms exclusively for the treatment and comfort of Black patients. In the Jim Crow era of racial segregation, Black physicians and patients throughout the United States faced medical discrimination; doctors were denied staff privileges at hospitals and Black patients received sub-standard medical treatment. Black-owned clinics opened throughout the South in the 1930s, giving physicians professional autonomy and allowing Black patients to receive medical care by their own doctors. As hospitals integrated in the 1950s and 1960s, independent facilities like Roberts Clinic closed. After graduating from Meharry Medical College in 1931, Dr. Edwards Roberts established a private medical practice in East Austin. Six years later, he constructed Roberts Clinic, a two-story brick medical facility and private residence for the Roberts Family. The clinic provided care and treatment for preventative, acute, and chronic illnesses, minor surgeries, and labor and delivery services for the city's Black community through the 1960s. It closed following Roberts death in 1967. Roberts Clinic is nominated to the National Register of Historic Places at the local level of significance under Criterion A in the areas of Ethnic Heritage/Black and Health/Medicine for the period of significance 1937-1967. Roberts Clinic is an excellent local example of the small proprietary medical clinics built by Black physicians in the South during the period of segregated medical practices in the United States. It is the only remaining example of this property type extant in Austin, Texas.

Austin, Texas[5]

When the City of Austin was founded in 1839, Edwin Waller laid the original 640-acre grid townsite on an area of flat land between Shoal and Waller creeks on the north banks of the Colorado River in Central Texas. It was a subset of a 7,735-acre tract of land the Texas Congress acquired for the Republic of Texas' new capital that included land directly east of the original city boundary at Waller Creek. The 1840 Sandusky plan, which directed the development of outlying acres, delineated large divisions, further sub-divided by "Outlots" in what became East Austin. The varied topography—marked by steep and gradual hills and areas of flat land—produced odd-sized blocks and complex street networks that still characterize East Austin today. In 1839, City Cemetery (now Oakwood Cemetery) was established in Division B, three blocks north of the nominated property.

The late 19th-century saw significant development in East Austin. Following the Civil War, freedmen established communities—like Robertson Hill, Masontown, and Pleasant Hill—in the area, and European immigrants purchased tracts in the city's outlots. By the 1880s, there were at least 12 subdivisions in East Austin and "full-scale real estate promotion and homebuilding" characterized this period.[6] Many extant historic houses in the area reflect styles that were popular during this late-19th century development. The city's electric streetcar system included a segment that connected Oakwood Cemetery south (via San Bernard Street) to E. 6th Street and then to Congress Avenue in downtown Austin. Streetcar accessibility allowed residents to live in East Austin suburbs and commute to work downtown.

Rural Black Texans moved to East Austin in the late-19th century in search of employment, and in the first decades of the 20th century the city's Black population began to concentrate in the part of the city. Religious and educational buildings reflected the growth of that community: Tillotson College (established 1881), Robertson Hill School (1884), Gregory Town School (1891), Samuel Huston College (opened 1900), Ebenezer Baptist Church (c. 1885), Mount Olive Baptist Church (1889), Wesley Methodist Episcopal Church (1882). Black-owned businesses existed in the area, but the main commercial blocks for Black Austinites was on East 6th Street, west of East Austin.

[5] Adapted from Hardy, Heck, Moore, Inc., *City of Austin Historic Resources Survey*, Vols I-II, October 24, 2016.
[6] National Register of Historic Places, Historic Resources of East Austin MRA, Austin, Travis County, Texas, Texas Historical Commission website, https://atlas.thc.state.tx.us/NatReg/NR/NR_listed/Districts/eastaustin.pdf.

As Austin's Black population increased from 5,822 in 1900 to 9,868 in 1930, Anglo-American and European residents moved out of East Austin.[7] In 1900, residents on San Bernard Street were German, Swedish, Irish, and Anglo, but by 1920 the street's cultural demographic shifted to non-white, including Black and Mexican American. The 1928 Koch & Fowler City Plan culminated the demographic trend when it recommended solving Austin's "race segregation problem" by creating a Black district in East Austin, where they noted most black Austinites already lived.[8] City leaders achieved this "by denying basic government services to African Americans in other parts of Austin, explicitly forcing African Americans to move to East Austin." [9]

Between 1930 and 1945, forced segregation created a self-contained Black community in the area with its own businesses, schools, churches, parks, and social institutions:

> Residents of East Austin owned and rented property, frequented various churches, and enjoyed patronizing restaurants, ice cream parlors, movie theaters, and hotels. Yet they only had these opportunities within the confines of the segregated district.[10]

Within that period, more than 100 businesses opened in the community's core commercial districts that were on East 11th Street, Rosewood Avenue, and East 12th on the streetcar and bus lines.[11] Consolidation also increased residential development, and new homes were constructed throughout the area. Some of the houses reflected the growing wealth of the Black professional class—business owners, attorneys, physicians, pharmacists, and dentists—but the presence of public and slum housing in East Austin showed the over-whelming majority of Black Austinites were impoverished.

Following World War II, grassroots activism in East Austin challenged local, state, and federal policies that discriminated against Blacks. Political organizations like the National Association for the Advancement of Colored People (NAACP) were instrumental to ending systematic discrimination in federal policy, but Black Austinites had limited local political sway to enact changes on the municipal level.[12] Slum clearance and urban renewal, which city leaders justified by conditions caused by racially-inequitable municipal policies, displaced East Austinites and dis-investment occurred in that part of Austin. Integration of schools, hospitals, parks, public transportation in the 1950s-1970s improved the general welfare of the Black community, but it also led to the closure of important East Austin institutions. Post-war suburban growth in Austin in the latter half of the 20th century concentrated city investment to suburban areas outside of the downtown core, and areas like East Austin suffered further economically. In the late 20th-century and early 21st-century, rapid growth in East Austin has further diminished its cultural heritage. Rising property values priced out long-time residents, and demolition for new construction erased historic buildings once-associated with the East Austin Black community.

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[7] Hardy Heck Moore, I-27 and I-62.
[8] Records show there were smaller enclaves of Black Austinites spread throughout the city at this time. Hardy Heck Moore, I-152; Koch and Fowler, *A City Plan for Austin, Texas*, 2nd printing (Austin: Department of Planning, 1957): 57.
[9] Ibid.
[10] Hardy Heck Moore, I-64.
[11] Ibid., I-83
[12] Ibid., I-111.

Healthcare and the Medical Profession in Austin, Texas, 1900-1964

The Roberts Clinic, built in 1937 by Dr. Edward L. Roberts in Austin, Texas, operated during the era of racially segregated healthcare that existed nationwide until the mid-1960s when federal legislation outlawed such discrimination. Legal segregation and disenfranchisement, unofficially called Jim Crow laws, in the South resulted in substandard patient care and suppressed the professionalization of Black physicians. Most Black citizens who received medical care between 1900 and 1964, when the 1964 Civil Rights Act was signed, were treated by white doctors because there were disproportionately fewer black doctors to serve the community. They underwent surgery at public hospitals but were relegated to inferior segregated wards for post-surgical care. Legal and extralegal discrimination also suppressed the professionalization of Black doctors because it dictated "that African American physicians in the South always remember that they were Black first and physicians second."[13] They faced numerous barriers: to qualifying pre-med education; the economic burden of medical school; few post-graduate opportunities; exclusion from medical societies; competition with white doctors for Black patients; and the denial of hospital staff privileges. Dr. Roberts, his patients, and colleagues all experienced the same racial disparities in Austin as other Black faced in healthcare and as medical practitioners elsewhere in the Jim Crow South.

Physicians were among the first Anglo-Americans to settle Texas in 1821, and they took part in every formative event in Texas history. They fought in the Texas Revolution, signed the Texas Declaration of Independence, held powerful political positions under the Republic of Texas flag, and later, the state flag. In 1853, Dr. Ashbel Smith and 35 other physicians chartered the Texas Medical Association, one of the oldest state medical societies in the country. One hundred and two years later, the TMA admitted its first Black doctors to the prestigious organization. Until the 1950s, while Black physicians were respected members within the Black community, the Anglo-dominated Texas medical community treated them as intellectually-inferior.

