

**“Save the Babies”:**

**Progressive Women & the Fight for Child Welfare in the United States,**

**1912-1929**

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### ABSTRACT

This project examines two organizations--the Better Babies Bureau and the Children's Bureau--created by Progressive women in the early twentieth century to combat high infant mortality rates, improve prenatal and postnatal care, and better child welfare. The Better Babies Bureau, founded in 1913 by journalists from the *Woman's Home Companion* magazine, and the Children's Bureau, founded as a federal agency in 1912, used similar campaigns to raise awareness of these child welfare problems in the early 1900s; where they differed, however, is in their ultimate goals. The Children's Bureau sought to improve long-term medical care and infant mortality rates for women regardless of race or socioeconomic status; I analyze how they worked directly with midwives and health officials to provide better care for mothers and children. The Better Babies Bureau, in comparison, catered specifically to white women through prize-based contests and eugenics rhetoric. Through their better baby contests, they promoted the idea that disabilities and defects should be eliminated in children in order to create a better future. By the late 1910s, these two organizations were utilizing nationwide campaigns to appeal to mothers through either consumerism or health conferences. I argue that although the Better Babies Bureau made a greater cultural impact, the Children's Bureau made a longer lasting—and farther reaching—impact on infant mortality rates by making healthcare more accessible for both rural and urban women.

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GENERAL AUDIENCE ABSTRACT

In the early twentieth century, many Americans became concerned with the number of children dying before age one. This thesis examines two different organizations that were created in an attempt to reduce these infant mortality rates, improve prenatal and postnatal care, and better child welfare. These two organizations, the Children’s Bureau and the Better Babies Bureau, were created and run by Progressive women who took vastly different approaches to raising awareness of these problems. The Children’s Bureau worked directly with health and government officials to improve child welfare and healthcare. Meanwhile, the Better Babies Bureau utilized contests to convince mothers that defects and disabilities needed to be eliminated in their children. In this thesis, I argue that the Children’s Bureau was ultimately far more effective by appealing to a wider audience, creating a plan for long-term medical care, and improving access to prenatal and postnatal care for women.

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## ***Introduction***

On April 10, 1910, a journalist from *The Charlotte News* offered a grim prognosis: the nation's babies were dying. "Since all nations are built of babies, unless a radical change in the trend of statistics of infant mortality takes place, our future generations will fail to develop physically and numerically along the lines which are both normal and natural," the report stated. He went on to urge the public to take action—after all, unless something changed, there would be no way to save future generations of children. This journalist appealed to white families in particular: "Race suicide is not a theory, but a fact. The trouble and expense incident to the care and rearing of children does not appeal to all women of the present day; motherhood is not always synonymous with wifedom."<sup>1</sup>

By the early 1900s, nearly twenty percent of all deaths in the United States occurred before age one. Infant death rates were lower in North Carolina, but nonetheless alarming: an average of 93 of every 1,000 children in North Carolina died before the age of one.<sup>2</sup> Although high rates of infant mortality were not a new development, people were now paying attention to these rates within census records. According to Jeffrey Brosco, this is because "in the late 19<sup>th</sup> century, the IMR [infant mortality rates] became a more popular index of health and social wellbeing than the crude mortality rate. . .the IMR was more appropriate because infants were more sensitive to common diseases and environmental conditions."<sup>3</sup> Although these rates applied

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<sup>1</sup> "The News' Public Health Column," *The Charlotte News* (Charlotte, NC), April 10, 1910, 9.

<sup>2</sup> Annette K. Vance Dorey, *Better Baby Contests: The Scientific Quest for Perfect Childhood Health in the Early Twentieth Century* (Jefferson, NC: McFarland & Co., 1999), 6; Average calculated from North Carolina rates recorded in Forrest E. Linder and Robert D. Grove, *Vital Statistic Rates in the United States, 1900-1940* (Washington, DC: Government Printing Office, 1947), 572.

<sup>3</sup> Jeffrey P. Brosco, "The Early History of the Infant Mortality Rate in America: 'A Reflection Upon the Past and Prophecy in the Future,'" *Pediatrics* 103, no. 2 (1999), 479.

to all children regardless of race, officials were particularly concerned with the fact that white children were dying at such high rates.

Infant mortality rates became increasingly concerning to Americans at the turn of the century—especially those like progressives that worked directly with mothers. Whether through social welfare programs, volunteering, or personal experiences, many progressive women had witnessed firsthand how difficult it was for many women to raise healthy children to adulthood. According to historian Janet Golden, “progressives stimulated a new public conversation about infant lives in the opening decades of the twentieth century, endowing modern babies with new roles as symbols of the nation’s well-being and future promise.”<sup>4</sup> As Golden points out, children were equated with the future of the nation; if they were dying or disabled, the future of the country looked grim. With this in mind, progressive reformers were spurred into action: if they could save the babies, then perhaps the future of the nation could be secured.

### ***The Infant Mortality Movement***

Out of these concerns the infant mortality movement was born. I use the phrase “infant mortality movement” to refer to the period of time in the early twentieth century—from approximately 1912 to 1929—when many progressive women focused their efforts on decreasing infant mortality rates and improving child welfare. Two organizations in particular—the Children’s Bureau and the Better Babies Bureau—were created during this period with the goal of saving babies and creating a better future. Where they differed, however, was how they approached this goal.

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<sup>4</sup> Janet Golden, *Babies Made Us Modern: How Infants Brought America into the Twentieth Century* (Cambridge: Cambridge University Press, 2018), 29.



For decades, progressive women petitioned the federal government to implement policies that would improve infant mortality rates, protect children in the workforce, and provide better care for mothers. In 1912, their efforts were finally fruitful, and a new federal agency, the Children's Bureau, was born. Although their budget was limited, the women of the Children's Bureau—headed by Julia Lathrop—initiated studies, provided prenatal and postnatal advice to women, and assisted states with improving infant mortality rates.

Only a year later, in 1913, journalists from the *Woman's Home Companion* established the Better Babies Bureau. Journalist Anna Steese Richardson recognized that a contest-based system could help raise awareness about the problem of high infant mortality rates and, working with fellow journalists and activists, she created the bureau to implement better baby contests across the nation. Although these contests did not have any scientific backing, the prizes and prestige they offered drew in hundreds of thousands of women. While the Children's Bureau focused on saving children by doing studies and providing medically sound advice, the Better Babies Bureau used contests and fanfare to entice mothers into raising better babies. Behind both of these organizations, a more sinister idea lurked: the idea that the white race had to be improved upon or saved from destruction.

This thesis tells the arc of the infant mortality movement through these two bureaus. Although these two bureaus had the same goal in mind—improving infant mortality rates—the women in charge of them took vastly different approaches to the campaigns they implemented, communities they served, and long-term goals they pursued. Chapter one discusses how and why the *Woman's Home Companion* established the Better Babies Bureau to address infant mortality rates and “race suicide.” Chapter two traces the creation of the Children's Bureau, their first studies, and their specialized work in North Carolina. After establishing how these bureaus were

created, operated, and publicized in the first two chapters, I then compare them and their national campaigns in chapter three.

### *Argument and Significance*

In this thesis, I will argue that although the Better Babies Bureau made a greater cultural impact, the Children's Bureau made a longer lasting—and farther reaching—impact on infant mortality rates. Since its inception, the Children's Bureau took careful steps to include scientific and medical reasoning in their campaigns. They frequently consulted with doctors, midwives, and health officials to ensure that they were offering the best possible advice to women. Further, when they found that rural medical workers like midwives had inadequate training, they worked with government officials to ensure that these women could receive better training for the sake of the mothers and children under their care. By working directly with medical workers in their campaigns—rather than largely using the advice of journalists—the Children's Bureau's work within communities was more sustainable and impactful on women and children than the Better Babies Bureau.

The Children's Bureau also took steps to make their campaigns more accessible to as many people as possible—including communities who were most greatly impacted by infant mortality. When it became clear that the campaigns they had implemented did not work for illiterate or working women, they shifted their efforts to be more inclusive and accessible to these groups. The Children's Bureau also worked with women regardless of race or economic status; they translated many of their publications into a variety of languages and worked directly with leaders within these communities to make a broader impact. By expanding their campaigns

to all women, the bureau had a significantly larger impact on long-term infant mortality than the Better Babies Bureau.

The Better Babies Bureau's impact, on the other hand, was largely concentrated within white communities. By and large, the Better Babies Bureau catered only to white women: better baby contests sponsored by the bureau were overwhelmingly for white children, and bureau publications were never published in any format other than English. Catering specifically to white families contributed to early attempts to maintain the position of white Americans before more drastic steps were taken by government officials towards eugenics. Their work proved useful in normalizing the standardization of children's bodies and in making many mothers more compliant to the advice of so-called experts. For a while, this seemed like a good solution to the perceived problems white Americans faced. Ultimately, the organization still failed to create total compliance. Not all mothers bought into the idea that journalists knew more than them, nor could they all afford the products advertised to them as a way to make their children the best. As it became clear that not all mothers were attempting to correct their children's "defects" and disabilities, as suggested by the Better Babies Bureau, local governments turned to more extreme laws to better the white race: sterilization. Although this thesis will not discuss these latter eugenics laws in depth, part of its significance is in showing how the movement helped usher these ideas into place.

It is also worth noting that concern over the future of the white race—and in particular, white babies—created a movement that shifted mothers out of the role of the expert and into the role of the consumer. Many within the Better Babies Bureau placed the blame on mothers: rural mothers were blamed for not bringing their children to the doctor frequently enough, and urban mothers were blamed for not giving their child enough fresh air. As they elevated themselves

into the role of so-called experts, representatives of the Better Babies Bureau convinced many mothers that their children could only be improved by buying specific items. Businesses quickly capitalized upon this shift, creating a consumer culture around the selling and buying of children's products recommended by these experts.

Although these organizations worked nationally, I focus on their work in North Carolina in chapters one and two. There are several reasons why using North Carolina as a case study is significant within this thesis. For the Better Babies Bureau, the succession of events happened relatively quickly in North Carolina: the better babies movement began and ended there in less than two decades. As it became clear to North Carolina's state officials and health experts that better baby contests would not be enough on their own to save the white race, more extreme eugenic measures were embraced. In 1929, just sixteen years after the first better baby contest was held in North Carolina, officials passed a law that would lead to the sterilization of thousands of North Carolinians in the name of "bettering the race."

Secondly, North Carolina provides an ideal setting to use as a case study to more closely analyze how these events unfolded in a specific locality. By narrowing the scope of this thesis to a specific state, I am able to provide a richer, more nuanced understanding of the work that these bureaus did across the nation. Further, the rural-urban divide in North Carolina provides an important background for much of their work. By the early 1900s, North Carolina's urban centers—namely the Raleigh-Durham and Charlotte areas—differed greatly from rural areas in the rest of the state. Having a clear distinction between these two areas is important, since *Woman's Home Companion* journalists and doctors held rural and urban mothers to much different standards.

Lastly, North Carolina became the site of one of the Children's Bureau's first case studies. The Children's Bureau recognized that rural mothers faced unique challenges: few had access to adequate prenatal and postnatal care, access to hygiene differed greatly, and many were illiterate. The Bureau worked directly with the North Carolina government to identify the struggles that rural mothers faced; it also laid the groundwork for future Children's Bureau work in other rural areas. By focusing on North Carolina, I am able to extrapolate how the bureau worked in rural communities across the rest of the South.

### *Historiography*

This thesis deals with several important—and intersecting—concepts from the early twentieth century. Concerns over infant mortality rates, increasing hostility towards people with disabilities, and fears of “race suicide” that began in the nineteenth century permeated into the twentieth century. At the same time, Progressive politics became popularized—and along with it, so did ideas about eugenics and maternalism. These ideas, which culminated in the creation of the Better Babies Bureau and the Children's Bureau, profoundly shaped how these two institutions formulated and promoted their campaigns.

While Progressivism can be broadly defined, I specifically focus on the use of Progressive maternalism in this thesis. In a period of time where women held little political power, maternalist Progressive women—like those within the two bureaus discussed in this thesis—exerted their influence to create change within the federal government on behalf of mothers and children. By using motherhood as a mobilizing feature, Progressive maternalists convinced the federal government that it was worth investing time and money back into the lives of mothers and children.

There are two major works that I draw upon for a better understanding of how maternalists operated within the political sphere of the early twentieth century. The first, Molly Ladd-Taylor's *Mother-Work: Women, Child Welfare, and the State, 1890-1930*, offers the following definition of "Progressive maternalism:" a specific ideology "whose adherents hold (1) that there is a uniquely feminine value system based on care and nurturance; (2) that mothers perform a service to the state by raising citizen-workers; (3) that women are united across class, race, and nation by their common capacity for motherhood..."<sup>5</sup> The second definition, offered by Seth Koven and Sonya Michel in *Mothers of a New World: Maternalist Politics and the Origins of Welfare States*, states that "Maternalism always operated on two levels: it extolled the virtues of domesticity while simultaneously legitimating women's public relationships to politics and the state, to community, workplace, and marketplace."<sup>6</sup> These two works—among others—help situate how the women of the Children's Bureau both cared about the wellbeing of mothers and children personally while also using their cause to further their positions within the political realm.<sup>7</sup>

Along with the role that maternalism played in Progressive politics, it is important to understand how the rising popularity of scientific motherhood contributed to the success of these two organizations. Within the concept of scientific motherhood, the idea of motherhood was redefined; mothers were expected to utilize science and knowledge in their childrearing practices rather than following guidelines and tips that were passed down to them by other women. The

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<sup>5</sup> Molly Ladd-Taylor, *Mother-Work: Women, Child Welfare, and the State, 1890-1930* (Chicago: University of Illinois Press, 1994), 5.

<sup>6</sup> Seth Koven and Sonya Michel, *Mothers of a New World: Maternalist Politics and the Origins of Welfare States* (New York: Routledge, 1993).

<sup>7</sup> Maternalism has played a role in many women's movements of the early twentieth century. For more on this topic, see Gwendolyn Mink, *The Wages of Motherhood: Inequality in the Welfare State, 1917-1942* (2018) and Robyn Muncy, *Creating a Female Dominion in American Reform, 1890-1935* (1991).

Better Babies Bureau and the Children's Bureau honed in on this societal change and took the opportunity to sway mothers into raising their children the "proper" way; that is, the way that they thought was best.

Historians of scientific motherhood have focused on this shift from passed-down knowledge to pseudo-science and self-help. In *Modern Motherhood: An American History*, Jodi Vandenberg-Daves explains how scientific motherhood fit into the larger scope of childrearing changes of the nineteenth and twentieth centuries. As women's identities as mothers shifted and ideas about mothering changed, mothers became increasingly convinced that they had to rely on the expertise of others in matters involving childrearing. As Rima Apple explains in her book, *Perfecting Motherhood: Science and Childrearing in America*, "instinct and tradition in childrearing were replaced by all-important medical and scientific advice."<sup>8</sup>

In general, historians of scientific motherhood have largely focused on the mothers' perspectives of scientific motherhood and how they reacted to this change in their role. Julia Grant's *Raising Baby by the Book: The Education of American Mothers* analyzes how prescriptive ideas influenced mothers to raise their children in certain ways. She specifically focuses on mothers as individuals and their responses to scientific motherhood by analyzing letters and baby keepsake books to understand how mothers grasped the advice given to them through both educational programs and letters written to physicians.<sup>9</sup> However, in this thesis I focus on the role of the supposed experts—in this case, the Better Babies Bureau and the

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<sup>8</sup> Rima Apple, *Perfecting Motherhood: Science and Childrearing in America* (New Jersey: Rutgers University Press, 2006), 2.

<sup>9</sup> See Janet Golden's *Babies Made us Modern: How Infants Brought America into the Twentieth Century* (2018), Molly Ladd-Taylor's *Mother-work: Women, Child Welfare, and the State, 1890-1930* (1994), and Alisa Klaus's *Every Child a Lion: The Origins of Maternal and Infant Health Policy in the U.S. and France* (2019) for more about scientific motherhood.

Children’s Bureau—and their attempts to influence mothers into following their advice. In chapter one in particular, I explore how the journalists of the *Woman’s Home Companion* and the Better Babies Bureau used their newfound expertise to influence the ways that mothers raised their children.

In using their newfound expertise, these women hoped to improve the serious infant mortality rates in the country. Although many historians of childhood and motherhood have studied and written about the infant mortality movement in a larger context, very few have focused on it as a standalone movement. Rather, they focus either on infants across a vast period or on the lives of specific women within the movement. Although the women of the bureaus—a main focus of this thesis—agreed on the fact that infant mortality had to be addressed, they took vastly different approaches to finding a solution. Historian Richard Meckel notes that these conflicting ideas defined the infant mortality movement of the early twentieth century. In *Save the Babies: American Public Health Reform and Prevention of Infant Mortality, 1850-1929*, he states that “the movement was considerably less uniform than it appears in historical retrospect. It can be best described as a coalition of individuals and groups who agreed on general principals but held somewhat competing ideas and agendas...”<sup>10</sup> These competing ideas defined the Better Babies Bureau and the Children’s Bureau. Although they took similar approaches to campaigning (such as pamphlet writing and public lectures), the content they wrote and displayed was vastly different. <sup>11</sup>

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<sup>10</sup> Richard Meckel, *Save the Babies: American Public Health Reform and Prevention of Infant Mortality, 1850-1929* (Baltimore: Johns Hopkins University Press, 1990), 9.

<sup>11</sup> Although the infant mortality movement has been written about extensively by historians, it is touched upon in several monographs. For instance, see Barbara Barksdale Clowse, *A Doctor for Rural America: The Reforms of Frances Sage Bradley* (2020), Janet Golden, *Babies Made us Modern: How Infants Brought America into the Twentieth Century* (2018), and Alexandra Minna Stern & Howard Markel’s *Formative Years: Children’s Health in the United States, 1880-2000* (2002).



