

**Immigrant Women and Family Planning:
Historical Clues for Genealogical Research**
By Sharon DeBartolo Carmack

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When writing family histories or compiling reports for clients, genealogists often make speculative statements without hesitation to explain significant intervals between births: e.g., “Married women typically had children every two years. Gaps between births more than a couple of years may indicate a miscarriage, stillbirth, or the father’s absence.” Rarely do they consider the issue today called “planned parenthood.” Little awareness exists among the genealogical community of the extent to which nineteenth-century American mothers of all social classes limited their family size and, more unspeakably, the extent to which immigrant women, during immigration’s peak period 1880-1920, resorted to induced premature deliveries. Yet studies of nineteenth-century records and literature reveal actions so common that genealogists are remiss if they neglect to consider deliberate family planning.¹

Both women and men have had to deal with unwanted offspring from time immemorial. Colonial court records in Virginia, Massachusetts, New York, Maryland, and Maine reveal cases of infanticide, intent to self-abort, and treatment from physicians and midwives for unwanted pregnancies.² For most of the colonial period, the predominantly agricultural nature of American society made it a benefit to have a large family. The industrial revolution of the nineteenth century, however, created a situation in which it was more economical to have fewer offspring.³ Toward this end, abortionists openly advertised their services as early as the 1830s, and “by the 1850s, it was estimated that one out of every five to six pregnancies in America was willfully terminated.”⁴ A Lincoln County, Maine, enumerator for the 1870 mortality schedule recorded his thoughts about the declining population in Newcastle: “The oldest settlers of our town, many of their names are becoming extinct. The children do not have the families of their fathers; the women, many of them avoid it.”⁵ The census taker did not elaborate upon how this was accomplished.

The problem for genealogists is trying to “prove” whether or not a particular woman or couple practiced deliberate family limitation or whether overlong gaps in the spacing of children were actually due to the customary explanations. Court records document such private aspects of life only in extreme cases. The odds of finding letters or diaries recording a woman’s attempt to terminate an unwanted pregnancy are less than slim. Typical genealogical sources such as censuses and birth records lead to the conclusion that there were significant gaps between the births of children, but these sources do not tell us the reasons for the intervals. Explanations and inferences might be found, however, by researching the social history of the people, time, and place.⁶

Attitudes Toward Pregnancies

Many immigrant women from southern and eastern Europe, arriving in America during the late-nineteenth and early-twentieth centuries, held the European's typically fatalistic and ambivalent feelings about annual or biennial pregnancies. Commonly they traded an agricultural homeland for urban America, where émigrés tended to settle. Here, many of them joined the workforce. Large families became economically unfeasible, and frequent pregnancies interfered with the immigrants woman's new American role.

On a more personal level, it was a physical threat to bear one child after another, and many women were simply afraid of dying. They had watched mothers, sisters, cousins, and friends endure or succumb to difficult deliveries. Of those women who did survive, many returned to work (either inside or outside the home) shortly after giving birth—not because they felt strong and healthy but because it was expected. Frequent childbearing also put a strain on marriages. Pregnancy desertion, a behavior common among some groups in Europe, was continued in America. Put bluntly, many husbands reasoned that if they left, then the wife—thrown upon her own limited means—would feel compelled to end the pregnancy.⁷

Typical Birth Control Methods

Women uneducated in modern scientific methods of birth control such as condoms and the rhythm method, had few options. New mothers prolonged the lactation period. Coitus interruptus, abstinence, and celibacy were the common pre-pregnancy options for limiting family size. "Sleeping the American way," meant separate beds, if not separate bedrooms, for husband and wife. If living quarters were cramped, as was often the case in urban ethnic tenements, the girls might sleep with their mother and the boys with their father to further encourage an abstinent relationship.⁸ The dilemma for the immigrant woman was clear. As one historian concluded, "The way to keep your husband, then, was to avoid pregnancy, and the way to avoid pregnancy was to avoid your husband—which was also likely to drive him out."⁹

