

OCT 15 1962

NORTH CAROLINA

Buncombe COUNTY

IN RE: STERILIZATION OR ASEXUALIZATION

BEFORE THE EUGENICS BOARD OF NORTH CAROLINA

PETITION FOR OPERATION OF STERILIZATION OR ASEXUALIZATION

TO THE EUGENICS BOARD OF NORTH CAROLINA: GREETINGS—

YOUR PETITIONER, Margaret H. Coman, Superintendent of Public Welfare of Buncombe County, or

(Name of Institution)

(Address)

having made a full study of the case of [redacted], hereinafter designated as

the patient, who resides at [redacted]

AND WHEREAS, It appears to your Petitioner that (1) it is for the best interest of the mental, moral, and physical improvement of the patient that he (she) undergo an operation for sterilization or asexualization; (2) that it is for the public good that such patient undergo such operation; and (3) that said patient would be likely to procreate a child or children who would have a tendency to serious physical, mental, or nervous disease or deficiency;

NOW THEREFORE, Your Petitioner prays that an order be entered by the Eugenics Board of North Carolina requiring your Petitioner to perform, or to have performed by some competent physician or surgeon as may be designated by the Board in such order, upon [redacted], the patient named in this Petition, one of the operations specified in Section 36, Chapter 35, of the General Statutes of North Carolina, which in the discretion of the Board, shall be best suited to the interests of said patient or to the public good.

Signed: Margaret H Coman Petitioner. Sup't of Public Welfare or Sup't of Institution

This 12th day of October, 1962

VERIFICATION

NORTH CAROLINA,

Buncombe

COUNTY.

Margaret H. Coman

the Petitioner herein, being duly sworn, says that the foregoing and the following statements made in this Petition are true to his (her) own knowledge, except as to those matters stated upon information and belief, and as to those, he (she) believe it to be true.

Signed: Margaret H Coman Petitioner.

Sworn to before me, this 12th day of October, 1962

Jean M. Edwards (N. P., J. P., or Clerk of Superior Court)

(Seal)

My commission expires 2-22-64

PERSONAL AND FAMILY HISTORY

Name [REDACTED] Age 20 Race white Sex female
 Home address [REDACTED] County of Buncombe
 Present Location same
 Date of birth [REDACTED] Place of birth Buncombe Born in wedlock: Yes No
 Marital status: Single Married Widowed Separated Divorced
 Education: 6th grade social promotion

GIVE NAMES, AGES AND PRESENT LOCATION OF CHILDREN OF PATIENT

NAME	AGE	PRESENT LOCATION
<u>none</u>		

Father's name [REDACTED] Address [REDACTED]
 If dead give: Age at death _____ Cause of death _____
 Mother's name [REDACTED] Address [REDACTED]
 If dead give: Age at death _____ Cause of death _____
 If married give: Name of spouse _____ Address _____
 If separated or divorced from spouse give: Date of separation _____ Date of divorce _____
 If spouse is dead give: Age at death _____ Cause of death _____ Date of death _____
 If father and mother are dead and subject is not married give: Next of kin _____ Age _____
 Relationship to patient _____ Address _____
 Has guardian been appointed for this person? _____ If so, give name _____
 Address _____ Type of guardian _____

INSTITUTIONAL RECORD OF PATIENT

INSTITUTION	CAUSE	DATE ADMITTED	DATE DISCHARGED

Has patient been given a mental examination? yes If so: Name of examiner Dr. Stanley Nale
 Result of examination mental retardation low 60 IQ extremely dependent Date of examination 10-11-62
 Give name and address of physician or surgeon who will perform operation if petition is granted
Doctor on service at the Memorial Mission Hospital

PHYSICIAN'S STATEMENT

How long have you known patient? _____ Date of last examination 10/4/62

Results Patient registered in Obstetrical Clinic - illegitimately pregnant and admittedly is deficient mentally.

Include in above space a statement as to the physical and emotional fitness of the patient to undergo the operation of sterilization. Give opinion as to the possibility of reproduction on the part of the patient. To illustrate, is there an infantile uterus? If the patient is epileptic, specify the causative factors, type and frequency of convulsions, and patient's response to medication.

Specify the kind of information relating to the patient that has been made available to you such as: Social history, psychological, psychiatric reports, other. Report of her mother

The Eugenics Board has jurisdiction in cases of the "mentally diseased" or mentally ill, "feeble-minded" or mentally retarded, and the "epileptic." What is your diagnosis of this patient? (Fill in the one applicable).