In 1882, Quinton Belvedere Neal, M.D. was the first Black doctor to open a medical practice in Texas. After he set up an office in Austin in 1882, Dr. E.W. Abner and Dr. John F. McKinley joined Neal. Other early Austin practitioners included Drs. John Henry Stevens and T.A. Webster. These men had downtown offices on East 6th Street, that were "equipped and comfortable for the accommodation of those needing medical attention."[14] Barred from treating white patients, "those" referred to the 7,000 Black citizens who were counted in Austin in 1900. In 1905, Abner's practice was regarded as quite modern with three designated areas: reception room, private office, and examination room; he was the only Black physician to own an X-ray machine.[15]

Rising professional standards in the practice of medicine led to stunted graduation rates for black medical students in the early 20th century. The 1910 Flexnor Report, produced by the American Medical Association for the Carnegie Foundation, surveyed American medical colleges in order "to improve the quality of physicians by establishing higher standards for medical education and eliminating weak medical schools."[16] It found that most Black medical schools lacked the funds and equipment to meet the new standards, and subsequently most of these institutions closed. Meharry Medical College (Nashville, Tennessee) and Howard University (Washington D.C.) were the only exclusively-Black medical schools that scored well. Between 1910 and 1940, the two medical universities produced 90% of all graduates with an annual average of 100 new physicians. With a deficit of Black physicians, most Black patients saw white doctors and went to segregated wards of city hospitals. In 1914, there were 104 licensed Black doctors working in 23 Texas counties, and only two were working in Austin in the 1920s.[17]

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[13] Thomas J. Ward, Jr., *Black Physicians in the Jim Crow South*, (Fayetteville, AK: The University of Arkansas Press, 2003): 75.
[14] *Negro in Travis County*, 29.
[15] *Negro in Travis County*, 29.
[16] Ward, 21.
[17] Texas Medical Association, "Courage and Determination: A Portrait of Pioneering African-American Physicians in Texas,"

Until the 1930s, black Austinites who needed urgent, surgical, or extended care had few options other than the city's three hospitals: City Hospital (Brackenridge), St. David's Hospital, and Seton. In general, hospitals throughout the Jim Crow South did not refuse Black patients, but there were rarely beds open to this group. In 1915, the City of Austin replaced the aging City Hospital with a four-story, modern brick edifice to better care for its citizenry. The old limestone hospital, built in 1884, was cracked on its exterior, had plaster falling off the ceilings, and was a "veritable fire trap," but nevertheless City leaders retained it behind the new structure for the treatment of tuberculous patients "and others that is considered best to keep segregated."[18] The implication to treat non-white patients ("others") in a separate, inferior area alongside those with an infectious bacterial disease was that the standard medical care for Black people was far lower than that of whites. The arrangement was a permanent solution to a public controversy four years prior when the City Hospital's managing physician allowed a Black patient to be treated on the same floor as whites.[19] In 1928, the City razed the old hospital and treatment of Black and other non-white patients was moved to the basement of a new hospital wing. Despite additions that increased the size of City Hospital (renamed Brackenridge in 1929) through 1941, Black patients remained relegated to the basement until the mid-1950s.

Segregated treatment periodically had fatal consequences. In 1948, Dr. Karl E. Downs, president of Samuel Huston College, was admitted to Brackenridge Hospital at the recommendation of his (Black) physician to see a urologist for urgent surgery. Following the operation, "they had to roll him from the main hospital across an open [exterior] corridor ramp to the area where they were keeping Negros and Mexicans." The transfer moved the patient from a warm operating room through the cooler temperatures outside the hospital. That exposure caused complications that went unrecognized. When medical practitioners did notice Downs' declining health, the segregated ward in which he was in did not have the emergency equipment necessary to save his life.[20]

Race also limited the types of medicine Black physicians could practice. Meharry Medical College and Howard University prioritized sanitation and hygienic medical curriculum over scientific medicine and research involved in surgical and specialized practices of medicine.[21] White philanthropic organizations that funded Meharry and Howard—like the Carnegie Foundation and Rockefeller's General Education Board—strongly influenced this limited educational scope. Subsequently, more than 90% of Black medical students became general practitioners, a type of physician who treated a broad range of acute and chronic illnesses and provided preventative care for people of all ages.

Barriers to post-graduate educational opportunities, imperative in the medical profession, were also based on race and segregation. In 1930, there were no residencies available to Black physicians to learn a specialty, like internal medicine, urology, or obstetrics.[22] Even if one was able to obtain a specialty, Black physicians were barred from staff rights at hospitals. Therefore, "patients were dependent on white doctors for advanced services that Black physicians could not provide."[23] Dr. Beadie E. Conner, a Black physician who practiced in Austin during this period remembered:

> The facilities when I came here were limited. Negro doctors could not practice, were not allowed to be on the stair of Brackenridge Hospital. They were not allowed to be members of the local medical society. They were not allowed to be members of the national medical

Texas Medical Association website, https://www.texmed.org/tma_3a_history_of_medicine/.

[18] "Austin Will Soon Announce Opening of the Most Modern City Hospital in the South," *Austin Daily Statesman*, February 14, 1915.

[19] "Hart and the Mathews Discharge," *Austin Daily Statesman*, February 1, 1910.

[20] Dr. B.E. Conner, interviewed by Anthony M. Orum, May 18, 1984.

[21] Ward, 26-33; 46.

[22] Ward, 60.

[23] Ibid., 131.

> society. Now, if you're going to be on the stair of the hospital, you gotta be a member of the medical society. To get in the state medical society, you had to be a member of the local [society]. So then if you weren't permitted in those organizations, you weren't allowed to practice [at the hospital]. I would take my patients to the hospital and leave them; and the white doctor or whoever else was on the staff would treat them. [24]

In *Black Physicians in the Jim Crow South*, historian Thomas J. Ward Jr., argued that Black patients sought out white physicians because they had modern equipment and could provide total-service healthcare that included hospital privileges. "White supremacy was so ingrained," Ward added, "that many African Americans refused to believe that any black doctor—no matter how well educated, well trained, or talented—could ever be as good as a white physician."[25] Dr. Conner's oral testimony supported Ward's claim when he stressed the majority of his patients were impoverished while middle and upper-class Black people saw white doctors.[26] Those who could afford the care of a white physician, however, were subjected to second-class treatment. These offices discriminated through separate waiting rooms, alternate appointment hours for Black patients, and by prioritizing white patients over non-white patients.[27]

The 1920s and 1930s saw a transition in the way physicians organized medical practices. In prior decades, physicians practiced individually or in partnership in small commercial buildings and home offices. Although that tradition continued, particularly in the Black community, white physicians, dentists, and other medical technicians combined their businesses in "medical arts" buildings in urban areas across Texas. Tenants for this period at Norwood Tower, a medical arts building in Austin, included "medical professionals [who] were served by other tenants including the Travis County Medical Society and Library, the Renfro Drugstore, and multiple X-ray laboratories." [28] These turnkey facilities created networks of mutually-beneficial referrals wherein white general practitioners referred their patients to white medical specialists, white X-ray technicians, and other practitioners all housed under one roof, and vice-versa.

Excluded from medical arts buildings and hospitals, some Black physicians, like Roberts, set up proprietary clinics and hospitals. By the 1930s, there were more than 200 such institutions across the nation, including a few counted in Texas.[29] Clinics ranged from "makeshift" rooms in a physician's house to new buildings equipped with modern medical technology. The clinics supplied a multitude of services, like: tonsillectomies, labor and delivery, setting broken bones, x-rays, and other minor surgeries. Importantly, proprietary medical facilities gave black doctors professional autonomy and patients were spared the indignity of segregation. The Dickey Clinic (1936) in Taylor, Williamson County was the first such clinic in Central Texas until Roberts Clinic opened the following year. In 1940,

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[24] Beadie Eugene Conner, M.D. (1902-1994) was born in Texarkana, Texas. In 1926, he graduated Fisk University and earned a medical degree from Meharry Medical College in 1930 shortly after Dr. E.L. Roberts. Conner practiced in Waco and Cameron, Texas before he moved to Austin to take over Dr. C.L. Christian's practice in 1937. He was on staff at Holy Cross Hospital, Austin's first and only Black hospital, and had a private clinic on E. 12th Street through the 1970s. Conner established professional and personal relationships with many white doctors in the city, which aided his successful campaign to get Black doctors on staff at Brackenridge Hospital. The Dr. Beadie E. Conner and Willie R. Conner House was listed in the National Register of Historic Places (#97001110), but NPS removed its designation in 2019 following the building's demolition. Conner, an outspoken and charismatic Austinite, was the subject of many interviews. His testimony to author Anthony Orum was crucial to the contextual development of this nomination. Dr. B.E. Conner, interviewed by Anthony M. Orum, May 18, 1984. *Power, Money & the People: The Making of Modern Austin* Research Materials (AR.1991.64). Austin History Center, Austin Public Library, Texas.
[25] Ward, 124.
[26] Dr. B.E. Conner, interviewed by Anthony M. Orum, May 18, 1984.
[27] Ibid.
[28] National Register of Historic Places, Norwood Tower, Austin, Travis County, Texas, National Register #10001224, 12.
[29] Ward, 159-161.

