

# THE REGISTRATION OF ILLEGITIMATE BIRTHS A PREVENTIVE OF INFANT MORTALITY

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BY HASTINGS H. HART, LL.D.  
DIRECTOR DEPARTMENT OF CHILD-HELPING  
RUSSELL SAGE FOUNDATION



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## THE REGISTRATION OF ILLEGITIMATE BIRTHS A PREVENTIVE OF INFANT MORTALITY

BY HASTINGS H. HART, LL.D.

*Director Department of Child-Helping, Russell Sage Foundation*

There is general agreement among all competent authorities as to the importance of complete and accurate birth registration, not only as a basis for scientific studies in the interests of the public health but also for the protection of the child in matters affecting his property rights, his right of suffrage, his school attendance, his commencement of active labor, his military service, and so forth.

In the preparation of this paper I have corresponded with the state boards of health or the departments of vital statistics of 29 states and with the health officers of 49 cities with reference to their practice in recording illegitimate births and their views as to the desirability of such registration and its practicability. Only two of the state officials expressed any question as to the desirability of reporting illegitimate births as such, and only four city health officers expressed any doubt.

The general argument in favor of birth registration is vigorously set forth in Monograph Number One of the United States Children's Bureau, entitled "Birth Registration." Several correspondents represent that the registration of illegitimate births is even more important for the interests of the child than the registration of legitimate births.

The following table presents the illegitimate births for one year in all states from which I have been able to obtain any report.

### ILLEGITIMATE BIRTHS REPORTED

	Year	Total births reported	Illegitimate births reported	Illegitimacy per 1,000 births
STATE				
Alabama	1913	47,926	2,645	55.2
White		31,195	294	9.4
Colored		16,731	2,351	140.5
Maryland	1913	28,381	1,194	42.1
White		23,130	504	21.8
Colored		5,251	690	131.4
Indiana	1910	56,309	998	17.7
Michigan	1912	69,537	1,222	17.6
Wisconsin	1912	54,493	841	15.4
Vermont	1913	7,834	116	14.8
Connecticut	1913	30,122	349	11.6
South Dakota	1912	13,023	111	8.5
Total		307,625	7,476	24.3
CITY				
Baltimore	1912	11,398	872	76.5
Detroit	1912	16,924	496	29.3
Milwaukee	1913	12,731	334	26.2
New York	1914	140,647	1,609	11.4
Total		181,700	3,311	18.2

Note. The foregoing figures can not be accepted as authoritative. It is, of course, incredible that New York City should have less than half the ratio of illegitimacy which prevails in Detroit and Milwaukee and less than any one of the eight states named, except South Dakota. It may be assumed, however, that the ratios above reported are within the facts. According to the United States Government estimates, the eight states above named should have reported 345,537 births instead of 307,625, so that the reported births are only 89 per cent. of the estimated births. The figures given, however, are suggestive.

### OPINIONS OF HEALTH OFFICERS

Mr. Emmit B. Summers, City Registrar of Dallas, Texas, says:

Registration is desirable to determine the percentage of such births and to determine the legitimacy or illegitimacy of heirs to property.

Mr. R. W. Connell, Health Commissioner of Omaha, Nebraska, says:

A record should be kept as in after years they might wish to establish their birth. For instance, if one were in a foreign land, with war progressing as at the present time, it might be of great importance to be able to prove that he was born in America, even if the birth was illegitimate.

John B. Anderson, M. D., Health Officer of Spokane, Washington, says:

The registration of a child born out of wedlock, if the information is complete, may enable the child later in life to come into property that it is entitled to under all the laws of justice: e. g. the recent case of Salt Lake City, Eccles. Had a birth certificate existed, a long and expensive legal battle would have been avoided.

Dr. Anderson calls attention also to the fact that:

An illegitimate child is the same as a legitimate so far as the value of vital statistics is concerned.

H. M. Bracken, M. D., Secretary of the Minnesota State Board of Health, says:

It is really more important that the birth of an illegitimate child should be recorded than of a legitimate child, in a way, for its birth certificate is, in a certain sense, a protection of the life of the child.