"Mentally diseased"

(Give the specific type of psychosis)

"Feeble-minded"

Moderate

(Give the degree of mental retardation)

"Epileptic"

On the basis of the information, do you recommend sterilization X or ~~asexualization~~ for this patient?

AFFIDAVIT OF PHYSICIAN

Dr. John F. Barber, _____, a registered physician of Asheville

Buncombe County, North Carolina, being duly sworn says that he (~~she~~) has had actual know-

ledge of the case of _____, patient, and

says further that the forgoing information relating to _____, patient,

is true of his (~~her~~) knowledge, except as to those matters therein stated upon information and belief, and as

to those, he (~~she~~) believes it to be true.

John F. Barber, M.D.
Physician

Sworn to me, this 12th day of October, 1962

Jan M. Earwood
(N. P., J. P., or Clerk of Superior Court)

(Seal)

My commission expires 2-22-64

CERTIFICATE OF SECRETARY OF EUGENICS BOARD OF NORTH CAROLINA, THAT THE COPY OF THE PETITION WHICH IS SERVED WITH THE NOTICE OF HEARING IS A TRUE AND CORRECT COPY OF THE ORIGINAL.

NORTH CAROLINA,

IN RE: STERILIZATION OR ASEXUALIZATION
OF

COUNTY.

I, -----, Secretary of the Eugenics Board of North Carolina, do hereby certify that the foregoing is a true and correct copy of the petition for Operation of Sterilization or Asexualization instituted before the Eugenics Board of North Carolina, by -----

Petitioner on -----, 19-----

Signed: -----
Secretary of Eugenics Board of North Carolina

This ----- day of -----, 19-----



POST OFFICE DEPARTMENT
CERTIFICATE OF MAILING

Received from:
Eugenics Board of N. C.
Raleigh, N. C.

One piece of ordinary mail addressed to:
[REDACTED]

MAY BE USED FOR DOMESTIC AND INTERNATIONAL MAIL, DOES NOT
PROVIDE FOR INSURANCE. — Postmaster

POD Form 3817
May 1959



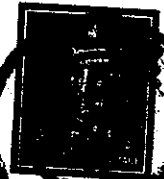

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POD Form 3817
May 1959



NORTH CAROLINA
WAKE COUNTY
IN RE: STERILIZATION OF

BEFORE THE
EUGENICS BOARD OF NORTH CAROLINA
ORDER FOR OPERATION OF
STERILIZATION

WHEREAS, on October 12, 1962, a Petition for Operation of Sterilization or Asexualization to be performed upon _____, was instituted with this Board by Margaret H. Coman, the Petitioner, and

WHEREAS, on _____, the Secretary of the Eugenics Board of North Carolina, did issue a Notice of Hearing in this matter, which Notice together with a certified copy of the Petition was duly served upon the patient, _____, and _____

(OR)

WHEREAS, on October 15, 1962, the Secretary of the Eugenics Board of North Carolina having received written consent by _____,

Patient's mother as provided for in Section 44 (d) of Chapter 35 of the General Statutes of North Carolina, a hearing is unnecessary; and

WHEREAS, this Board at the time and place designated in the aforesaid Notice of Hearing, did consider the said Petition and did hear and consider evidence duly offered in support of and against said Petition, and patient not being present nor represented.

AND it being the opinion and the judgment of this Board that this case falls within the intent and meaning of one or more of the circumstances mentioned in Section 39, Chapter 35, of the General Statutes of North Carolina, and that an operation of sterilization will be for the best interest of the mental, moral, and physical improvement of the said patient, and/or for the public good.

NOW THEREFORE, IT IS ORDERED THAT THE PETITIONER, Margaret H. Coman, proceed to have performed upon _____, patient, the operation of sterilization, such operation to be performed by Staff Surgeon, Memorial Mission Hospital, on any day between the 15 day of October 1962, and the 15 day of April 1963;

Provided, that nothing in this order shall prevent or interfere in any manner with the right of the patient, guardian, spouse, or next of kin of such patient to select competent physicians of their own choice to perform such operation at the patient's expense.

Provided further, that nothing contained in this order shall be construed to authorize the interruption or termination of pregnancy in any case where the same is known to exist.

SIGNED

Russell Brown
R. Diggins M.D.
Donald D. Linder

This 15 day of October 1962 Members of the Eugenics Board of North Carolina

CERTIFICATE OF SURGEON

THIS IS TO CERTIFY that I have this day sterilized, _____ (NAME OF PATIENT)

by doing a Tubal Ligation Remedy (TYPE OF OPERATION)

Date 11-3-1962 Signed: _____, M.D.