the Catholic Holy Cross Church helped fund the establishment of Holy Cross Church in East Austin, the first hospital built for the exclusive care of black patients. It employed Black doctors, like Dr. Conner and operated until 1989.[30]

After World War II, Dr. Conner saw that "things were changing," in the way of civil rights for healthcare. In the 1940s and 1950s, Conner was instrumental in the fight for staff privileges at Brackenridge Hospital. In a 1984 interview, he attributed changing social attitudes in a new, generation of young white doctors who set up practices in Austin in the mid-century. Conner's persistence, however, was the force that eventually opened the Brackenridge Hospital doors to Black physicians who became active hospital staff in 1954. Within the context of the Civil Rights Movement, hospital integration in Austin preceded federal legislation that prohibited segregation. In the early 1960s, two landmark court cases—*Simkins v. Moses H. Cone Memorial Hospital* and *Eaton et al. v. James Walker Memorial Hospital*—prohibited any publicly-funded hospital from discriminating staff or patients on the basis of race. As the legal institution of segregation broke down following passage of the 1964 Civil Rights Act, integration eventually closed or evolved segregated institutions that were established in the Jim Crow era. Roberts Clinic operated during the period of integration but closed in 1967 following the death of Dr. Roberts.

Edward Lowell Roberts, M.D. (1904-1967)

In 1937, Dr. Edward L. Roberts was the first physician in Austin to provide hospital rooms exclusively for the treatment and comfort of African American patients. Despite this accomplishment, there are few records that provide direct insight into his personal life and professional career. However, medical history scholarship, contextual research, and oral accounts of local Black doctors show that Roberts experienced the same racial disparities in Austin as other African Americans medical practitioners faced elsewhere in the Jim Crow South. Roberts was a well-respected physician whose practice improved the quality of life of the community whom he served for more than thirty years.

Edward Lowell Roberts was born to James Isom and Elizbeth "Lizzie" (Johnson) Roberts in Floresville, Wilson County, Texas on July 11, 1904.[31] Roberts came from modest means; Isom was a general farm laborer, and Lizzie was a domestic worker. As a child, Roberts helped with farm work, and received primary education at the segregated Floresville school. By 1920, the family moved to San Antonio and his parents divorced. Lizzie re-married to Madelen Goins, a furniture salesman, and Roberts lived with them until he graduated Douglass High School.[32]

Roberts was likely drawn to the medical profession for the same reasons other young men were: southern Black communities regarded physicians as wealthy, educated, and prestigious individuals.[33] Physicians were in an elite African American social class with ministers, attorneys, and teachers. Medical school admission requirements and cost, however, prevented many aspiring doctors from pursuing the profession. These burdens were reflected in low graduation rates for Black physicians between 1920 and 1940, which averaged 100 annually.[34] Roberts overcame those hurdles when he satisfied admission prerequisites by completing a two-year college degree at Wilberforce University in Ohio before he enrolled at Meharry Medical College, one of four accredited medical programs for African Americans in the late 1920s.

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[30] "Holy Cross Catholic Church and Community," Texas Historical Commission Historical Marker File #17955.
[31] Some primary documents listed Roberts' birth year as 1901. Year: *1910*; Census Place: *Floresville, Wilson, Texas*; Roll: *T624_1598*; Page: *2B*; Enumeration District: *0157*; FHL microfilm: *1375611*. Ancestry.com. *1910 United States Federal Census* [database on-line]. Lehi, UT, USA: Ancestry.com Operations Inc, 2006.
[32] Roberts' funeral program states he graduated from Wheatley High School, but senior high students did not transfer from Douglass to Wheatley until 1933. Raymon Kresba, "A History of Douglass Academy," San Antonio Independent School District, https://schools.saisd.net/upload/page/9922/docs/A_History_of_Douglass_Academy.pdf, accessed February 14, 2019.
[33] Thomas J. Ward, Jr., *Black Physicians in the Jim Crow South*, (Fayetteville, AK: The University of Arkansas Press, 2003): xix.
[34] Ward, 28.

Without financial aid, Roberts worked his way through medical school as a Pullman porter to pay his tuition and living expenses. He met Mary Ridley (1902-1991) in 1930 when the Pullman train on which he worked stopped in Chicago. Mary was a physical education teacher in Bluefield, West Virginia but attended summer college courses in Chicago. She later recalled, "It was fun to meet the trains as they breezed into the railroad stations [and] often that was the main Sunday afternoon attraction." They married during his senior year, but she remained in Bluefield until Roberts finished his medical education.[35]

In 1931, Roberts graduated with a B.S. in Medicine and obtained his physician's license in Tennessee **(Figure 3)**. He won a coveted year-long internship, a post-graduate requirement established by the American Medical Association, at John A. Andrews Hospital in Tuskegee, Alabama. Although internships were a pre-requisite to starting a private practice, segregation limited training opportunities for Black medical school graduates because they were not allowed to treat white patients. Roberts' internship at Andrews Hospital was one of 94 available internships at 13 African American hospitals nationwide offered that year for graduates of all four Black medical colleges.[36] Many of his Meharry contemporaries were not granted such training.

When his internship concluded, the Roberts Family moved to Texas to establish his private medical practice. The Texas State Board of Medical Examiners awarded Roberts a license on March 22, 1932. It was granted through reciprocity, which meant the Texas Medical Board and the Tennessee Medical Board agreed to license doctors from their respective states without examination. Roberts was one of four physicians listed on the Reciprocity Registry as "Colored."[37] Although he was welcomed home in San Antonio, Roberts chose to move to the state capital. Historian Thomas J. Ward outlined the difficulties beset by Black physicians who set up practices in the 1930s South, some (or all) of which Roberts' may have encountered in Austin:

> Most Black physicians—like many of their white counterparts—finished medical school with a host of debts and had little money with which to start a practice. Few southern banks were willing to loan money to a Black physician, who were seen…as a bad credit risk…Many found it difficult to lease office space…as white landlords refused to rent to "nigger doctors." New physicians also often dealt with opposition from the town's established physicians—both Black and white—who saw any new practitioner as competition for the small number of paying patients.[38]

In 1932, there were two other Black physicians who practiced in Austin, Drs. Charles H. Christian (1893-1938) and Charles R. Yerwood (1890-1940). Both established practitioners worked out of offices on E. 6th Street, a historically-Black commercial district in downtown that was a mile from the black residential district in East Austin. Roberts, however, worked from a small rental house on Navasota Street, one block from the future Roberts Clinic.[39] The location likely gave Roberts some advantage over Dr. Christian and Dr. Yerwood as his office was closer to their target clientele. Roberts' services were needed urgently, as noted in the *San Antonio Register* in January 1933 that

[35] Ada Simond, "Healthy Memories Savored by Retired Teacher-Therapist," *Austin American-Statesman,* April 1, 1984.
[36] Ward, 59-60.
[37] Texas State Board of Medical Examiners, "Report of Licenses to Practice Medicine Granted by Reciprocity or by Endorsement of Credentials, March 22, 1932," Texas State Board of Medical Examiners Records, Registers, 1901-1931, Archives and Information Services Division, Texas State Library and Archives Commission.
[38] Ward, 106.
[39] According to the 1933 Austin City Directory, the Roberts lived at 1174 Navasota Street in a modest one-story residence (demolished) one block from the nominated property. When the Roberts Clinic opened in 1937, the City Directory listed him living at 1151 ½ San Bernard. It is thought they lived there temporarily while Roberts Clinic was under construction.

wrote, "The flu may be an unwelcome visitor, but it has gone a long way toward introducing Dr. E.L. Roberts to Austin society."[40]

Roberts, like most Black physicians in the United States working at the time, was a general practitioner. He treated patients of all ages for acute and chronic illnesses. Importantly, Roberts provided preventative care for the community, and his work addressed the underlying causes of illness and death among African Americans. Until he opened Roberts Clinic in 1937, if his patients needed a specialist or surgery Roberts referred them to a white doctor. Black physicians were not allowed to treat patients at any of Austin's hospitals.