Whiteness—and the hope of “saving” the white race from outside threats—is central to the story told in this thesis. As Progressive politics became popular in the early twentieth century, so did concerns over immigrant populations and interest in eugenic ideas. These concerns led to worry that the purity and superiority of the white race might suffer; as a result, the Better Babies Bureau specifically targeted white women and the bettering of white babies. Although African American and Native American baby contests did exist and were popular among those populations, the Better Babies Bureau catered to their largely white readership by hosting contests at segregated fairs and encouraging discussions of “improving the race” in discussions of baby contests. As Grace Elizabeth Hale discusses in *Making Whiteness: The Culture of Segregation in the South, 1890-1940*, white Americans after the Civil War sought to solidify their place as the “master” race by using segregation to separate and master African Americans. She uncovers why white Southerners felt increasingly insecure about their place in society, and how they used segregation to reclaim their feelings of superiority. Valerie Babb takes these ideas a step further, linking ideas of whiteness to Progressivism in *Whiteness Visible: The Meaning of Whiteness in American Literature and Culture*. She argues that white Progressive women used their social reform efforts to reaffirm whiteness and white privilege by “serving a community and at the same time socializing it to particular race and class notions.”<sup>12</sup> The women of the Children’s Bureau did exactly this in their work: although they focused on improving infant mortality rates, they simultaneously hoped to socialize immigrant women to a particular way of raising children.<sup>13</sup>

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<sup>12</sup> Valerie M. Babb, *Whiteness Visible: The Meaning of Whiteness in American Literature and Culture* (New York: New York University Press, 1998), 144.

<sup>13</sup> For more on whiteness studies, see Matthew Jacobson’s *Whiteness of a Different Color* (1999), David Roediger’s *The Wages of Whiteness: Race and the Making of the American Working Class* (1991), Matt Wray’s *Not Quite White: White Trash and the Boundaries of Whiteness* (2006), and Ariela J. Gross’ *What Blood Won’t Tell: A History of Race on Trial in America* (2008).

The story of why whiteness and disability were so important to the women in these bureaus could not be told without understanding women's role in the larger eugenics movement of America. Historians of eugenics have tended to focus on important men in the movement. For example, Daniel Kevles' *In the Name of Eugenics: Genetics and the Uses of Human Heredity* focuses on telling the broad history of eugenics through the stories of men who contributed significantly to the movement; those like Francis Galton, Charles Davenport, and Lionel Penrose are the central focus of his research. Similarly, given the scope of Edwin Black's *War Against the Weak: Eugenics and America's Campaign to Create a Master Race*, little time is spent analyzing how women contributed to eugenics campaigns. These works and others like them are vital to understanding the history of eugenics—both in the United States and more broadly—and are useful in understanding the background of the movement. Other historians of eugenics, like Laura Lovett and Paul Lombardo address how women—especially ordinary women—played a role in the eugenics movement. In *Conceiving the Future: Pronatalism, Reproduction, and the Family in the United States, 1890-1938*, Lovett explains how Populist women like Mary Elizabeth Lease promoted ideas about eugenics and scientific racism. Further, she explains how child advocates like Dr. Florence Sherbon formed the fitter family contest, a later adaptation of the better baby contests that judged entire families. Likewise, Paul Lombardo's edited volume *A Century of Eugenics in America: From the Indiana Experiment to the Human Genome Era*, dedicates chapters to both better baby contests and women within the eugenics movement, shining light on the tactics women used in promoting eugenics rhetoric to a larger population.

Similarly, eugenic ideas played an important role in the work of these bureaus as they sought to eliminate “defects” in children. As American views on disability shifted during the twentieth century, eugenics became increasingly appealing to many as a solution to eliminate

defects. As Paul Lombardo discusses in *Three Generations, No Imbeciles: Eugenics, the Supreme Court, and Buck v. Bell*, proponents of sterilization advocated for eugenics as a way to fix perceived social and personal implications of defects, and to create a future with less poverty, crime, and disability. Similarly, the women of the Better Babies Bureau envisioned a “better” future with healthier, happier citizens as a result of their campaigns. These women advocated for both better breeding and better environments in order to eliminate disabilities—and the people who embodied them—from the white race, thereby creating a better future for later generations.<sup>14</sup>

The Better Babies Bureau, I argue, is part of this larger narrative of how women participated in the eugenics movement of America. Women established themselves as cultural authorities and played central—not peripheral—roles. In this case, journalists and editors of the Better Babies Bureau created platforms to claim and use power to speak directly to mothers and expectant mothers in order to push eugenic ideas of creating a better race.<sup>15</sup>

Finally, the stories of these two organizations would be incomplete without understanding the consumer culture of the early twentieth century. As mothers received knowledge about how to raise their babies from healthcare experts and journalists, businesses realized they had the opportunity to capitalize upon this shift. As better baby contests transformed into better baby weeks, businesses cultivated a consumer culture in which mothers could buy products to improve their children’s lives and wellbeing. Instead of making clothing, food, and cribs for their

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<sup>14</sup> This thesis also draws upon the writings of Kim Nielsen, *A Disability History of the United States* (2012); Douglas Baynton, *Defectives in the Land: Disability and Immigration in the Age of Eugenics* (2016); and Paul Longmore, *The New Disability History: American Perspectives* (2001).

<sup>15</sup> For further readings in United States eugenics history, see Wendy Kline’s *Building a Better Race: Gender, Sexuality, and Eugenics from the Turn of the Century to the Baby Boom* (2001); Molly Ladd-Taylor’s *Fixing the Poor: Eugenic Sterilization and Child Welfare in the Twentieth Century* (2017); and Alexandra Minna Stern’s *Eugenic Nation: Faults and Frontiers of Better Breeding in America* (2016).

children, mothers instead became consumers, buying products labeled with better baby stickers and endorsements.

Several historians have studied this phenomenon in recent years, but two works in particular will provide a basis of conversation for this thesis. In his 2017 Ph.D. dissertation “Buy for the Sake of your Baby: Guardian Consumerism in Twentieth Century America,” Mark VanDriel unites many of the ideas of recent historians to discuss an “exceptional type of consumer society:” one made for infants.<sup>16</sup> VanDriel argues that since mothers could not “effectively communicate with their children, they were particularly susceptible to influence from outside groups” like journalists, healthcare workers, and government agencies.<sup>17</sup> Richard Ohmann’s book, *Selling Culture: Magazines, Markets, and Class at the Turn of the Century*, is similarly important for understanding how the Better Babies Bureau fostered a consumer culture around children. Ohmann explores how a mass consumer culture created through magazines created a new network for the advertisement and sale of new products. This thesis seeks to build upon this work and show how the infant mortality movement had a direct influence in creating a consumer society around infants.

### ***Evidence***

I relied on a variety of periodicals and publications to examine how the Better Babies Bureau and the Children’s Bureau approached the problem of infant mortality. Given the connection between the Better Babies Bureau and the *Woman’s Home Companion*, I utilized these monthly publications extensively to understand how the *Woman’s Home Companion* viewed themselves and advertised their campaigns to the public. I also used a collection of letters and pamphlets

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<sup>16</sup> Mark VanDriel, “Buy for the Sake of your Baby: Guardian Consumerism in Twentieth Century America,” Ph.D. diss., University of South Carolina (2017), viii.

<sup>17</sup> VanDriel, “Buy for the Sake of your Baby”, viii.

sent by the Better Babies Bureau to mothers to document what kind of language they used when talking personally to mothers. The publications of women like Anna Steese Richardson, the Better Babies Bureau's director, were also important in researching how the bureau portrayed itself to the public. Richardson's publications in particular were helpful in understanding why she began the bureau as well as how she felt mothers could improve the lives of their children.

Similarly, in studying the Children's Bureau, I used many of the bureau's employee's writings. Because of their status as a government agency, Julia Lathrop wrote comprehensive reports on every bureau campaign and its results. This allowed me to examine how successful the Children's Bureau truly was in reaching families about infant mortality. Another bureau woman, Frances Sage Bradley wrote extensively about her work in North Carolina, allowing me to examine how the Children's Bureau approached its work with rural communities.

Lastly, I examined newspaper articles and advertisements. By using a variety of periodicals, I was able to analyze several things relating to the infant mortality movement. First, newspapers allowed me to see how campaigns like better baby contests were advertised to readers. Second, newspapers revealed how individuals outside of the bureaus reported their campaigns; this helped with understanding how successful people outside of these organizations felt their efforts were. Finally, newspaper advertisements were incredibly useful in understanding how businesses appealed to consumers during campaigns like better baby weeks.

### ***Overview***

Chapter one tells the story of the Better Babies Bureau, founded by the journalists at the *Woman's Home Companion* magazine. Recognizing that many of their readers had personal connections to the infant mortality movement as mothers themselves, they created the Bureau as

a way to integrate themselves into the lives of worried mothers and provide advice on childrearing. Through letter writing, pamphlets, and baby contests, I argue that they normalized eugenics rhetoric to the mostly white women who participated in their campaigns.

Chapter two focuses on the Children's Bureau, a federal agency founded in 1913. Although its mission was similar to that of the Better Babies Bureau—to decrease rates of infant mortality—the agency's campaigns were far more rooted in science and fact. I argue that, by opening their campaigns to women regardless of race or socioeconomic status, the Children's Bureau made a far greater impact on infant mortality rates than the Better Babies Bureau.

In chapter three, I compare the ways in which these two organizations continued to work in the late 1910s. Through longer, more targeted campaigns like Better Babies Week and Children's Year, these two bureaus shifted their tactics to appeal to an even wider audience. The Better Babies Bureau continued to utilize eugenics rhetoric, but also took advantage of a rising consumer culture. The Children's Bureau, however, aimed to become more accessible through lectures and campaigns for immigrant families. In doing so, I argue that the Children's Bureau proved its worth and created a foundation for their agency to last into the present day.

## Chapter 1:

### “The Best Possible Heredity and Environment”:

#### Raising Children the Better Babies Bureau Way, 1913-1929

*In the case of a health contest, nearly every mother comes not with the expectation of having the prettiest baby in the State, which she is still free to believe if she cares to, but to have her baby's physical defects pointed out; to learn how he measures up with normal babies of that age, and, so far as possible in the short space of time permitted, to learn just what to do to remedy these defects.*

– Warren H. Booker, 1913.

October 22, 1913 could only be described with one word: dreary. Temperatures were freezing; heavy rain poured all day; clouds blurred out the sun. Nonetheless, mothers bundled up their children in their warmest clothing and made the trek to Raleigh, North Carolina, to enter the state's first ever better baby contest. This was a short trip across town for some; others journeyed hundreds of miles for the chance to enter their children. As they arrived at the crude, quickly made shelter at the fairgrounds, mothers handed their babies over to volunteer nurses to be undressed, poked, prodded, and evaluated. To keep up with the sheer number of entries to this inaugural contest, a child was admitted into the contest and evaluated every two minutes. As the clock ticked, doctors and nurses had to determine whether or not each child measured up to the standards set for the contest. If a child fell short in any category, the doctor gave recommendations to be transcribed by volunteers and sent to the mothers. In just under 120

seconds, a child's worth was determined: would this baby be able to save the future of the race, or would it be doomed to a life of defectiveness?<sup>18</sup>

Infant death rates were alarming to Americans across the country; the death of white children in particular became increasingly concerning to many. The grim statistics—combined with increasing concern over the future of the “white race”—led many to wonder what kind of action could be taken to save babies. Journalists, physicians, and other concerned citizens began to fashion themselves as advocates to push for children's right to be “well-born”—that is, their right to be born to parents of “high character and clean blood.” Even if children weren't well-born, there was still hope that such children could contribute to a purer future race, advocates believed, if parents worked hard to improve their child.<sup>19</sup> As child advocates promoted eugenic ideas about the imperiled future of children, the Better Babies Bureau was born.

The Better Babies Bureau—a division formed by the *Woman's Home Companion* magazine in 1913—encompassed much of what child advocates of the early twentieth century pushed for. At its peak in the mid-1910s, the Bureau provided a wide, powerful platform for publicizing the idea that children should be improved and their “defects” removed: they sponsored better baby contests, wrote widely disseminated magazine articles and pamphlets, and created popular letter writing campaigns to expectant and new mothers. Although the Bureau itself did not explicitly say that they hoped to create a better white race, the rhetoric surrounding the better babies movement centered heavily around producing a better race by the elimination of defects. Phrases about improving defects, eliminating handicaps, and bettering the lives of

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<sup>18</sup> Warren H. Booker, “Report on the Better Babies Contest,” *The Health Bulletin* (Raleigh, NC: The North Carolina Board of Health, 1913), 165-170.

<sup>19</sup> Dorey, *Better Baby Contests: The Scientific Quest for Perfect Childhood Health in the Early Twentieth Century* (Jefferson, NC: McFarland & Company, 1999), 23.



children abounded in the better babies movement. In 1919, Fanny Yarborough Bickett, wife of North Carolina governor Thomas Walker Bickett, appealed to mothers by saying “let us see to it that they [children] enter the race with no handicap, that they go forward with sound minds in sound bodies.”<sup>20</sup> Using similar rhetoric in their efforts to produce “better babies,” the Bureau hoped to reduce the number of defective children in the United States, thereby improving future generations of white Americans. With this in mind, I argue that the women of the Better Babies Bureau created and exerted their authority to normalize ideas about eugenics to women across the country. By asserting themselves into the lives of women from the beginning of pregnancy, the Bureau became a dominant presence within the lives of many mothers hoping to raise a “better baby.”

Although the Better Babies Bureau was a national organization, I focus primarily on their efforts in North Carolina. The better baby contests at the North Carolina state fair proved to be the Bureau’s most popular and effective approach to recruiting mothers. In addition, North Carolina allows me to explore both urban and rural mothers to compare how their children were impacted by their differing environments. The Better Babies Bureau focused heavily on how the environment—in addition to heredity—could affect a child’s health. North Carolina was a perfect example of these differing environments; as seen in the introduction, women traveled hundreds of miles to be a part of these contests.

This chapter will explore the expert role that the Better Babies Bureau assumed within the lives of mothers, charting their involvement from before a woman’s pregnancy to a child’s toddler years. They integrated themselves into women’s lives from their children’s conception,

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<sup>20</sup> Fanny Yarborough Bickett, “Appeal to Mothers by Mothers of the State,” *The Health Bulletin* (Raleigh, NC: The North Carolina Board of Health, 1919), 14.

ultimately taking on the role of both friend and expert to expectant mothers. The Bureau promoted better baby contests, ultimately establishing itself as a cultural expert in childrearing and child betterment. By including themselves into every aspect of a woman's childrearing process, I argue that the Better Babies Bureau became a trusted source of information for many. In doing so, they both exposed mothers to eugenic rhetoric and incentivized women to join contests to improve their children for the good of the white race.

### ***Founding the Better Babies Bureau***

By the early twentieth century, mass circulation magazines for women had become an established cultural authority in the United States.<sup>21</sup> Monthly editions circulated images, ideas, and products to millions on a wide variety of topics including fashion tips, advice columns, and cleaning suggestions. One of the most popular, the *Woman's Home Companion (WHC)* magazine, enjoyed a circulation of over 2.5 million women by the mid-1920s. As concerns over infant mortality and interest in eugenics grew, editors saw the benefits of introducing their readers to information about childrearing. By 1913, the burgeoning desire to dispense childrearing advice culminated in the creation of the Better Babies Bureau branch of the *WHC*, established specifically for promoting the raising of better babies through better baby contests and letter writing campaigns.<sup>22</sup> Anna Steese Richardson, the first head of the Better Babies Bureau, explains in the preface of her book *Better Babies and Their Care* that the *WHC* first became fascinated with the better babies movement when she was sent to report on a contest held

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<sup>21</sup> See Richard Malin Ohmann's *Selling Culture: Magazines, Markets, and Class at the Turn of the Century* (1996), Jackson Lears' *Fables of Abundance: A Cultural History of Advertising in America* (1995), and Ellen Gruber Garvey's *The Adman in the Parlor: Magazines and the Gendering of Consumer Culture, 1880s to 1910s* (1996).

<sup>22</sup> Reem Gerai, "Better Baby Contests in the United States (1908-1916)," *Embryo Project Encyclopedia*. <http://embryo.asu.edu/handle/10776/12566> (Accessed August 1, 2020).

at the National Western Live Stock Exposition. Although she initially was intrigued by the contest for its potential as an “attractive ‘copy’ for a magazine...before she left Denver for New York she had begun to think of something much bigger and more important than what the babies could do for the magazine, and that was what the magazine could do for the cause of better babies.”<sup>23</sup>

The Bureau, in part founded by physician Lydia DeVilbiss, was “an association of men and women—directly or indirectly connected with the editorial staff of the *Woman’s Home Companion*—who love babies and who believe in the Better Babies Idea as a means of raising the standard of health and hygiene among children.”<sup>24</sup> They sought to provide mothers with information on child health and welfare, and to educate them on “race betterment” methods.<sup>25</sup>

Although the Bureau began with a single writer and a single clerk, it had expanded into a sizable branch of the *WHC* within a year. Described as “an organization of specialists,” the Bureau soon included a variety of doctors and medical specialists, workers who knew “how to spread the gospel of baby hygiene,” authors, artists, planners, and “very important men who, loving babies of their own, gladly signed checks which made this wonderful collection of literature possible.”<sup>26</sup> Although this team was centralized at the *WHC* headquarters in Springfield, Ohio, Bureau staff frequently traveled to contests across the country to record their

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<sup>23</sup> Anna Steese Richardson, *Better Babies and Their Care* (New York: Frederick A. Stokes Company, 1914), vii.

<sup>24</sup> Anna Steese Richardson, “The Better Babies Bureau and What it is Doing for American Babies,” *Woman’s Home Companion* 40 (September 1913), 22.

<sup>25</sup> Ruth Clifford Engs, *The Progressive Era’s Health Reform Movement: A Historical Dictionary* (Connecticut: Praeger Publishers, 2003), 42.

<sup>26</sup> Anna Steese Richardson, “The Better Babies Bureau and What it is Doing for American Babies,” *Woman’s Home Companion* 40 (September 1913), 22.

successes. Along with this expansion came the addition of letter-writing campaigns, many of which hoped to influence mothers before their children were even born.

As they gained traction as a reliable authority on babies, the Bureau frequently collaborated with governmental agencies like state health boards and local healthcare workers to promote larger contests, provide prizes, and offer more credibility to contests. As this chapter will further discuss, they created a variety of literature for better baby contests across the nation, ranging from graphs on how physicians should examine children to pamphlets for mothers on baby health and hygiene.