NOTE:—File with Secretary of Eugenics Board of North Carolina, Box 2599, Raleigh, N. C.

NORTH CAROLINA

Buncombe

COUNTY

IN RE: STERILIZATION OF

[REDACTED]

BEFORE THE
EUGENICS BOARD OF NORTH CAROLINA

LETTER OF AUTHORIZATION
TO SURGEON

In accordance with the provisions of Section 38, Chapter 38, of the General Statutes of North Carolina,
and of the order of the Eugenics Board, I hereby authorize Staff Surgeon, Memorial Mission Hospital
(NAME OF SURGEON)

to perform the operation of sterilization

upon said [REDACTED]

on any day between October 15, 1962 and April 15, 1962

Signed Maxwell A. Cannon Petitioner

Title Director of Public Welfare

Date October 18, 1962

NORTH CAROLINA,

Buncombe COUNTY.

In Re: Sterilization

of _____

BEFORE THE
EUGENICS BOARD OF NORTH CAROLINA
CONSENT OF PARENT, GUARDIAN,
SPOUSE, OR NEXT OF KIN

I, the undersigned _____ mother, do hereby petition
(Name and relationship to patient)

Margaret H. Coman, Director of Public Welfare, Asheville

(Name and title, as Supt. of Public Welfare or Supt. of State Institution where patient is an inmate)

to institute proceedings before the Eugenics Board of North Carolina for the sterilization of _____

_____, and I do hereby give my consent to the performance of such operation, said operation to be performed in accordance with the authorization of said Board.

Signed: _____

(Signature of parent, guardian, spouse, or next of kin)

VERIFICATION

NORTH CAROLINA,

Buncombe COUNTY.

being duly sworn, deposes and says

that ~~he~~ (or she) has read or has heard read the foregoing petition and knows the contents thereof; that the same is true of ~~his~~ (or her) own knowledge except as to those matters and things therein stated upon information and belief, as to those ~~he~~ (or she) believes it to be true. Deponent further says that the above was signed of ~~his~~ (or her) own free will and accord.

Signed: _____

(Signature of parent, guardian, spouse, or next of kin)

Sworn to and subscribed before me, this

8th day of October, 1962

James M. Carwood

N. P.; J. P.; or Clerk Superior Court

(SEAL) My commission expires 2-22-64

NOTE:

Under the provisions of the 1935 amendment to Section 9 of the 1933 sterilization law, the usual procedure of having the Sheriff serve notice of hearing and a certified copy of the petition will not be necessary if consent as provided for on this form is obtained.

If patient is 21 years of age and is not an inmate of one of the State Hospitals or Caswell Training School and if the said patient has not been declared mentally unsound by a court of competent jurisdiction, the patient's consent must also be obtained.

NORTH CAROLINA,

Buncombe COUNTY.

In Re: Sterilization

of

BEFORE THE

EUGENICS BOARD OF NORTH CAROLINA
CONSENT OF PATIENT

I, the undersigned [redacted] patient, do hereby petition

Margaret H. Coman, Director of Buncombe County Welfare Department

(Name and title, as Supt. of Public Welfare or Supt. of State Institution where patient is an inmate.)

to institute proceedings before the Eugenics Board of North Carolina for my sterilization; and I do hereby give my consent to the performance of such operation, said operation to be performed in accordance with the authorization of said Board.

Witnesses: *Mrs. Barbara Randall*
Miss Judy Lester

Signed: X

[redacted] (Her Mark)
(Signature of patient)

VERIFICATION

NORTH CAROLINA,

Buncombe COUNTY.

[redacted] being duly sworn, deposes and says that he (or she) has read or has heard read the foregoing petition and knows the contents thereof; that the same is true of his (or her) own knowledge except as to those matters and things therein stated upon information and belief, as to those he (or she) believes it to be true. Deponent further says that the above was signed of his (or her) own free will and accord.

Signed X

[redacted] (Her Mark)
(Signature of patient)

Sworn to and subscribed before me, this

8th day of October, 1962.

James M. Earwood
N. P.; J. P.; or Clerk Superior Court.

(SEAL) My commission expires 2-22-64

NOTE:

If patient is 21 years of age, is not an inmate of one of the State Hospitals or Caswell Training School, or has not been declared mentally unsound by a court of competent jurisdiction, the patient's consent should be obtained.

Under the provisions of General Statutes 35-44, the procedure of having the Sheriff serve a notice of hearing and a certified copy of the petition will not be necessary if consent as provided for on this form and consent of next of kin (Form No. 6-A) are secured.

