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U. S. DEPARTMENT OF LABOR
JAMES J. DAVIS, Secretary
CHILDREN'S BUREAU
GRACE ABBOTT, Chief

THE WELFARE OF INFANTS OF ILLEGITIMATE BIRTH IN BALTIMORE

AS AFFECTED BY A MARYLAND LAW OF 1916
GOVERNING THE SEPARATION FROM THEIR
MOTHERS OF CHILDREN UNDER 6 MONTHS OLD

Part I. MORTALITY AMONG INFANTS BORN OUT OF
WEDLOCK IN 1915 AND 1921

By RENA ROSENBERG

Part II. EFFECT OF THE LAW ON THE POLICIES AND
WORK OF SOCIAL AGENCIES

By A. MADORAH DONAHUE

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CHILDREN'S BUREAU
THE WELFARE OF INFANTS OF
ILLEGITIMATE BIRTH
IN BALTIMORE

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LETTER OF TRANSMITTAL

UNITED STATES DEPARTMENT OF LABOR,
CHILDREN'S BUREAU,
Washington, February 13, 1925.

SIR: There is transmitted herewith a report on The Welfare of Infants of Illegitimate Birth in Baltimore as affected by a Maryland law of 1916 governing the separation from their mothers of children under 6 months old. The report has been prepared by Rena Rosenberg, of the statistical division, and A. Madorah Donahue, of the maternity and infant-hygiene division. The bureau is indebted to the Baltimore Health Department and to many of the social agencies for helpful cooperation.

Respectfully submitted.

GRACE ABBOTT, *Chief.*

Hon. JAMES J. DAVIS,
Secretary of Labor.

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THE WELFARE OF INFANTS OF ILLEGITIMATE BIRTH IN BALTIMORE

INTRODUCTION

In 1916 the General Assembly of Maryland passed a law¹ which prohibits the separation of a child younger than 6 months from his mother except under specified conditions. This law, known popularly as the "six months law," became effective June 1, 1916.

Although the text of the law makes no distinction between children of legitimate and of illegitimate birth, the great majority of the children affected by its application are of illegitimate birth. For this reason the Children's Bureau study of the results of the law deals chiefly with children of illegitimate birth.

Part I is a statistical study of births in 1921 which was made to determine whether the mortality among infants of illegitimate birth in Baltimore has been reduced since the law went into effect.

Infants born to unmarried mothers in 1921 must have had better care than such infants born in 1915, for 1 in every 3 such infants born in 1915 died before he was 1 year old and 1 in every 4 before he was 6 months old, whereas 1 in every 8 born in 1921 died before he was 1 year old and 1 in every 12 before he was 6 months old. The mortality rate for infants born out of wedlock in 1921 showed a reduction of more than 50 per cent from the corresponding rate for 1915.

That this reduction was influenced by conditions which did not affect infants of legitimate birth so much is shown by the fact that the rate for these infants was reduced less than 20 per cent. The ratio of the death rate among infants of illegitimate birth to the death rate among infants of legitimate birth decreased greatly. For infants born in 1915 this ratio was approximately 3 to 1; for infants born in 1921 it was approximately 1.5 to 1.

Among infants of illegitimate birth the percentage of decrease in mortality from gastric and intestinal diseases was great, and this decrease was more marked in the earlier months of the first year of life than in the later months. The decrease in the mortality rate from these causes is significant in connection with the reduction in the rate from all causes because it probably would be influenced to a greater extent than the rate from other causes by the wider prevalence of breast feeding since the law went into effect. The high percentage of decrease from 1915 to 1921 in the rate from gastric and intestinal diseases in the first six months of life may be the result of the increase in breast feeding.

According to the information available for the two years illegitimacy seemed to be much less prevalent in 1921 than in 1915. In 1915, 7.2 per cent of all live births were illegitimate; in 1921 only 4.4 per cent were illegitimate. The decrease in the percentage of ille-

¹ Maryland, Laws of 1916, ch. 210, pp. 416-418. Also found in Bagby's Annotated Code, vol. 4 (1918), art. 27, secs. 483A-483E.

gitimacy was greater among white births than among colored.² Of the white births in 1915, 3.4 per cent were illegitimate, and in 1921, 1.3 per cent. Of the colored births in 1915, 27.1 per cent were illegitimate, and in 1921, 20.9 per cent. Part of this large apparent decrease, however, was undoubtedly due to the fact that the 1921 figure for illegitimate births was not so nearly complete as that for 1915, owing to a difference in the methods of the two investigations which will be explained later.

Part II is a general study of some agencies in Baltimore whose activities might be affected by the law and of separations which have taken place between mothers and babies. Between the time the law went into effect and the end of 1923, 52 babies younger than 6 months were separated from their mothers with official approval. The records of these separations were examined in the course of the study.

The majority of the infants who were separated from their mothers with the approval of the board of State aid and charities during the period for which the records were examined have had some supervision in the foster homes where they were placed, through the co-operation of social agencies. It is desirable that all infants so placed should have the benefit of supervision. Experience has shown that whenever a child is to be placed in a foster home, whether for temporary care or for legal adoption, the prospective home should be investigated carefully, and also that after a child is placed the agency responsible for his placement should send a visiting agent regularly to see that he is receiving proper care. This visitation and supervision should continue until the child becomes of age or is legally adopted.

Twenty-four hospitals, social agencies, and maternity homes, which deal especially with unmarried mothers, were visited. Of these, about one-third have made changes in policy since the six months law went into effect, and some commercial agencies of poor character have gone out of business on account of the restriction which the law has placed on their activities.

According to reports from hospitals and other institutions giving maternity care, fewer unmarried women have been coming from States other than Maryland into Baltimore for delivery. A study of some of the institutions which accept such cases indicated that the reason for this decline in out-of-State cases was the fact that babies can no longer be placed soon after birth, as they could before the law went into effect.

The six months law was designed primarily to protect the health of babies during the first six months of their lives. It has done more than this; it has caused a record to be made whenever a baby under 6 months of age is transferred from his mother's custody. Hence legal sanction, which is familiar in all States in regard to property transfers, is now required in Maryland in cases of transfers of babies under 6 months of age, although it is not yet required in the case of children older than this.

In the course of the study it was found that the good effect the law apparently has had on the welfare of infants of illegitimate birth has caused it to be favorably regarded by various groups of individuals in contact with the unmarried-mother problem.

² The term "colored" is used throughout this report to include all other than white and may include Indians, Chinese, and Japanese.

PART 1.—MORTALITY AMONG INFANTS BORN OUT OF WEDLOCK, 1915 AND 1921

METHOD AND SCOPE OF STUDY

As a result of a field study in Baltimore made by the Children's Bureau the mortality rate for infants under 1 year of age born out of wedlock in 1915 was found to be 294.2 per 1,000 live births, a rate almost three times as high as that for infants of legitimate birth, which was 103.5.¹ To determine whether the mortality among infants of illegitimate birth in Baltimore has been reduced since the 1915 study it was decided to ascertain the rate for such infants born in 1921. Birth certificates for all children born out of wedlock in Baltimore in 1921 were copied. First they were sorted by name of the mother and were matched to the index of death certificates for 1921 and 1922 or to the date in 1922 when the baby would have reached its first birthday. If a name similar to the one on the birth certificate was found the death certificate itself was looked up, and if found to be that of the same baby, was copied. After a thorough search of the indexes for 1921 and 1922 had been made according to name of the mother a second sorting was made by name of the father, and the same procedure was followed in making a second search. If the birth certificate showed that the baby had been registered under a name different from that of either father or mother, a third search was made.