### ***The Expectant Mothers' Club***

From their onset, one of the goals of the Better Babies Bureau was to make contact with as many mothers and potential mothers as possible as soon as possible. In doing so, they hoped to guide mothers through their pregnancies and beyond, creating the best chance for a healthy, defect-free child as they could. With this goal in mind, the Better Babies Bureau established the Expectant Mothers' Circle. For just 50 cents, members would receive nine monthly letters from a Better Babies Bureau counselor with help and encouragement throughout their pregnancy. Along with these letters, expectant mothers would receive pamphlets to provide further guidance on childrearing and pregnancy. One example, *What is Being Done to Give Babies a Better Chance*—by Anna Steese Richardson—opens with the following statement: “This booklet is published to acquaint mothers and prospective mothers with phases of motherhood which they may not fully understand, and to instruct them in the use of a tested friend and ally in understanding their babies' health.”<sup>27</sup> This statement does two things for the Better Babies

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<sup>27</sup> Anna Steese Richardson, *What is Being Done to Give Babies a Better Chance*, (New York: Better Babies Bureau), 1.

Bureau: establishes their authority as childrearing experts, and places them in the role of a “friend and ally” to mothers. Not only did the women of the Bureau want to appear as friendly faces to women wanting to raise a better baby—they wanted to appear to be all-knowing authorities on how children should be raised.

This dual role as a friend and authority is apparent throughout the monthly letters sent to women. Each letter had a series of advice to expectant mothers on how to raise and care for their future child; whether this advice was about what kind of wardrobe a child should have or about the kinds of pain mothers could expect, each letter was meant to establish the expertise of the Bureau within the minds of women. Each one, however, also offered a friendly tone: the Bureau woman writing the letter might mention her own child or her own experiences with childbirth. Each letter was hand signed, giving a further impression that the expectant mother was creating a real bond with a fellow mother.

Through the Expectant Mothers’ Club, the Better Babies Bureau also introduced eugenic ideas, implying that a generation without defects needed to be raised. In the first letter of the series, Bureau staff member Caroline French Benton argues that children must have “the best possible heredity and environment” in order to be raised as a better baby. When provided with a good environment, even children with a poor heredity may be able to grow up strong. To prove this, she references a family of “five fine, strong” children that came from a hunchbacked mother. She quickly qualifies this statement, though, noting that those of poor heredity should avoid having children in the first place:

Of course, I do not mean by this that marriage between cripples or the diseased and afflicted is justifiable. But when a woman suddenly faces Motherhood and realizes that

there is a serious defect on either side of the family, she must make up her mind not to think about it, constantly remembering that if she takes good care of herself, with right living and thinking, she has every chance of bearing a healthy baby.<sup>28</sup>

In subsequent letters, Benton goes on to explain how mothers can take good care of themselves—and by extension, their babies—by eating right, sleeping in the right conditions, and wearing the right clothing. Although the idea of heredity doesn't come up again within these letters, the emphasis that Benton places upon the environment that the mother is in shows how strongly she feels that a child's surroundings can change the course of its life.

While these pamphlets and letter writing campaigns were no doubt vital to the Better Babies Bureau's central goal, most of their money and manpower were dedicated to better baby contests. These contests were the lifeblood of the Bureau, and ultimately what its staff felt would make the biggest difference in creating a better future for babies.

North Carolina offered an ideal setting for such contests. In 1910, over 2.2 million people lived in the state, and a rising number of these were in urban settings. Approximately 318,000 citizens lived in "urban territory" during the 1910 census, nearly double the amount living in these areas in 1900.<sup>29</sup> Although this urban population made up a minority of North Carolinians, the significant increase in urban living in just a decade makes the state an ideal place to study the work of the Better Babies Bureau through contests. Given the Bureau's interest in understanding how environment affected a child's health, North Carolina's increasing rural-urban divide makes it an ideal study.

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<sup>28</sup> Caroline French Benton to Expectant Mothers' Circle; in the author's possession.

<sup>29</sup> Department of Commerce, Bureau of the Census, *Thirteenth Census of the United States Taken in the Year 1910: Statistics for North Carolina* (Washington, DC: Washington Government Printing Office, 1914), 570.

### *Better Baby Contests*

By the time North Carolina began holding better baby contests in 1913, the movement had spread across much of the Midwest and South. These contests originated five years earlier in Shreveport, Louisiana, when Mary de Garmo, a former schoolteacher and president of Louisiana's chapter of the National Congress of Mothers, held a competition in 1908. De Garmo argued that “creating standards for measuring infant health would help mothers to measure their success in raising their children.” By creating a standard of health to hold children to from their birth, de Garmo hoped to prevent health deformities before they appeared in adulthood.<sup>30</sup>

By 1913, de Garmo's competitions had spread across much of the United States and spurred the creation of the Better Babies Bureau. Increasingly, the Bureau was finding space for these contests at events such as fairs and carnivals. These locations were ideal for baby contests: they typically drew in large crowds, they were well advertised, and they were events that people planned to go to yearly. Author Annette K. Vance Dorey puts this idea succinctly: “Combining a baby health contest with a popular cultural event—state or local fair, horse show, home and flower show, trade show, livestock exhibition, child welfare conference—was an effective means of attracting parents with young participants, the general public, politicians, and media attention.”<sup>31</sup>

Contests were largely advertised to mothers through newspapers across the state. Interestingly, prizes did not seem to be the main factor that drew women to these contests; instead, it was the promise of a free checkup by healthcare professionals and stronger children that drew many in. One 1915 advertisement in the *Raleigh News and Observer* promised “that a

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<sup>30</sup> Reem Gerai, “Better Baby Contests in the United States (1908-1916)”.

<sup>31</sup> Dorey, *Better Baby Contests*, 6.

more robust race physically and a stronger race mentally may result...by holding the contest, giving free advice offered by experts, a great number of mothers are reached and they in turn will spread the tidings of better babyhood to their neighbors.”<sup>32</sup> These kind of advertisements appealed to mothers and their desire to not only raise the best possible child, but also to help their race become stronger in the process. This was especially enticing to rural mothers who may not have had convenient access to healthcare providers to examine their children. Mothers were excited to find ads for free expert advice and examinations in their newspapers as local and state fairs neared.

### ***Judging***

When they first began, baby contests were advertised and judged much in the same way that livestock contests at fairs were. At an early contest in 1911 at the Iowa State Fair, children entered into a better baby contest “in which the examiners followed the only criterion available to them at the time: the methods of observing used by stock judges for determining prime livestock.”<sup>33</sup> In this same Iowa contest, a judge announced that one participant “was like a defective horse or hog, lightweight, too short of leg or too flabby of skin,” further illustrating how children were judged like animals.<sup>34</sup> Later, in an issue of *Woman’s Home Companion*, mothers were informed that children would be examined and scored “in precisely the same way a judge of experience in livestock scores cattle, horses, and hogs.”<sup>35</sup> This was meant to reassure

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<sup>32</sup> “Interest Lively in Baby Contest,” *The News and Observer* (Raleigh, NC), October 10, 1915, 13.

<sup>33</sup> Laura L. Lovett, “‘Fitter Families for Future Firesides’: Florence Sherbon and Popular Eugenics,” *The Public Historian* 29, no. 3 (2007), 69.

<sup>34</sup> J.J. Biddison, “Better Babies,” *Woman’s Home Companion* 40 (March 1913), 96.

<sup>35</sup> A.S. Richardson, “Better Babies in Denver,” *Woman’s Home Companion* 40 (May 1913), 5.



mothers, giving them the idea that children would be evaluated fairly by local health officials, much like livestock at the fair were judged.

By the time the better baby movement reached North Carolina in 1913, judgement guidelines had been standardized by the Better Babies Bureau into a score card. According to one *Woman's Home Companion* writer, "it took months to perfect this card, months of hard work and the expenditure of much money. The foremost experts were consulted."<sup>36</sup> These "foremost experts" included health experts and physicians Dr. Agnes Ditson of Denver, Professor Sanford Bell of Denver, and Dr. Roger H. Dennett of New York.<sup>37</sup> Notably, the *WHC* did not call upon any physicians or professors from rural areas; the experts used were all from well populated cities and used to receiving regular visits from families with young children. After these experts helped create the card, the Better Babies Bureau tested it at a New York City contest. This test brought up problems with the card, as it was then revised and re-released as the Better Babies Standard Score Card. From then on, this standard score card was used at all baby contests across the country.

Children in these contests were first divided into categories based on their sex, age, and place of birth. In 1913, North Carolina children were divided into the following categories: champion babies, Raleigh division, Eastern Carolina division, and Wake County division.<sup>38</sup> Within these categories, children were further separated into three age categories: six to twelve months, twelve to twenty-four months, and twenty-four to thirty-six months.<sup>39</sup> Once children

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<sup>36</sup> "Our Own Page," *Woman's Home Companion* 40 (August 1913), 3.

<sup>37</sup> Dorey, *Better Baby Contests*, 45.

<sup>38</sup> Warren H. Booker, "Report on the Better Babies Contest," *Woman's Home Companion* 40 (October 1913), 166.

<sup>39</sup> "Interest Lively in Baby Contest," *The News and Observer* (Raleigh, NC), October 10, 1915, 13.

arrived and were assigned to the appropriate category, they were then assigned a number to prevent any favoritism should any physicians recognize the child's family name. The infant would then be turned over to a nurse, who would undress the child and carry it from doctor to doctor for examination. "A corps of efficient physicians and nurses, including a specialist for eyes, ears, nose and throat, have been secured to make all the examinations, a record of which will be carefully kept according to the score card system," reported the *Fayetteville Weekly Observer*.<sup>40</sup>

Children were examined for "defects" by these physicians and scored in an array of categories for a total possible score of 1,000. A maximum of 700 points could be given for good physical features and lack of deformities; 200 points could be given for psychological development; 100 points for physical measurements.<sup>41</sup> A child who scored well in the physical features category might also be evaluated for the proper number, shape, and condition of teeth; ideal shape and size of lips and ears; and symmetrical facial features. For the psychological development category, children should display a cheerful disposition and pay careful attention to the judges. Physical measurements were based upon weight, height, chest, and head measurements; a perfect scoring one-year-old boy, according to standards, should weigh twenty-one pounds, measure twenty-nine inches tall, and have a head eighteen inches in circumference.<sup>42</sup> One newspaper in Iowa described a poorly ranked child as "a bright looking child who scored only seventy per cent in a recent contest. . .the low score was due largely to poor proportions, slow development, decayed teeth, waddling gait, underweight and enlarged

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<sup>40</sup> "The Better Babies Contest will have Beneficial Results," *Durham Morning Herald* (Durham, NC) October 4, 1914, 13; "Baby Contest at State Fair," *Fayetteville Weekly Observer* (Fayetteville, NC), October 6, 1915, 6.

<sup>41</sup> Meghan Crnic, "Better Babies: Social Engineering for 'a Better Nation, a Better World,'" *Endeavour* 33, no. 1, 12.

<sup>42</sup> "Better Babies," *Woman's Home Companion* 40 (January 1913), 26.

spleen.”<sup>43</sup> Another newspaper, in listing the winners of a North Carolina contest, explained that the champions “showed measurements nearly identical with those furnished for a perfect baby.”<sup>44</sup>

Many different groups were involved in the process of judging children. In North Carolina’s inaugural baby contest, mothers and children were first welcomed by a reception committee made up of Raleigh club women. Children would then be handed over to members of the Raleigh Nurses’ Association, who readied the children for examination and assisted doctors in taking measurements and evaluating each child. Physicians came from across the state to volunteer their time as judges; they dictated their findings and advice to women from the Educational Department of Meredith College. Raleigh Boy Scouts assisted with running errands and being “generally useful.”<sup>45</sup> A Better Babies Bureau representative would have likely been present at this or subsequent competitions in order to write a report for both the main office and possible publication in the *WHC*. Their presence also would have been welcome to ensure the contest ran smoothly and to the standards of the Bureau.

### ***Winners***

Winning children were not only awarded the prestige and honor of being the “best” child in their county or state—they were given cash, toys, clothing, and medals for this accomplishment. The Better Babies Bureau suggested the following schedule of awards to readers wanting to hold a baby contest in their own state: “Set aside a sum of two hundred dollars for prizes for a babies’ health contest to be held in connection with the state fair, and where the women of the state, through a Congress of Mothers or other organizations...contribute a sum of one hundred

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<sup>43</sup> “To Make Scientifically Efficient Babies,” *The Des Moines Register* (Des Moines, IA), May 18, 1913.

<sup>44</sup> “Joseph Womble is the Best Baby,” *News and Observer* (Raleigh, NC), October 26, 1914.

<sup>45</sup> Booker, “Report on the Better Babies Contest,” 170.

dollars.” If a state was able to provide these awards, the Bureau would provide an additional one hundred dollars in gold to the first prize winners, a gold medal, a silver medal, and two bronze medals.<sup>46</sup>

It seems that the Bureau was somewhat flexible about these terms; *The State Journal* in Raleigh reported the following in 1913: “The *Woman’s Home Companion* offered \$100, provided the State Fair Association would raise \$100, and provided further that the women’s clubs of the State would raise \$50.”<sup>47</sup> As contests became increasingly popular, prizes offered by the Bureau varied slightly. In 1915, for example, they provided one gold medal and eight bronze medals: four for runner-up boys and four for runner-up girls.<sup>48</sup> These prizes were an important factor in better baby contests. Although many mothers likely believed that bringing their children to be evaluated at contests was the best course of action for their baby’s future, the Bureau effectively used prizes to further incentivize mothers to participate in these contests.

Cash prizes were especially attractive. Not only were the parents of prize-winning children assured that their child met—and even exceeded—the standards set, they were likely thrilled to receive such a large sum of cash. North Carolina’s first state fair contest had over \$300 in cash prizes, and local fairs offered as much as \$200 in cash prizes.<sup>49</sup> In Montana, one better baby contest offered \$625 in cash prizes, with each first prize winning boy and girl getting \$100 each.<sup>50</sup> To put these prizes into perspective, it’s easiest to compare them to salaries of the early twentieth century. At the time, nurses made an average of \$750 to \$900 a year; teachers typically

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<sup>46</sup> “Our Own Page,” *Woman’s Home Companion* 40 (June 1913), 23.

<sup>47</sup> “Beginning to Cultivate the Baby Crop,” *The State Journal* (Raleigh, NC), October 3, 1913, 6.

<sup>48</sup> “Interest Lively in Baby Contest,” *The News and Observer* (Raleigh, NC), October 10, 1915.

<sup>49</sup> “Better Baby Contest Prizes are Announced,” *Greensboro Daily News* (Greensboro, NC), September 15, 1918, 20.

<sup>50</sup> “Better Babies Contest,” *Billings Daily Tribune* (Billings, MT), September 18, 1913, 6.

made between \$600 and \$800 annually. Textile laborers, in comparison, made roughly \$360 a year.<sup>51</sup> In North Carolina in particular, the highest paid farmers earned a wage of \$25.11; blacksmiths earned an average of \$2.20 a day.<sup>52</sup> If a baby was awarded \$100—the typical prize in contests—this cash could make a significant difference in the lives of their families.

In addition to cash, prizes were regularly donated by local businesses. Donated prizes varied widely. In North Carolina’s inaugural better baby contest, seventeen different businesses contributed “special prizes.” Although the actual prizes aren’t listed, the businesses listed do give some indication of what may have been donated: Jolly & Wynne Jewelry Company, Goodwin-Smith Furniture Company, Ellington’s Studio, and Raleigh Banking and Trust Company were just a few of the donors. Elsewhere in the United States, prizes were described in more detail. In Alexandria, Louisiana, for example, a silver cup, gold necklace, gold ring, and several \$5 and \$10 gold pieces were donated for prize-winning babies.<sup>53</sup>

In Los Angeles, prizes were even more varied—and worth even more money. The *Los Angeles Evening Express* advertised a 1929 baby contest with thousands of dollars-worth of donated prizes. According to the ad, every child would receive a prize, but top-ranking children would be able to choose from a large pool of prizes. This prize pool included: multiple photography sessions by Beck Studios, a contract to appear in a forthcoming Paramount production, merchandise orders for Sears, Roebuck, & Co. ranging from \$2-\$75, a one-year supply of Arden Certified Milk, twenty-five regular admission tickets to Paramount Theater, a

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<sup>51</sup> Dorey, *Better Baby Contests*, 94.

<sup>52</sup> North Carolina Department of Labor and Printing, *Annual Report of the Department of Labor and Printing of the State of North Carolina* (Raleigh: Edwards & Broughton Printing Co., 1910), 13, 30.

<sup>53</sup> “Better Babies Contest Prizes are on Display”, *Weekly Town Talk* (Alexandria, LA), October 16, 1924, 6.

tricycle, over thirty dolls, fifty illustrated books by MacMillan Publishing Co., fifty boxes of chocolate, fifty games and toys, fifty assorted packages of biscuits and crackers, and paid-up scholarships for violin, drama, piano, dance, and whistling lessons.<sup>54</sup> Such an array of prizes seems to be localized to California; scholarships, film appearances, and movie tickets were certainly not the “norm” for baby contests.

These donations had a twofold effect: first, they showed mothers that these businesses were worthy of their patronage, especially when it came to matters regarding their child. Second, it increased the prestige associated with having a winning child. While cash was almost always more welcome, the imagery of a mother returning with an award-winning child and an arm full of prizes certainly raised the stakes for many hoping to win.

### *Losers*

Much of a child’s future seemed to hinge upon their performance in baby contests. “A healthy baby means a bright pupil for the local schools. A bright health pupil in the school room means a normal, self-respecting and desirable citizen in the factory, store, or office,” reported *The Greensboro Patriot* in 1914. The *Durham Morning Herald* wrote similarly in their story, saying “the true purpose of the contest is an effort to bring babies nearer the perfection mark so that they will develop into healthy young men and women.”<sup>55</sup> Although in reality, performance in better baby contests had very little bearing on what kind of person a child would grow up to be, contest organizers and journalists emphasized the importance of contests in improving the wellbeing of

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<sup>54</sup> “Express Better Babies Exposition”, *Los Angeles Evening Express* (Los Angeles, CA), October 29, 1929, 26.