FORM NO. 7 - SUPPLEMENT TO FORM NO. 1, PETITION FOR STERILIZATION - SOCIAL INFORMATION

Name [REDACTED] Date first known to DFW 1949

Family members known to DFW The parents, one brother and two sisters

Services (including financial assistance) given to client and/or family; include approximate dates There have been several applications since 1941 for general assistance, but none were accepted. Hospitalization was given five times, 1941, 1942, 1943 and 1950.

In making a comprehensive analysis of individual functioning, it is necessary to consider, in addition to the specific diagnosis required by law, other aspects of the individual's social, emotional, mental, and physical development, as well as environmental factors.

Develop the following relating to the individual for whom the petition is entered. Clarify statements by giving illustrations.

1. Home situation. Describe the home in terms of its adequacy for the family and how it is kept. Explain the ability of the spouse, parents, or other relatives to give supervision and protection. Give their attitude toward the client.

They live in a small, run down, dirty apartment over the garage [REDACTED]. The home was neat, but because of the surroundings, it did not seem clean or sanitary. Living here are Mr. and Mrs. [REDACTED] and the married daughter with two small children (temporarily). It is very crowded. The mother seems capable of supervision and running the home. The father cares for the stables. The mother must be with [REDACTED] as much as possible since she is feeble-minded and cannot function without help. The parents seem to love this girl very much and want to help her in every way.

2. Client's abilities. Describe the kind of responsibility individual can take for the home (giving examples of tasks performed) and children (including training and supervision). Describe any work experience (giving the quality of performance). Comment on individual's ability to relate to others, both at home and in work situation.

The mother says [REDACTED] can perform simple housekeeping duties around the apartment but is unable to be left with any responsibilities. She seems very sweet and loving and could take care of the basic matters of feeding, changing, and loving the baby but would be unable to offer any adequate training or supervision with a family. [REDACTED] has no work experience, but has stayed at home. [REDACTED] talks fairly well in simple conversation and seems to understand most of the time, in an elementary fashion. She can neither read nor write, even her name.

3. Community environment. Describe the neighborhood, and give any information available regarding problems which have arisen.

They live in a very secluded area on [REDACTED] over the garage and [REDACTED] the [REDACTED]. There are only a few scattered cabins and shacks on this part of the mountain. The Welfare Department has had several calls from Citizens saying this girl just wanders around town and that the parents seem to allow most any men to stay around this apartment. Her sister has two children, believed illegitimate, but she is married now.

NOTE: Use this form as a supplement to the petition. Attach extra sheets if necessary. Information on this form is for the use of the Eugenics Board only.

4. **Defects exhibited by individual which appear to be hereditary in nature.**
There are no physical defects apparent which seem to be hereditary in nature. The one brother does have a below-average I. Q., but is presently married and financially independent, so he seems to have made adequate adjustments with his limitations.

5. **Reason for the decision to petition for sterilization. Describe individual's inclinations toward opposite sex, indications of sex experience, promiscuity, etc.**

Dr. John Barber saw [REDACTED] in the maternity clinic at the hospital and stated that her case should be considered for the Eugenics Board. [REDACTED] was classified as being in the moron group by a state psychologist in 1949, and has been retested by Dr. Nale, State Psychologist. He found her mentally retarded with IQ ranging in the low 60's, showing an extreme dependence on her parents and others. This dependency and insecurity resulting from her feeble-mindedness would indicate that her attraction for males is to fulfill a mental rather than physical need.

6. **Attitude of the individual and relatives toward sterilization, including their ability to understand the procedure.**

The parents understand the operation and are anxious to have it performed. They seem to realize its necessity and that it will be best for [REDACTED]. Mrs. [REDACTED] said that [REDACTED] seemed to understand what it was about when the doctor explained it to her and she told us she wanted the operation.

7. **Evaluation of sterilization in terms of the effects it is expected to have on the individual's future social adjustment in the community. Plan for continuation of casework services to the individual and the family (including planning for institutional care, if applicable).**

We feel there will be no effect on the individual's future social adjustments in the community after sterilization since this girl is rarely a part of the community. She remains in her home or with relatives having little importance or social activities in the community. No future casework services to the individual and the family have been planned; however, continuation of assistance will always be available to them. There has been little discussed about the baby, but they have been informed of the adoption services available to them.

8. **Future plan for institutional resident as it relates to release from institution temporarily or permanently.**

No plan for institutional resident since this girl is in her own home.