The records showed 866 live-born infants of illegitimate birth and 109 deaths among these infants before the end of their first year of life. Since many of the infants were born in hospitals or maternity homes to nonresident mothers who may have moved away from the city before the child was 1 year old, there may have been a few additional deaths which occurred outside the city and which therefore were not recorded in Baltimore. For this reason it was decided to exclude from the study all cases in which the mother's residence was given on the birth certificate as outside the city. Fifty-six births and five deaths were excluded on this basis. The total number of infants born to resident mothers was 810; of these, 104 died under 1 year of age.²

The proportion of illegitimate births seemed to be much smaller in 1921 than in 1915. Undoubtedly there has been some reduction in this proportion, but the methods by which the two figures were obtained were somewhat different, and the actual reduction in illegitimacy is probably not so marked as the figures seem to show. In the 1915 study the number of illegitimate births included not only those registered as such on the birth certificates but also some births which had been registered as legitimate. As a result of information obtained from visits to the homes of the mothers of all children born in 1915, as far as they could be found, the number of illegitimate

¹ Infant Mortality—Results of a Field Study in Baltimore, Md., based on births in one year, p. 170. U. S. Children's Bureau Publication No. 119. Washington, 1923.

² The deaths included two infants who died just outside of the city but whose mothers' residence was given as in the city.

births in that year was found to be larger than the information on the birth certificates indicated. No follow-up work of this kind was done in 1921, and the number of illegitimate births recorded in that year is probably smaller than the actual number.

ILLEGITIMATE LIVE BIRTHS, 1915 AND 1921

Although the live births in Baltimore increased from 13,188 in 1915 to 18,444 in 1921, the number of illegitimate live births decreased from 955 in 1915 to 810 in 1921; in other words, the illegitimate births were 7.2 per cent of all live births in 1915 and 4.4 per cent in 1921.³ If the 1915 ratio were applied in 1921, there would have been 1,328 illegitimate live births instead of 810.

INFANT MORTALITY RATES, 1915 AND 1921

The mortality rate of 294.2 for infants born out of wedlock in 1915 was in all probability an understatement of the true rate, since, though it was based on all registered live births and all known deaths among them of infants under 1 year,⁴ some additional deaths in this group may have occurred. Of the 955 live-born infants, 256 could not be traced; if each of these cases had been followed until the first birthday was reached, or to death if the infant died when less than 1 year old, some deaths undoubtedly would have been added to the number recorded. The study of 1921 was based on the live-born infants whose births (in 1921) were registered in Baltimore and on the known deaths of infants under 1 year of age among them. The rate calculated from these registered births and deaths is likewise an understatement of the true rate, since some deaths may have occurred outside Baltimore which would not have been included. The death rate for infants born out of wedlock in 1921 (128.4), based on 810 registered births to resident mothers and 104 registered infant deaths, is calculated upon a basis similar to that upon which the 1915 rate was ascertained and seems to be a fair figure for comparison.

The mortality rates for infants born in 1915, 102 for infants of legitimate birth and 294.2 for infants of illegitimate birth, were based on registered live births and infant deaths exclusive of nonresident hospital cases. These rates are based on figures given in the Children's Bureau study of infant mortality in Baltimore in 1915.⁵

The number of legitimate births in 1921 was found by subtracting the number of illegitimate births reported on birth certificates from the number of births reported by the census.⁶ Births to both resident and nonresident mothers were counted by the census. Therefore the mortality rate for infants of legitimate birth born in 1921, which was based on births to both resident and nonresident mothers, is not strictly comparable with the rate for such infants born in 1915, which was based on births to resident mothers. Two hundred and eighty-nine births and 22 deaths were excluded as nonresident cases from the 12,522 legitimate live births reported in 1915, and the 1,270 deaths within a year of birth, among them. No information is available as to how many nonresident cases are included in the number of legiti-

³ Based on all registered live births exclusive of 289 nonresident hospital cases in 1915 and 56 in 1921.

⁴ Infant Mortality—Results of a field study in Baltimore, Md., based on births in one year, p. 169.

⁵ *Ibid.* Table 2, p. 223.

⁶ U. S. Bureau of the Census, Birth Statistics, 1921, Table L.

mate live births in 1921 or in the number of deaths within one year of birth among this group.

The infant mortality rates among the legitimate and the illegitimate births for the two years compare as follows:

Year	Legitimate	Illegitimate
1915.....	102.0	294.2
1921.....	84.7	128.4

The decrease in the mortality rate for legitimate births in 1915 to that in 1921 was 17.3 points, or 17 per cent, while the decrease in the mortality rate for illegitimate births was 165.8 points, or 56.4 per cent.

Improvement in birth registration as a factor in this decrease in the mortality rate would doubtless affect the rates for infants of legitimate and of illegitimate birth and to almost the same extent. The degree of improvement in registration is impossible to determine without some form of special test; in 1915 in connection with the Children's Bureau study special efforts were made to learn of unregistered births, which when discovered were reported to the health department and registered. In 1916 Maryland was admitted to the birth-registration area, the tests of birth registration made by the United States Bureau of the Census having indicated that registration was at least 90 per cent complete. In any case since an improvement of 1 per cent in birth registration would result in an apparent improvement of only 1 per cent in the infant mortality rate, it is clear that the decrease of 56.4 per cent in the mortality rate among infants of illegitimate birth could have been due in but a small part, if at all, to improved birth registration.

INFANT MORTALITY RATES, BY COLOR OF MOTHER

The percentage of illegitimate births was higher for colored mothers than for white mothers both in 1915 and in 1921—27.1 and 3.4 per cent in 1915, and 20.9 and 1.3 in 1921.

Among infants born in 1915 the mortality rate for illegitimate white births was more than three times as high as that for legitimate white births; the rate for illegitimate colored births was not quite twice as high as for legitimate colored births. Among infants born in 1921 not only were the mortality rates for both the illegitimate and the legitimate births materially reduced, but also the relative differences were diminished; the mortality rate for illegitimate white births was less than twice as high as that for legitimate white births, whereas the rates for the two groups of colored infants were practically the same. (Table 1.) Intensive study might show that the conditions under which unmarried colored mothers lived in 1921—in those respects which are of most importance in relation to infant mortality—were not far different from those found in the average colored family. Such a finding would account for the approximately equal rates in the colored groups in contrast with the marked difference in the rates in the white groups.

The mortality rate for illegitimate white births decreased from 315.5 among infants born in 1915 to 145 among those born in 1921—a reduction of 54 per cent as compared with a reduction of 15.7 per cent in the mortality rate for legitimate white births. For illegitimate colored births the mortality rate dropped from 280.6 among infants born in 1915 to 123 among those born in 1921—a reduction of 56.2

per cent as compared with a reduction of 22.7 per cent in the mortality rate for legitimate colored births.