F. L. Watkins, M. D., Deputy State Registrar of the Mississippi State Board of Health, says:

It is absolutely necessary that illegitimate births should be registered as such. Such record will afford protection to children that might otherwise be deprived of their rights.

W. A. Davis, M. D., Secretary of the Texas State Board of Health, says:

Every illegitimate birth should be registered with complete data as to parentage, because of its influence in matters pertaining to the settlement of estates, and its influence upon social life.

## QUESTIONS AS TO REGISTRATION

There appears to be no need of argument as to the general proposition that the births of children born out of wedlock should be recorded and should find a place in vital statistics. There are differences of opinion, however, as to how such births shall be reported and recorded, and how such records shall be treated subsequently.

The points with reference to which question is raised are the following:

1. Shall the facts recorded with reference to illegitimate births be the same as for all births; shall certain facts be omitted; or shall the record include social facts relative to the child and its parents, not recorded with reference to children of married parents: e. g., facts relative to the physical health, mentality, previous illegitimate children of mother; habits, health, and character of father, etc.?

If additional facts are to be collected, shall they be collected and recorded as a part of the birth registration, or by some other social agency?

2. Shall the mother of the child be required to give her real name and address, together with the fact that she is unmarried; if so, shall her name and address become a part of the record?

3. Shall the name of the father be sought and become a part of the record, if ascertainable; and what amount and kind of evidence shall be required to justify recording it?

4. Shall the record of an illegitimate child be protected by the seal of secrecy; the recorded facts to be revealed only through the parties immediately concerned, except on the order of a court of record?

### THE QUESTIONS ANSWERED

Admitting the necessity for the registration of births of children of unmarried parents, I think it must be agreed that whatever facts are recorded should be truthfully recorded, as nearly as possible. If the registration is to protect the child's right of inheritance from parents or grandparents and if it is to be used for purposes of reference by the child, later in life, a fictitious record would be worse than useless.

Assuming that the record is to be truthful, let us take up the questions which have been raised.

*1. Shall the facts recorded with reference to illegitimate births be the same as for all births?*

Out of 36 state health officers reporting, 22 report that they record the same facts with reference to legitimate and illegitimate children. Eight report that they omit the name of the father

from the record, and one reports that he omits the names of both the father and the mother. Five do not state what their practice is. Out of 46 city health officers reporting, 26 record the same facts relating to illegitimate births as to legitimate, 18 omit the names of the fathers, and two omit the names of the mothers. Combining these figures we find that out of 82 city and state officers reporting, 48 report the same facts with reference to legitimates and illegitimates, 26 omit the names of the fathers, and three omit the names of both the fathers and mothers, while five do not state what their practice is.

I am of the opinion that for purposes of birth registration the same facts should be recorded with reference to both legitimate and illegitimate children, including the names and residences of both parents, provided, as hereinafter set forth, first that the father's name shall be legally ascertained before being recorded and, second, that the whole record as relating to illegitimate children shall be made officially confidential.

*2. Shall the mother of the child be required to give her real name and address?*

The name and address of the mother must be truthfully recorded if the record is to be of any subsequent value. It is unquestionably a hardship for an unmarried woman to be recorded as having given birth to a child, and it is often a hardship to the relatives of the mother, but such a record is necessary both for the welfare of the child and for the protection of the community. The protection to the mother and her family should be given, not by destroying all trace of the parentage of the child, but by imposing the seal of confidence upon the custodians of the record.

Everyone who is accustomed to deal with illegitimate children is familiar with the eager desire which such children have, when they grow up, to know the facts as to their parentage, and many cases are on record where these facts have become important for the welfare of the child.

The mother's record is of vital importance also for the protection of the community, by bringing to light the facts as to the mother's residence and the names of the father and other relatives who ought to be responsible for the care of the mother and child. It is

a common practice, throughout the United States, for young women who are approaching their confinement to go to some distant city, often in another state, being assisted either by relatives or friends or public officers. The object of this course is secrecy for the protection of the reputation of the young woman or her family or the young man; or it may be to save trouble and expense to public officers.