Historians have concluded, as well, that abortion was simply a form of contraception for many, if not most, immigrant wives of the late-nineteenth and early-twentieth centuries. For genealogists, even knowing of a stillbirth or miscarriage in their family history leaves it difficult to tell whether this resulted from accident, disease, or human interference with pregnancy. At the turn of this century, contemporaries estimated that between one and two million pregnancies were intentionally terminated every year in America. Margaret Sanger, the pioneer of the birth control movement, recalled from the beginning of her career the formative impression she had as she "watched groups of fifty women [in New York's Lower East Side], shawls over their heads, line up outside the office of a \$5.00 abortionist." As a result, Sanger also saw many women die of septicemia, a complication developing from unsanitary conditions. New York city's coroner records for the early 1900s show an average of three deaths a month from abortion, while other officials estimated "about 100,000 abortions were performed there every year."¹⁰

Midwives also supplied the demand. In that same city, the terms *midwife* and *abortionist* became synonymous in the minds of immigrants.¹¹ Most preferred midwives over physicians for all their health matters for several reasons: the midwife was female, she was less expensive, and most doctors refused to discuss methods of preventing pregnancies. The advice of male physicians was to avoid the husband. A pair of 1910 medical manuals on obstetrics and

gynecology does not discuss contraception or abortion, except in terms of treating the ill effects of a terminated pregnancy. Thus denied information on effective contraception, working-class women often felt they had no choice but to submit to abortion.¹²

Emma Goldman, a Jewish New York nurse-midwife and contemporary of Sanger, advocated preconception birth control instead of terminating pregnancies. Goldman described the desperation she observed among her female patients:

Most of them lived in continual dread of conception; the great mass of the married women submitted helplessly, and when they found themselves pregnant, their alarm and worry would result in the determination to get rid of their expected offspring. It was incredible what fantastic methods despair could invent; jumping off tables, rolling on the floor, massaging the stomach, drinking nauseating concoctions, and using blunt instruments.¹³

The application of goose quills and knitting needles was commonly reported in medical literature. Dr. H.S. Humphrey, in an 1882 issue of *Medical and Surgical Reporter*, wrote: “the most remarkable case I knew...[was] a tall, angular girl, about 20 years old, [who] remarked that ‘she was in a fix, and was determined to get out or die.’ Said she had got something in her womb. I asked her what it was. She doggedly replied, ‘a button hook.’”¹⁴

Many proponents of birth control were women like Goldman and Sanger, who wanted to save poor immigrants from the physical toll of too frequent births, the economic stress of too many mouths to feed, and the life-threatening injuries of self-inflicted abortion. Settlement houses, located in the midst of ethnic enclaves, were established to ease the assimilation of new arrivals into American culture. These “offered programs...to help women take better care of their homes and children,”¹⁵ but some also included advice on limiting family size. In *My Fight for Birth Control*, Sanger writes of the immigrant woman’s desperate need when “a hundred women and a score of men” were at the opening of the first birth control clinic in America on 16 October 1916, at 46 Amboy Street in Brooklyn. Handbills had been distributed to every family in the Brownsville area of the city, printed in English, Italian, and Yiddish—reading, in part:

MOTHERS!
Can you afford to have a large family?
Do you want any more children?
If not, why do you have them?
DO NOT KILL, DO NOT TAKE LIFE, BUT PREVENT.
Safe, Harmless Information
can be obtained of trained Nurses.¹⁶

The clinic, located in a densely populated Jewish and Italian section, disseminated information on birth control to nearly five hundred women in just nine days. Women and men from other parts of New York, Connecticut, Massachusetts, Pennsylvania, and New Jersey came to Brooklyn to get advice. Sanger’s tale of one immigrant woman is frightening: She “was the mother of seven living children and four dead ones, and had undergone twenty-eight self-induced abortions.” Tragic cases like this encouraged Sanger and her staff to operate the clinic,

even though they knew it was in direct violation of New York's Section 1142 of the Penal Code, which stated that *no one*, except physicians, might distribute information to *anyone* for the purposes of preventing conception.¹⁷