TABLE 1.—*Legitimacy of birth and infant mortality rates, by color of mother; 1915 and 1921*

Legitimacy and color	1915			1921		
	Live births	Infant deaths	Infant mortality rates	Live births	Infant deaths	Infant mortality rates
Legitimate ¹	12, 233	1, 248	102. 0	² 17, 634	1, 494	84. 7
White.....	10, 669	1, 000	93. 7	15, 321	1, 210	79. 0
Colored.....	1, 561	248	158. 9	2, 313	284	122. 8
Not reported.....	3					
Illegitimate.....	955	281	294. 2	810	104	128. 4
White.....	374	118	315. 5	200	29	145. 0
Colored.....	581	163	280. 6	610	75	123. 0

¹ Including all registered live births and all infant deaths exclusive of 289 nonresident hospital cases.

² This number was found by subtracting the number of illegitimate births, as found through study of the birth certificates, from the total number of births as given in Birth Statistics, 1921, Table I (U. S. Bureau of the Census, Washington, 1923).

In a group of 572 illegitimate live births in 1915 for which detailed schedules were taken the infant mortality rate was 300.7—319 for white and 293.4 for colored. Of the infants who survived at 3 months of age 80.6 per cent remained with their mothers. This group had a mortality rate in the last nine months of the first year of life of 120.1 (per 1,000 surviving at 3 months) contrasted with 315.2 for the 19.4 per cent who were separated from their mothers. For the group surviving at 6 months of age the mortality rate in the last six months of the first year of life was 76.7 (per 1,000 surviving at 6 months) for those remaining with their mothers and 241 for those separated from their mothers. (Table 2.)

TABLE 2.—*Deaths per 1,000 infants surviving at specified ages, by separation of infant from mother and color of mother; scheduled infants born out of wedlock in 1915 and surviving at 3 and 6 months of age*

Separation of infant from mother, and color of mother	Infants born out of wedlock in 1915 and surviving at—					
	Three months of age			Six months of age		
	Total	Subsequent deaths		Total	Subsequent deaths	
		Number	Per 1,000 survivors		Number	Per 1,000 survivors
Total.....	475	75	157. 9	448	48	107. 1
With mother.....	383	46	120. 1	365	28	76. 7
Away from mother.....	92	29	315. 2	83	20	241. 0
White.....	138	27	195. 7	129	18	139. 5
With mother.....	110	18	163. 6	103	11	106. 8
Away from mother.....	28	9	(¹)	26	7	(¹)
Colored.....	337	48	142. 4	319	30	94. 0
With mother.....	273	28	102. 6	262	17	64. 9
Away from mother.....	64	20	312. 5	57	13	228. 1

¹ Not shown where base is less than 50.

In the same group of infants for whom schedules were taken the mortality rate for infants who were in institutions or boarded out at some time during the first year was 362.9, compared with 284.1 for those not boarded out or placed in institutions.

AGE AT DEATH

The greatest number of deaths among babies of illegitimate birth in any one month of the first year of life occurred in the first month. It is a fairly well-established fact that most of the deaths under 2 weeks and many of those between 2 weeks and 1 month are due to natal and prenatal causes, though early separation of the infant from his mother would doubtless markedly lessen his chance of survival.

According to Table 3, a marked decrease from 1915 to 1921 occurred in the mortality rate at each age period. The percentage of decrease was greater (80.4) between 1 and 3 months than at any other age period, and lowest (32) between 6 and 12 months. For babies under 1 month the percentage decrease in the rate was 56.1. Between 3 and 6 months the decrease was 50.9 per cent.

TABLE 3.—*Infant mortality rates, by age; illegitimate live births, 1915 and 1921*

Age at death	Death rate per 1,000 live births		Decrease in rate	Per cent of decrease
	1915	1921		
Total.....	294.2	128.4	165.8	56.4
Under 1 month.....	106.8	46.9	59.9	56.1
Under 2 weeks.....	81.7	40.7	41.0	50.2
2 weeks, under 1 month.....	25.1	6.2	18.9	75.3
1 month, under 3.....	75.4	14.8	60.6	80.4
3 months, under 6.....	50.3	24.7	25.6	50.9
6 months, under 1 year.....	61.8	42.0	19.8	32.0

Although at each age period of the first six months there was a greater decrease from 1915 to 1921 in the mortality rates for the illegitimate group than for the entire group of babies born in these two years, the percentage decrease in mortality in the illegitimate group was greatest (80.4 per cent) between 1 and 3 months of age and was markedly higher during the first six months than during the last six months of the first year of life. For all babies, on the other hand, the percentage decrease was fairly uniform for the several age groups between 2 weeks and 1 year, varying only from 27.8 per cent to 32.9 per cent, but was markedly higher for these ages than during the first two weeks.

TABLE 4.—*Infant mortality rates, by age; live births, 1915 and 1921*

Age at death	Total infant deaths		Infant mortality rates		
	1915	1921 ¹	1915	1921	Per cent of decrease
Total.....	² 1, 529	1, 598	115. 9	86. 6	25. 3
Under 1 month.....	645	727	48. 9	39. 4	19. 4
Under 2 weeks.....	535	622	40. 6	33. 7	17. 0
2 weeks, under 1 month.....	110	105	8. 3	5. 7	31. 3
1 month, under 3.....	219	220	16. 6	11. 9	28. 3
3 months, under 6.....	285	268	21. 6	14. 5	32. 9
6 months, under 1 year ³	380	383	28. 8	20. 8	27. 8

¹ U. S. Bureau of the Census: Birth Statistics, 1921, Table 14, p. 261.

² Excluding 22 nonresident hospital cases. See U. S. Children's Bureau Publication No. 119, Table 2, p. 223.

³ Including 1 infant whose age was not reported.

CAUSES OF DEATH

Among all illegitimate births and among illegitimate births to white mothers in 1921 the mortality from causes peculiar to early infancy was higher than that from any other cause. Among illegitimate births to colored mothers the death rate from these causes was the same as that from respiratory diseases. (Table 5.) Among illegitimate births in 1915 causes peculiar to early infancy were responsible for the highest death rate, and gastric and intestinal diseases for the next highest. Among illegitimate births in 1921 the rate from gastric and intestinal diseases was less than that from respiratory diseases.

Comparison of the mortality rates from various groups of causes among infants born out of wedlock in 1915 and in 1921 shows that the rate for all causes and for each of the main groups of causes decreased. The rate for all causes decreased by 56.4 per cent; for causes peculiar to early infancy, by 61.4 per cent; for gastric and intestinal diseases, by 61.3; for respiratory diseases, by 45.7 per cent. The greatest decrease in mortality from causes peculiar to early infancy, 84.7 per cent, was found in the deaths attributed to "congenital debility," which doubtless include many caused by faulty feeding. Mortality from the other causes peculiar to early infancy was not affected so much; the reduction in mortality from premature birth was 36.5 per cent, and a slight increase appeared in the mortality from injuries at birth. In view of the fact that the mortality rates for breast-fed babies are always considerably lower than those for the artificially-fed, it seems probable that the decreases in mortality from gastric and intestinal diseases and from "congenital debility" are due to keeping babies with their mothers and thus giving the babies the benefit of breast feeding during the critical months of infancy.