<sup>55</sup> “Better Babies Contest at the Coming Fair,” *The Greensboro Patriot* (Greensboro, NC), September 7, 1914, 8; “The Better Babies Contest will have Beneficial Results,” *Durham Morning Herald* (Durham, NC), October 4, 1914, 13.

children.<sup>56</sup> The Bureau focused their efforts on improving the physical and mental condition of participants to ensure that they grew up strong and worthy of later having children themselves. “However high your home town babies score this summer, they will score higher next summer. This, of course, is what Better Babies contests is really for—to show each baby’s parents how to make that baby better,” the Bureau promised readers.<sup>57</sup>

If a doctor judging the contest determined that a child had a “defect,” he would document said defect and inform the mother. Mothers were then expected to “doctor the child for this certain defect and remedy it before it has grown into a chronic ailment.”<sup>58</sup> Dr. Roger H. Dennett, advocate for children’s health, wrote that women who failed to listen to advice given by doctors were missing “one of the real benefits of the contest....There is always hope for the future of those babies whose parents want more information concerning their care.”<sup>59</sup>

Given the relatively high value of prizes, not all parents were willing to accept that their child had lost the contest. In at least one case in North Carolina, a grandparent discovered that a clerical error had caused his grandson to lose the first-place prize. Since scorecards were mailed out weeks after the contest, Ernest L. Mace of Asheville did not notice that his grandson’s scorecard had been incorrectly marked until nearly twenty days after the Western North Carolina Fair. After the physician judge refused to admit his error, Mace wrote to the Better Babies Bureau in hopes of correcting this injustice. Anna Steese Richardson, the director of the Bureau,

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<sup>56</sup> Annette K. Vance Dorey includes a large pool of interviews with contest participants and winners in her book, *Better Baby Contests: The Scientific Quest for Perfect Childhood Health in the Early Twentieth Century* to emphasize that winning contests did little for a child’s future health.

<sup>57</sup> “How Healthy are the Babies in Your Town?,” *Woman’s Home Companion* 40 (July 1913), 50.

<sup>58</sup> “The Better Babies Contests will have Beneficial Results,” *Durham Morning Herald* (Durham, NC) October 4, 1914, 13.

<sup>59</sup> Roger H. Dennett, “How to Make Babies Better,” *Woman’s Home Companion* 40 (December 1913), 24.

reviewed the “Ingle baby” scorecard and admitted that the physician has indeed made a mistake in his calculations, though she was careful to emphasize that the mistake does not lie in how the physician measured the child: “A scorecard is a very difficult thing to understand unless you have had a great deal of experience in measuring babies and realize the importance of proportions. The injustice done your grandson was not through mismeasurement, but through mistake in addition.”<sup>60</sup> In subsequent letters, Richardson reassures Mace that she would come down to Asheville personally if the matter could not be resolved through correspondence. She further reassured him that his grandson should indeed have been the winner, and that the Better Babies Bureau would rule on his side.<sup>61</sup>

Although local newspapers do not report the results of Mr. Mace’s petition to claim the first-place prizes for his grandson, Richardson’s quick response makes clear that the Better Babies Bureau wanted contests to be as fair as possible to patrons. However, she also makes clear that the authority and expertise of the physician judges should not be questioned; her emphasis on the mistake being one of addition and not of the judgement itself highlights the priority of the Bureau in creating a higher authority on children.

### ***Most Improved Children***

By 1915, just two years after the contests began in North Carolina, the Bureau further encouraged mothers to improve their child’s conditions by offering prizes for the most improved children. “‘It’s not the perfect babies we are after so much as it is the defective babies,’ said Mrs.

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<sup>60</sup> “An Open Letter to the Patrons of the W.N.C Fair,” *Asheville Citizen-Times* (Asheville, NC), November 16, 1913, 4.

<sup>61</sup> “Voice of the People: Better Babies,” *Asheville Citizen Times* (Asheville, NC), December 22, 1913, 4; “Petition to Obtain Hearing from Board,” *Asheville Citizen-Times* (Asheville, NC), March 26, 1914, 5.



J. Bryan Grimes, director of the better babies contest.”<sup>62</sup> The *Fayetteville Weekly Observer* reported similar news on October 6, noting that “special attention will be given this year to the child under par....the benefits of the contest will be especially directed to the deficient child.”<sup>63</sup> Parents of these imperfect children were instructed to “resolve to work for the elimination of the defects so that next year [they are the] best.”<sup>64</sup>

In order to do this, Bureau women recommended improving babies through “the food they eat; the air they breathe; the sleep they get; the exercise they are allowed; the clothing they wear; and the intelligence and common sense of their parents at every turn in life.” Women were advised to only breastfeed their children, and to keep themselves in good health in order to provide the best possible nutrition to her child. If a mother was unable to breastfeed their child, it was considered “deprived of its proper nourishment.” Sleep was also a high priority to the health of a child; they were expected to sleep for at least thirteen hours a day.<sup>65</sup> These ideas aligned with the Bureau’s emphasis that environment could improve a child’s health, even if factors like poor heredity had caused defects within the child. By closely following the expertise provided to them by the Bureau and by physicians, mothers could expect their children to become healthier and stronger.

Women who didn’t bring their child to a baby contest to learn what defects their child might have were held in contempt. “Do you realize that by means of this score-card hundreds of apparently perfect babies have been found to have some defect, easily remedied, but of real importance, that might not have been discovered until serious harm had resulted?” asked the one

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<sup>62</sup> *Hickory Daily Record* (Hickory, NC), October 14, 1915, 3.

<sup>63</sup> “Baby Contest at State Fair,” *Fayetteville Weekly Observer* (Fayetteville, NC), October 6, 1915, 6.

<sup>64</sup> “Better Babies Contest and the Mother’s Duty,” January 10, 1915.

<sup>65</sup> “Our Own Page,” *Woman’s Home Companion* 40 (August 1913), 3.

Bureau editor in 1913.<sup>66</sup> However well-meaning they may have been, these questions were bound to make mothers feel guilty for not taking every step possible to protect her child from supposed health problems.

As baby contests continued to grow, so did efforts to teach mothers how to improve their children. Larger venues provided the North Carolina Board of Health with more space to demonstrate to mothers how to better care for their children. By 1917, the better babies contest had moved into seven rooms of the woman's building, including one room dedicated especially to demonstrations. Miss Rose Erhenfelt, Raleigh's public health nurse, was in charge of demonstrating "what is best for baby in his food, clothes, bath, play time and rest hours."<sup>67</sup> If mothers could not improve these factors, therefore improving their children's lives, then they were to blame for any defects or death that their children faced.

### ***Pitting Rural and Urban Mothers Against Each Other***

Although baby contests were often perceived as a fair way to judge children regardless of the environment they grew up in, judges frequently shifted the blame for infant disease and mortality onto mothers alone—especially rural mothers. The Bureau—following a common sentiment of the time—argued that since mothers were the primary caretakers of children, they were singlehandedly held responsible if something was wrong with their child. *The High Point Enterprise* advised women that "whether or not a baby shall become a better baby depends largely upon its mother... A sickly baby is not dispensation of providence, but a proof of maternal ignorance or carelessness."<sup>68</sup> Annette K. Vance Dorey found similar lines of thinking in

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<sup>66</sup> "Is Your Baby a Better Baby?," *Woman's Home Companion* 40 (September 1913), 23.

<sup>67</sup> "State Fair Better Babies," *The High Point Enterprise* (High Point, NC), September 18, 1917, 2.

<sup>68</sup> "Many Entries for the Better Babies Contest," *The High Point Enterprise* (High Point, NC), April 17, 1915, 5.

*Better Baby Contests*: “The opposing view held that children born and raised in rural or agricultural areas were deprived of ‘modern advancements,’ such as current knowledge and medical treatment...Regional reports suggest bias towards poor, deprived, backward rural parents and their hampered ability to successfully produce and care for healthy offspring.”<sup>69</sup>

Rural mothers in particular faced scrutiny, even if “defects” were a result of poverty or poor home conditions. City children often scored higher than rural children and were often seen as cleaner and happier because of their location.<sup>70</sup> Dr. Lydia DeVilbiss believed that because many rural women learned how to raise children from their mothers, then passed this incorrect knowledge down to their daughters, they were not properly educated on how to raise children: “The farmer’s daughter learns what she knows about the care of the home and little children from their mother. . .While the mother in the home is teaching the daughter. . .she is also teaching her wrong methods of doing things, and her mistakes.”<sup>71</sup>

Interestingly, although rural children were typically judged more harshly, rural women were considered lucky by some for their access to fresh air. Bureau editor Roger Dennett wrote: “If country mothers knew how faithfully city mothers give their children this daily airing, and knew what a sacrifice it is to be taken away from their household duties so many hours each day, they would realize how fortunate they are when they can dress their children and set them outside.”<sup>72</sup> This instance of rural women being deemed lucky is a rare one; writings about what rural mothers were doing wrong were far more frequent.

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<sup>69</sup> Dorey, *Better Baby Contests*, 51.

<sup>70</sup> “Better Babies Contest and the Mother’s Duty,” January 10, 1915.

<sup>71</sup> Lydia DeVilbiss, “Farm Hygiene,” in *Proceedings of the Annual Meeting* (New York: New York Agricultural Society, 1913), 1739.

<sup>72</sup> “How to Make Babies Better,” 65.

In spite of the obvious bias against rural women, no one at the time suggested that judges might have had preconceived notions about rural life, nor did they suggest that the judging methods themselves were biased. As pointed out earlier, the experts that created *WHC*'s standardized score card were from physicians in large cities who primarily dealt with city children. Despite the fact that many better baby contests were held in regions where rural population numbers were high, very little effort was put into consulting doctors who better understood how rural mothers raised their children. If they had, they might have known that rural women often had to travel farther to receive medical care for their children—if they were able to afford medical care at all. Historian Janet Golden notes how little contest creators and child health advocates took these struggles into account in *Babies Made Us Modern*: “Poor mothering came to be seen as causing the deaths of poor babies and the solution to lowering mortality rates came to be regarded as best achieved by improving the instruction of the poor...Progressive reformers and public health advocates...never had the means or perhaps the determination to attack the root of the problem: poverty.”<sup>73</sup> Rural families might have been seen as ruler over all things agricultural—but when it came to children, rural women were largely blamed for their ailments.

### ***Disseminating the Message in the Press***

As baby contests continued to gain traction, the Better Babies Bureau took an increasingly large role in ensuring that mothers from across the nation were well-equipped to raise the best babies possible. Anna Steese Richardson, head of the bureau, believed it was her duty to educate as many women as possible about the care and betterment of babies; she frequently wrote and

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<sup>73</sup> Janet Golden, *Babies Made us Modern: How Infants Brought America into the Twentieth Century*. (Cambridge: Cambridge University Press, 2018), 22.

published outside of the *Woman's Home Companion* about infant health. In 1914, she authored *Better Babies and Their Care*, a lengthy book covering topics like preparation for motherhood, nursing babies, cleanliness and health, and defects and habits. In the dedication of her book, Richardson wrote: "This book is dedicated by a mother who knows what better babies, better mothers, better helpers mean to this and future generations."<sup>74</sup>

Writing a book not only gave Richardson the opportunity to profit off the following she'd obtained through the *WHC* and the Better Babies Bureau, but it gave her the space to present her philosophies in detail. One chapter in particular catered to the goals of the Bureau: "Chapter XII: Defects and Habits." In this chapter, Richardson describes a wide variety of "defects" to her readers and gives advice on how to fix them. These defects ranged from nail biting to nervousness caused by masturbation. To correct these problems, Richardson recommends discipline, cleanliness, and fresh air, harkening back to the Bureau's fixation on the environment and its positive effect on children.<sup>75</sup>

Richardson also published a newspaper advice column entitled "Babyology," which gained traction in many North Carolina newspapers. These "Little Talks on Babyology," as they were called, ranged in topic from how to wean a baby, what food to give a child, and how to correct "little defects" that a baby might have. In the first of this series, Richardson says that "the responsibility for baby life does not lie with the Creator, nor with the mother, but with those whose duty it is to see that every young woman is taught Babyology." This duty, she explains, lies with the Progressive women who have led the better baby contests in the last year. She continues on to tout the success of baby contests in teaching mothers about Babyology, saying

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<sup>74</sup> Anna Steese Richardson, *Better Babies and Their Care* (New York: Frederick A. Stokes Company, 1914), v.

<sup>75</sup> Richardson, *Better Babies and Their Care*, 180-181.

that “the study of Babyology has taught these mothers that a puny, sickly, fretful baby is not a dispensation of Providence but an unnecessary family burden, and a grave reflection on the intelligence of its parents.”<sup>76</sup> Here, much like in better baby contests, Richardson blames parents for the health of their children rather than blaming potential environmental or hereditary factors.

In another of these columns—“Little Talks on Babyology; Baby’s Little Defects and How to Cure Them”—Richardson explains that “a good baby could be made a better baby by intelligent care, a better baby transformed into a well-nigh perfect baby” if parents took the time to correct defects. She goes on to explain that a variety of problems could be cured in children with her advice. For example, she suggests that babies with “badly shaped hands” should have their hands smoothed and shaped multiple times a day by the mother, thereby saving them a future of disfigurement. She also gives the suggestion that children with poorly shaped chests and abdomens could be corrected by giving the child less sugar.<sup>77</sup> Although the advice Richardson gives has no clear scientific backing, it was nonetheless published in hundreds of newspapers across the country. In North Carolina alone, at least fourteen newspapers published these columns; through Richardson’s writings, the Better Babies Bureau was being popularized to hundreds of thousands of women.

### ***Conclusion***

Less than a decade after the first baby contest in North Carolina, the popularity of these contests began to diminish. In a 1922 copy of *The Health Bulletin*, Rose Ehrenfeld of the Bureau Public Health Nursing and Infant Hygiene department of the North Carolina State Board of Health

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<sup>76</sup> Anna Steese Richardson, “Little Talks on Babyology,” *The Robesonian* (Lumberton, North Carolina), March 9, 1914, 7.

<sup>77</sup> Anna Steese Richardson, “Little Talks on Babyology; Baby’s Little Defects and How to Cure Them,” *The Asheville Weekly Citizen* (Asheville, North Carolina), November 26, 1913, 5.

began to discourage the use of baby contests in North Carolina. Although she believed that better baby contests were useful in “focusing limelight on the baby,” she advocated for a shift to “Child Health Conferences” instead of contests. Ehrenfeld recommended the following five general principles at these conferences: non-competitive events, medical examinations by appointment to avoid wait times, medical advice to keep well babies well, examination “sufficiently thorough to locate causes of retarded progress,” and individual instruction of mothers.<sup>78</sup>

Elsewhere in the United States, local child health advocates also pushed for a shift from the contest-based system that the Bureau had established. “Some believed the greatest flaw [of the contests] was an apparent lack of follow through after defects were identified, especially those inherited,” writes Annette K. Vance Dorey.<sup>79</sup> Although the Bureau had initially been praised for advocating for children to be examined for defects, many soon realized that changing a child’s environment was not enough to eliminate disabilities that a child may have. This meant that children—even those with severe defects—could grow up, have children of their own, and continue to pass their “bad” genes down. In some states, the response was to expand contests into “Fitter Family” contests to examine a family’s entire lineage for potential defects and disabilities. In other states, like North Carolina, the response was to implement sterilization laws and other eugenic-based regulations.

Ultimately, the Bureau exposed a countless number of women to eugenics rhetoric and the idea that their children should—and could—be improved to create a better generation. Hundreds of thousands of mothers subscribed to the Expectant Mothers’ Circle, read Richardson’s baby books and columns, and brought their children to baby contests for

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<sup>78</sup> Rose M. Ehrenfeld, “Not Better ‘Baby Contests’ – Why?,” *The Health Bulletin* (Raleigh, NC: The North Carolina Board of Health, 1922), 10-11.

<sup>79</sup> Dorey, *Better Baby Contests*, 182.

examination. As written in the preface of Richardson's book: "After a little more than one year of hard work, the Better Babies Bureau of the *Woman's Home Companion*...has become a tremendous machine for aiding in the reduction of infant mortality, and for raising physical, mental, and moral standards among children."<sup>80</sup> Although the Bureau faded from popularity within a few short years, they successfully influenced mothers to want to create a better future generation through the improvement of their babies.

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<sup>80</sup> Richardson, *Better Babies and their Care*, viii.



## Chapter 2:

### Getting the Government Involved:

#### The Birth of the Children's Bureau, 1912-1920

*Since all nations are built of babies, unless a radical change in the trend of statistics of infant mortality takes place, our future generations will fail to develop physically and numerically along the lines which are both normal and natural.*

- *The Charlotte News*, April 10, 1910.

“Infant mortality is a subject now challenging the attention of the whole civilized world,” Julia Lathrop told reporters in early February 1914. “This vast and unmeasured loss of infant life is due solely to individual and civic neglect,” she continued. Lathrop, the first director of the United States Children’s Bureau, hoped that her passionate plea to “save the babies” would appeal to citizens across the country. It had become increasingly apparent to Lathrop—and the rest of those employed by the Bureau—that infant mortality was a problem that could no longer be overlooked in America. Children were dying at alarming rates; appealing to the American public through the press was just the first in a series of moves by the Children’s Bureau to save the babies.<sup>81</sup>

This chapter will introduce some of the many factors that led to the creation of the Children’s Bureau, the first governmental agency designed to study infant disease and mortality and protect children from the dangers of child labor. Infant mortality statistics, the Progressive movement, and the rise of interest in eugenics led many reformers to seek government

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<sup>81</sup> “‘Save the Babies’ Appeal Made by Julia C. Lathrop,” *Asheville Citizen Times* (Asheville, NC), February 11, 1914, 5.

intervention in social problems surrounding children. The Children's Bureau made impressive progress in correcting infant mortality statistics by making scientific data and medical advice more easily accessible to mothers. Despite their accomplishments in building relationships with the public and with women's clubs, their lack of funding and support from politicians made their path to success a difficult one.

I will argue that by relying almost exclusively on scientific and medical evidence in their efforts, the Children's Bureau's approach to decreasing infant mortality rates was a more sustainable, long-lasting one than the approach taken by the Better Babies Bureau. Although the Better Babies Bureau's campaign of contests and prizes was initially more popular than the Children's Bureau's scientific approach, it was quickly abandoned in favor of an increase of medical examinations. In comparison, the Children's Bureau's efforts to decrease infant mortality and increase birth registration—in combination with their other efforts to protect children—has established it as a vital institution through present day.

I will also discuss the role of the Children's Bureau in North Carolina. More specifically, I will detail why government officials of North Carolina created a contract with the Children's Bureau to study infant and child mortality within the state. The Bureau's work in North Carolina, I argue, gave them a greater understanding of women outside of their socioeconomic class and allowed them to plan for more widely accessible events in the future. Further, the Bureau's work in North Carolina provided a catalyst for future studies of rural women and children, allowing them to be better equipped to work with these families in the future.