Native White Attitudes

Besides humanitarian reasons for helping immigrant women control family size, ethnic prejudice played a role. With about 52,000 émigrés arriving every month by the 1920s, nativists—earlier Americans prejudiced against newer arrivals—saw their fairer Anglo-Saxon types decreasing while the “swarthy papist” and Jewish Europeans arrived in mass numbers and “bred uncontrollably.” Inspired by fear, native whites segregated the immigrants and “herded them into slums to become diseased, to become social burdens or to die,...huddled...together like rabbits to multiply their numbers and their misery.”¹⁸

Realizing that the Yankee stock might eventually be outbred—numerically and politically—nativists then decided to restrict the number of immigrants. They also illegally encouraged birth control use for the “inferior” immigrants already here and discouraged it among themselves (the “better stock”). In a Catch-22, the Comstock Law of 1873—enacted in an attempt to preserve the native white population from dying out—prohibited the distribution of contraceptive devices or information.¹⁹

This “race suicide” alarm peaked in the early 1900s and was sparked to a great degree by eugenicists—those who believed in genetically improving the qualities of the human race by carefully selecting parents, with an emphasis on intelligence. They lobbied for quotas on immigration and encouraged newcomers to limit their family size, in spite of the law.²⁰ One standard text on eugenics, published in 1916, warned: “From the rate at which immigrants are increasing it is obvious that our very lifeblood is at stake. For our own protection we must face the question of what types of races should be ruled out.”²¹

Contraception and Jewish Women

Even without strong Anglo-Saxon encouragement, urban Jewish mothers began to control their reproduction. As a result, the typical Jewish immigrant family in the first decade of the 1900s consisted of about five children. “Why do you think I had so many miscarriages? The miscarriages I didn't have to feed,” explained one woman. Living in poverty was not a Jewish mother's dream for her offspring. By taking the responsibility of limited her family size, she could provide her children the qualities of a better life that she never experienced: education and material comfort.²²

Yet, there is no evidence these women knew anything about preventing pregnancy. For most, “miscarriage” was the only method. By the time birth control clinics opened in ethnic-oriented neighborhoods in the 1920s, half of the women who sought contraceptive advice were Jewish and had already undergone large numbers of abortions. According to one offspring of such a family,

My mother told me that she had twelve abortions! And I saw one that she herself aborted. And that's how I learned really about how babies are born—or not born. She had done something to herself, and the baby fell out. My mother picked it up, put it into a glass of

vinegar, and she said to me, 'Here is the way babies look before they are born, when they are first conceived.'²³

Daughters often learned about abortion from their mothers, who learned from friends, neighbors, or midwives. By the time the second generation came of age in the twenties and thirties, these young women did not find abortion to be a satisfactory alternative—too many women had died from it. Preventing conception became more popular, even among the poorest Jewish women.²⁴

Contraception and Italian Women

Of the Catholic groups coming to America in the late-nineteenth and early-twentieth centuries, Italians were more likely than others to practice birth control and pregnancy termination. Although they considered themselves Christians, most Italians—historians conclude—did not fully abide by the tenets of the Catholic Church. In Italy, peasants learned quickly that the Church catered to the wealthy landowners; in America, the Church was dominated by Irish immigrants. For these and other political reasons, *la famiglia* became the only institution upon which they felt they could depend and trust. Family size was controlled not so much by religious doctrine, but by economics. Even before they crossed the ocean, Italian had a notable history of infant abandonment, infanticide, and abortion in the eighteenth and nineteenth centuries. Folk remedies for terminating pregnancies were widely discussed among Italian women.²⁵

Although procreation was important in Italian culture, annual pregnancies for those living in two-room tenement apartments were simply not practical. Reported interviews with Italian immigrant women revealed that “abortions were an alternative if a husband arranged or agreed to it.”²⁶ Pregnancy terminations, when not self-inflicted, were performed by an Italian midwife—Italian women being especially sensitive about seeking a man’s advice, even that of a doctor, about childbearing or contraceptive matters. In 1906, of 500 midwives practicing in New York City, 126 (25 percent) were of Italian origin, the second-most common nationality for this profession. Illustrating the growing concern for pregnancy termination rather than birth prevention, among Italians, the book *L’Arte di non fare I figli (The Art of Not Making Babies)* was advertised in *Il Martello*, an Italian-American newspaper published in New York City between 1922 and 1946.²⁷