TABLE 5.—Number of deaths and infant mortality rates, by cause of death; illegitimate live births, 1915 and 1921

Cause of death	Number of deaths					
	Total		White		Colored	
	1915	1921	1915	1921	1915	1921
All causes.....	281	104	118	29	163	75
Gastric and intestinal diseases.....	67	22	37	8	30	14
Malformations.....	10	4	1	1	9	4
Early infancy.....	104	34	50	13	54	21
Premature birth.....	39	21	14	7	25	14
Congenital debility.....	62	8	34	4	28	4
Injuries at birth.....	3	5	2	2	1	3
Respiratory diseases.....	52	24	17	3	35	21
All other causes.....	48	20	13	5	35	15
	Infant mortality rates					
All causes.....	294.2	128.4	315.5	145.0	280.5	123.0
Gastric and intestinal diseases.....	70.2	27.2	98.9	40.0	51.6	23.0
Malformations.....	10.5	4.9	2.7	1.7	15.5	6.6
Early infancy.....	108.9	42.0	133.7	65.0	92.9	34.4
Premature birth.....	40.8	25.9	37.4	35.0	43.0	23.0
Congenital debility.....	64.9	9.9	90.9	20.0	48.2	6.6
Injuries at birth.....	3.1	6.2	5.3	10.0	1.7	4.9
Respiratory diseases.....	54.5	29.6	45.5	15.0	60.2	34.4
All other causes.....	50.3	24.7	34.8	25.0	60.3	24.6

The number of deaths in each month of life and the mortality rates from causes affecting children under 1 year of age are given in Table 6.

TABLE 6.—Number of deaths and infant mortality rates, by cause of death and specified month of life; illegitimate live births, 1915 and 1921

Month of life	Cause of death											
	All causes		Gastric and intestinal diseases		Malformations		Early infancy		Respiratory diseases		All other causes	
	1915	1921	1915	1921	1915	1921	1915	1921	1915	1921	1915	1921
Total.....	281	104	67	22	10	4	104	34	52	24	48	20
First.....	102	38	6	1	6	3	70	31	9	2	11	1
Second.....	43	5	9	2	1	1	16	2	6	1	11	1
Third.....	29	7	10	3	2	1	4	1	8	3	5	1
Fourth.....	17	10	4	4	1	1	7	1	4	3	1	3
Fifth.....	12	3	5	1	1	1	2	1	3	1	2	2
Sixth.....	19	7	8	2	1	1	2	1	6	4	3	1
Seventh and later.....	59	34	25	9	1	1	3	1	16	11	15	13
	INFANT MORTALITY RATES											
Total.....	294.2	128.4	70.2	27.2	10.5	4.9	108.9	42.0	54.5	29.6	50.3	24.7
First.....	106.8	46.9	6.3	1.2	6.3	3.7	73.3	38.3	9.4	2.5	11.5	1.2
Second.....	45.0	6.2	9.4	2.5	1.0	1.0	16.8	2.5	6.3	1.2	11.5	1.2
Third.....	30.4	8.6	10.5	3.7	2.1	1.0	4.2	1.2	8.4	3.7	5.2	1.0
Fourth.....	17.8	12.3	4.2	4.9	1.0	1.0	7.3	1.0	4.2	3.7	1.0	3.7
Fifth.....	12.6	3.7	5.2	1.2	1.0	1.0	2.1	1.0	3.1	1.0	2.1	2.5
Sixth.....	19.9	8.6	8.4	2.5	1.0	1.0	2.1	1.0	6.3	4.9	3.1	1.2
Seventh and later.....	61.8	42.0	26.2	11.1	1.0	1.2	3.1	1.0	16.8	13.6	15.7	16.0

Statement of Assets and Liabilities of the Federal Reserve Bank of St. Louis, Missouri, for the year ended December 31, 1911.

Assets		Liabilities	
1911	1910	1911	1910
100.00	100.00	100.00	100.00
10.00	10.00	10.00	10.00
20.00	20.00	20.00	20.00
30.00	30.00	30.00	30.00
40.00	40.00	40.00	40.00
50.00	50.00	50.00	50.00
60.00	60.00	60.00	60.00
70.00	70.00	70.00	70.00
80.00	80.00	80.00	80.00
90.00	90.00	90.00	90.00
100.00	100.00	100.00	100.00

Assets		Liabilities	
1911	1910	1911	1910
100.00	100.00	100.00	100.00
10.00	10.00	10.00	10.00
20.00	20.00	20.00	20.00
30.00	30.00	30.00	30.00
40.00	40.00	40.00	40.00
50.00	50.00	50.00	50.00
60.00	60.00	60.00	60.00
70.00	70.00	70.00	70.00
80.00	80.00	80.00	80.00
90.00	90.00	90.00	90.00
100.00	100.00	100.00	100.00

The number of shares in each class of stock of the bank is given in Table B. From various sources including Table A, the number of shares of each class of stock is given in Table C.

Assets		Liabilities	
1911	1910	1911	1910
100.00	100.00	100.00	100.00
10.00	10.00	10.00	10.00
20.00	20.00	20.00	20.00
30.00	30.00	30.00	30.00
40.00	40.00	40.00	40.00
50.00	50.00	50.00	50.00
60.00	60.00	60.00	60.00
70.00	70.00	70.00	70.00
80.00	80.00	80.00	80.00
90.00	90.00	90.00	90.00
100.00	100.00	100.00	100.00

Assets		Liabilities	
1911	1910	1911	1910
100.00	100.00	100.00	100.00
10.00	10.00	10.00	10.00
20.00	20.00	20.00	20.00
30.00	30.00	30.00	30.00
40.00	40.00	40.00	40.00
50.00	50.00	50.00	50.00
60.00	60.00	60.00	60.00
70.00	70.00	70.00	70.00
80.00	80.00	80.00	80.00
90.00	90.00	90.00	90.00
100.00	100.00	100.00	100.00

PART II.—EFFECT OF THE LAW ON THE POLICIES AND WORK OF SOCIAL AGENCIES

ORIGIN OF THE LAW

As a result of the findings of the Maryland State Vice Commission, which made a report to the governor of the State in December, 1915, an effort was made by the commission to ascertain the relation between illegitimate births and commercialized vice. The report stated that a large proportion of the women in Baltimore's segregated vice district, which then existed, had given birth to children out of wedlock. Almost all these women had lost trace of their children during very early infancy.¹

Thereupon the commission made an inquiry to find out how babies of illegitimate birth were being disposed of, and this inquiry revealed activities by various persons and agencies whose aim was to assure privacy to unmarried mothers. Among these persons and agencies were some who sought conscientiously and earnestly to assist both the mothers and the babies, and others who were engaged in the work solely for profit. The commission found that the death rate was exceedingly high among babies who had been separated from their mothers and placed in institutions.