The result of this practice is often disastrous to the mother who falls into the hands of unscrupulous quacks, abortionists, and keepers of lying-in hospitals, to the grave peril of her life and health. It is disastrous to the baby who suffers often from the ignorance of an unskilful doctor or midwife, is consigned to the tender mercies of a foundling asylum or a baby farm and, if it survives, is given away with little inquiry to anyone who is willing to receive it.

This practice is an injustice to the community because it results in shifting responsibility and expense from the community where it belongs to another community, usually already overburdened with similar cases. This is by no means a light burden. I suppose that, at a very moderate estimate, at least 500 illegitimate children per year are born in the city of New York of mothers who are non-residents. Formerly at least 50 per cent of these children died but, at the present time, probably two-thirds of them survive. That would mean 330 children abandoned by their parents and cast upon the philanthropy of the good people of New York.

It is now recognized that children ought not to be expected to support themselves under the age of fourteen years. It will be conceded also that the average annual cost of feeding, clothing, and schooling a child in the city of New York can not be less than \$150. Each of these 330 children, therefore, by the time it is brought to the age of self-support will represent an expenditure of at least \$2,000. We thus have an annual burden of \$660,000 transferred from the communities to which it belongs to the one city of New York, not to mention other cities. It is true that many of these children are ultimately transferred to adoptive homes in rural communities but, even in those cases, the burden is shifted from the parents and relatives who ought to support them to strangers who are in no way responsible.

One of the phenomena of our civilization is the effrontery with



which the parents and the grandparents of an illegitimate child, who have the same legal and moral obligation to their own flesh and blood as other parents and grandparents, come into a strange community and say to its benevolent people and its public officers: "Here is a child! We don't want it! We refuse to care for it! You take it, feed it, clothe it, and find a home for it." Then, still more wonderful to behold, the good people of the strange city open their hospital doors, care tenderly for the young mother, turn her loose to become an outcast or to return to her friends, as she will, and proceed to bring up her child, at a cost of \$2,000 or more, without the slightest effort to bring the parents or the community to which that mother and child belong, to a sense of their responsibility.

The time will surely come when our urban communities will grow tired of this tremendous burden and will adopt measures to fix the responsibility where it belongs and to return both mother and child to the community from which they came.

*3. Shall the name of the father become a part of the record, if ascertainable?*

There is a widespread sentiment embodied in the laws of some states for the protection of the father. This sentiment doubtless arises from the liability to unjust accusation from irresponsible mothers or from public gossip. The Massachusetts law of 1912 provides that: "If the child is illegitimate, the name and other facts relating to the father shall not be stated except at the request in writing of both the father and mother filed with the return." Correspondents from New York City, Chicago, and Jersey City, as well as Massachusetts cities, report that the father's name is not recorded.

On the other hand, some of the best authorities earnestly favor recording the name of the father.

John B. Anderson, M. D., Health Officer of Spokane, Washington, says:

We insist upon the father's name when obtainable.

A. L. Light, M. D., Commissioner of Health of Dayton, Ohio, says:

I think the names of both parents, if they are known, should be reported, and there should be some way of obtaining this so that any irresponsible

person will not be able to throw the responsibility on some innocent party. Personally, I believe this is seldom done, although I see that it may occur.

C. W. Garrison, M. D., State Health Officer of Arkansas, says:

The name of the father should be ascertained, where possible, and such additional notations made as might throw light on the truthfulness of the statement of the mother.

Cressy L. Wilbur, M. D., Director of the Division of Vital Statistics of the New York State Department of Health, says:

It would seem improper, however, for the name and personal particulars respecting the putative father to be made an official record which is accepted in all courts and for all purposes as *prima facie* evidence of the facts therein contained, on the mere allegation of a physician or midwife based on information secured from the mother.