The Frontier Immigrant Woman

Family planning was not solely the concern of immigrant wives who settled in urban areas. Those who journeyed west and settled on the frontier in the late-nineteenth century carried the typical fears associated with childbearing. But they also faced the added burden of tending to several children while trying to adjust to the wilderness and, frequently, the fright of unattended childbirth in their isolated cabin, lean-to, or sod house. Maternity outside the bounds of civilization was an overwhelming challenge for many. Demographic studies confirm that “birth rates fell as rapidly on the frontier as they did in cities.”²⁸

Like her urban sisters, the frontier woman frequently used folk remedies to bring about a delayed menstrual period, regardless of the cause. Due to the laws against distributing contraceptive products and information, menstrual “regulators” were advertised in rural

newspapers like the *Nebraska Farmer*, making abortifacients easily obtainable through the mail. Women also exchanged advice with friends and neighbors about home birth control and abortion “remedies.”²⁹ For example:

To prevent conception, [a woman should] eat the dried lining of a chicken’s gizzard [or] take gunpowder in small doses for three mornings....A woman who wants to put an end to her childbearing must throw the afterbirth of her last baby down an old well or walk directly over the spot where the afterbirth was buried. [She should] drink a tea made from rusty nail water, or rub [her] navel with quinine and turpentine morning and night for several days; each of these remedies can induce abortion.³⁰

Doctors prescribed heavy doses of purgatives to cleanse the system and induce menstruation. *American Folk Medicine* lists three pages of remedies for “obstructed menses” recommended by physicians and midwives practicing from about 1830 to 1930; some of these concoctions proved to be deadly to the mother herself.³¹ For example, the *Missouri Republican* of 2 August 1866 reported:

Young Girl Takes Medicine to Avoid the Troubles of Maternity and Kills Herself—On Tuesday evening an inquest was held...on the body of...[twenty-three-year-old] Mary E. Burch, [a widow], who died...Monday morning about 9 o’clock. From the facts developed during the inquest, it became evident that the death of the young woman resulted indirectly from her own act, it having been caused by using pernicious drugs for the purpose of procuring an abortion in order to conceal from her mother and others the shame and disgrace of her seduction....the unfortunate girl, according to her own statement [to her sister], procured medicine from a doctor in the vicinity, with the hope of destroying the offspring.

What were the effects upon the unborn child when the home remedy failed and the mother carried the child to term? Congenital health problems such as kidney disorders, heart trouble, or general weakness—if the child survived the first year or two—were problems that could plague the silent victim of an attempted chemical abortion.

Edith Haase, a German immigrant who arrived in America about 1881-82, settled a homestead in Goodland, Kansas, with her husband. The story passed down to descendants was that she had died in childbirth. The records, however, give a different, more startling account. At age thirty-two, Edith was the mother of five children when the local newspapers reported her suicide in May 1888. According to the *Goodland News*,

Her husband said he came in the house about 11 o’clock and his wife was preparing dinner. He went out and...[when] he returned about 12 o’clock...[he] found his wife lying on a lounge in a spasm. She then told him that she had taken strichnine [sic], but gave no reasons for it.³²

Edith’s children, who were in and out of the house at the time, ranged in age from eleven months to eight years. The day after the notice appeared in the Goodland press, another newspaper reported that Edith was also “enciente” (with child).³³ At the coroner’s inquest, eight witnesses

stated that they never heard Edith threaten to take her own life, despite confidences shared with neighboring women that her husband had mistreated her.³⁴

Strychnine, also known as *nux vomica*, was used in small quantities in medicine before its deadly qualities were fully realized. The previously mentioned 1910 volume on obstetrics advised the following for the supportive treatment of septic abortions: give “tincture of nux vomica—5 minims every two hours—and quinin[e].”³⁵

History will never know what went through Edith’s mind when she swallowed the poison. She apparently left no note. When her husband found her before she died, she did not explain her actions. She was, however, pregnant for at least the sixth time in eight years and had given birth just eleven months before. The circumstances point to an answer. Knowing that ingesting home remedies was a common practice for terminating pregnancies, knowing that many frontier women in particular feared childbirth—some preferring to die rather than have another baby—and knowing that many women were overwhelmed with childrearing and frontier-life responsibilities, one can reasonably speculate. Did Edith intentionally commit suicide out of desperation over a troubled marriage and another pregnancy? Or did she try to chemically induce premature labor—accidentally killing herself as a result?