Form completed by Judy Coston

Date of completion 10-12-62

Title FWWI

County:

N. C. **Hancombe****11-74**

**NORTH CAROLINA STATE BOARD OF PUBLIC WELFARE
DIVISION OF PSYCHOLOGICAL SERVICES
REPORT OF PSYCHOLOGICAL EXAMINATION**

Name [REDACTED] Date Tested 10-11-62

Sex F Race W Age 20-9 Date of Birth [REDACTED]

Source of Referral Hancombe County Welfare Department

Reason for Referral Eugenics Board consideration

Case discussed in final conference

Psychological Test Results: Wechsler Adult Intelligence Scale; verbal quotient 63, performance quotient 53, full scale IQ 57.

[REDACTED] was given a psychological evaluation at the Hancombe County Department of Public Welfare. [REDACTED] has been seen by other evaluators at earlier dates. The figures are not available but it is believed that IQ's in the sixties were obtained on these tests. [REDACTED] domestic achievements are wholly adequate for her intelligence level. She can do most of the chores around the house including the baking of corn bread. The mother indicates that our client has been taught rigorously to handle domestic tasks.

[REDACTED] IQ and achievements at home are quite inconsistent with her emotional level. She appears to be extremely dependent. She wants her mother to do things for her and suddenly and without reference she will say, "I am looking at your doll, I'm gonna take these home and play with them and wass get me some more dollies." She cries if her mother does not give reassurance and help. [REDACTED] is much more immature emotionally than she is mentally. She will undoubtedly love a baby but she will be unable to care for it intelligently. [REDACTED] may be given consideration for Eugenics Board referral.

SLM/jm

CC: Miss Menley, FR.
Miss Aleshire, CC.
Cassolt.

STANLEY C. KALK.
Clinical Psychologist.



COUNTY OF BUNCOMBE

P. O. BOX 7555
COURT HOUSE

OCT 15 1962

DEPARTMENT OF PUBLIC WELFARE
MARGARET H. COMAN, DIRECTOR

ASHEVILLE, N. C.

October 12, 1962

Mrs. Sue Casebolt, Executive Secretary
Eugenics Board of North Carolina
P. O. Box 2599
Raleigh, North Carolina

Re: [REDACTED]

Dear Mrs. Casebolt:

This is to request emergency action on this petition for sterilization of the above-named person who is illegitimately pregnant and who has been found feebleminded.

This case was referred to the Buncombe County Welfare Department from the social service at the Memorial Mission Hospital in Asheville, North Carolina. [REDACTED] has been seen several times in the obstetrical clinic in this hospital and the doctor in charge requested that this case be investigated for the Eugenics Board.

[REDACTED] is twenty years old, lives with her parents, is overly dependent on others, and can neither read nor write, even though she attended [REDACTED] School through the sixth grade. The father refused to keep her home from school, which was the request of the school principal, state psychologist and superintendent of public welfare in 1949. She was socially promoted each year.

Dr. Stanley Nale, State Psychologist, tested this girl on October 11, 1962, and found her mental capabilities as being that of an eight or nine year old child. He also stated that she has been overly protected, therefore her extreme dependency on her parents causes her to act as an even younger child. Dr. Nale is sending the results of this test directly to the Eugenics Board.

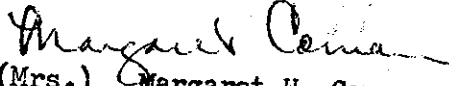
Mrs. Sue Casebolt, Executive Secretary

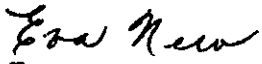
page two
October 12, 1962

Combined opinions are that this girl seeks the love and companionship of others as a child rather than showing any inclinations of promiscuous activities. However, because of her loving nature and since her parents are unable to stay with her every minute, we agree that a sterilization operation should be performed to prevent any further pregnancies.

The emergency of this request is due to the fact that the doctor is uncertain as to the time of delivery. Therefore, we will appreciate your immediate action.

Sincerely,


(Mrs.) Margaret H. Coman
Director


(Mrs.) Eva New
Child Welfare Supervisor

JC:JME
cc Miss Menley, FR

NORTH CAROLINA)
WAKE COUNTY)

I hereby delegate to Richard T. Sanders
my power to act as a member of the Eugenics Board, at its
meeting and hearings, upon the following case, to wit:

[REDACTED]

This the 15 day of October, 19 62

J. W. Amity

NORTH CAROLINA)
WAKE COUNTY)

I hereby delegate to R. Eugene Brown
my power to act as a member of the Eugenics Board, at its
meeting and hearings, upon the following case, to wit:
[REDACTED]

This the 15 day of October, 1962

Allen Winston