Such protection as the six months law affords has been needed especially in Maryland because Maryland has no provision for State supervision of all child-caring organizations. Those receiving State aid or (in Baltimore) city aid are subject to inspection and regulation by the board of State aid and charities or by the supervisors of city charities, but it is not the function of the city or the State agency to supervise organizations which do not receive public funds. No credentials are required of any person who wishes to operate a maternity home, a maternity hospital, a child-caring institution, or a children's agency, except that in Baltimore every boarding home which admits children under three years of age must be licensed by the city health department. Some of the persons engaged in child-caring activities operate charitable organizations; others, profitable commercial enterprises.

The code provides² that action may be taken by any person to bring into court cases of children without proper care or guardianship. Such action may be taken against any institution except an incorporated or a State institution. But as there is no central department charged with responsibility for safeguarding children, it is obvious that few children would receive the benefit of this provision.

¹ Standards of Legal Protection for Children Born out of Wedlock; a report of regional conferences held under the auspices of the U. S. Children's Bureau and the Intercity Conference on Illegitimacy, pp. 106-108. U. S. Children's Bureau Publication No. 77. Washington, 1921.

² Maryland, Bagby's Annotated Code, vol. 4 (1918), art. 26, secs. 63-73. Laws of 1916, ch. 674, secs. 1-11, pp. 1363-1367.

PROVISIONS OF THE LAW, AND BABIES AFFECTED BY IT

To control the conditions which militated against the welfare of babies born out of wedlock in Maryland the six months law was enacted in 1916. It provides that no baby under 6 months of age may be separated from his mother for placement in a foster home or institution except by a regular proceeding which includes a record of such placement. According to this law a baby under 6 months may be separated from his mother in three ways: On the signing of certificates by two qualified physicians, stating that the separation is necessary for the physical good of the mother or of the child and setting forth the reasons for this necessity; by direction of the board of State aid and charities, acting upon its own discretion; or by order of a court having competent jurisdiction.

Except in cases in which a court orders that a baby be separated from his mother, the law is administered by the board of State aid and charities, and this board has delegated to its secretary full power to act for it in approving or disapproving applications for separation.

That the operation of the law has affected mostly babies of illegitimate birth is shown by the fact that of the 52 separations approved by the board from June 1, 1916, when the law became effective, to the end of 1923, 43 were of illegitimate birth and 9 of legitimate.

METHOD OF THE STUDY

In an effort to ascertain how and to what extent the policies of hospitals, social agencies, and institutions dealing especially with unmarried mothers have been affected by the operation of the law, 30 hospitals, social agencies, and institutions were visited. Information was procured on their standards and policies before June 1, 1916, and since that date. At the hospitals and other institutions receiving any appreciable number of unmarried women—mothers or prospective mothers—an effort was made to find from the records the number of such patients who had been received during the five years before the law became effective and during the first five years afterwards.

Only those agencies in the city which gave special attention to the care of unmarried mothers and their children were included in this study, as its scope was limited, and the inclusion of all the social agencies in the city would have entailed a very much more extensive piece of work. However, a large proportion of the cases known to the social agencies were cared for in maternity homes or hospitals, and these were included. Many of the agencies had lost all their records by fire in 1919; and for these there was no basis for comparison with later years.

Because of the selection of the year 1921 for the infant mortality study (see Part I), certain special data were also procured for the cases received during that year by the maternity homes and the agencies specializing in case work with unmarried mothers. In the study of organizations only cases of white mothers were considered, because the reduction in illegitimacy was mostly among white births.

Records of the agencies studied were checked so that no case would be counted more than once. The "six months law file" in the office of the board of State aid and charities was studied, and an analysis was made of all separations approved since the law became effective. In the course of the study a number of physicians, nurses, social

workers, and other persons connected with the institutions, social-service agencies, and hospitals were interviewed to ascertain their attitude toward the law.

The figures obtained were tabulated so as to show whether the mothers lived in Maryland or in other States. Because Baltimore is a great medical center its hospitals have always had a large number of patients from States other than Maryland, and a certain proportion of these patients have been maternity patients. Although the majority of unmarried mothers delivered in Baltimore have been legal residents of Maryland, Baltimore, like other large cities, has attracted unmarried women residing elsewhere who, approaching delivery, hope to conceal their condition from their friends or relatives by coming to the city. This desire has led frequently to the acceptance for permanent care of the babies of these mothers by organizations in Baltimore. The extent to which any city is called on to render maternity service to women from other States depends partly on the resources available in that city for providing unmarried mothers with the means of disposing of their babies quickly and easily.

One of the points on which information was sought in this study was whether there had been a decrease in the number of unmarried women, residents of States other than Maryland, who came into Baltimore for maternity care, especially those who came with the intention of disposing of their babies. It would also be of interest to know whether the decline in the number of illegitimate white births registered in Baltimore was influenced by a possible increase in the number of unmarried women, residents of Baltimore or its vicinity, who sought to conceal their prospective motherhood by going to places outside of Maryland for confinement, but information with respect to this is not available.

AGENCIES THAT CARE FOR UNMARRIED MOTHERS

In Baltimore in 1924 work for unmarried mothers was included in the programs of at least 24 agencies. These included 9 general hospitals, 5 case-working agencies, 2 private health agencies, 3 maternity homes, and 5 public agencies (1 a health agency).

Of the 9 hospitals admitting unmarried mothers as maternity patients, only 2 (the University of Maryland Hospital and the Johns Hopkins Hospital) have now any considerable number of these patients. At the other 7 (the Maryland General Hospital, the Franklin Square Hospital, the Hebrew Hospital and Asylum, St. Joseph's Hospital, South Baltimore General Hospital, Mercy Hospital, and the Bay View City Hospital) the number of unmarried white mothers cared for annually during recent years³ ranges from two to eight.

The five case-working agencies which assist unmarried mothers and their children are the Family Welfare Association, the Henry Watson Children's Aid Society of Baltimore, the Young Ladies' Benevolent Society (Jewish), the Bureau of Catholic Charities, and the Society to Protect Children from Cruelty and Immorality. All these except the last do case work with unmarried mothers. Unmarried mothers who form part of a family group are dealt with by the Family Welfare Association unless they are in care of the Jewish

³ One of these seven hospitals gave figures for 10 years and the others for shorter periods.

or the Catholic agency. Mothers who do not belong to a family group are cared for by the Henry Watson Children's Aid Society of Baltimore. Jewish girls are referred to the Young Ladies' Benevolent Society and many of the Catholic girls are referred to the Bureau of Catholic Charities. The Society to Protect Children from Cruelty and Immorality limits its activities in illegitimacy cases to those reported because of violations of the six months law.⁴ For the purpose of formulating plans for keeping babies with their mothers, as well as for general case work with unmarried mothers, this agency refers cases to one of the other four case-working agencies in this group. The two health agencies—the Babies' Milk Fund Association and the Instructive Visiting Nurse Association—provide prenatal and postnatal care, and assistance and advice in caring for infants. Provision is made for follow-up of children during the first three years. Obstetrical nursing is provided for patients in their own homes. All the hospitals depend, wholly or in part, on the service of these two health agencies for obstetrical nursing for out-patients, for prenatal and postnatal care of house patients and out-patients, and for follow-up of babies.