### *Progressivism and the Founding of the Children's Bureau*

Although many factors were involved in the creation of the Children's Bureau, Progressivism undoubtedly played a significant role. Progressive era politics and policies radically shaped the way that social reformers viewed children's welfare. As historian Kriste Lindenmeyer writes, "Cultural changes and shifting attitudes about the nature of poverty and childhood also contributed to the growing emphasis on children as the heart of reform. . . Unemployment, low wages, discrimination, and crowded unhealthy living conditions in urban centers contributed to high infant mortality and child morbidity rates."<sup>82</sup> Social reformers in the early twentieth century became increasingly involved in politics; many pushed for the federal government to take more responsibility for the wellbeing of American citizens. According to Molly Ladd-Taylor, "State governments took on more public welfare responsibilities in the late nineteenth century, as the boom-and-bust industrializing economy intensified poverty and an increasingly mobile population made the provision of poor relief too costly and complicated for small counties or towns."<sup>83</sup> This kind of push led to the desire to establish a bureau to oversee the wellbeing of children.

Establishing the Children's Bureau was no easy task: it took nearly a decade of lobbying and organizing to convince Congress that a bureau to "investigate and report upon all matters pertaining to the welfare of children and child life among all classes of our people" was worthwhile.<sup>84</sup> Lillian D. Wald and Florence Kelley, active social reformers and Settlement

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<sup>82</sup> Kriste Lindenmeyer, *"A Right to Childhood": The U.S. Children's Bureau and Child Welfare, 1912-1946* (Champaign, IL: University of Illinois Press, 1997), 11.

<sup>83</sup> Molly Ladd-Taylor, *Fixing the Poor: Eugenic Sterilization and Child Welfare in the Twentieth Century* (Baltimore: Johns Hopkins University Press, 2017), 12.

<sup>84</sup> The United States Children's Bureau, *The Children's Bureau Legacy: Ensuring the Right to Childhood* (Washington, DC: U.S. Government Printing Office, 2013), 22.

Movement advocates, proposed the idea of a federally backed children's bureau in 1900. Kelley "envisioned a government commission of social workers and health care providers who would review data and make information available to the public in 10 areas of concern: infant mortality, birth registration, orphaned children, desertion, illegitimacy, degeneracy, juvenile delinquency, offenses against children, illiteracy, and child labor."<sup>85</sup> Although these two women—along with other female reformers—believed the children's bureau would be a good idea, they struggled to get the attention of the government without the help of men in politics. By 1905, they were granted the opportunity to present their idea to President Theodore Roosevelt. Although the President privately endorsed the creation of a children's bureau, plans for it did not begin in earnest until 1909.

In 1909, the White House held the Conference on the Care of Dependent Children. Two hundred prominent child welfare reformers gathered at the White House, guided by their host, President Roosevelt. There, they deliberated over issues related to the well-being of American children and what they could do to assist needy mothers and children. After receiving a unanimous call for the creation of a children's bureau by the nearly two hundred attendees, Roosevelt urged Congress to pass legislation to create such a bureau. At the time, however, Congress showed no interest in responding to the plea.

Progressive era reform and politics also led to a sharpening distinction between the "deserving" and "undeserving" poor. Molly Ladd-Taylor points to this conference as the turning point for this distinction for children. In addition to advocating for the creation of the bureau, many decided that the government should assume at least some responsibility for the welfare of children—at least, for most children. As Ladd-Taylor notes, "The White House Conference. .

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<sup>85</sup> The United States Children's Bureau, *The Children's Bureau Legacy*, 15.

.defined most dependent children as innocent and worthy of aid but kept those whose mothers were deemed immoral or inefficient—because of race, disability, or poor literacy or English skills—within the undeserving poor.”<sup>86</sup> This distinction between which children were worthy of awarded government assistance later played a major role in the sterilization movement of the United States. “Defective” and delinquent children who were removed from the care of their “immoral” mothers were then placed in the care of the state; this then gave the state the power to “control potential paupers and criminals *before* they became a welfare burden or committed a crime” by sterilizing them.<sup>87</sup> As reformers lobbied for the government’s assistance in overseeing child welfare, these ideas about the deserving and undeserving poor would prove influential.

In 1910, William Howard Taft became the second president to endorse the bill to create the Children’s Bureau. Despite now having the endorsement of two presidents, it took another two years before the agency came into being.<sup>88</sup> The Children’s Bureau was officially created on January 31, 1912, and authorized to hire sixteen people, including a director. At the urging of social reformer Jane Addams, Julia Lathrop was appointed the first Chief of the Children’s Bureau, making it the first federal agency to be headed and staffed by primarily women. According to the Children’s Bureau, “Lathrop had worked with Addams for a number of years in her settlement house, the Hull House; she also helped found the Chicago School of Civics and Philanthropy and served on the Illinois Board of Charities.”<sup>89</sup> Despite the support that the

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<sup>86</sup> Ladd-Taylor, *Fixing the Poor*, 14.

<sup>87</sup> Ladd-Taylor, *Fixing the Poor*, 15. The sterilization movement will not be discussed in depth in this thesis, but is nonetheless an important part of the broader story of the “Save the Babies” movement. For more information on sterilization in the United States, see Mark Largent, *Breeding Contempt: The History of Coerced Sterilization in the United States* (2011) and Randall Hansen & Desmond King, *Sterilized by the State: Eugenics, Race, and the Population Scare in Twentieth-Century North America* (2013).

<sup>88</sup> The United States Children’s Bureau, *The Children’s Bureau Legacy*, 21-22.

<sup>89</sup> The United States Children’s Bureau, *The Children’s Bureau Legacy*, 24.

Children's Bureau received from social reformers, many politicians were skeptical that the Bureau was worth establishing. Some congressional debates revealed that there was concern that the Children's Bureau might violate parental and state rights; they also worried that the bureau would duplicate efforts that other federal organizations had undertaken.<sup>90</sup> Further, many politicians doubted that a federal agency made up of mostly women—particularly in a time when women did not even have the right to vote—could do work worth doing.

Because of their skepticism around the Bureau's usefulness, politicians decided awarded an extremely limited budget compared to other governmental departments. The Bureau was allocated only \$25,640 to it in 1912. In comparison, the Bureau of Animal Industry within the Department of Agriculture was allocated \$1,000,000.<sup>91</sup> Despite doubt that the Children's Bureau could enact real change, Lathrop and the other women of the Children's Bureau got to work.

### ***Getting to Work: Infant Mortality Studies***

Although the Bureau was founded with the hope of tackling many issues surrounding infancy, childhood, and motherhood, Lathrop was forced to narrow the Bureau's efforts onto only one issue because of its small budget. Many suggested that Lathrop study the “mentally defective” because of her work with the Illinois Society for Mental Hygiene, and because defectiveness had become a concern for those thinking about the future of the race. Lathrop instead chose infant mortality, saying “I do not care to be drawn into either camp regarding the feeble-minded.”<sup>92</sup>

Although she didn't elaborate on why this topic could have been a controversial first start, it is possible that discussing the separation of feeble-minded children from their families—rather than

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<sup>90</sup> Lindenmeyer, “*A Right to Childhood*,” 35.

<sup>91</sup> Lindenmeyer, “*A Right to Childhood*,” 34.

<sup>92</sup> Jacqueline K. Parker & Edward M. Carpenter, “Julia Lathrop and the Children's Bureau: The Emergence of an Institution,” *Social Service Review* 55, no. 1 (1981), 64.

keeping them together—could have been more trouble than it was worth during the Bureau’s beginning years. Further, infant mortality was a topic that could prove that the Bureau’s work was indeed valuable. No politician would be willing to deny the important work of saving children from an early death; if Lathrop could prove that the Bureau could enact change on such a small budget, then perhaps there would be a chance for a larger budget in the future.

Lathrop recognized that infant mortality was a rapidly worsening problem within the country. Using the Bureau of the Census records, she estimated that at least 200,000 of the 2,500,000 babies born in the United States each year died before their first birthday. According to Kriste Lindenmeyer, Lathrop “deplored this ‘human waste...one half of the deaths of these infants [were] preventable by known methods, already within the reach of [every] community.’”<sup>93</sup> Further, she estimated that death rates for children under one year of age were ten times higher than children one to four. Lathrop hoped to address infant mortality in two ways: by determining exactly how many babies were dying before their first birthday, and by determining *why* babies were dying so early. The initial findings of the Children’s Bureau were shocking: “In the poorest section. . .the rate was 271 per thousand babies, or more than five times that of the choice residential section of the city. . .Babies whose fathers earned less than ten dollars a week died at the rate of 256 per thousand. Those whose fathers earned twenty-five or more dollars a week died at the rate of 84 per thousand.” Further, they found that artificially fed babies died nearly three times more often than breastfed babies; 46.6 breastfed babies per thousand died, while 165.8 artificially fed babies per thousand died each year.<sup>94</sup>

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<sup>93</sup> Lindenmeyer, “*A Right to Childhood*,” 35.

<sup>94</sup> “Our Children,” *Winston Salem Journal* (Winston Salem, NC), February 4, 1914, 4.

Although these initial findings were helpful in justifying why infant mortality should be studied, Lathrop and the Children's Bureau wanted to have evidence backed up by science and research. Not only would this prove definitively that infant mortality was a major cause of concern for the United States, but it would help Lathrop show that the Bureau needed a substantially larger budget in the future. With this in mind, Lathrop set to work on the Bureau's first research program.

Because of its relatively small population—100,000 people—and somewhat established birth and death registration program, Lathrop selected Johnstown, Pennsylvania, as the site of the Bureau's first case study into infant mortality. Here, she was once again limited by budgetary constraints; unable to hire medical staff for the duration of the study, she was forced to restrict the scope to social and environmental factors in infant deaths. She and four other Bureau agents—with the help of volunteers—spent months of 1913 collecting data on all Johnstown births and deaths in 1911. Although the study was not published until 1915, it revealed alarming discrepancies in mortality rates among children with different socioeconomic backgrounds: “babies born to literate and native-born mothers and those whose fathers earned higher wages. . . fared better than those born to illiterate or foreign-born women or those whose fathers earned less. Babies were more likely to survive if their mothers were married. . . those born to single or working mothers were at far greater risk.”<sup>95</sup>

These findings, interestingly, went against the common belief that “race suicide” theory supporters held. It was not children of married, middle-class, white women that were at risk of “extermination;” it was children of poor, illiterate, working-class mothers. Coined by sociologist Edward Alsworth Ross, the theory of “race suicide” perpetuated the idea that an increase in birth

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<sup>95</sup> The United States Children's Bureau, *The Children's Bureau Legacy*, 33.



rates among “unfit” individuals and a decrease in birth rates among “fit” individuals would eventually lead to the extinction of the fit group. The idea of race suicide was fueled as an increasing immigrant population moved to America and as white women chose to gain an education in lieu of having children. In 1891, economist Francis Amasa Walker studied the U.S. censuses of 1870 and 1880 and ultimately made the conclusion that there was a direct relationship between increased immigration rates and decreased native-born rates: “observing the poverty and wretchedness of immigrants, and the necessity of competition with these ‘unkempt’ newcomers for employment, the native-born shrank from bringing children into the world.” In 1901, author Robert Hunter used Walker’s study to conclude that such trends would result in the extinction of the white race within the United States.<sup>96</sup> Even President Theodore Roosevelt agreed with this theory, saying that “the man or woman who deliberately avoids marriage, and has a heart so cold as to know no passion and a brain so shallow and selfish as to dislike having children, is in effect a criminal against the race, and should be an object of contemptuous abhorrence by all healthy people.”<sup>97</sup>

The revelation that poor, immigrant children were the ones dying at a higher rate only motivated maternalist Children’s Bureau workers more. Many maternalist women, according to Molly Ladd-Taylor, believed that by “assimilating” immigrant families into the Anglo-American lifestyle, children could be saved from abuse and death. “Maternalists instructed racial ethnic and working-class women on ‘proper’ nutrition, hygiene, and childrearing methods;” in doing so, Children’s Bureau workers believed that immigrant mothers would learn the “right” way to raise

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<sup>96</sup> Linda Gordon, *The Moral Property of Women: A History of Birth Control Politics in America* (Champaign: University of Illinois Press, 2002), 88.

<sup>97</sup> John Van Vorst & Marie Van Vorst, *The Woman Who Toils: Being as the Experiences of Two Ladies as Factory Girls* (New York: Doubleday Page & Co., 1903), viii.

their children.<sup>98</sup> Further, by integrating immigrants into an American style of life without their traditional beliefs, religions, and routines, maternalists hoped that “race suicide” could be held at bay. In other words, by teaching immigrants who presented as white how to “be American,” there could be a chance to save the white race through their offspring.

### ***Birth Registrations***

In addition to studying the causes of infant mortality, Lathrop also focused her efforts on birth registration. Lathrop felt that by registering the birth of every child in America, an entire host of problems could be solved—most importantly, infant mortality could be properly tracked and treated. As she wrote in 1912, “To know how to stop the loss of 200,000 infants yearly, we must know first why they die, and when and where. We must register their births and deaths as the essential element of intelligent life-saving.”<sup>99</sup> Enlisting experts from the American Medical Association, American Public Health Association, and the Bureau of the Census, Lathrop drafted a model birth registration statute and launched a national campaign to increase birth registrations. The enrollment of such prominent medical and scientific communities in her efforts varied greatly from the Better Babies Bureau, whose members typically espoused personal anecdotes and advice rather than medically backed studies.

Women’s clubs—groups of women dedicated to social reform—were vital for the birth registration effort. Although the Bureau expanded quickly in its first few years, its limited budget forced it to rely on local organizations and clubs to aid in their efforts. Given their limited resources, the Children’s Bureau worked hard to create and maintain relationships with women’s

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<sup>98</sup> Ladd-Taylor, *Mother-Work*, 5.

<sup>99</sup> Julia C. Lathrop, “The Children’s Bureau,” *American Journal of Sociology* 18 no. 3 (1912), 328.

clubs and local organizations.<sup>100</sup> These private organizations were vital to the mission of the Children's Bureau, and their ability to invest money and manpower into baby saving efforts bolstered the investigative work of the Bureau itself. Before the Bureau was created, clubwomen staged letter-writing campaigns to show their support for its formation. Later, they used this same technique to come to the aid of several of the Bureau's needs: "Some of their most notable victories included helping Lathrop retain her position when President Wilson's election appeared to threaten the appointment and supporting the Bureau's request for a large budget increase in 1914."<sup>101</sup> During registration efforts, thousands of women volunteered to conduct house-to-house surveys to identify and register all babies born in the previous year. "These volunteers were typically women, many of them members of the General Federation of Women's Clubs; as many as 1,500 volunteers in 17 states participated during fiscal year 1914 alone."<sup>102</sup> The results of these efforts to register births were nearly immediate: by 1919, twenty-three states were added to the census-recognized birth registration area. By 1929, forty-six states were recognized.<sup>103</sup>

Although the Children's Bureau was highly successful in increasing birth registration in the United States, their efforts were met with some backlash. Many health officials felt that the Children's Bureau's campaigns lessened the work that they had done in their communities rather than an opportunity to raise awareness of their work.<sup>104</sup> State registrars, health board secretaries, and public records keepers all wrote letters of complaint to Lathrop, feeling that their work had been undermined by hers. Private physicians also felt targeted by the Bureau's work since they

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<sup>100</sup> Lindenmeyer, "A Right to Childhood," 49.

<sup>101</sup> The United States Children's Bureau, *The Children's Bureau Legacy*, 31.

<sup>102</sup> The United States Children's Bureau, *The Children's Bureau Legacy*, 32.

<sup>103</sup> Parker & Carpenter, "Julia Lathrop and the Children's Bureau: The Emergency of an Institution," 69.

<sup>104</sup> Parker & Carpenter, "Julia Lathrop and the Children's Bureau: The Emergency of an Institution," 69.

had not reported births they had assisted with to the correct authorities. The controversy over the work of the Bureau made it even more difficult for them to appeal to the public, leaving it in the hands of private citizens and corporations to raise awareness of infant mortality to the public.

### ***Giving Advice through Pamphlets and Letters***

To reach the widest number of concerned mothers possible, the Children's Bureau implemented two common forms of activism also used by the Better Babies Bureau: letter writing campaigns and pamphlet publication. *Prenatal Care* (1913) and *Infant Care* (1914), the Bureau's first two pamphlets, were distributed free of charge to mothers worried about the health of their children. Both pamphlets were written by Bureau staff member Mary Mills West, a mother and Progressive. According to Molly Ladd-Taylor, "The Children's Bureau bulletins reflected the Progressive era faith in social science, efficiency, and reform. Lathrop and West believed that women up-to-date in their knowledge of child care would demand better health care, food and housing, and, in turn, that improved social conditions would enable more women to raise their children in the 'proper' way."<sup>105</sup>

The first bulletin, *Prenatal Care*, offered soon-to-be mothers advice on a wide range of topics, including treatment for varicose veins and nausea, supplies needed to prepare for birth, and breastfeeding. *Infant Care*, a much longer pamphlet, offered mothers insight into how to feed, bathe, clothe, and care for their newborn children. Unlike the pamphlets distributed by the Better Babies Bureau, the Children's Bureau emphasized the importance of science over tradition and encouraged mothers to contact a physician in the care of children. As frequently as possible, the Bureau cited the American Medical Association and encouraged concerned mothers to visit a local doctor if any problems arose. According to Molly Ladd-Taylor, "West incorporated the

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<sup>105</sup> Ladd-Taylor, *Mother-Work*, 82.

medical information contained in Dr. Luther Emmett Holt's popular *The Care and Feeding of Children* with motherly common sense, practical information, and time-saving tips."<sup>106</sup> The incorporation of medically sound advice was especially important for mothers who did not have easy access to medical care, whether because of distance or because of monetary constraints.