By going beyond the genealogical source to study women’s attitudes about pregnancy and frontier life, the stereotyped assumptions of genealogists gain a new dimension and may lead to different hypotheses. For descendants of women like Edith, discovering an unexplained suicide would be a shock—to some, a disgrace. But by researching the common experiences of women in particular ancestral societies, descendants should be less likely to stand in judgment and more likely to understand and empathize with the desperation such women felt.

Building a Case for Probably Contraceptive Use

Knowing that contraception and pregnancy termination was common among immigrant women, how does a genealogist take the data collected from research and conclude that family planning was probably the reason for significant birth intervals in an ancestral family? The following example illustrates:

Joseph [Giuseppe] Banoni,³⁶ his wife Anna, and son Michael immigrated to America between 1882 and 1885.³⁷ There is conflicting data as to whether they came as an intact family or whether Giuseppe arrived first, with his wife and Italian-born child following not long after. Four children were born to them in America after they settled in an ethnic enclave of Manhattan:³⁸

Michael	born	March 1881	Italy	
				} 5-year gap
Joseph	born	February 1886	New York	
				} almost 5-year gap
Francesca	born	October 1890	New York	
				} 3-year gap
Tony	born	October 1893	New York	
				} 5-year gap
Salvatore	born	November 1898	New York ³⁹	

The five-year gap between Michael's and Joseph's births may have been a result of immigration, if Giuseppe did indeed arrive first, as the majority of Italian men did. Without further analysis or study, researchers might normally speculate that the intervals between the American-born children were attributable to miscarriages, stillbirths, infant mortality, paternal absence, or fertility problems. With further analysis, however, some of these explanations may not be feasible at all. Instead of stopping with a narrow and isolated look at the specific family, expanding research to include the broader picture of social history reveals a more-probable explanation.

The known records and oral tradition of this family agree that Anna had just five children during her approximately twenty years of wedded, childbearing years—i.e., aged twenty-five to forty-three. The 1900 and 1910 federal censuses are the only federal schedules to ask of women the number of children borne by them and the number of these still living. According to the Banoni enumeration for 1900 and 1910, Anna was the mother of five children with five living, suggesting that there were no other full-term pregnancies.⁴⁰

On the other hand, one must consider the then-typical Italian distrust of anyone outside the family, especially someone representing the government. If Anna did bear other children who did not survive, would this Old World woman tell a male inquisitor such personal information? If other children had been born or if unfulfilled pregnancies had existed, she might have considered them none of the enumerator's business. Or, someone else could have provided the information and knew only of the five children. Regardless, the data is consistent on both schedules: Anna bore five children, and only these children appear in other state and federal enumerations. No American birth records exist for any of the children; if created and extant, they might have revealed information on other pregnancies. There is also no evidence to suggest that her husband was temporarily absent for various periods during her reproductive years in America.

Significantly, there are three five-year gaps and one three-year gap between births, placing doubt on whether the theories about miscarriage, stillbirths, and conception difficulties are reasonable options. It can be argued that if those hypotheses are valid, the intervals might have been more sporadic and of less-uniform lengths. At the most, the theories remain *possibilities*; but are they the *most-probable causes*?

It might also be contended that circumstantial evidence points to another answer. It is well-established that birth control and abortions were common among immigrant (especially Italian) women who lived in late-nineteenth-century ethnic enclaves of New York City. Given the consistent birth intervals, the fact that Anna should have borne more than five children in twenty years, and—perhaps more important—knowing the social history of the people, time, and place, the objective researcher cannot ignore the likely probability that Anna deliberately controlled the size of her family in some manner.

Finding Additional Evidence

As illustrated in the foregoing examples, irregularities in the existing primary evidence and knowledge of the typical experience of contemporaries may suggest that a family practiced birth control. Such matters were as personal for immigrant females of the past as for American

women today; it was not openly discussed outside a few possible confidants. A few additional means, however, might be employed to ferret out more conclusive evidence. The following suggests one feasible sequence.