The five public agencies whose work includes giving aid to the unmarried mother are the police department (through the police-women), the juvenile court, the department of city charities, the child-welfare bureau of the Baltimore Health Department, and the board of State aid and charities. The policewomen do case work with unmarried mothers who come into the care of the police department. The department of city charities pays the hospital expenses of Baltimore patients accepted for free care; it does no case work with unmarried mothers but refers them to private agencies; it makes investigations to find the relatives of abandoned babies, and makes arrangements for their care. Girls do not come into the juvenile court merely because of illegitimate pregnancy or maternity. The court assumes jurisdiction only in cases in which these conditions are incidental to other causes for which girls become known to the court. Illegitimacy cases which come to the juvenile court are practically limited to those of girls under 16—the maximum age of juvenile-court jurisdiction—though occasionally girls up to 18 years of age are brought to the attention of the court. The policy is to continue probation as long as it is necessary for complete adjustment for the mother and the baby. The child-welfare bureau supplies maternity and infancy care both at health centers and in homes by means of visiting nurses. The board of State aid and charities disburses the State appropriations to hospitals and other institutions. The money so disbursed includes payment for care given to patients who are temporary charges of the State.

The three maternity homes included are the St. Vincent's Infant Asylum, the Florence Crittenton Mission, and the Exeter Street Rescue Home for Women. The first of these homes has its own intramural maternity hospital, and it sends certain patients to the University of Maryland Hospital. The other two maternity homes send all their patients to the Johns Hopkins Hospital.

⁴These have usually been found to be cases of persons, almost all colored, who had placed babies in ignorance of the law. They have always been amenable, on admonition, and plans have been made to enable the mothers to keep their babies with them.

Besides these 24 agencies there are presumably in Baltimore, as in other cities, small institutions, chiefly maternity hospitals, where unmarried mothers are received for care. These were not included in the study because their actual number and location are not known. In Maryland the absence of requirements for uniform minimum standards or for records renders futile any effort to procure reliable information for places of this type.

A marked degree of interdependence was observed among the 24 agencies which assist the unmarried mother and her baby. All the hospitals, social agencies, maternity homes, and city departments use the three health agencies. The maternity homes cooperate with all the social agencies in accepting patients for care. These homes in some cases call on the agencies for assistance in making social investigations, formulating plans, procuring employment, and supervising mothers and babies after discharge from the homes.

CHANGES IN POLICIES PRESUMABLY DUE TO THE LAW

Of the 24 agencies which deal with babies born out of wedlock, 20 are social agencies, and therefore their policies have been noted particularly. (Hospitals are included in these 20 social agencies because, although they are primarily health agencies, many of them have always taken part in placing babies of illegitimate birth in foster homes and institutions.) Three of the 24 are health agencies which refer to social agencies all cases requiring social service; therefore their policies would not be affected by the law, and they are excluded from this part of the study. The board of State aid and charities is excluded because it had no direct connection with the unmarried-mother problem until the law became effective.

In 13 of the 20 social agencies whose policies affected the treatment of the unmarried mother and her baby, no changes were evident. The other 7 have adopted policies and methods of care which are the direct result of the operation of the law. Before the law became effective 2 of these agencies followed the general policy of keeping together the mothers and babies but occasionally arranged to relieve mothers of their children. Separation was not limited to cases in which it was necessary because of the mother's health, her mental incapacity, or other reasons which many workers recognize as legitimate causes for early removal of a baby from his mother. The remaining 5 agencies arranged for transfer of the custody of babies to institutions, to individuals, and to agencies for placement.

Before the passage of the law the plans of work were varied, depending on the personal attitude of superintendents and directors, on the wishes of the mothers, and on what were considered the exigencies of individual cases. Babies of any age were accepted on surrenders signed by the mothers. Some hospitals arranged that mothers would not see their babies. Some hospital superintendents placed advertisements in the newspapers, offering the babies for adoption. Some conducted to mothers in the hospital persons seeking babies to adopt. Sometimes surrenders of their children were signed by the mothers during pregnancy. In the main, acceptance, placement, and transfer of babies by these 7 agencies were accomplished without cost to the mother, though in some cases she paid surrender fees and other charges.

It is clear that the enactment of such a statute as the six months law must have necessitated radical changes in the policies of these institutions and agencies. To practically all of them the law has been a distinct advantage in deciding many problems which, without it, would have been extremely difficult. Mothers, knowing that they can not be relieved of their babies before the first six months have passed, nurse them while in the hospital. Many of these mothers have benefited by the social service available from various sources because since the law went into effect agencies have not been permitted to accept babies without their mothers as soon as the mothers were discharged from the hospital.

These 7 agencies had standards which have made it possible for them to remain in the field, with programs modified in conformity with the new order. But there were in Baltimore, before the enactment of the law, other agencies, which now have gone out of existence because they no longer found a profitable field for their business. Chief among these were the small commercial maternity hospitals conducted by persons of differing qualifications—midwives, nurses, or others. These hospitals were of the same type as such enterprises everywhere—marked by promises of seclusion and secrecy, giving poor care to patients, engaging in “baby traffic”—performing each service for a price. Comparison of the number of such agencies in existence before the law became effective and since then would be informing, but as there never has been any central registration of these places, such comparison is impossible.

The bureau of child welfare of the Baltimore Health Department knew of only two small commercial maternity hospitals existing in 1924. Besides these maternity hospitals certain child-caring institutions have been closed. It is not possible to obtain definite information as to the number of these and their activities. One child-caring institution which for years had a maternity-home department accommodating 15 mothers and which accepted babies of illegitimate birth on surrender, usually for money, has closed the maternity home and now accepts no children for care until they are 6 months of age and accepts none on surrender. An institution accommodating 20 babies, the population of which was practically limited to babies of illegitimate birth accepted from their mothers either for boarding care or on surrender for a sum of money, closed very soon after the law became effective. Unfortunately, definite information could not be obtained for any other institutions of this character.

RESIDENCE OF UNMARRIED MOTHERS CARED FOR BY FIVE AGENCIES BEFORE AND AFTER THE LAW BECAME EFFECTIVE

The following table shows the number of unmarried white mothers cared for in five Baltimore institutions, including three maternity homes and two hospitals, during the five-year period before the six months law was enacted and the five-year period after.

TABLE 7.—*Number of unmarried white mothers receiving maternity care in five Baltimore institutions, for the five-year periods ended June 1, 1916, and June 1, 1921, by residence of mother*

Residence of mothers and place of care	Number of unmarried white mothers	
	Five years ended June 1, 1916	Five years ended June 1, 1921
Total (5 institutions).....	1,813	1,380
State.....	1,357	1,146
Out-of-State.....	372	205
Not reported.....	84	29
3 maternity homes.....	943	821
State.....	603	648
Out-of-State.....	281	157
Not reported.....	59	16
2 hospitals.....	870	559
State.....	754	498
Out-of-State.....	91	48
Not reported.....	25	13

The proportion of out-of-State patients to the total in these five institutions whose residence was reported has been reduced by about one-third. Reports from 15 other institutions indicate that throughout the city the proportion of unmarried women residing outside of Maryland who come to Baltimore for confinement care is decreasing. Undoubtedly the law has been responsible for some of this reduction.

The total number of white unmarried maternity patients residing in Maryland who were cared for in the three maternity homes and the two hospitals was greatly reduced, but as the entire reduction took place in only one of these institutions it can not be taken as an indication of a general decrease in the prevalence of illegitimate births to Maryland women.