It is hard to see why the father, who is at least equally responsible with the mother, should claim an immunity which is not given her. There does not seem to be any sufficient reason why the name of the father, having been legally determined as already suggested, should not become a part of the birth record.

The father of the illegitimate child has a distinct moral and legal obligation to perform a father's duty, as far as may be practicable. It is true that many such fathers are utterly worthless and irresponsible; but it is true also that many of them belong to respectable families and have sufficient income to enable them to meet their just financial obligation toward the mother and the child. When such men are allowed to go scot-free the result is in many cases a speedy repetition of the offense. Publicity and compulsory payment have a strong deterrent influence.

It is very important that legal inquiry should be made by some competent tribunal with reference to the paternity of the child. This inquiry should be made while the mother and other persons who have knowledge of the facts are accessible. I believe that it should be made the duty of the juvenile court, or perhaps better the domestic relations court, to adjudicate the paternity of the child in every case where it is not duly acknowledged by the father. The health department should be required to report every such case to the court, and to furnish to the court such information as may have been acquired. The court should then make investigation, either through the state's attorney or through its probation officers.

After such investigation, if the putative father still refuses to acknowledge the paternity of the child, a trial should be had with a view to determining the question definitely. The paternity of the child, if ascertained, would then become a matter of court record. When the name of the father is thus judicially ascertained and recorded, and not before, it should be made the duty of the department of health or the department of vital statistics to record the name of the father, together with reference to the court record.

By this process, persons unjustly accused will have their records clear, while on the other hand the objection to recording the name of the father will be removed.

*4. Shall the record of an illegitimate child be protected by the seal of secrecy?*

C. C. Slemons, M. D., Health Officer of Grand Rapids, Michigan, says:

The physicians and midwives attending such births know that the same is kept secret and they also know that failure to comply with the registration means prosecution. . . . I believe that additional facts would have a tendency to have these births covered while now we have no difficulty in securing them.

G. C. Kelly, M. D., Secretary of the Health Office, Louisville, Kentucky, says:

The doctors write on the certificates "not for publication" which we respect.

The Secretary of the Health Department, Milwaukee, Wisconsin, says:

Make it a misdemeanor to give any information by Registrars, except on order of the court.

William H. Guilfooy, M. D., Registrar of Records of the Department of Health, New York City, says:

It has come to my knowledge that quite a few mothers assume surnames different to their own and provide for purposes of registration a father, whose name is also assumed. This comes to the surface in after years when the parents have come together again and desire to legitimize the child's birth, or when, as has happened in quite a few instances, a mother is desirous of having the child's name corrected from the false name assumed at the time of the birth to the mother's true name.

E. L. Hasker, Registrar of the Health Department of Richmond, Virginia, says:

We make no distinction whatever in recording legitimate and illegitimate births. . . . For this reason, we do not allow anyone the privilege of going over our birth records.

Samuel G. Paul, M. D., Health Commissioner of Salt Lake City, Utah, says:

I believe that those records should not be made public. Of course in case of court procedure, it would probably be necessary to use them.

John L. Schoolcraft, M. D., Health Officer of Schenectady, New York, says:

I do not believe in making such births any more public than possible, for such children have enough stigma on them.

Calvin S. White, M. D., State Health Officer of Oregon, says:

I think as a matter of interest to social workers illegitimate births should be recorded, but little publicity given thereto.

W. A. Davis, M. D., Secretary of the State Board of Health of Texas, says:

Such registration should be a matter of private record to all except those concerned in a legal way.

Cressy L. Wilbur, M. D., Director of the Division of Vital Statistics of the New York State Department of Health, says:

So far as the registration is concerned of the births to be recorded it seems to me that the general method of the Vital Statistics Law, which is the standard of Model Law approved by the Bureau of the Census, and the form of blank, which is the standard birth certificate, are sufficient for illegitimate as well as for legitimate births.

It would seem improper, however, for the name and personal particulars respecting the putative father to be made an official record which is accepted in all courts and for all purposes as prima facie evidence of the facts therein contained, on the mere allegation of a physician or midwife based on information secured from the mother. It would seem that in such cases the mother's statement should become a matter of record supported by affidavit and that the putative father should be given an opportunity to be heard. This would involve judicial process and would interfere seriously with the prompt registration.