Roberts developed professional and personal friendships with area physicians, especially Dr. James L. Dickey in Taylor who was also a graduate from Meharry. In 1936, Dickey opened a 3-bed proprietary clinic in Taylor that was "touted as a modern hospital" with a lab, x-ray equipment, operating room, and delivery room, and he employed two full-time nurses. It was the only hospital for people of color in a 5-county area.[41] The following year, Roberts Clinic opened in Austin. Like the Dickey Clinic, Roberts equipped his facility with modern medical technology, like an x-ray and a cardiograph for recording heart muscle activity. Two trained nurses were on staff, and Roberts Clinic could accommodate nine patients.[42] Corrine (Williams) Harris, a nurse at Roberts Clinic from 1950-1956, recalled the facilities had four patient beds, an office, kitchen, and surgery room.[43]

The expanded facility, as opposed to his first office, allowed Roberts to increase his patient load and services. In addition to treating illness, giving vaccinations, and providing health education, Roberts Clinic was equipped for minor surgeries and labor and delivery. As one of the nurses, Harris assisted Roberts drawing blood, providing vaccinations, and delivering babies. While other local Black physicians, like Dr. Conner, sought staff privileges to Austin hospitals, Harris recalled that Roberts was wholly satisfied by his surgical facilities at Roberts Clinic and he, to her knowledge, did not pursue entry to Brackenridge Hospital.[44] The clinic provided comfortable and sanitary care for patients recovering from illness and procedures with registered nurses to aid them. Roberts marketed that service on his car, which read, "Dr. E.L. Roberts, 1174 San Bernard Street, A Home Away from Home."[45] More importantly, the clinic gave Black Austinites a medical office where they could receive dignified treatment from a Black physician.

Roberts was regarded as a kind doctor whose congenial bedside manner created trust with all his patients.[46] Dr. Conner, another Austin physician, attributed that quality to their training at Meharry: "We didn't have all the fancy professors and research. We know [sic.] bedside manner, we knew how to contact patients, we were dedicated to finding out what was wrong with the patients."[47] Although Roberts was not a public figure, like Dr. Dickey in Taylor

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[40] "Austin News Section," *San Antonio Register*, January 13, 1933.
[41] National Register of Historic Places, Dr. James L. Dickey House, Taylor, Williamson County, Texas, National Register #100000675, 14.
[42] "New Clinic," *The Austin Statesman*, September 4, 1937.
[43] Corrine Williams Harris to Bonnie Tipton Wilson, phone interview, March 14, 2019.
[44] Ibid.
[45] Texas Department of Transportation, Environmental Affairs Division, *"I'm Proud to Know What I Know": Oral Narrative of Travis and Hays Counties, Texas, ca. 1920s-1960s*, by Marie Franklin, Texas Antiquities Permit No. 4735 (Austin, March 2012): 914.
[Hereafter, referred to as "Harris, Franklin Interview, X"]
[46] Harris, March 14, 2019.
[47] According to Harris there was animosity between Roberts and Dr. Beadie E. Conner (1902-1994) whose oral testimony from 1984 helped develop the local context for this nomination. Although Conner was very forthcoming in that interview, describing other doctors practicing contemporaneously in Austin, he never mentioned Dr. Roberts. Dr. B.E. Conner, interviewed by Anthony M. Orum, May 18, 1984. Power, Money & the People: The Making of Modern Austin Research Materials (AR.1991.64). Austin History Center, Austin Public Library, Texas.

or Drs. Yerwood and Conner in Austin, he was respected for his charitable service. Through the Welfare and Benevolent Association of Texas, Roberts Clinic provided free hospitalization to patients who could not otherwise afford it.[48] He provided low cost hospitalization through, at least, 1951.[49]

Roberts nor Conner discriminated against their clientele and tended to any race of patient who visited their office. Ward attributed this as a necessity to maintain a gainful practice, writing:

> At the end of World War II, the average southern Black physician in private practice…saw 155 patients a week and spent seven hours a day in his office, with additional hours given to hospital visits and house calls. Although his patient load might be greater than that of his white colleagues, his income was likely to be 25 to 30 percent lower, because the overwhelming majority of his patients were poor.[50]

Conner's testimony supports Ward's assessment and suggests other Black doctors in Austin experienced the same. "I treated anybody," Conner said, "I got $5 for a night call. $3 for a day call. I did that for years. I had $3 and $5 office visits…I wasn't all that humanitarian, they didn't want to pay anymore."[51] Roberts, like Conner, made house calls, and by 1951 had approximately 250 patients.[52]

Maintaining a gainful practice also meant that Drs. Roberts and Conner provided some services "under the table." For example, Austin physicians administered penicillin to prevent and treat venereal diseases in enlisted men during World War II, but also supplied the antibiotic for the same infections in citizens. Conner, for example, alluded to administering penicillin to prostitutes before they started work on Thursday and Fright nights.[53] It was also common for a white person to visit a black physician for the same treatment to avoid any potential embarrassment they might face at their own doctor's office.

Illegal procedures, like abortions, were quietly performed by physicians of all races, including Dr. Roberts. In April 1944, Roberts was charged with murder in connection to the death of 18-year-old Carrie Louvenia Blackburn. Blackburn, a student at Sam Huston College, allegedly received an abortion from Dr. Roberts on April 12. Following the procedure, she was checked in to Holy Cross Hospital where she died of unknown complications. Roberts was jailed and prosecuted by the State of Texas for homicide as ruled by the coroner. The capital case, heard by the 53rd District Judge J. Harris Gardner, was postponed in September, and no records were found that documented its conclusion; Roberts continued to practice medicine.

Professional associations were, and remain, vital to the development and on-going education of medical practitioners. Excluded from membership to Texas Medical Association and the Travis County Medical Society, Black physicians started the Lone Star State Medical, Dental, and Pharmaceutical Association in the late 19th century. The organization held annual meetings for physicians where colleagues discussed innovations in the medical practice and issues on public health. Roberts was associated with the organization throughout his career but was particularly active in the 1930s. In 1938, the association's 52nd annual gathering included a surgical demonstration at Roberts Clinic. Roberts

[48] "Our Seats 'Neath the Dome," *San Antonio Register,* January 12, 1940.
[49] Brewer, *Historical Outline*, 65.
[50] Ward, 120.
[51] Ibid.
[52] Brewer, *Historical Outline*, 65.
[53] Conner, interviewed by Orum, May 18, 1984.

took part in other surgical clinics with his friend and colleague, Dr. Dickey. Harris, his former nurse, recalled that both men hosted demonstrations and talks at their respective clinics in the 1950s.[54]

Roberts also aided in the professional development of those who worked for him. In 1950, Corrinne Harris (nee Williams) was 20 years old when she visited the Roberts Clinic as a patient. Following her visit, Roberts asked her if she was interested in a job. Harris took it, even though she was inexperienced, because "he talked me into it," but Dr. Roberts also helped her enroll in nursing courses.[55] Harris made a career in the medical field and attributed her success to that first job at Roberts Clinic: "It had really lifted me up…because I have gotten jobs that I wouldn't have gotten if I didn't take these courses, you know."[56]

There is little information available to enlighten the personal history of Roberts or his immediate family, but the Roberts Family enjoyed a comfortable lifestyle in East Austin. The Roberts Clinic was a lucrative practice, they had a rental property in the backyard, and Mary worked part-time at Tillotson College (and later at the Austin State Hospital). Edward and Mary had one child, Marion, who was born on November 5, 1940. When Austin public schools integrated in the 1950s, Marion was one of a few students who transferred from East Austin's Anderson High School to Austin High School. Marion excelled in school and later became an attorney and social worker in New York. The family were members of the Greater Mt. Zion Baptist Church, and had a country home outside of Austin.[57] Roberts was affiliated with Lyons Junior Lodge, Texas Southwest Medical Association, Kappa Alpha Psi Austin Alumni Chapter, and the American Woodmen fraternal organization.