Letters of diaries, if extant, *might* record whether birth control was practiced or mention the aborting of an unwanted pregnancy. As a whole, however, immigrant women tended to be uneducated and less likely to leave behind written, personal accounts of their lives.

Oral tradition, particularly mother-to-daughter and among other women, could be the only source of intimate information. Thus, researchers should not overlook interviewing older relatives or family acquaintance. Given the delicacy of the subject, questions need to be phrased in the least-intimidating manner: “What was your mother’s attitude toward having babies every other year?” “How do you think your father felt about it?” “How did you feel about your mother having so many babies?” Or, “what did your mother do to prepare you for married life?” Whenever a question is phrased so that the person being interviewed can respond with feelings, the researcher will have a better chance of getting accurate information. Asking point blank “Did your mother ever use birth control or terminate a pregnancy?” is liable to elicit a negative response.

Letters or diaries of acquaintances and relatives might be sought next, in hopes these might reveal a confidence shared at the time. Diaries may also exist for the midwives who practiced in the neighborhood. Some midwives kept records of their activities and patients. As these are hot items among current publishers, researchers should not only seek them in manuscript collections held by archives and libraries, but also in published form.

“*Official*” *medical records* may or may not be reliable. If a woman died from complications of an abortion, the cause on a death record may be disguised. Uterine hemorrhaging, uterine cancer, septicemia, tetanus, or any number of related or unrelated causes might appear, as Victorian discretion often dictated a “respectable” diagnosis. Such medical sources as physicians’ records are likely to be the most difficult to find and access. For example, as far as can be determined, the patient records of Margaret Sanger’s 1916 Brownsville clinic were confiscated by police, never returned, and not preserved.⁴¹

Researchers should also be aware that medical references to abortions may or may not mean abortion in the modern vernacular. *Abortion* or *spontaneous abortion* is and traditionally has been the medical term for miscarriage. Moreover, many states have had laws requiring official death registration and burial for prematurely born, non-surviving fetuses if the gestation lasted for a certain number of months. On many of these records, terms such as *aborted* or *spontaneous abortion* may appear. In fact, *Taber’s Cyclopedic Medical Dictionary* lists definitions for at least twenty-three different types of abortions.⁴² Seeing the word “abortion” in a medical records, therefore, does not automatically mean that the mother intentionally terminated her pregnancy.

Unless personal papers or recollections exist to document such intimate matters as birth control and self-induced or aided abortions, it may be impossible to document—through usual genealogical sources—the cause of significant gaps between childbearing. Putting families and women into the context of their times, through the study of social history, is critical to achieving a proper genealogical analysis. Discussing “typical” experiences can strengthen one’s case for

suspected family planning and help reduce the stigma that pregnancy terminations, contraceptive use, or even female “suicide” might carry in a family history.

Regardless of attitudes, one thing is certain: genealogists risk the error in routinely speculating that gaps in childspacing must be the result of miscarriage, stillbirth, infant mortality, or paternal absence. Abundant evidence exists that family planning—both birth control and abortion—was common among married women of disparate social classes in the nineteenth and early-twentieth centuries, and especially among immigrant women. When genealogical evidence is compatible, the objective genealogist should also consider, suggest, and explain this as a possible reason for significant birth intervals.

Endnotes

¹Ellen Chesler, *Woman of Valor: Margaret Sanger and the Birth Control Movement* (New York: Simon and Schuster, 1992), 62-64; Harvey Green, *The Light of the Home: An Intimate View of the Lives of Women in Victorian America* (New York: Pantheon Books, 1983), 30-33; Daniel E. Sutherland, *Expansion of Everyday Life, 1860-1876* (New York: Harper and Row, 1989), 125.

²Marvin Olasky, *Abortion Rites: A Social History of Abortion in America* (Wheaton, IL: Crossway Books, 1992), 19-41.

³Doris Weatherford, *Foreign and Female: Immigrant Women in America, 1840-1930* (New York: Schocken Books, 1986), 7.

⁴Chesler, *Woman of Valor*, 63.