Another suggestion which has been made is that, where the parties may be unwilling to have the child recorded on the public records, a secret or private record be made similar to the secret record of marriages established

in Michigan and perhaps some other states. Doubtless some method could be found for adapting this to practical conditions.

You have probably noted the paragraphs in the new Illinois law which went into effect July 1, 1915, and which provide that "the certificate of birth and record thereof . . . shall not, in the case of an illegitimate child, contain the name of [or] other identifying fact, relating to the father or reputed father or to the mother thereof, without the consent of said father or reputed father to the use of his name, nor the use of the name of the mother without her consent to the use of her name." It seems to me, especially where the birth of the child may be legitimized subsequently, that the interests of the child might be grossly betrayed under such provisions in order to protect the feelings of the parents.

I believe that the suggestion made by Doctor Wilbur that the birth records of the children of unmarried parents should be made confidential by law, and that custodians of such records should be forbidden by law to reveal them to anyone except the parties immediately interested unless by authority of a court of record, is both reasonable and practicable. Its application would be simplified by the fact that the birth records are usually under the control of physicians who are accustomed to maintain such confidence under the code of their profession and under the protection of the law.

The law should prescribe absolute confidence upon the custodians of these records. It should give to such officers the same protection which is now given by law to physicians, lawyers, and clergymen with reference to confidential communications, except that they should be at liberty to reveal such records to the parents or grandparents of the child, and should be required to produce such records on order of a competent court of record.

## EXCESSIVE MORTALITY OF ILLEGITIMATE INFANTS

Through the efficient work of the state and city health departments, babies' welfare societies, visiting nurses, milk stations, baby consultations, child welfare conferences, and so forth, there has been during the past few years a very marked reduction in the mortality rate of infants in the community at large—especially among the poor who live in tenements which are often unsanitary and in unfavorable localities. This improvement has been made largely through bringing the mothers into personal contact with physicians

and trained nurses who have instructed them as to the care of the baby, the great importance of breast nursing, and the proper handling of the milk when bottle feeding is necessary. The babies that have shared least in this improvement are the children of unmarried mothers. It is generally agreed by competent authorities that the mortality rate of illegitimate babies is much in excess of that among infants born in wedlock.

### CAUSES OF THIS EXCESSIVE MORTALITY

Several causes contribute to this excessive mortality. First, the baby suffers before birth. The mother is worried, anxious, and unhappy. She has laced herself unduly to conceal her condition, or she has been improperly nourished, or she has made efforts to destroy the fetus.

Second, the mother may fall into the hands of improper people—unscrupulous or incompetent physicians, ignorant midwives, or inefficient nurses—and the baby suffers accordingly.

Third, the mother, turned out of the hospital with a ten-days-old baby in her arms, is unfit for work and is often unable to procure employment. She goes from place to place seeking it and becomes increasingly unfitted to nurse the baby on the breast or to care for it properly.

Fourth, the mother in many cases is mentally deficient and has not sufficient intelligence to care for the baby properly.

Fifth, the baby may be physically weak because of disease inherited from the father or the mother.

Sixth, many illegitimate babies are weaned unnecessarily, either in order that the mother may become a wet-nurse for some other baby or in order that she may engage in outside employment. In many such cases the baby is farmed out to some incompetent or unscrupulous woman, or the payment made is insufficient to enable her to feed the baby properly.

Seventh, many such babies are abandoned by the mothers, either left to be found by a passerby or by the police, or taken to a foundling asylum and given over to the authorities there.

As a result of these different causes, we find multitudes of illegitimate babies turned over to foundling asylums at the age of ten to twenty days in a dying condition, and notwithstanding the reduc-

tion of infant mortality in the general population, there are still numerous foundling asylums which have a mortality rate of from 25 to 60 per cent, instead of the normal rate of 12 to 14 per cent.