In *Black Physicians of the Jim Crow South*, Ward argued that African American physicians in the Jim Crow era were stuck in a crucible of class and race. He argued that doctors, like Roberts, "could never escape the fact that they were African Americans who had been able to rise up and become doctors, not physicians who just happened to be black. As a result, they were expected to be not only good medical practitioners but also race leaders and role models."[58] Unlike Conner and Dickey, both seen as community leaders, Roberts' decades of accomplishments and service were not widely-publicized. Rather, Roberts earned unwanted attention when his actions violated the social expectations Ward described. In 1959, an all-white jury found Roberts guilty of aggravated assault. Covered by the *Austin American Statesman*, the incident was the only major public story associated with Roberts.[59] He served less than a year in jail, and upon his advance release in 1963, it is presumed Roberts returned to his medical practice. There are no records that show his license was revoked because of the incident. Furthermore, the Austin City Directory listed Roberts Clinic and Dr. Roberts in editions throughout the 1960s. On June 7, 1967, Edward Lowell Roberts died from a heart attack at 62 years old.[60] Mary closed the clinic shortly thereafter. Harris, Roberts' former nurse, recalled that many attended his funeral at Mt. Zion Church, which she attributed to his upstanding character.[61]

Roberts played a significant role in advancing the welfare of Austin's Black community in mid-20th century. In the Jim Crow era, legal and social segregation limited Black patients' access to quality medical care and precluded Black

[54] Harris, Interview by Bonnie Tipton Wilson, March 14, 2019.
[55] Ibid.
[56] Harris, Franklin Interview, 914.
[57] "Jo's Jottings," *San Antonio Register*, July 16, 1945.
[58] Ward, 299.
[59] "Police Hold Physician in Shooting of Woman," *Austin Statesman*, April 8, 1959; "Testimony Ends Here in Trial of Doctor," *Austin Statesman*, January 14, 1960; "Convicted Doctor Files Motion for New Trial," *Austin Statesman,* January 15, 1960; "Doctor Denied a New Trial," *Austin Statesman*, January 30, 1959; "Jail Sentence Affirmed in Assault Case," *Austin Statesman*, June 22, 1960; "Jail Term Commenced by Physician," *Austin Statesman*, October 27, 1960; *State of Texas v. Edward L. Roberts,* #31,522, Travis County Criminal District Court (1960).
[60] "Roberts, Edward Lowell," Certificate of Death, no. 41615, Texas Department of Health, Ancestry.com.
[61] Harris, interviewed by Bonnie Tipton Wilson, March 14, 2019.

physicians from treating their patients at hospitals. The constraints of Jim Crow led to the development of separate medical facilities where African American physicians could practice autonomously, and their patients were not subjected to second-class medical care. Roberts established Roberts Clinic, the first Black-owned and operated clinic and surgical facility in Austin, in 1937 and provided preventative, emergency, labor and delivery, and post-natal care to hundreds of Austinites over the course of his career. Proprietary clinics like the nominated property closed as area hospitals integrated in the mid-1950s. Roberts Clinic represents a brief era before integration when African American physicians demonstrated professional independence through the establishment of Black-owned and Black-operated medical facilities.

Roberts Clinic

On August 27, 1937, Dr. Edward L. Roberts opened Roberts Clinic, the city's first Black-owned medical and surgical clinic, at 1174 San Bernard Street. The two-story brick building replaced a frame residence that had been on the property as early as 1900. The 1900 Sanborn Fire Insurance Company map is the first document to show improvements to the nominated boundary. Joseph Theobald, a German immigrant who worked as a teamster, owned the parcel and built a modified L-shaped wood frame residence with a shingle roof and full-width porch at 1174 San Bernard Street.[62] His property had several outbuildings, including a two-story stable. The next occupants were Alfred and Mary (Theobald) Babel, who inherited the house from her parents in 1921. Edward and Mary Roberts purchased the nominated property from the Babel's on August 14, 1936 for $2,400. They financed $1,900 through the Harrison-Wilson Company, a real estate business that also provided insurance, loan, and rental property management services in all sections of Austin.[63]

The city-issued building permit was already approved when signed Roberts signed the paperwork completing the purchase of 1174 San Bernard Street. He hired John Randolph Bingham (1891-1944), a local contractor, to build a "two-story brick veneer residence and doctor's office," that was underway the following summer.[64] It is probable that Bingham moved the Theobald/Babel House to the rear of the property, and Roberts kept it for rental income. Physical evidence strongly suggests the non-contributing house on the nominated property **(Photo 8)** pre-dates Roberts Clinic, and there are no documents that suggest another building was constructed there at any other period. The Austin City Directory listed tenants living in the wood frame house (1174 ½) from 1939 through 1969 when Mary Roberts sold the property.[65] Over time, the frame house underwent renovations that changed its exterior materials—roof, siding, and windows—and an addition was built at the rear sometime before 1995. The wood frame garage was built by 1951, and there is no information that documents its original appearance.

Bingham likely constructed Roberts Clinic based on a pattern book design for residential duplexes. Built at the cost of $6,785, the two-story red and tan brick veneer building resembled a residence on its exterior, which fit with the character of the street, but the interior was altered to accommodate a modern medical clinic on the first floor and private residence upstairs. Roberts Clinic handsome brick veneer Colonial Revival design stood out in the neighborhood. In 1937, there were few masonry buildings on San Bernard Street and none were Colonial Revival-

[62] The 1900 Sanborn map identifies the property as 1012 San Bernard. Contextual clues and the 1900 Census show that the number should have read, "1312 San Bernard," which is the original address for the nominated property. By 1910, the same property (Lot 3, Block 6 Outlot No. 56) is listed as 1174 San Bernard. Sanborn Map Company, Austin, Texas 1900, Sheet 50, ProQuest Digital Sanborn Maps; Ancestry.com. *1900 United States Federal Census* [database on-line] (Provo, UT, USA: Ancestry.com Operations Inc, 2004) Census Place: Austin Ward 7, Travis, Texas; Page: 13; Enumeration District: 0094; FHL microfilm: 1241673.
[63] Deed of Sale from Alfred A. and Mary Babel to E.L. and Wife Mary C. Roberts, 14 August 1936 (filed 19 August 1936), Travis County, Texas, Office of the County Clerk, Austin, Texas; City of Austin Historic Preservation Office, Zoning Change Review Sheet: Case Number: C14H-03-0012 (July 28, 2003); Real Estate Classifieds, *Austin American Statesman*, July 5, 1936.
[64] "Architects and Contractors Are Busy in Home Building Program," *Austin American*, June 13, 1937.
[65] City of Austin Historic Preservation Office, Zoning Change Review.

style, despite the ubiquity of the style in residential architecture during this period. The centered front gable, an uncommon Georgian-style feature according to Virginia McAlister, functioned as a double-entry with an attenuated door surround to the clinic and a side door to Roberts' second-floor home.[66] The gable wing also allowed for ample interior space to accommodate a stairway and public waiting area. Roberts Clinic's stately, rectangular box form with symmetrical fenestration organized the first-floor interior into equal sections. Broad, cross-axial corridors gave access to four rooms at the building's corners: two patient rooms, a surgery room, and an office.

Contemporaneous clinics, based on the established home-office model, gave the basic framework on which Roberts Clinic was designed. In the late 19th and early 20th century, most physicians (Black and white) evolved their practices from the house-call tradition to stationary medical offices inside their own homes with designated office and exam rooms.[67] In 1920-30s, multi-disciplinary medical arts buildings replaced the home-office model for white physicians in urban centers. African American doctors, excluded from medical arts towers and hospitals, evolved the home-office to function as a small hospital. New buildings were constructed, and old buildings were retrofitted with offices, surgery rooms, and patient rooms. Black-owned proprietary hospitals and clinics of 1930s tended to resemble residences, as home-offices had traditionally, but later clinics looked more commercial. Central Texas examples included the Roberts Clinic and the Dickey Clinic (Taylor, Williamson County, demolished), which were both new constructions in the 1930s and were architecturally-residential in character. Dr. Conner's Austin clinic (demolished), established in the 1940s, was a simple box commercial-style building. As the medical community integrated in the 1950s, most small proprietary clinics closed when public hospitals integrated. The Roberts Clinic is the only extant example in Austin of the type of segregated African American proprietary clinics constructed in the 1930s for the exclusive care of Black patients.

Roberts Clinic operated as a medical clinic from its construction in 1937 to 1967, and thereafter it only functioned as residence. Mary Roberts vacated the building in 1968, following her husband's death a year prior, and sold Roberts Clinic in 1970. For 20 years, it was the home of the Lofton Family. In 1990, Michael Lofton inherited the home from his parents, Dave and Dorothy, and he lived there briefly before renting Roberts Clinic to Oxford House that provided temporary housing for recovering addicts. Michael Casias bought Roberts Clinic in 1996, and under his ownership the interior of the house was renovated to its current configuration as a single, 2-story residence. It has been under its current ownership since 2007.

Conclusion

Roberts Clinic, opened in 1937 by Dr. Edward L. Roberts, was the first medical facility in Austin established to provide hospital rooms exclusively for the treatment and comfort of Black patients. In the Jim Crow era, Black physicians and patients faced medical discrimination, and some physicians established Black-owned proprietary clinics in response. These clinics, which proliferated from the 1930s to the1950s gave the physicians professional autonomy and allowed Black patients to receive medical care by their own doctors. As hospitals integrated in 1950s and 1960s, independent facilities like Roberts Clinic closed. Dr. Edwards L. Roberts established a private medical practice in East Austin in 1931. Six years later, he constructed Roberts Clinic, a two-story brick medical facility and private residence for the Roberts Family. The clinic provided care and treatment for preventative, acute, and chronic illnesses, minor surgeries, and labor and delivery services for the city's Black community through the 1960s. It closed following Roberts death in 1967. Roberts Clinic is nominated to the National Register of Historic Places at the local level of significance under Criterion A for Ethnic Heritage/Black and Health/Medicine for the period of significance 1937-1967. It is the only remaining example of this property type extant in Austin, Texas.