⁵1870 U.S. census, mortality schedule, Lincoln Co., Maine, town of Newcastle, p. 1, as quoted by Elizabeth Shown Mills, "Walkabouts and Chicken Men: Tales of the U.S. Federal Census Takers," luncheon address, National Institute of Genealogical Research Alumni Association, 1993 NGS Conference in the States, Baltimore, MD; available on cassette as BM-121, from Repeat Performance, 2911 Crabapple Lane, Hobart, IN 46342.

⁶For a further discussion on the use of social history in genealogical research, see Sharon DeBartolo Carmack's "The Genealogical Use of Social History: An Italian-American Example," *National Genealogical Society Quarterly* 79 (December 1991): 284-88; and Carmack's "Putting the Two Together: Social History and Family History," *Ancestry* magazine 13 (Nov/Dec 1995): 23, 27.

⁷Corinne Azen Krause, *Grandmothers, Mothers, and Daughters: Oral Histories of Three Generations of Ethnic American Women* (Boston: Twayne Publishers, 1991), 117; Weatherford, *Foreign and Female*, 2-3, 9, 55.

⁸Phyllis H. Williams, *South Italian Folkways in Europe and America* (New Haven: Yale University Press, 1938), 106.

⁹Weatherford, *Foreign and Female*, 6.

¹⁰Sutherland, *Expansion of Everyday Life*, 125; F. Elizabeth Crowell, "The Midwives of New York," *Charities and the Commons* 17 (12 January 1907): 667-77; Margaret Sanger, *Woman and the New Race* (New York: Brentano's, 1920), 119; Chesler, *Woman of Valor*, 62-64.

¹¹Crowell, "The Midwives of New York," 674.

¹²Chesler, *Woman of Valor*, 62-64; Elizabeth Ewen, *Immigrant Women in the Land of Dollars: Life and Culture on the Lower East Side, 1890-1925* (New York: Monthly Review Press, 1985), 132. See also *The Practical Medicine Series*, Emilius C. Dudley and C. vonBachelle, eds., vol. 4, *Gynecology*, and Joseph B. DeLee, ed., vol. 5, *Obstetrics* (Chicago: Year Book Publishers, 1910).

¹³Quoted in James Reed, *From Private Vice to Public Virtue: The Birth Control Movement and American Society Since 1830* (New York: Basic Books, 1978), 47.

¹⁴H.S. Humphrey, M.D., in a letter to the editor, *Medical and Surgical Reporter* 47 (9 September 1882): 299.

¹⁵Mar Ellen Mancina Batinich, "The Interaction between Italian Immigrant Women and the Chicago Commons Settlement House, 1909-1944," in Betty Boyd Caroli, et al., eds., *The Italian Immigrant Woman in North America*, Proceedings of the Tenth annual Conference of the American Italian Historical Association (Toronto: The Multicultural History Society of Ontario, 1978), 155.

¹⁶Margaret Sanger, *My Fight for Birth Control* (1939; reprinted, Elmsford, NY: Maxwell Reprint Co., 1969), 154-55.

¹⁷*Ibid.*, 152-56. Italics added for emphasis.

¹⁸Sanger, *Woman and the New Race*, 37.

¹⁹Weatherford, *Foreign and Female*, 7; Linda Gordon, *Woman's Body, Woman's Right: Birth Control in America*, rev. ed. (New York: Penquin books, 1990), 137; Green, *The Light of the Home*, 30; Deborah Fink, *Agrarian Women: Wives and Mothers in Rural Nebraska, 1880-1940* (Chapel Hill: University of North Carolina Press, 1992), 136.

²⁰For further discussion of the immigrant impact on native white society and lobbying by eugenicists, see Margo J. Anderson, *The American Census: A Social History* (New Haven: Yale University Press, 1988), chapter 6.

For information on the records of one eugenics study, see Thomas H. Roderick, V. Elving Anderson, Robert Charles Anderson, Roger D. Joslyn, and Wayne T. Morris, "Files of the Eugenics Record Office: A Resource for Genealogists," in *Your Family Health History: An Introduction; National Genealogical Society Quarterly*, Special Issue, 82 (June 1994): 97-113.