## A LIFE SAVING PLAN FOR BABIES

It would appear that the rational way to overcome the excessive mortality rate of illegitimate babies would be to strike at the root of the causes which we have mentioned.

In a paper read before the American Association for Study and Prevention of Infant Mortality in Chicago, November 17, 1911, the writer made certain proposals which I now desire to renew in an amended form as follows:

1. The state should assume a special responsibility for the safety of an illegitimate child, in view of the special hazard of life and health to which it is exposed. The state board of health in each state of the Union should be made responsible for the care of illegitimate children through the municipal boards of health, and have authority to prescribe methods for such care.

2. Legislation should be secured requiring physicians in general practice; boarding-house keepers; and superintendents, matrons, or nurses of general hospitals, lying-in hospitals, or homes for young women, and so forth, to report every mother of an illegitimate child to the local board of health as soon as her condition becomes known. The only exceptions to this rule should be young women residing with parents or relatives who are ready to assume responsibility for them and to give them adequate care.

3. It should be made lawful for the expectant mother to assume a fictitious name for the purpose of this special registration and report (as Mrs. Mary Smith, Mrs. Alice Brown, and so forth), in order not to expose her identity; provided that the same name shall be used as long as she is a subject of such record and shall not be changed except to resume her own name. This permission should not extend to the regular birth registration, which should be made under the true name of the mother and not under the assumed one.

4. It should be provided by law that every board of health in cities of 50,000 population or more shall appoint visiting nurses for expectant mothers, whose duty it shall be to instruct them as to diet and hygiene, and also as to the obligation to nurse their own

infants, and, if necessary, to see that suitable and nourishing diet is provided. Such service for expectant mothers is already partially provided in several cities, but, thus far, no comprehensive plan has been adopted.

The relation of the visiting nurse to the young mother should not be that of an official supervisor looking down upon her from a lofty height, but should be that of a personal friend, vitally and cordially interested in her welfare. If the young woman is placed out on wages, when the nurse comes to visit her she should not ring the front door bell, hold an interview with the mistress and have the girl called to the parlor, but she should go to the kitchen door and make her call directly upon the girl, holding such communication as may be necessary with the mistress as a separate and distinct matter.

5. Legislation should be secured making it obligatory upon each mother of an illegitimate child to care personally for her child for at least one year and to nurse it at the breast for not less than six months, if physically able to do so—disability to be established only on the certificate of two physicians; and making it a penal offense, as in France, for a physician or any other person to advise or persuade such a mother not to nurse her child.

6. Legislation should be secured whereby every mother of an illegitimate child shall be placed on probation the first year of the life of the child; the probation officer to be the superintendent of the institution in which she is placed, or, if she is not in an institution, the visiting nurse appointed by the board of health.

7. It should be the duty of the probation officer to take wise measures to secure the future of the infant and the mother, by promoting marriage with the father of the child if there appears to be a genuine affection between them and if such marriage seems to be for the interests of the child, mother, and father; or by restoring the mother to her own home or to relatives; or by securing for her a safe and suitable situation where she can keep her child.

It should be the duty of this officer to see that the mother nurses her child on the breast for at least six months, if found physically able, on medical examination, and that she continues to care for the child personally during the first year, unless mentally incompetent. It should be the duty of the probation officer, in case the mother



fails to perform this duty, to bring the case before the court, which should have authority to issue such order as may be necessary in the premises, and to punish the mother for contempt in case such order is not obeyed.

8. Such provision should be made as will assure the ability of the nursing mother to care for her child during the first year of its life, in some one of the following ways:

a. In a suitable public institution maintained and administered by the city board of health.

b. In a suitable private institution approved and licensed by the state board of health.

c. In a suitable family boarding place approved by the probation officer; board to be paid by the mother or father of the child, by relatives, or from the public treasury. In some cases the mother may be employed outside, provided opportunity can be given for nursing the child in the middle of the day, and provided the work is not so severe as to interfere with the ability of the mother to nurse the child.

d. In a suitable private family on wages, provided the family shall be selected by the probation officer and that a close and friendly supervision of mother and infant shall be maintained.