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[66] Virginia Savage McAlister, *A Field Guide to American Houses*, 2nd ed. (New York: Alfred A. Knopf, 2014): 408-410.
[67] Annmarie Adams and Stacie Burke, *A Doctor in the House: The Architecture of Home-Offices for Physicians in Toronto, 1885-1930.*

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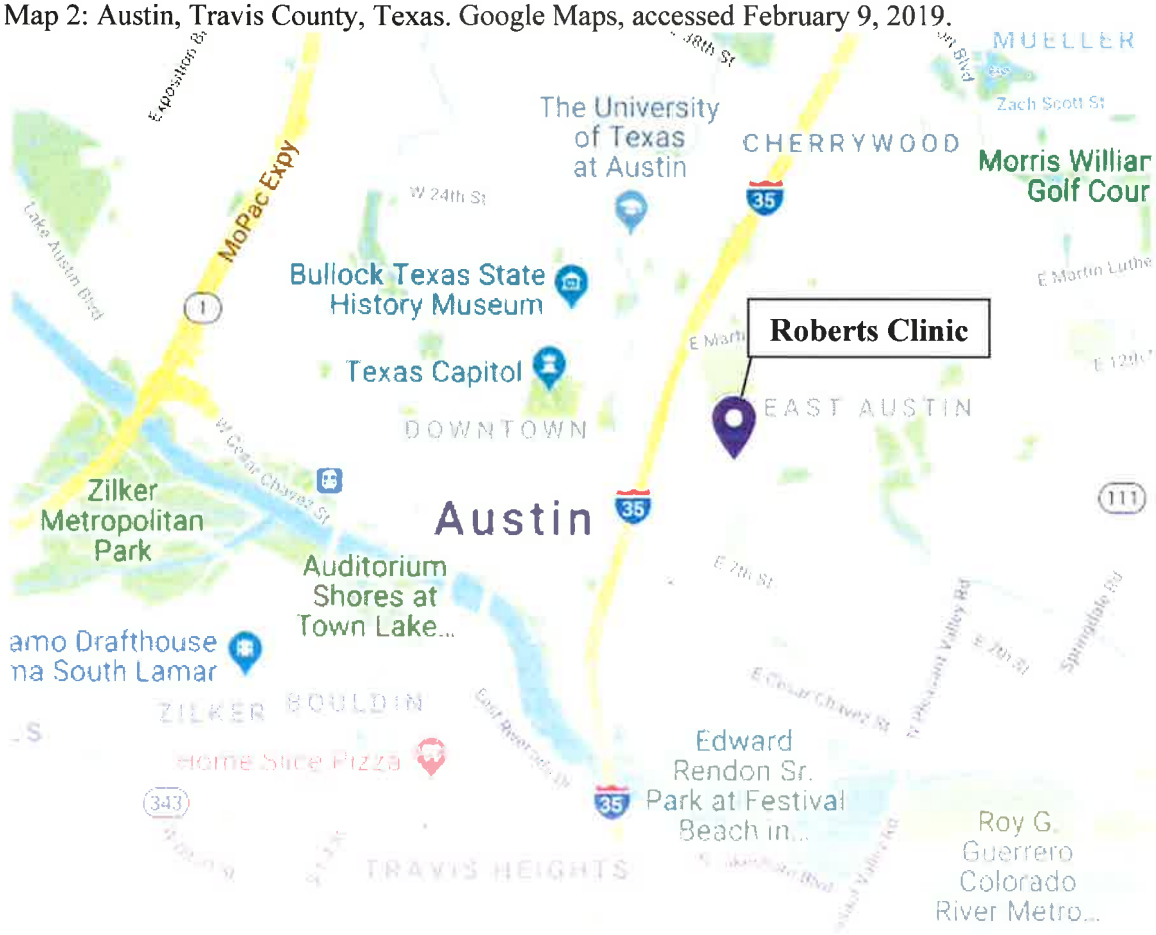
Maps

Map 1: Travis County, Texas

Map 2: Austin, Travis County, Texas. Google Maps, accessed February 9, 2019.



Map 3: Google Earth, accessed January 8, 2019. 30.270794°N, -97.726372°W

Map 4: Map of contributing and non-contributing resources. A garage and 1-story residence (in red boxes) are non-contributing resources. Source: Google Maps, accessed February 9, 2019.

Figures

Figure 1—Current First Floor Plan, Roberts Clinic. Source: Alamo As-Builts.

Figure 2—Current Second Floor Plan, Roberts Clinic. Source: Alamo As-Builts.

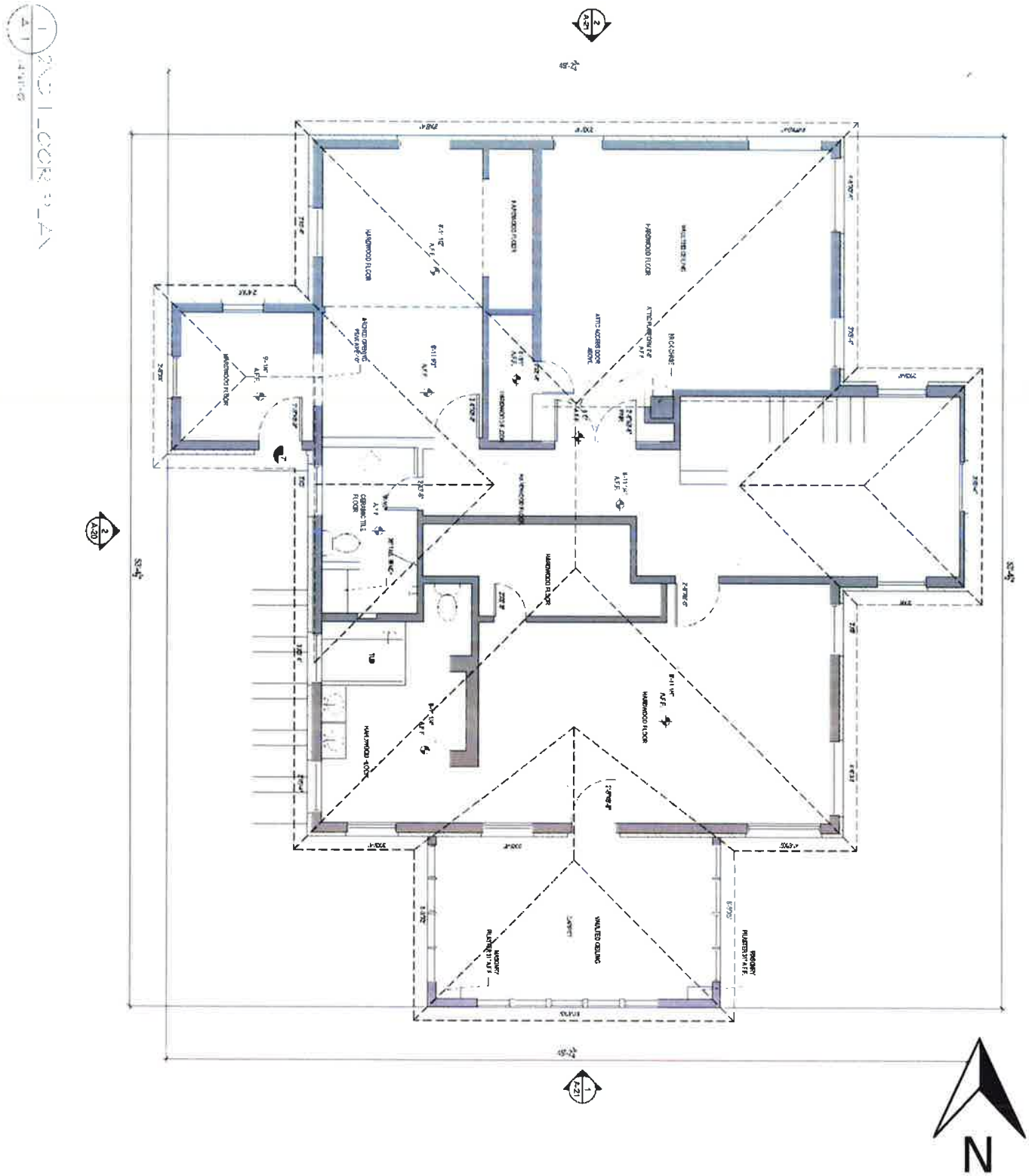


Figure 3—Meharry Medical College Graduating Class of 1931. Courtesy of Meharry Medical College Library.