The Children's Bureau's pamphlets were a great success; between 1914 and 1921, over 1.5 million copies of *Infant Care* had been distributed across the United States.<sup>107</sup> Despite the generally good advice offered to mothers, however, it is important to note that the Children's Bureau's pamphlets espoused middle-class values. Much of the advice offered was either unattainable by working class women or was demeaning in some way. Although the women of the Children's Bureau were generally more sensitive to sociocultural differences than the Better Babies Bureau, when matters surrounded the welfare of children, their tolerance ended. "Lathrop's humanitarian work was rooted in a secular and peculiarly American faith in science and progress, and it was difficult for her to understand or appreciate religious and cultural traditions different than her own," Molly Ladd-Taylor explains.<sup>108</sup>

In the Bureau's pamphlets, these sentiments came to light in a multitude of ways. According to the Children's Bureau, "Women were advised to breastfeed their infants and not to work. Suburban homes were strongly advised; 'tenements with dark room are not fit homes for children.'"<sup>109</sup> In another Bureau publication, entitled *Baby-Saving Campaigns: A Preliminary Report on What American Cities are Doing to Prevent Infant Mortality*, Lathrop writes "It is useless to send milk into a dirty home to be handled by an ignorant, dirty mother or older child.

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<sup>106</sup> Molly Ladd-Taylor, *Raising a Baby the Government Way: Mothers' Letters to the Children's Bureau, 1915-1932* (New Brunswick: Rutgers University Press, 1986), 33.

<sup>107</sup> Ladd-Taylor, *Raising a Baby the Government Way*, 2.

<sup>108</sup> Ladd-Taylor, *Mother-Work*, 79.

<sup>109</sup> The United States Children's Bureau, *The Children's Bureau Legacy*, 38.

It is necessary to reach the mothers, not only to teach them how to care for their baby's milk, but also to convince them of the necessity of cleanliness."<sup>110</sup> Although she may have been well-intentioned in her sentiments, her words show that the women of the Children's Bureau had some negative beliefs about the kinds of women they were advising.

A similar preference towards middle-class values was revealed through the Children's Bureau's letter writing campaign. Each year, the Bureau received thousands of letters from nervous mothers asking for advice and assistance in raising their children. Lathrop believed that it was important that the Bureau staff respond personally to each one of these: "She and her staff sent advice, encouragement, and, occasionally, money out of their own pockets, to mothers who wrote them, and they frequently prevailed upon local charities, women's clubs, and the Red Cross to donate. . . .to women in need."<sup>111</sup> Nonetheless, the middle-class bias these women had shined through their return letters to mothers.

For example, when one mother wrote in seeking advice on scheduling how to schedule her work between taking care of three children, a Bureau agent responded, "I would suggest. . . cutting down to the mere essentials in your cooking and cleaning; also putting off on anyone else available some of the hard work."<sup>112</sup> Although this advice may have seemed helpful to offer to a struggling mother, it likely would have been difficult for a working-class woman to push her duties off onto somebody else. Another woman, called "Mrs. N.B.," wrote to the Bureau about her struggles to breastfeed. The Bureau agent that responded informed Mrs. N.B. that "A mother cannot give an adequate supply who is working too hard," and suggested that she

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<sup>110</sup> Julia C. Lathrop, *Baby-Saving Campaigns: A Preliminary Report on What American Cities are Doing to Prevent Infant Mortality* (Washington, DC: Government Printing Office, 1913), 22.

<sup>111</sup> Ladd-Taylor, *Mother-Work*, 84.

<sup>112</sup> Ladd-Taylor, *Raising a Baby the Government Way*, 130.

work less in order to produce more milk.”<sup>113</sup> Once again, although the Bureau agent was well-intentioned, the repeated recommendations that working-class women work less or divide up their duties was likely not the helpful advice that letter writers hoped to receive. As Molly Ladd-Taylor writes, “Although their letters show a remarkable sensitivity to cultural and class differences among women, they still reflect the staff’s middle-class values.”<sup>114</sup>

### ***Addressing the Problem of Rural Children***

As the Children’s Bureau worked in Pennsylvania, North Carolina’s state officials recognized a problem among their youth: death, disability, and disease were rampantly overtaking the lives of children. Word about the Children’s Bureau’s work had spread, and officials hoped that the Bureau would be willing to send agents to assist them in studying the causes of these problems within the state. Lucky for them, Lathrop’s success in studying infant mortality had allowed them to expand their staff significantly in 1915. As it became clear that the work of the Children’s Bureau was important, their budget increased, allowing them to hire physicians to assist in their work. In late 1915, Lathrop hired Frances Sage Bradley as a field agent. Bradley, one of Cornell University Medical School’s first female graduates, had worked in the private sector for decades. After witnessing the importance of the Children’s Bureau’s work, she agreed to close her private practice to study the causes of infant mortality within rural North Carolina.

Bradley and the Bureau agreed to do a thorough, house-to-house study in one lowland county in addition to a survey of a mountain county. After analyzing their findings, they would report back on the best ways to improve mortality rates in the state.<sup>115</sup> In February 1916, Bradley

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<sup>113</sup> Ladd-Taylor, *Raising a Baby the Government Way*, 79.

<sup>114</sup> Ladd-Taylor, *Raising a Baby the Government Way*, 12.

<sup>115</sup> Barbara Barksdale Clowse, *A Doctor for Rural America: The Reforms of Francis Sage Bradley* (Lexington: University of Kentucky, 2020), 57.

traveled to Cumberland County, North Carolina, eager to get to work. Much like their work before was made available to mothers of all races and economic statuses, the Bureau made arrangements to study both white and African American children within Cumberland County. Although this was often difficult, especially given the segregation laws in place in North Carolina, Bradley felt it was important to obtain a holistic view of infant mortality in the area. Bradley—along with an assistant—surveyed the Cumberland County township, Gray’s Creek. In total, they visited 127 white families with 340 children and 129 Black families with 404 children. She then moved on to Murphy, a small town in Appalachian North Carolina, where she completed a general overview of infant mortality in the town. Through her surveys, Bradley found that many factors contributed to infant mortality in the area; socioeconomic status, attendant at delivery, and malnutrition in particular played a vital role in the child’s survival.

Whether a physician or a midwife delivered a baby seemed to be a significant factor in the child’s mortality. Many American doctors believed that midwives had higher rates of maternal and infant death; as such, the North Carolina Board of Health requested that Bradley study how true this was in the state. In Cumberland County, Bradley found that “Two-thirds of the 79 white mothers were attended in confinement by a physician. . . The negro mothers were almost invariable dependent upon the midwife; only 5 of the 86 negro mothers had a physician.”<sup>116</sup> Midwives, Bradley found, were also far less likely to provide sanitary conditions when delivering a baby. Although this was not an intentional move by midwives, it was nonetheless dangerous for them to deliver children without gloves or clean towels and blankets.

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<sup>116</sup> Frances Sage Bradley, *Rural Children in Selected Counties* (Washington, D.C.: Government Printing Office, 1918), 30.



Malnutrition and misinformation about disease treatment also played a large role in the lives of children. Bradley worked closely with local physicians, explaining how to prevent the often-shocking ailments that she uncovered: “She explained how babies with deformities like Erb’s paralysis and dislocated hips and shoulders had experienced botched deliveries. Many infants had infected cords and bulging navels. . . One baby had a disease caused by a parasite that had burrowed under its skin.”<sup>117</sup> These ailments were particularly prevalent in the Black communities of Cumberland County, many of whom still practiced and believed in traditional medicine over modern medicine. In the mountain town of Murphy, diphtheria, typhoid fever, and scarlet fever ran rampant, particularly among children. Many who survived ended up with damaged hearts and rheumatic fever.<sup>118</sup> These serious conditions, Bradley found, were particularly prevalent because many rural families lacked access to proper sanitation and clean water.

Finally, Bradley concluded that the socioeconomic status of North Carolinians played a significant role in the wellbeing of children. She recognized that the cultural differences that separated a middle-class woman like her from rural, working-class women made it far more difficult to raise a child properly. Bradley wrote that “rural women of this section as a rule are burdened with a multitude of duties in the house and on the farm and only rarely have assistants other than the girls of the family. . . only three of the women visited kept a servant regularly.”<sup>119</sup> As Bradley concluded her study of North Carolina, her findings were intriguing to many. In Cumberland County, 48.1 of 1,000 white children died before their first birthday; this number increased to 64.4 for Black families. In the mountain town of Murphy, this number jumped to

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<sup>117</sup> Clowse, *A Doctor for Rural America*, 58.

<sup>118</sup> Clowse, *A Doctor for Rural America*, 67.

<sup>119</sup> Bradley, *Rural Children in Selected Counties of North Carolina*, 35.

80.4 per 1,000.<sup>120</sup> Bradley also uncovered that many families of a lower socioeconomic status were illiterate. While the pamphlets written by the Children's Bureau were helpful and the women in North Carolina were eager to learn, many were unable to understand the advice given in these pamphlets until it was verbally explained to them. To combat this, Bradley proposed writing new pamphlets and giving lectures and workshops so that women could receive advice orally. This advice would come to light within the next few years as the Bureau planned how to implement Better Baby Weeks and Better Baby Years across the country.

Ultimately, the Children's Bureau's study of North Carolina paved the way for many of their future efforts and showed just how successful the Bureau's efforts could be. In the years after Bradley visited North Carolina, the state government implemented multiple ways to improve infant and child mortality; historian Barbara Barksdale Clowse notes that "school children would receive annual physicals, a change that distinguished the state from others in the South. Quarantines for infectious diseases would be enforced. Midwives would receive more oversight."<sup>121</sup> As it became clear that rural women had less access to a physician's care, stable living conditions, and education, the Children's Bureau pivoted their efforts to be more accessible to these women. Additionally, Bradley's efforts to include black women in her studies set her and the Children's Bureau apart from many other agencies at the time. Although the Children's Bureau was far from espousing equality for all, their attempts to provide safety and security for mothers and children regardless of race, class, and social status were above and beyond what many were willing to do during the early twentieth century.

### ***Comparison to the Better Babies Bureau***

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<sup>120</sup> Bradley, *Rural Children in Selected Counties of North Carolina*, 36.

<sup>121</sup> Clowse, *A Doctor for Rural America*, 77-78.

Whether they intended it or not, the Bureau's efforts to understand infant mortality fortified the Better Baby campaigns put on by the Better Babies Bureau. Although the Children's Bureau had little involvement in Better Baby campaigns, they were among the first to bring attention to the high infant mortality rates across the country. These alarming rates—combined with Progressive concerns about race suicide—were part of the reason why women at the *Woman's Home Companion* felt something had to be done. Although it's easy to speculate that the Bureau may have done something similar if they had the resources during their beginning years, their reliance on science and medicine makes it seem unlikely that they would have held a contest-based system like the *WHC* journalists.

Although the Children's Bureau was not involved in any events related to the Better Baby campaign, Lathrop did reveal her feelings about the work of the *WHC*. While she supported the educational aspects of the contests, she “was disturbed by the competitiveness they fostered, the commercialism they endorsed, and their glaring lack of a standardized scoring system.”<sup>122</sup> She attempted to provide more validity to the *WHC* contests by developing a scorecard with input from the American Medical Association, though it seems the *WHC*'s Better Babies Bureau never put this scorecard into use and instead used their own scorecard.

The Children's Bureau was also far more invested in assisting women of all races and socioeconomic statuses. Although many of the women of the Children's Bureau were maternal Progressives who believed in the theory of race suicide, they still felt an obligation to save all children—even those of other races—from an untimely death. Although their methods were often flawed, and the rhetoric they used often shamed women outside of their white, middle-class

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<sup>122</sup> Alexandra Minna Stern, “Making Better Babies: Public Health and Race Betterment in Indiana, 1920-1935,” *American Journal of Public Health* 92, no. 5 (2002), 748.

purview, the Children's Bureau's determination to improve infant mortality rates helped a wide range of women. These efforts are remarkably different than those of the Better Babies Bureau, whose efforts outright targeted white women and ignored the plight of women of color.

### ***Conclusion***

Although the Children's Bureau was founded largely as a symbolic gesture to please Progressive women, it soon became a vital part of the federal government. The women of the Bureau were groundbreaking; working in government before women were even afforded the right to vote was no easy task. Nonetheless, Julia Lathrop and others dove into their work, determined to make a better future for America's children—at least, America's white children. The infant mortality studies of the Children's Bureau were vital in calling attention to a serious problem within America, and a multitude of studies on the safety and wellbeing of children came after it. Molly Ladd-Taylor summed up their work by saying “the infant mortality studies, together with the scientific childrearing information distributed by the Bureau, raised countless mothers' expectations for health care, convinced them that their private worries were of national significance, and inspired many of them to support the federal baby-saving campaign.”<sup>123</sup>

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<sup>123</sup> Ladd-Taylor, *Mother-Work*, 89.

### Chapter 3:

#### Continuing the Cause:

##### How the Infant Mortality Movement Evolved, 1917-1929

*The crusade for better babies insures a double blessing. It will bring a hardier race, and then the finest traits in men and women come to flower when they are taking thought of these little ones.*

- T. W. Bickett, Governor of North Carolina, 1919

As the 1910s went on, both the Children's Bureau and the Better Babies Bureau continued their work in baby-saving, albeit in much different ways. While these two institutions did overlap in some of their efforts, they took two distinct paths in their attempts to reduce infant mortality rates and improve child welfare. The Better Babies Bureau continued on their path to provide incentives to women to improve children; the Children's Bureau decided it was worthwhile to shift tactics.

The Children's Bureau planned to pursue other avenues of raising awareness of infant mortality, hoping that their alternatives would provide a place for a larger variety of mothers to learn about caring for their children. Meanwhile, the Better Babies Bureau continued their efforts to save mostly white children. Although the Better Babies Bureau and the journalists of the *Woman's Home Companion* distanced themselves somewhat from officially sponsoring contests, these contests still continued under the name "better baby contests" and were featured within the *WHC* for many years. The Better Babies Bureau instead focused their efforts on continuing to use pamphlets and letter writing campaigns extensively during this time to promote the saving of white children.

This chapter will explore the use of Better Baby Weeks and Children's Year in the child welfare movement. In particular, I will discuss the ways in which the Better Babies Bureau and the Children's Bureau differed in their approaches to these nationwide campaigns to promote their missions. I argue that the Children's Bureau's approach to the infant mortality movement was ultimately more useful—and more sustainable—than the Better Babies Bureau. Through Children's Year, the Children's Bureau promoted long-lasting, recurring healthcare for children. The Better Babies Bureau, in comparison, continued to promote short-term solutions that caused confusion, and ultimately, the downfall of the bureau.

### ***Better Baby Weeks***

The first Better Baby Week, observed across the country in March 1916, was largely organized by women's clubs. The Children's Bureau had some part in the organization of this inaugural week, but the General Federation of Women's Club was chiefly responsible for the implementation of this campaign. These organizers felt that they could reach a wide array of women by concentrating their efforts into one, dedicated week. Organizers utilized lectures, conferences, contests, parades, school programs, pamphlets, and newspaper articles during Better Baby Weeks to promote infant care and wellbeing.<sup>124</sup>

States chose to celebrate Better Baby Week in a variety of ways depending on budget, population, and interest, but generally followed a seven-day program. Flag Day was typically the first day of the celebration; every house where a child lived put a flag out and kept it flying throughout the week. Baby Sunday followed, and entailed an announcement of baby week and a baby-themed sermon from pulpits across the nation. The third day, Fathers' Day, "was celebrated

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<sup>124</sup> Julia Lathrop, *Baby-Week Campaigns* (Washington, DC: Government Printing Office, 1917), 9.

by holding shop meetings with good speakers to address fathers on the whole question of what the community owes to its babies.”<sup>125</sup> On the fourth day, Outing Day, mothers and children piled into automobiles to parade through the streets. Visiting Day came next; mothers and children arranged to visit local infant-welfare stations where they could obtain free milk and educational materials. Mothers were invited to attend meetings at local schools on School Day to learn more about infant and child welfare. School children also were invited to write essays, perform plays, or give demonstrations about baby week. The final day of the week—Birth Registration Day—attempted to popularize the idea of registering births to health authorities.<sup>126</sup>

By giving each day within the week a dedicated purpose, baby week organizers hoped to include everyone with a community—from school children to fathers—in the care and keeping of babies. By broadening the scope of who was involved in preventing infant mortality, these organizers shifted the responsibility of infant mortality from just mothers to the entire community. Educating fathers, siblings, neighbors, and grandparents about what caused infant mortality made them as much guardians of the children in their lives as mothers.

Better Baby Weeks continued for some years, although in varying capacities depending upon state and organizers. The sentiment behind them also varied widely; while it was solely about raising awareness of infant mortality for some, for others it was about improving the race. For example, in 1919 when North Carolina Governor T.W. Bickett proclaimed May 11 to 18 to be Better Babies Week, he declared that “it will bring a hardier race, and then the finest traits in men and women come to flower when they are taking thought of these little ones.”<sup>127</sup> Many held a similar sentiment as Governor Bickett, including those behind the Better Babies Bureau.

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<sup>125</sup> Lathrop, *Baby-Week Campaigns*, 36.

<sup>126</sup> Lathrop, *Baby-Week Campaigns*, 35-42.

<sup>127</sup> Better Babies Week May 11-18,” *The News and Observer* (Raleigh, NC), April 6, 1919, 13.

### ***Better Babies Bureau Involvement***

In the late 1910s, the Better Babies Bureau continued to find great success in their pamphlet and letter writing campaigns; the advent of Better Baby Weeks helped greatly with this as mothers felt inspired to find more information about raising a better baby. In November 1916, the *Woman's Home Companion* reported that a total of 47,395 readers had subscribed to the Expectant Mothers' Circle, the Mothers' Club, or had written letters asking for special service.<sup>128</sup> By offering this service, the *WHC* continued to reach mothers within their own homes with rhetoric about the importance of improving and saving white children. The *Woman's Home Companion* also directly linked themselves with the eugenics movement, citing their campaigns as the reason why many felt less fearful that the white race would meet an untimely demise. In January 1916, one journalist stated: "Some years ago there was quite a stir about race suicide. . . . Statisticians worried us with figures and even statesmen began to consider the subject seriously. Now the pendulum is swinging the other way. On every hand we hear women discussing with the keens interest 'Trained Motherhood,' 'Better Babies,' and similar topics."<sup>129</sup>

In addition to pamphlets and letters, the Better Babies Bureau continued to sponsor some better baby contests. It's worth noting, however, that the popularity of contests seems to have waned considerably by 1916. Two major events contributed to this: the rise of health conferences and the 1918-1919 flu pandemic.

Julia Lathrop of the Children's Bureau made her distaste for a contest-based approach known early on; by the mid-1910s, many others felt the same. Although better baby contests

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<sup>128</sup> "Better Babies: A Year's Returns: Over 47,000 Strong!," *The Woman's Home Companion* 43, no. 11, November 1916, 32.