9. The success of the plan here outlined will depend upon the spirit in which the officers of the health department and the probation officers, either superintendents of institutions or visiting nurses, take up the plan. They should be heartily enlisted and genuinely devoted to it. Success will depend largely upon awakening the spirit of maternal love in the young mothers and inspiring them with the necessary courage and persistence to sustain them in the inevitable struggle which they must maintain in order to carry out the plan. Its success will depend also upon the wisdom and discrimination exercised in deciding whether the young mother is physically and mentally fit to care for her child, and in discovering relatives, interested friends, and employers, who can be induced to give the mother the necessary encouragement to enable her to carry out the undertaking. This requires adequate case study and co-operation, when necessary, with other philanthropic agencies, such as the charity organization society, the children's home society, the various rescue homes or foundling asylums, and so forth.

10. In the case of foundling infants abandoned by the mother, the following principles should prevail:

a. Every effort should be made to find the mother and to hold her to her maternal obligations. This is important for the child, but it is also important for the mother. There is little hope for the redemption of a woman who disregards the most sacred obligation that the Creator puts upon a woman.

b. If the mother can not be found, the most desirable plan is to secure wet-nursing for the child. This is done in a considerable number of institutions by arranging to have a mother divide her milk between her own child and a foster child. There are difficulties in this plan but it has been successfully carried out by the New York Foundling Hospital, the Chicago Foundlings' Home, and other institutions. Wet-nursing is secured by the New York Foundling Hospital, the New York Nursery and Child's Hospital, St. Vincent's Home and Maternity in Philadelphia, and other institutions, by putting infants to board with wet-nurses in their own homes. Most of the foster-mothers are women who have lost their own infants, usually at birth. They are paid a nominal compensation of from \$10 to \$12 per month. The chief difficulty encountered is the reluctance of the wet-nurses to accept infants who are not in good physical condition.

c. For syphilitic children whom it is not considered safe to put upon the breast, mother's milk may be drawn from the breast mechanically and administered from a bottle.

d. Infants may be boarded out and bottle-fed. Great success has been attained with this method by the New York City Department of Health, with the co-operation of the Russell Sage Foundation, and by Dr. Henry Dwight Chapin, of New York, through the Speedwell Society.

The Speedwell Society has its headquarters at Morristown, New Jersey. The only infants taken are those who are sick or in anemic condition, the foster homes are selected with care, and the nurse visits them daily. The results are reported to be extremely favorable and are attributed to the use of a thoroughly reliable milk and the highest possible quality of supervision.

e. Infants may be bottle-fed in an institution, although the general experience finds this more difficult to practice successfully

than in a family home. It is done successfully in a number of institutions, including the Babies' Hospital of New York, under Dr. L. Emmett Holt; the Babies' Hospital of Newark, New Jersey, under Dr. Henry L. Coit; the Babies' Dispensary and Hospital of Cleveland, Ohio, under Dr. H. J. Gerstenberger; and the Child Saving Institute of Omaha, Nebraska. These institutions have succeeded in reducing the mortality of bottle-fed babies kept in the institution below the normal rate which prevails in the community at large. This has been accomplished by the employment of head nurses of unusual efficiency, by the employment of a large force of nurses, by securing sanitary conditions which approximate "surgical cleanliness," by securing an absolutely reliable milk supply, and by the most constant and skilful medical supervision. To maintain such conditions is extremely expensive and requires an amount of devotion which it is hard to secure.

The registration of births is not designed for the purpose of simply satisfying statistical curiosity. It has a far wider and more important purpose, namely, the conservation of the health and often the life of the child. The plan herein advocated for the registration of the infants born of unmarried mothers is more elaborate and complex than that required for children in the general population because of the unusual dangers that beset these unfortunate children from the circumstances of their birth.

Because of the common failure of the natural parents to meet their full obligations toward these children, the mother state must take extraordinary protective measures.

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