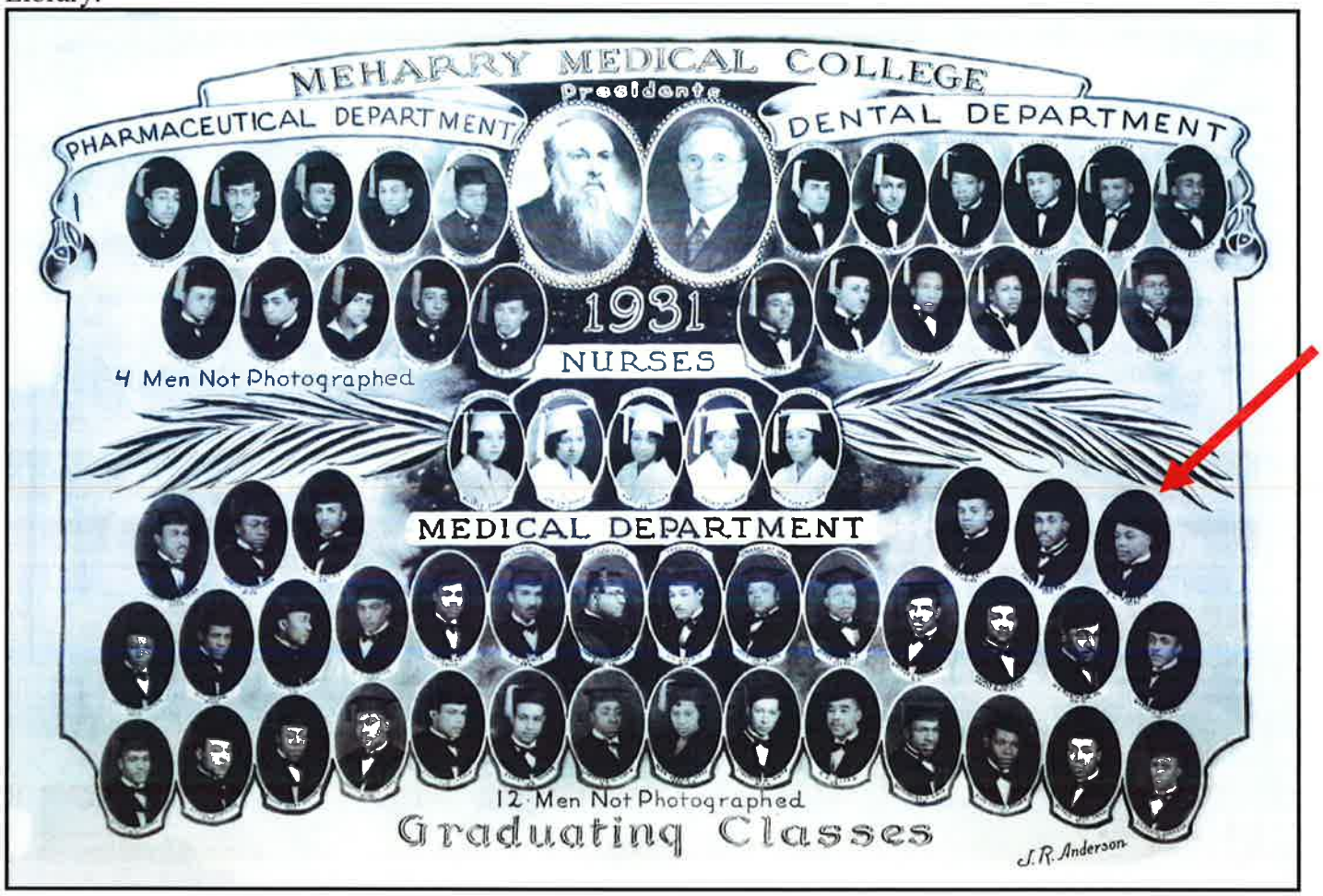


Figure 4—Roberts Clinic, c. 1940. Source: J. Mason Brewer, ed. *An Historical Outline of the Negro in Travis County*: August 1940. Austin: Sam Huston College, 1940.

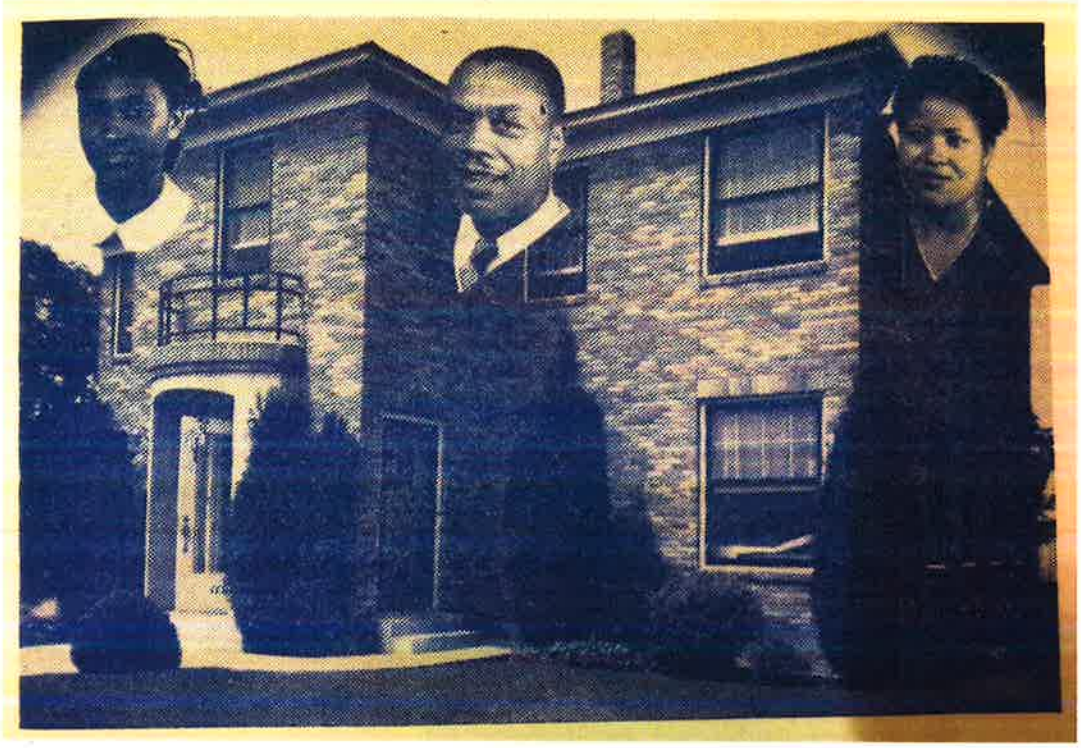


Figure 5—"Dr. Edward L. Roberts, operator of Robert's [sic] Clinic, is a pioneer in the field of Negro Hospitalization in Austin, being the first Negro physician to make clean, comfortable, and sanitary hospital rooms available to his race." Source: J. Mason Brewer. *A Pictorial and Historical Souvenir of Negro Life in Austin, Texas, 1950-1951.* August 1940. Austin: Sam Huston College, 1940.

DR. E. L. ROBERTS

Figure 6—1174 San Bernard Street in 1935 before Roberts Clinic was constructed. It is believed that the frame residence shown on this map is the Non-Contributing frame residence currently behind Roberts Clinic. Source: Sanborn Map Company. Austin, Texas 1935, Sheet 203. ProQuest Digital Sanborn Maps.