<sup>129</sup> "To all Mothers and Mothers-in-Waiting," *The Woman's Home Companion* 43, no. 1, January 1916, 30.



raised awareness of infant mortality rates and incentivized mothers to want to raise better babies, many health officials, like Lathrop, felt that the tactic of creating winners and losers through these contests was not the best way to approach the continuing problem of infant mortality. Many of the Children's Bureau women felt that mothers could feel discouraged in even attending for the health benefits if their children were deemed "losers." As time went on, these women encouraged the use of child health conferences instead of baby contests. Frances Sage Bradley, for example, praised the usefulness of conferences over contests, stating: "It means a friendly interchange of opinions and experiences, rather than the stimulating clash of competition. It appeases the adoring mother disappointed in some earlier contest... It reaches not only the mother of the previous prize winner, but also the one who would naturally avoid a contest where her baby would obviously be a loser."<sup>130</sup> As will be discussed later in this chapter, these conferences made healthcare more accessible without pitting women and children against each other; instead, it provided them an opportunity to care for their children without concerns about their child being good enough for a prize.

The 1918-1919 influenza epidemic was at least in part to blame for the waning interest in baby contests. Fear of the highly contagious flu resulted in the curtailing of large gatherings of people, making it difficult for contests to be promoted through fairs as usual.<sup>131</sup> Although this impacted the popularity of contests, it did open the door for the Better Babies Bureau to promote their agenda in other ways.

Despite their waning popularity, the Better Babies Bureau still sponsored some contests as part of Better Baby Weeks. Women's clubs and fair organizers frequently wrote into the

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<sup>130</sup> Annette K. Vance Dorey, *Better Baby Contests: The Scientific Quest for Perfect Childhood Health in the Early Twentieth Century* (Jefferson, NC: McFarland & Company, 1999), 186.

<sup>131</sup> Dorey, *Better Baby Contests*, 211.

*Woman's Home Companion* to thank them for their support of better baby contests during this time. One Nebraskan woman, named Mrs. C.D.T., wrote: "We've just had a wonderful Better Babies' contest. Three of the prize-winning babies were lawyers' children, and as their fathers were all mighty proud of their scores this would seem to argue well for the soundness of the Better Babies' method."<sup>132</sup> In some places, the movement grew large enough during baby weeks that entire spaces were built and dedicated to better baby contests. In North Carolina in 1917, for example, "a wing or section of the new woman's building, recently constructed and used this season for the first time, has been set apart and specially equipped. The interest of babies has been well looked after in the new building, and their presence with that of their mothers is counted on as being one of the biggest features of this year's fair."<sup>133</sup>

Outside of contests, many businesses—as well as the Bureau itself—used Better Baby Weeks as a way to advertise baby products to mothers. In doing so, they essentially invited themselves into the homes of mothers and created a consumer culture of at-home remedies and solutions to creating a better baby.

### ***Advertising to Consumers***

As the 1918 flu stamped out the possibility of large contests, businesses jumped at the opportunity to capitalize upon the popularity of the better baby movement during Better Baby Weeks. The journalists of the *Woman's Home Companion* were happy to run these advertisements within their magazine to show women how they could create a better baby from the comfort of their home. In one instance, "The *Companion* ran a full-page advertisement for

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<sup>132</sup> "Better Babies: A Year's Returns: Over 47,000 Strong!," *The Woman's Home Companion* 43, no. 11, November 1916, 32.

<sup>133</sup> "Biggest Better Babies Contest at State Fair," *Durham Morning Herald* (Durham, NC), September 7, 1917, 3.

Colgate toothpaste in which two mothers used nearly identical methods to prepare their youngsters for a better babies contest. The winner's mother followed a dentist's advice on regular dental care. 'It was the care of the teeth which made Victoria a Better Baby,' claimed the fictional mother."<sup>134</sup> Through this advertisement, the *WHC* showed mothers that having an award-winning baby could be as simple as using a specific toothpaste brand to take care of their baby's teeth.

Milk companies also capitalized upon Better Baby Weeks to advertise. One Eagle Brand milk ad asked 'Does your baby measure up to the standard of the Better Baby Movement? . . . 'in 9 cases out of 10' normal physical and mental development depended on using only that brand.'" In another ad, Borden's Eagle Brand Condensed Milk pronounced "It is not by mere chance that so many prize winners in Baby Shows have been raised on Gail Borden Eagle Brand Condensed Milk."<sup>135</sup> These advertisements in particular were potentially confusing to women who viewed them. In previous years, the *WHC* had emphasized that breastfeeding children was the best way to ensure they were properly nourished. By the mid-1910s, however, the *WHC* was helping portray the idea that mothers should be buying milk alternatives like Borden's to create a better baby. Since the Better Babies Bureau had made themselves the veritable authority on childrearing through their campaigns, this sudden shift in advice likely puzzled mothers who had been following the bureau's advice for some time. Instead of getting a clear, direct answer on how to raise their children, their viewpoints were becoming muddled.

Finally, many department stores used this opportunity to bring more mothers through their doors. Meyer's Department Store in Fort Wayne, Indiana, proudly proclaimed ""Next week

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<sup>134</sup> Dorey, *Better Baby Contests*, 194.

<sup>135</sup> Dorey, *Better Baby Contests*, 194.

is Better Baby Week! A nation-wide campaign will be attempted by the various Women's Clubs of the country. . . During Better Baby Week the Meyer's stores will be especially prepared to assist any mother in selections for the baby."<sup>136</sup> In Washington, D.C., one store offered to "make this a Better Baby Christmas by offering a fairyland of delightful suggestions for the happiness of our better babies."<sup>137</sup> Yet another store, Krohheimer's in Durham, North Carolina, included rhetoric and scare tactics that the Better Babies Bureau often used:

Eight white babies are born in the U.S. every minute.  
 Did you know that 3,000 North Carolina babies died each summer?  
 That 2,000 are less than one year old?  
 That of these 1,800 are bottle-fed babies  
 That only 200 are breast-fed babies?  
 There's a reason.  
 What?  
 Bottle feeding and ignorance.<sup>138</sup>

While most advertisements were cheerful like the first few, many anxiety-inducing advertisements like Krohheimer's also appeared across the United States. These combining many mothers' fears of race suicide with their fears of failing their children. Moreso, much like the messaging within milk advertisements, this information was likely confusing to mothers. At the same time that Borden's milk company was telling them that their brand created better babies, ads like Krohheimer's implied that bottlefeeding would kill children.

Mothers who could not afford to buy the best toothpaste, milk, or clothing for their children likely felt guilty when seeing the messaging that only these products could help them raise a better baby. Wording that emphasized that children that did not drink Borden's did not

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<sup>136</sup> "Meyer's Will Celebrate Better Baby Week," *The Fort Wayne Journal-Gazette* (Fort Wayne, IN), April 27, 1917, 20.

<sup>137</sup> *The Washington Post* (Washington, DC), December 5, 1915, 18.

<sup>138</sup> "Keep Your Baby Well and We Will Help You to Keep Baby Better," *Durham Morning Herald* (Durham, NC), May 25, 1919, 5.

meet better baby standards, for example, was discouraging to poor or rural mothers who couldn't give their children this kind of milk. After all—if they knew that their baby would not be the “best” since they weren't given these products, then why would mothers want to enter them into a contest where they would just be declared a loser? On the opposite end of the spectrum, however, mothers who could afford to feed their babies with the recommended brands or dress their children in the recommended clothing could take pride in the fact that they were following the most up-to-date guidelines for raising a better baby—and perhaps that they could even win a better baby contest in the future.

Interestingly, the *Woman's Home Companion* had tried to distance themselves from this kind of consumerism just a few years earlier. In a statement in 1913, one journalist pronounced: “[We are] extremely proud and happy to have a hand in helping forward a movement in which we so thoroughly believe and, at great cost to ourselves, we have made every concession that we could think of making in order to take away from our connection the stigma of commercialism to which you have objected.”<sup>139</sup> Although this statement implies that the *WHC* was aware that the better babies movement would lose some of its credibility by being connected to commercialism and consumerism, the *WHC* eventually waived in their beliefs that they should avoid these approaches. Increasingly, as the *WHC* loosened its guidelines on staying away from consumerism, the “better babies” name became associated with many companies trying to sell their products. This association with consumerism ultimately helped lead to the demise of the Better Babies Bureau. Since advertisements promoted by the *WHC* provided confusing and differing opinions than those of the Better Babies Bureau, many lost faith that the bureau was a truly credible source of information on childrearing.

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<sup>139</sup> Dorey, *Better Baby Contests*, 190.

### *Children's Year*

While the Better Babies Bureau attempted to maintain their popularity during baby weeks, the Children's Bureau shifted their attention elsewhere. The Children's Bureau's largest campaign began on April 6, 1918, with the advent of "Children's Year." The primary goal of Children's Year was to save the lives of 100,000 babies, or approximately one-third of the number of U.S. children that died each year.<sup>140</sup> The bureau also set a multitude of secondary goals that the Children's Bureau hoped to implement. One newspaper summed up these goals as follows:

First – The registration of births so that the need of medical and nursing care may be promptly known and met. Second – for every mother parental care, necessary care of doctor and nurse at confinement, and after care. Third – Children's conferences where well babies can be taken periodically to be weighed and examined, and clinics where sick children may be given medical advice. Fourth – Public health nurses for home visiting. Fifth – The organizations of state and city divisions or bureaus of child hygiene. Six – The guarding of the milk supply, that every child may have his quota of clean, pure milk. Seventh – An income making possible decent living standards.<sup>141</sup>

In order to assist the Children's Bureau with their goals, President Woodrow Wilson allotted them \$150,000 from a defense fund. The use of defense funds in the midst of World War I for a seemingly unrelated cause seems odd at first glance; upon closer inspection, however, the mission of the Children's Bureau related directly to the war effort. As many as half a million of the nearly three million men called to military service during World War I were disqualified due

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<sup>140</sup> The Children's Bureau, *The Children's Bureau Legacy: Ensuring the Right to Childhood* (Washington, DC: U.S. Department of Health & Human Services, 2013), 43.

<sup>141</sup> "Children's Year," *The Star Press* (Muncie, IN), February 17, 1918, 8.

to “preventable disease and deformity.”<sup>142</sup> The Children’s Bureau believed this problem was one that originated in childhood. As one newspaper reported, “Many of the physical defects of men of draft age are due to slight troubles neglected in early childhood. The Children’s Bureau plans to improve the public health by checking these troubles when they first appear.”<sup>143</sup> To combat this—and ultimately make men better fit for the draft—Wilson thought it was appropriate to delegate emergency defense funds to the Children’s Bureau for Children’s Year. With funds in hand, the Children’s Bureau began their mission to save 100,000 children from certain death.

### *Measurement Cards*

The Children’s Bureau believed that the most efficient way to catch and correct potential disabilities in childhood was through measurement cards. Not unlike the Better Babies Bureau, the Children’s Bureau found that the format of a card made it simple and efficient to measure a large number of children in a short period of time. However, while the Better Babies Bureau’s scorecards were used to rank children based on their mental, physical, and emotional wellbeing, the measurement cards used by the Children’s Bureau were simply used as a marker for potential malnutrition. “The test record card which the Children’s Bureau has prepared for this test gives a table of average heights and weights for boys and girls at birth, at every month of age from the sixth to the forty-eight and at every year from the fifth to the sixteenth,” explained *The Evening Missourian*.<sup>144</sup> On the other half of the card, blank spaces were provided for mothers to record their children’s measurements. The averages provided on these cards were based on the measurements of 167,024 white children.

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<sup>142</sup> Dorey, *Better Baby Contests*, 201.

<sup>143</sup> “‘Weigh Your Child,’ Government Urges,” *The Evening Missourian* (Columbia, MI), June 1, 1918, 1.

<sup>144</sup> “‘Weigh Your Child,’ Government Urges,” *The Evening Missourian* (Columbia, MI), June 1, 1918, 1.

Notably, non-white children were excluded from the average measurements on these cards, making them less reliable for many of the communities that the Children's Bureau was trying to reach. No explanation was ever given by the Children's Bureau for why children of different races weren't measured alongside white children, however, it is easy to speculate about why standards for other races would be ignored. When debating this issue, historians Cynthia A. Connolly and Janet Golden wrote: "Like other Progressive Era reformers, those working in the USCB [United States Children's Bureau] sought to apply knowledge gained from social science and biological studies to problems that arose from an urban industrializing nation that had welcomed many immigrants. However, they could not escape the eugenic and racist beliefs that shaped understandings of human difference."<sup>145</sup> In other words, although the Children's Bureau did go above and beyond what many other institutions at the time did to include people of all races and socioeconomic classes in their work, they still inevitably chose to prioritize white children above all else.

In total, 6.5 million children were professionally measured, and their parents were given these cards as a way to track their measurements. According to Kriste Lindenmeyer, "The agency believed that the presence or absence of proper nutrition or disease could be determined by comparing a child's size with established standards set by the bureau. If there seemed to be a problem, the child could then be referred to a local physician for treatment."<sup>146</sup> Unlike the Better Babies Bureau, the Children's Bureau wanted to ensure that children with potential malnutrition, disability, or disease were referred to the proper institutions for further help. One of the biggest critiques that baby contests garnered was that there was a lack of follow through with disabled or

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<sup>145</sup> Cynthia A. Connolly and Janet Golden, "'Save 100,000 Babies: The 1918 Children's Year and Its Legacy,'" *American Journal of Public Health* 108, no. 7 (2018), 904.

<sup>146</sup> Kriste Lindenmeyer, "*A Right to Childhood: The U.S. Children's Bureau and Child Welfare, 1912-1946* (Chicago: University of Illinois Press, 1997), 73.



“defective” children; the Children’s Bureau recognized this flaw, and instead took steps to ensure that children received the care they needed. The bureau’s measurement cards were an important first step towards showing mothers that long-term, recurrent monitoring of children’s health was more beneficial than the contest-based system that the Better Babies Bureau had set up. These measurement cards allowed mothers to track how their children were growing, and more importantly, gave doctors an insight into how children were developing in the long-term.

### ***Improved Accessibility***

The Children’s Bureau also made efforts to make information about childcare more accessible to a broader audience. As Francis Bradley had learned during her work in North Carolina, many rural mothers were illiterate and struggled to read the materials that the Children’s Bureau had previously made available. To combat this, the Children’s Bureau implemented several campaigns.

One such campaign was health conferences and travelling exhibits. Not unlike the health demonstrations put on at some better baby contests, these conferences and exhibits were intended to teach rural mothers how to best care for their children. Working closely with state agencies and governments, the Children’s Bureau implemented several long-lasting campaigns designed with rural mothers in mind. As Lindenmeyer explains, “The bureau also instructed state agencies to develop traveling child welfare exhibits and health demonstrations designed to reach mothers and children living in rural areas.”<sup>147</sup> These traveling exhibits were intended to teach mothers about the proper way to feed and care for their children; they were a way to combat the high rates of malnutrition within rural communities.

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<sup>147</sup> Lindenmeyer, “*A Right to Childhood*,” 73.

The Bureau also redesigned some of their literature to be more accessible to a wider audience. In Illinois, for example, they worked with the Child Welfare Committee of the Woman's Division to "combine Americanization work with instruction of foreign-born mothers in child care through a 'Well Babies' Primer' which gave lessons in simple English and large, clear print." In other states, "Some of the states took no chances on failure to reach the non-English speaking population, however. Thus it happened that Children's Year literature was reprinted in Japanese and Polish and Greek and Italian and Armenian."<sup>148</sup> This way, even mothers who struggled to read--or who couldn't read English at all--were given every opportunity to prevent infant mortality and improve their children's quality of life.

### ***Challenging Larger Social Problems***

As their research on infant mortality increased, the Children's Bureau became increasingly concerned with the forces causing high mortality rates. One problem in particular that struck Lathrop was the rate at which the children of lower-class families died. As the research discussed in the previous chapter showed, the rate of infant mortality decreased as family income increased. In families where the mother had to work long hours to provide for her family, infant mortality rates were also much higher. As time went on and the United States joined the war efforts, Lindenmeyer notes that "the Children's Bureau also feared that high wages and increased demands for women's labor might encourage mothers of young children to take jobs in booming war industries."<sup>149</sup>

In hopes of combatting this, Lathrop advocated for a livable wage, shorter working days, and welfare for widowed and single mothers. Historian Alisa Klaus explains: "Therefore she

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<sup>148</sup> "'Children's Year' and Its Results," *Quad-City Times* (Davenport, IA), June 2, 1919, 6.

<sup>149</sup> Lindenmeyer, "*A Right to Childhood*", 72.

[Julia Lathrop] supported a family wage for male workers, supplementary income for families without fathers, and an eight-hour work day and a prohibition on night work for women and small children.”<sup>150</sup> In her own words, Lathrop emphasized that these changes had to be made in order to make the efforts of Children’s Year worth it: “To make permanent the child saving work of Children’s Year all the children throughout the country must be insured a fair chance to develop into good citizens under wholesome living conditions made possible by decent incomes. Mothers must be enabled, by adequate incomes, to give their children the care they need at home.”<sup>151</sup>

Lathrop’s comments reveal a few things about her perspectives on working women. As discussed in the previous chapter, the women of the Children’s Bureau hoped to “Americanize” immigrant women and teach them how to be more like the average, middle class, white mother. These comments directly relate to this sentiment; immigrant women were far more likely to work in order to afford to care for their children. Although working might have been commonplace within their culture, it was rare for middle-class white mothers to work instead of raising their children. Lathrop and the Children’s Bureau hoped that by advocating for supplementary family income or an increased income for fathers, immigrant mothers could draw one step closer to becoming Americanized.

### ***Results of Children’s Year***

When Children’s Year concluded on April 6, 1919, it was considered a huge success. The Children’s Bureau campaign was far-reaching and had major effects on the wellbeing of children

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<sup>150</sup> Alisa Klaus, *Every Child a Lion: The Origins of Maternal and Infant Health Policy in the United States and France, 1890-1920* (Ithaca: Cornell University Press, 1993), 258.