The reduction in the number of such patients cared for was probably not the result of fewer applications for care but of decreased facilities. In 1918 two hospitals for administrative reasons reduced by 16 beds their free-ward accommodations for white maternity patients. This reduction affected especially the opportunity for hospital care open to unmarried maternity patients, for the majority of such patients must have free service if they are to have hospital care, as they are unable to pay for it.

There was no indication of a decrease in the demand for ward service for white maternity patients during the five years after the law went into effect. The ward beds in the hospitals offering such service were occupied all the time, and many of them were engaged for several months in advance. Besides, a constantly increasing demand for out-patient service was reported by the hospitals. Increase in the need for free maternity service is indicated by statements by staff members of certain hospitals that they are planning to provide additional free beds for white patients. Since the study was made some of the need for this service has been met by the Johns

Hopkins Hospital, which in 1923 established 32 additional ward beds for white maternity patients.

As a result of the reduction in ward accommodations many white women, who would have been delivered in hospitals if there had been accommodations for them, were delivered in other places. As births in hospitals are as a rule more correctly reported than births in other places, it is probable that a number of illegitimate births which occurred in places other than hospitals were reported as legitimate. The reduction in the number of white illegitimate births reported in Baltimore for 1921 may have been caused partly by incorrect reporting of legitimacy, and thus may have been the indirect result of the reduction in the number of beds for maternity care.

Detailed statistical information for 10 years was procured only for the 5 organizations discussed in the foregoing pages, but some information was procured regarding all the 20 agencies which either do social work for unmarried mothers or provide hospital care for them. It was significant that the amount of out-of-State patronage of an agency depended upon its policy with regard to accepting young babies from their mothers. The greatest decline in the number of out-of-State cases was shown in the institutions and agencies which formerly relieved mothers of the responsibility of caring for their babies, either by accepting the custody of the babies or by arranging for their transfer to the custody of other institutions or of individuals. An agency which previously received babies of any age on surrender, usually for money, had 42 per cent fewer out-of-State cases during the five-year period following the date on which the law became effective. Another agency whose policy was to require mothers to remain with their babies through the nursing period received 23 per cent fewer out-of-State cases.

In one maternity home where 15 unmarried women residing in States other than Maryland were admitted during 1920, 6 left before delivery. All these women went out of Maryland; but not all of them returned to their own States. The departure from Maryland of these women may have been caused by the realization that on account of the six months law they could not dispose of their babies easily, as they had expected to do. One maternity home has done very effective work in arranging for unmarried mothers from outside of Maryland to return to their own States by previously making plans with institutions or agencies in these States.

DISPOSITION OF CASES OF ILLEGITIMATE BIRTH DEALT WITH IN 1921 BY CERTAIN AGENCIES

Although it was not possible to make a case-work study of all the unmarried white mothers delivered in Baltimore in 1921, it is of interest to analyze the work of certain social agencies and institutions equipped to render them service. This analysis was limited to the five organizations—three maternity homes and two case-working agencies—which devote specific effort to this work. The total number of unmarried women—expectant mothers and mothers—received for care by these five organizations during 1921 was 214. Deducting 91 cases in which there was duplication or incomplete records (including all the cases cared for by one organization), there remained 123 new cases received in 1921 by four organizations. Data for three of the

organizations were obtained directly from the records; for the fourth one the figures were supplied by its superintendent.

Of the 123 cases there were 6 in which separations had occurred before the babies were 6 months of age; 29 in which the children were between 6 months and 1 year of age; and 75 in which the children had remained with their mothers at least through the first year. Most of the separations which occurred before the baby was 6 months of age were for medical reasons, and one baby was committed to a placing agency because he was neglected. The reason given for separation from their mothers of most of the 29 children who were between 6 months and 1 year of age was that the mother could not take the baby home to relatives or that she wished to conceal from her community the fact of having the child. In a majority of these cases the babies were boarded in family homes or institutions, board being paid by their mothers or other relatives.

SEPARATIONS APPROVED UNDER THE LAW

Between the time the six months law became effective, June 1, 1916, and January 1, 1924, the board of State aid and charities approved 52 separations from their mothers of children under 6 months of age. Records of these cases are filed with the board. Of the 52 cases in which separation was approved, 46 were cases of white mothers, 5 were of colored mothers; the color was omitted from the record of one case. These cases fall into two groups, those in which the separations were approved on the filing of medical certificates and those in which the secretary of the board gave the board's approval without the filing of certificates. The first group included 39 cases, and the second, 13.

In 12 of the 39 cases in which separation was necessary for medical reasons certificates were filed by physicians stating that the mother had pulmonary tuberculosis; in 16, certificates were filed stating that the mother was mentally incompetent to care for her child. The reasons given on the certificates for the remaining 11 cases were varied. In one of these cases the mother had only one arm. In 6, the reasons given do not indicate need for permanent separation: 1 mother had typhoid fever, and 5 required hospital care (in 2 cases the reason for this was not specified). In 4 cases the certificates gave nonmedical reasons, or medical reasons not clearly defined, such as: Baby artificially fed and mother financially unable to provide for it; poverty and ignorance of mother; poor health of mother and no breast milk; mother unable to give proper attention. As the law applies only to permanent separations, it seemed that in some of these cases applications for separation were unnecessary.

In the 13 cases in which separations were approved by the secretary of the board without the filing of medical certificates varied reasons were given for the applications for approval of separation. Six of the white mothers had given birth to colored babies; one mother was reported as irresponsible; one, as mentally incapable; one was a widow who placed her baby with relatives in order that she might hold her employment; one was reported to be ill; one was a married woman, and the child was of illegitimate birth. One baby had been deserted by its mother, who, when found, was deemed unfit to care for him; one baby was neglected.

The board of State aid and charities has no way of investigating applications for separation or of following up placements of babies. The secretary of the board considers investigation unnecessary in cases in which physicians file certificates. In other cases he utilizes the services of the Henry Watson Children's Aid Society of Baltimore. He stated that the results of this method have been entirely satisfactory. Some applications come from social agencies. From these agencies he has the assurance that the interests of the child are safeguarded. In 34 cases it was planned that the babies were to be placed under the care or supervision of a child-caring institution or a social agency after separation from their mothers.

Seventeen of the babies were transferred to the custody of private individuals. Of these individuals, 4 were relatives of the baby transferred and 1 was a person who intended to adopt him. In one case the record did not state who accepted the custody of the child.

The ages of the babies at separation varied from 1 week to 5 months. Thirteen babies were separated from their mothers before they were 1 month old, 21 when they were from 1 to 3 months old, and 9 when they were from 3 to 5 months old. In 9 cases the age of the baby was not reported.

The records of two cases showed that the mothers had come from outside the State.

The secretary of the board of State aid and charities has kept no record of the applications which he has disapproved. Consequently there is no way of ascertaining their number, or the reasons which were deemed to be insufficient cause for separation.