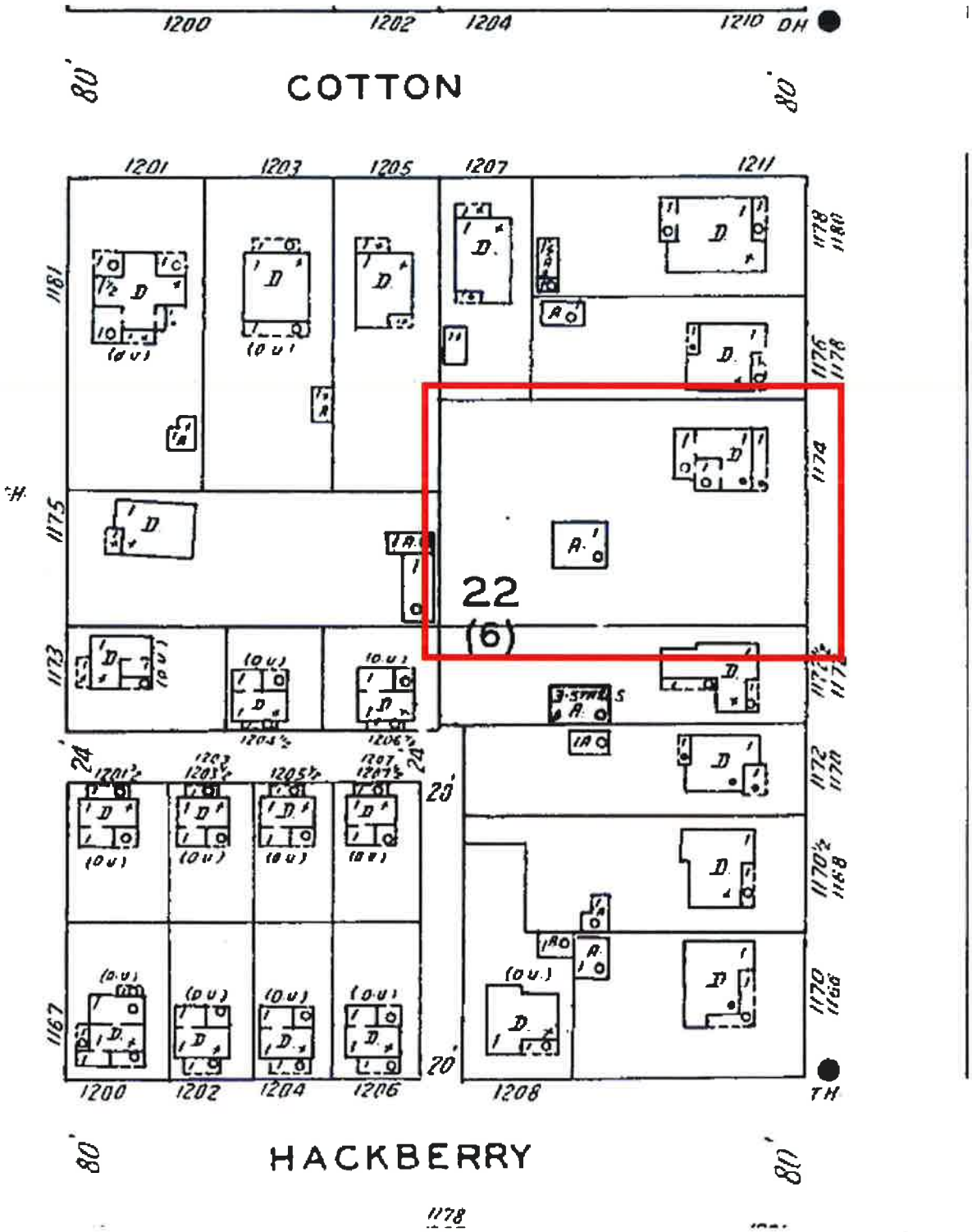
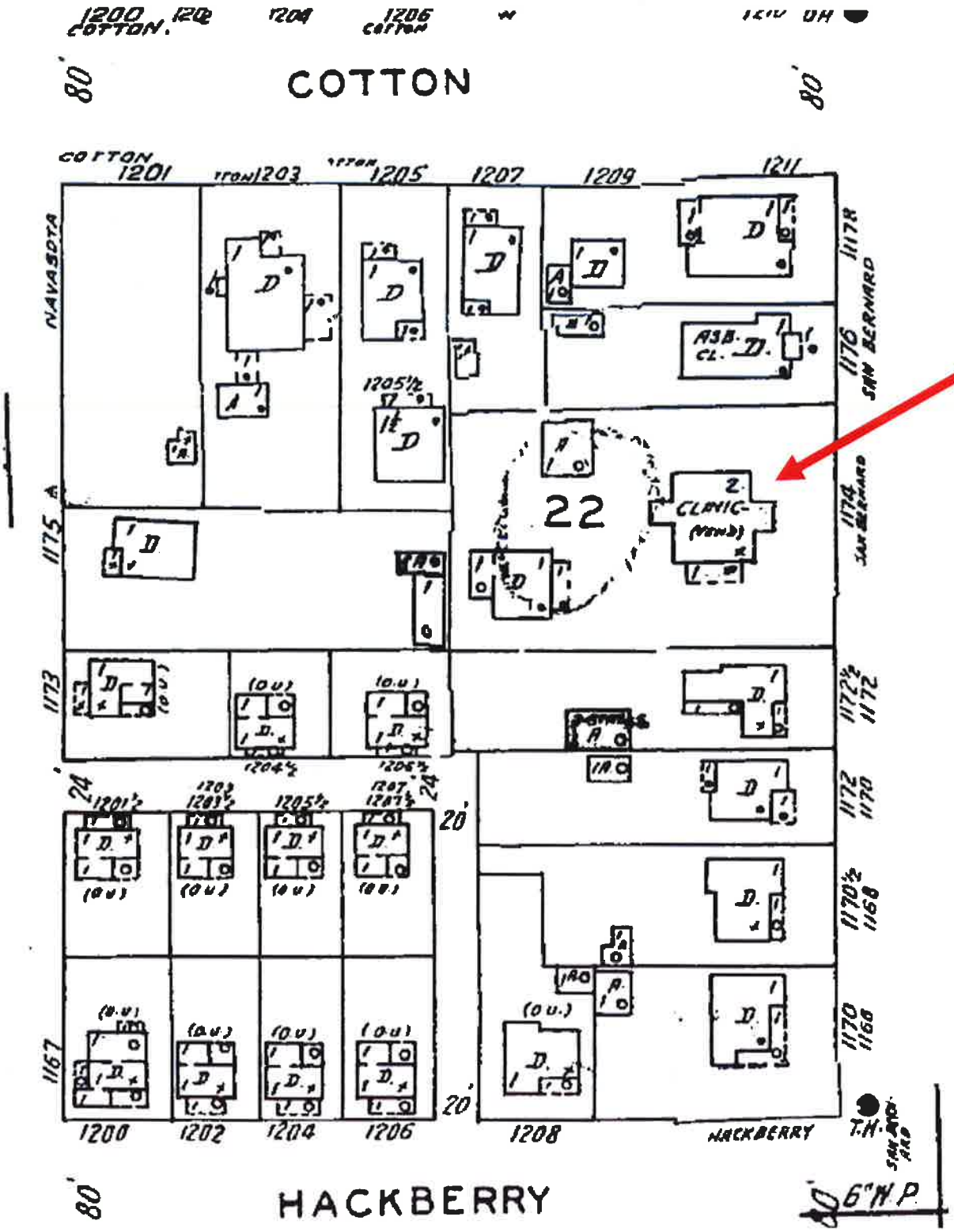


Figure 7— (Detail) Roberts Clinic on Sanborn Map. Source: Sanborn Map Company. Austin, Texas 1935-1962, Vol.2, Sheet 203. ProQuest Digital Sanborn Maps.



Photos
Roberts Clinic
Austin, Travis County, Texas
Bonnie Tipton Wilson
June 7, 2018

Photo 001—East (primary) elevation, looking west.

Photo 002—East (primary) elevation, looking southwest. Historically, patients entered the front (red door) entrance and the Roberts Family accessed their second-floor residence via the side door in the entrance wing.

Photo 003—South elevation, looking northeast. The porte cochere is a historic-age addition, but the second-floor modifications to the windows are modern.

Photo 004—West (rear) elevation, looking east.

Photo 005—North elevation, looking southwest.

Photo 006—Secondary entrance on north side of entry pavilion, looking south.

Photo 007—WPA stamp in sidewalk.

Photo 008—One-story residence (non-contributing), looking west. Thought to be the original residence (c. 1900) on the Roberts Clinic property, this building has been modified to the degree that it no longer retains sufficient integrity.

Photo 009—Garage (non-contributing), looking northwest.

Photo 010—Interior foyer, looking east. A wall originally separated the stairway from patients who waited in the foyer to see Dr. Roberts.

Photo 011—Interior hallway, looking south.

Photo 012—Kitchen, looking northwest. The former examination room was enlarged and turned into a kitchen.

Photo 013—Hallway, looking north. Partitions were removed to create one large living room.

Photo 014—Living room, looking east.

Photo 015—Master bedroom and doorway to sleeping porch, looking southwest.

Photo 016—Second floor hallway, looking west.

~end~