²¹Michael F. Guyer, *Being Well-Born* (Indianapolis: The Bobbs-Merrill Co., 1916), 297.

²²Sydney Stahl Weinberg, *The World of Our Mothers: The Lives of Jewish Immigrant Women* (New York: Schocken Books, 1988), 222; quote from p. 219. Also Ewen, *Immigrant Women in the Land of Dollars*, 130-35.

²³Weinberg, *The World of Our Mothers*, 220.

²⁴*Ibid.*, 224.

²⁵Richard Gambino, *Blood of My Blood: The Dilemma of the Italian-Americans* (Garden City, NY: Anchor Books, 1974), 178-80; David I. Kertzer, *Sacrificed for Honor: Italian Infant Abandonment and the Politics of Reproductive Control* (Boston: Beacon Press, 1993), 30, 173-74.

²⁶Elizabeth G. Messina, "Narratives of Nine Italian Women: Childhood, Work, and Marriage," *Italian Americana* 10 (Spring-Summer 1992): 195.

²⁷Crowell, "The Midwives of New York," 670; Gordon, *Woman's Body, Woman's Right*, 228; Richard W. Wertz and Dorothy C. Wertz, *Lying-In: A History of Childbirth in America*, expanded ed. (New Haven: Yale University Press, 1977, 1989), 212.

²⁸Quote from Lillian Schlissel, *Women's Diaries of the Westward Journey* (New York: Schocken Books, 1982), 109; Sanger, *Woman and the New Race*, 75.

²⁹Fink, *Agrarian Women*, 136-39, 146-47.

³⁰John Mack Faragher, *Women and Men on the Overland Trail* (New Haven: Yale University Press, 1979), 123.

³¹Clarence Meyer, *American Folk Medicine* (New York: Signet Books, 1973), 171-73; Sanger, *Woman and the New Race*, 127; Jack Larkin, *The Reshaping of Everyday Life, 1790-1840* (New York: Harper and Row, 1988), 198; Thomas J. Schlereth, *Victorian America: Transformations in Everyday Life, 1876-1915* (New York: HarperCollins, 1991), 274.

³²"Suicide in 9-7-38," *The Goodland [Kansas] News*, 31 May 1888.

³³"A Sad Case of Suicide by a Wife and Mother. Family Cause and Bad Treatment the Probable Cause," Sherman Co., Kansas, *Republic*, 1 June 1888.

³⁴Inquisition and Coroner's Return of Inquest, Edith Haase, suicide, 28 May 1888, filed 29 May 1888, Sherman Co., Kansas. During the inquest, Edith's husband testified that she had threatened to kill herself about eight years earlier. If this allegation and time frame is accurate, then it was during the time Edith was pregnant with and bore her first child and right before she emigrated from Germany.

³⁵Clayton L. Thomas, ed., *Taber's Cyclopedic Medical Dictionary*, 12th ed. (Philadelphia: F.A. Davis Co., 1973), S-116 and N-45; DeLee, *Obstetrics*, 43.

³⁶As was commonly done by census takers who enumerated immigrant families, the surname for this family was corrupted on practically every census searched.

³⁷1900 U.S. census, population schedule, New York, Manhattan, enumeration district 126, sheet 8B, dwelling 22, family 157; 1905 New York state census, Manhattan, election district 12, assembly district 6, p. 18, 239 Mulberry St.; 1910 U.S. census, population schedule, New York, Manhattan, enumeration district 116, sheet 21 B, no dwelling number listed, family 356; 1915 New York state census, New York City, election district 13, assembly district 1, p. 61, 156-B Sullivan St.; 1925 New York state census, New York City, election district 29, assembly district 2, p. 76, 156 Sullivan St.

³⁸1900 and 1910 U.S. census entries and 1905 state census entry, as above.

³⁹*Ibid.*

⁴⁰1900 and 1910 U.S. census entries, as above.

⁴¹Letter to author from Esther Katz, Ph.D., editor and director, The Margaret Sanger Papers, New York University, 29 July 1993.

⁴²Thomas, *Taber's Cyclopedic Medical Dictionary*, A-6-7.