ATTITUDE OF CERTAIN GROUPS TOWARD THE LAW

When the six months law was introduced into the legislature in 1916 it met with disfavor, and definite opposition developed. Only by enlightening members of the legislature as to the conditions existing, especially in regard to the activities of certain groups and individuals engaged in actual baby traffic, was the necessary support acquired. It is significant that no opposition was offered by the management of several institutions where babies under 6 months had been received for care. Superintendents of three of these homes had expressed themselves in favor of the law. They regarded it as a measure which would be a great advantage to them in their work. In many other quarters, however, the attitude was distinctly unfavorable.

The practical application of the law and its results have apparently been responsible for a greatly changed point of view. In this study 60 persons associated with the 24 organizations studied were asked to state their attitude toward the law. The group included public officials, superintendents of hospitals, child-caring institutions, and social agencies, doctors, nurses, social workers, a judge, and members of governing boards of institutions. Unqualified approval was given by the great majority. All remarked on the advantage of the law from the point of view of saving babies' lives. One person approved the plan for the sake of the babies' health but feared that in some cases too great a burden might be imposed on the mothers. A large proportion spoke of the social benefit which the child derives from being retained by the mother through the first six months. In most

instances the contact extends to the mother's family or other relatives; their affection and interest are fostered, insuring to the baby a permanent home with his own people—the people who are morally obligated for his protection and care. The influence of the law in the establishment of paternity was mentioned by several persons. A mother who keeps her baby is likely to feel the need for support from the child's father, and for this reason will take steps to procure such support. Establishing paternity—the definite fixing of the fatherhood of the baby—is in itself important.

One argument which was urged against the law was that its operation would cause an increase in the number of babies abandoned. On the contrary, results show a decrease in the number of foundlings. Records of the department of city charities show 16 children abandoned in the year June 1, 1916, to June 1, 1917, in contrast to 23 during the year ending June 1, 1916. In the year 1923 the number of children abandoned was 6.

maintains the most extensive system of public relations in the United States. Its public relations and information are based primarily on the fact that it is a public institution with its own people who are naturally obligated to the public and other people. The influence of the law in the establishment of an industry was recognized by several persons. A number of people had had a hand in the work for years from the start and for the reason will take care to provide such support. The industry's history—the business history of the industry of the bank is a most important part.

The agreement which was made against the law was that no one should have an increase in the number of shares outstanding. In the contract, it also shows a decrease in the number of shares outstanding of the department of all shares from 100,000 shares in the year 1910 to 1,000,000 shares in 1917, according to the year ending July 1, 1918. In the year 1917 the number of shares outstanding was 1,000,000.

Appendix A.—TEXT OF THE MARYLAND LAW OF 1916 GOVERNING THE SEPARATION OF CHILDREN UNDER SIX MONTHS FROM THEIR MOTHERS

[Maryland, Laws of 1916, ch. 210, pp. 416-418¹]

An act to add five new sections to article 27 of the Code of Public General Laws, subtitle "Crimes and Punishments," to be known as sections 484, 485, 486, 487, and 488, and to follow immediately after section 483 thereof, making it unlawful to separate or cause to be separated any child under six months of age from its mother for the purpose of placing such child in a foster home or institution, or to place, receive or retain such child in a foster home or institution, and to regulate the manner and circumstances under which it may be done, and to provide a penalty for violation of said act; the same to read as follows:

SECTION 1. Be it enacted by the General Assembly of Maryland, That five new sections be, and the same are, hereby added to article 27 of the Code of Public General Laws subtitle "Crimes and Punishments," to be known as sections 484, 485, 486, 487, and 488, and to follow immediately after section 483 thereof, and to read as follows:

"SEC. 484. Be it enacted by the General Assembly of Maryland, That it shall be unlawful to separate a child under the age of six months from its mother for the purpose of placing such child in a foster home or institution for the maintenance of such child, or to assist or participate in such separation, or to place, receive, or retain any child in a foster home or institution for the maintenance of such child, or to assist or participate in so placing, receiving, or retaining such child; unless it be necessary for the physical good of the mother or of such child that they be separated or that such child be placed, received, or retained in a foster home or institution for the maintenance of such child, and two physicians, qualified to practice medicine in the State of Maryland, and who shall have been engaged in active practice for at least five years, shall have signed a certificate setting out the reasons for such necessity, or unless a court of competent jurisdiction shall have so ordered, or unless within the discretion of the Board of State Aid and Charities such separation is necessary, and said Board gives its written consent thereto.

"SEC. 485. It shall be the duty of every person separating, or assisting or participating in separating, any such child from its mother, and of every person placing, receiving, or retaining or assisting in placing, receiving or retaining any such child in a foster home or institution for the maintenance of such child, before so doing, to investigate whether the mother of such child be living and whether two physicians have signed the certificate above provided for or whether a court of competent jurisdiction, or the Board of State Aid and Charities, has ordered such separation and the placing of the child in such foster home or institution.

"SEC. 486. It shall be the duty of the person who shall receive any such child in a foster home or institution for the maintenance of such child to file forthwith the certificate above provided for with the Board of State Aid and Charities and the duty of every person who shall retain, or assist or participate in retaining, any such child in a foster home or institution for the maintenance of such child, to ascertain whether said certificate has been so filed, and, if there be no such certificate, then to notify said board forthwith of the facts concerning the separation of said child from its mother and the reception and retention of such child in said foster home or institution.

"SEC. 487. Whenever it shall come to the notice of said board that any such child has been separated from its mother or has been placed in an institution for the maintenance of such child, said board shall cause an investigation to be made, and if it appear to the board that this act has been violated it shall make known the facts to the authorities charged with the enforcement of the criminal laws

¹ Also found in Bagby's Annotated Code, vol. 4 (1918), art. 27, secs. 483A-483E.

to the end that proceedings may be started for the punishment of the person or persons who may have violated the act.

"Sec. 488. Every person who violates or fails to comply with any of the provisions of this act, and every physician who knowingly makes a false certificate as above provided for, shall be guilty of a misdemeanor and upon conviction thereof may be fined not more than one hundred dollars (\$100.00), or imprisoned in jail for not more than 100 days, or both, in the discretion of the court."

SEC. 2. And be it further enacted, that this act shall take effect from the 1st day of June, 1916.

Approved April 11, 1916.

Appendix B.—FORM OF PHYSICIAN'S CERTIFICATE

State of _____, county or city of _____:

I, _____, a resident of county or city of _____ being a graduate of _____ Medical College, and having practiced as a physician for five years, do hereby certify that on this __ day of ____, 1921__, I have personally examined _____, residing at _____, who was delivered of a child on the __ day of _____, 191__, and I do further certify that in my opinion it is necessary for the physical good of the said {mother
child} that the child be separated from its mother and that it be placed in a foster home or institution, the reason for the said necessity being _____.

_____, M. D.

Residence.

Date _____.

I, _____, the _____ of _____, do
(Position of person) (Name of institution)

hereby acknowledge the receipt of said child as the ward of the said _____ I do further agree that the said child will be given proper care and will be raised in the religious faith of its parents.

Date _____.

For the guidance of the Board of State Aid and Charities, the physician or institution head is respectfully requested to answer the following questions:

1. Name of child _____ Sex _____ Color _____
2. Father's name _____ Address _____
3. Will the parents or relatives of the child contribute toward its support?