<sup>151</sup> “To Save the Lives of 100,000 Babies is Aim of Big Health Drive,” *Muskogee Times-Democrat* (Muskogee, OK), April 1, 1918, 6.

and mothers across America. The Children’s Bureau reached 11 million women and 17,000 communities during this year.<sup>152</sup> This was far more women than the Children’s Bureau had ever reached—and it was clear that they had been successful in enacting change within thousands of communities. Not only had millions of mothers been taught about infant mortality, but millions of children had been given free, comprehensive health exams with follow-up instructions that were much easier to understand. In twenty-four states, child welfare chairmen reported an increase of employment of public health nurses; “from ten of these states a total of 137 nurses has been reported.”<sup>153</sup> Elsewhere, children’s health centers were erected to give mothers an easily accessible place to seek advice about their children and how to raise them. In an additional nine states, comprehensive health centers were created for communities.<sup>154</sup>

Shortly after the conclusion of Children’s Year, the Children’s Bureau and Woodrow Wilson called the second White House Conference on Children in May 1919. Much like the first conference, approximately 200 child welfare advocates gathered in Washington, DC, to discuss ways to improve the lives of mothers and children.<sup>155</sup> Molly Ladd-Taylor summarizes the findings of this conference, stating: “The conference called for instruction on hygiene throughout pregnancy, and for publicly funded maternity centers so that any woman...could receive prenatal, childbirth, and postnatal care from a physician...it recommended that all new mothers should have ten days rest after childbirth, household help for at least four weeks, and an ‘adequate income’ to allow them to remain at home throughout the nursing period.”<sup>156</sup> These

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<sup>152</sup> The Children’s Bureau, *The Children’s Bureau and Its Legacy*, 43.

<sup>153</sup> “New Items on Child Welfare,” *Webster City Freeman* (Webster City, IA), May 19, 1919, 5.

<sup>154</sup> “New Items on Child Welfare,” *Webster City Freeman* (Webster City, IA), May 19, 1919, 5.

<sup>155</sup> The Children’s Bureau, *The Children’s Bureau and Its Legacy*, 45.

<sup>156</sup> Molly Ladd-Taylor, *Mother-Work: Women, Child Welfare, and the State, 1890-1930* (Chicago: University of Illinois, 1994), 90.

findings would eventually lead to the passage of the Sheppard-Towner Act in 1921, which provided federal funding for maternal and infant care across the United States.<sup>157</sup>

### *Conclusion*

The implementation of nationwide campaigns like Better Baby Weeks and Children's Year were incredibly useful in reaching a larger community to raise awareness of infant mortality and children's health. In doing so, the responsibility for raising children was placed on the family unit as a whole rather than just the mother. This differed greatly from the pressure that better baby contests put onto mothers; although baby contests were still put on in some areas, they were becoming increasingly less popular.

These campaigns also show how differently these two bureaus approached the infant mortality movement. While the Children's Bureau adapted and changed tactics to reach a wider audience, the Better Babies Bureau stayed largely stagnant in their offerings to the public. This, ultimately, caused the downfall of the Better Babies Bureau. By being unwilling to cater to a larger audience—and by spreading conflicting information on how to raise a better baby—the Better Babies Bureau lessened their role as experts in the minds of many women.

Meanwhile, the Children's Bureau attempted to reach a wide audience regardless of race, social, or economic status. Through Children's Year, they successfully increased access to sustainable healthcare for millions of women. This gave them the opportunity to show women that improving infant mortality could be better done through repeated care rather than one-time contests. Ultimately, the tactics of the Children's Bureau seemed to supersede the popularity of

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<sup>157</sup> Although the Sheppard-Towner Act will not be discussed at length here, further information can be found in the conclusion of this thesis.

the Better Babies Bureau, putting them in an ideal position to continue to advocate for the rights of mothers and children to the federal government.

## Conclusion

Both the Children's Bureau and the Better Babies Bureau sprung up at a time of desperation in the United States. As American citizens became increasingly concerned with rates of infant mortality, women across the nation stepped up to contribute these organizations and raise awareness of how these rates could be decreased. These two bureaus approached infant mortality in vastly different ways, which begs the question: was one bureau better than the other?

The answer is complicated. The Better Babies Bureau had an intense impact on the culture surrounding childrearing. In the 1910s, better baby contests had a striking effect on hundreds of thousands of women who were concerned for the future of the race. As these women attended better baby contests and wrote into the Expectant Mothers' Circle, the journalists of the *Woman's Home Companion* set their expectations for how children should be raised and why they should be cleared of defects and disabilities. They engrained eugenics rhetoric in the minds of mothers, setting the stage for a future where policies like sterilization would be the norm. Despite what they had accomplished in just a few years, the Better Babies Bureau became almost unheard of by the early 1920s.

The women of the Better Babies Bureau failed to create a long-term plan for how to continue their work. As better baby contests became replaced by child health conferences—or in some states, “Fitter Family” contests that considered the heredity of an entire family—Better Babies Bureau sponsorships were increasingly unneeded. Further, the idea of a contest-based system where children were judged on their perceived disabilities became increasingly unpopular as men returned from war with their own disabilities. The elimination of contests essentially made the bureau defunct; without contests, there was no need for the *Woman's Home Companion* to dedicate so many resources and journalists to the bureau.

In a bid to promote consumerism, the Better Babies Bureau also decreased their credibility by featuring advertisements and products that directly contradicted the advice that they had given mothers. Although they had previously directed mothers to only breastfeed, for example, they were now promoting products like canned milk as the best way to raise better babies. By doing things like this, the Better Babies Bureau no longer appeared to be the experts in childrearing that they had once promoted themselves as.

Nonetheless, the work of the Better Babies Bureau in standardizing children set up a practice that has lasted into current day. When parents bring their children to the doctor today, it is a standard practice for children to be compared to standards of physical, mental, and social aptitude. Although this seems normal to most today, it is indeed a practice that stretches back to these complicated contests.

While the Better Babies Bureau undeniably made its mark on society, the Children's Bureau arguably made a much larger and longer-lasting one. During their early years in the 1910s, the Children's Bureau made a concerted effort to reach parents regardless of their socioeconomic status or race. Although their reasoning behind this—making these parents more “Americanized”—was not ideal, they nonetheless reached millions of women with word of how to prevent infant mortality. Further, the Children's Bureau provided medical and scientific backing to all of their guidance—something that the Better Babies Bureau failed to do.

The Children's Bureau also promoted the idea that children needed repeated, long-term care from a healthcare professional. During Children's Year, they helped establish hundreds of health centers and increase the number of medical professionals in many states, therefore increasing women's access to healthcare before, during, and after pregnancy. As a result, they succeeded in



reducing infant mortality rates and increasing access to prenatal and postnatal care without pushing the narrative that disability had to be entirely eliminated from children.

In fact, the Children's Bureau was so successful in their efforts that they continue to be a governmental agency today. Their work has expanded far beyond the scope of infant mortality; they now focus on preventing child abuse, improving foster care and increasing adoption. They serve nearly 700,000 children with a nearly \$10 billion annual budget, and much like their work in 1912, they focus on serving families regardless of socioeconomic status or race.<sup>158</sup>

It's also important to note what came after the work of these bureaus—in particular, the Better Babies Bureau—in the early twentieth century. The better babies movement had died out by the 1920s; while people were still focused on improving the race, their focus was no longer on improving existing children. More sinister changes were looming: in 1929, just a few short years after the movement had declined, North Carolina passed its first sterilization law. While the connection between campaigns like better baby contests to sterilization laws is not exactly linear, it nonetheless had an effect on the eugenics movement in the United States.

Ultimately, while these two bureaus undoubtedly had a lasting impact on society—the Children's Bureau was far more successful in their goal of reducing infant mortality and improving child welfare. The Better Babies Bureau, on the other hand, was more successful in opening the door for more eugenic policies to be implemented than in improving infant mortality rates. While the Children's Bureau and the Better Babies Bureau's work often go unrecognized, they prove just how impactful the work of Progressive women of the early twentieth century truly was.

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<sup>158</sup> Statistics from "CB Fact Sheet," *Children's Bureau*, accessed April 1, 2021, <https://www.acf.hhs.gov/cb/fact-sheet>

## Bibliography

### Primary Sources

#### Published Works

Bradley, Frances Sage. *Rural Children in Selected Counties*. Washington, D.C.: Government Printing Office, 1918.

Department of Commerce, Bureau of the Census. *Thirteenth Census of the United States Taken in the Year 1910: Statistics for North Carolina*. Washington, DC: Washington Government Printing Office, 1914.

Lathrop, Julia C. "The Children's Bureau." *American Journal of Sociology* 18 no. 3 (1912): 318-330.

------. *Baby-Saving Campaigns: A Preliminary Report on What American Cities are Doing to Prevent Infant Mortality*. Washington, DC: Government Printing Office, 1913.

------. *Baby-Week Campaigns*. Washington, DC: Government Printing Office, 1917.

Linder, Forrest E. and Grove, Robert D. *Vital Statistic Rates in the United States, 1900-1940*. Washington, DC: Government Printing Office, 1947.

New York Agricultural Society. *Proceedings of the Annual Meeting*. New York: New York Agricultural Society, 1913.

North Carolina Board of Health. *The Health Bulletin*. Raleigh, NC: The North Carolina Board of Health, 1913-1919.

North Carolina Department of Labor and Printing. *Annual Report of the Department of Labor and Printing of the State of North Carolina*. Raleigh: Edwards & Broughton Printing Co., 1910.

Richardson, Anna Steese. *Better Babies and Their Care*. New York: Frederick A. Stokes Company, 1914.

----- . *What is Being Done to Give Babies a Better Chance*. New York: Better Babies Bureau, 1914.

The United States Children's Bureau. *The Children's Bureau Legacy: Ensuring the Right to Childhood*. Washington, DC: U.S. Government Printing Office, 2013.

Van Vorst, John and Van Vorst, Marie. *The Woman Who Toils: Being as the Experiences of Two Ladies as Factory Girls*. New York: Doubleday Page & Co., 1903.

### **Newspapers and Periodicals**

*Asheville Citizen-Times* (Asheville, NC)

*The Asheville Weekly Citizen* (Asheville, NC)

*Billings Daily Tribune* (Billings, MT)

*The Des Moines Register* (Des Moines, IA)

*Durham Morning Herald* (Durham, NC)

*The Evening Missourian* (Columbia, MI)

*Fayetteville Weekly Observer* (Fayetteville, NC)

*The Fort Wayne Journal-Gazette* (Fort Wayne, IN)

*Greensboro Daily News* (Greensboro, NC)

*The Greensboro Patriot* (Greensboro, NC)

*Hickory Daily Record* (Hickory, NC)

*The High Point Enterprise* (High Point, NC)

*Los Angeles Evening Express* (Los Angeles, CA)

*Muskogee Times-Democrat* (Muskogee, OK)

*The News and Observer* (Raleigh, NC)

*Quad-City Times* (Davenport, IA)

*The Robesonian* (Lumberton, NC)

*The Star Press* (Muncie, IN)

*The State Journal* (Raleigh, NC)

*The Washington Post* (Washington, DC)

*Webster City Freeman* (Webster City, IA)

*Weekly Town Talk* (Alexandria, LA)

*Winston Salem Journal* (Winston Salem, NC)

*Woman's Home Companion*

### **Collections**

Letters from Caroline French Benton to Expectant Mothers' Circle; in the author's possession.

### **Secondary Sources**

Apple, Rima. *Perfect Motherhood: Science and Childrearing in America*. New Jersey: Rutgers University Press, 2006.

Babb, Valerie. *Whiteness Visible: The Meaning of Whiteness in American Literature and Culture*. New York: New York University Press, 1998.

Baynton, Douglas. *Defectives in the Land: Disability and Immigration in the Age of Eugenics*. Chicago: University of Chicago Press, 2016.

Black, Edwin. *War Against the Weak: Eugenics and America's Campaign to Create a Master Race*. New York: Basic Books, 2003.

Brosco, Jeffrey P. "The Early History of the Infant Mortality Rate in America: 'A Reflection Upon the Past and a Prophecy of the Future.'" *Pediatrics* 103, no. 2 (1999): 478-485.

Clowse, Barbara Barksdale. *A Doctor for Rural America: The Reforms of Francis Sage Bradley*. Lexington: University of Kentucky, 2020.

Connolly, Cynthia & Golden, Janet. "'Save 100,000 Babies': The 1918 Children's Year and Its Legacy." *American Journal of Public Health* 108, no. 7 (2018): 902-907.

Crnic, Meghan. "Better Babies: Social Engineering for 'a Better Nation, a Better World.'" *Endeavour* 33, no. 1: 12-17.

Dorey, Annette K. Vance. *Better Baby Contests: The Scientific Quest for Perfect Childhood*

*Health in the Early Twentieth Century*. Jefferson, NC: McFarland & Company, 1999.

Engs, Ruth Clifford. *The Progressive Era's Health Reform Movement: A Historical Dictionary*.

Connecticut: Praeger Publishers, 2003.

Frankel, Noralee & Dye, Nancy. *Gender, Class, Race, and Reform in the Progressive Era*.

Lexington: The University Press of Kentucky, 1991.

Garvey, Ellen Gruber. *The Adman in the Parlor: Magazines and the Gendering of Consumer*

*Culture, 1880s to 1910s*. Oxford: Oxford University Press, 1996.

Gerais, Reem. "Better Baby Contests in the United States (1908-1916)," *Embryo Project*

*Encyclopedia*. <http://embryo.asu.edu/handle/10776/12566> (Accessed August 1, 2020).

Golden, Janet. *Babies Made us Modern: How Infants Brought America into the Twentieth*

*Century*. Cambridge: Cambridge University Press, 2018.

Gordon, Linda. *The Moral Property of Women: A History of Birth Control Politics in America*.

Champaign: University of Illinois Press, 2002.

Grant, Julia. *Raising Baby by the Book: The Education of American Mothers*. New Haven: Yale

University Press, 1998.

Gross, Ariela. *What Blood Won't Tell: A History of Race on Trial in America*. Cambridge:

Harvard University Press, 2009.

- Hale, Grace Elizabeth. *Making Whiteness: The Culture of Segregation in the South, 1890-1940*. New York: Pantheon, 1998.
- Hanson, Randall and King, Desmond. *Sterilized by the State: Eugenics, Race, and the Population Scare in Twentieth-Century North America*. Cambridge: Cambridge University Press, 2013.
- Jacobson, Matthew. *Whiteness of a Different Color*. Cambridge: Harvard University Press, 1999.
- Kevles, Daniel. *In the Name of Eugenics: Genetics and the Uses of Human Heredity*. Cambridge: Harvard University Press, 1995.
- Kline, Wendy. *Building a Better Race: Gender, Sexuality, and Eugenics from the Turn of the Century to the Baby Boom*. Berkeley: University of California Press, 2001.
- Klaus, Alisa. *Every Child a Lion: The Origins of Maternal and Infant Health Policy in the U.S. and France*. New York: Cornell University Press, 2019.
- Koven, Seth and Michel, Sonya. *Mothers of a New World: Maternalist Politics and the Origins of Welfare States*. New York: Routledge, 1993.
- . "Womanly Duties: Maternalist Politics and the Origins of the Welfare States in France, Germany, Great Britain, and the United States, 1880-1920." *The American Historical Review* 95, no. 4 (1990): 1076-1108.
- Ladd-Taylor, Molly. *Fixing the Poor: Eugenic Sterilization and Child Welfare in the Twentieth Century*. Baltimore: Johns Hopkins University Press, 2017.

- . *Mother-work: Women, Child Welfare, and the State, 1890-1930*. Champaign: University of Illinois Press, 1994.
- Largent, Mark. *Breeding Contempt: The History of Coerced Sterilization in the United States*. New Brunswick: Rutgers University Press, 2011.
- Lears, Jackson. *Fables of Abundance: A Cultural History of Advertising in America*. New York: Basic Books, 1994.
- Lindenmeyer, Kriste. “A Right to Childhood”: *The U.S. Children’s Bureau and Child Welfare, 1912-1946*. Champaign: University of Illinois Press, 1997.
- Lombardo, Paul. *A Century of Eugenics in America: From the Indiana Experiment to the Human Genome Era*. Bloomington: Indiana University Press, 2011.
- . *Three Generations, No Imbeciles: Eugenics, the Supreme Court, and Buck v. Bell*. Baltimore: Johns Hopkins University Press, 2008.
- Longmore, Paul. *The New Disability History: American Perspectives*. New York: New York University Press, 2001.
- Lovett, Laura. *Conceiving the Future: Pronatalism, Reproduction, and the Family in the United States, 1890-1938*. Chapel Hill: University of North Carolina Press, 2009.
- . “‘Fitter Families for Future Firesides’: Florence Sherbon and Popular Eugenics.” *The Public Historian* 29, no. 3 (2007): 69-85.
- Meckel, Richard. *Save the Babies: American Public Health Reform and Prevention of Infant Mortality, 1850-1929*. Baltimore: Johns Hopkins University Press, 1990.



Mink, Gwendolyn. *The Wages of Motherhood: Inequality in the Welfare State, 1917–1942*. New York: Cornell University Press, 2018.

Muncy, Robyn. *Creating a Female Dominion in American Reform, 1890-1935*. Oxford: Oxford University Press, 1991.

Nielsen, Kim. *A Disability History of the United States*. Boston: Beacon Press, 2012.

Ohmann, Richard Malin. *Selling Culture: Magazines, Markets, and Class at the Turn of the Century*. New York: Verso Publishing, 1996.

Parker, Jacqueline K. and Carpenter, Edward M. “Julia Lathrop and the Children’s Bureau: The Emergence of an Institution.” *Social Service Review* 55, no. 1 (1981): 60-77.

Roediger, David. *The Wages of Whiteness: Race and the Making of the American Working Class*. New York: Verso Publishing, 1991.

Rose, Sarah F. *No Right to Be Idle: The Invention of Disability, 1840s-1930s*. Chapel Hill: University of North Carolina Press, 2017.

Schweik, Susan. *The Ugly Laws: Disability in Public*. New York: New York University Press, 2009.

Stern, Alexandra Minna. *Eugenic Nation: Faults and Frontiers of Better Breeding in America*. Berkeley: University of California Press, 2016.

-----, “Making Better Babies: Public Health and Race Betterment in Indiana, 1920-1935.” *American Journal of Public Health* 92, no. 5 (2002): 742-752.

------. *Formative Years: Children's Health in the United States, 1880-2000*. Ann Arbor:  
University of Michigan Press, 2002.

Vandenberg-Daves, Jodi. *Modern Motherhood: An American History*. New Brunswick: Rutgers  
University Press, 2014.

Wray, Matt. *Not Quite White: White Trash and the Boundaries of Whiteness*. Durham: Duke  
University Press, 2006.