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Al McCormick
M2, amccormick919@comcast.net

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INFANT MORTALITY AND CHILD-NAMING:
AN EXPLORATION OF AMERICAN TRENDS*

Albert E. McCormick, Jr.
M² Research and Consulting

* Contact the author at mccormick48@cox.net or 2832 Glen Echo Drive, Lizella,
Georgia 31052

INFANT MORTALITY AND CHILD-NAMING:
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ABSTRACT

Parallel with anthropological literature, analysis of genealogical data shows a strong relationship between infant mortality rates and allowing deceased infants to remain unnamed. This was especially true for infants dying shortly after birth. Findings suggest the question, “When does life begin?” has had social as well as biological and religious answers.

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Introduction

Naming ceremonies, baptisms, and similar social presentation rituals are usually the first rites of passage through which individuals pass. This is because birth itself is not necessarily adequate for acceptance into the group. Rather, a formal presentation rite represents the *process* of becoming a member of society (Vivelo 1978). Until then, as with any rite of passage's transitional phase, an infant is in social limbo, occupying a social position of anonymity and an absence of status (Kottak 1996).

In a representative sample of the world's cultures, Barry and Paxson (1971) found that only 11% had no presentation rituals. About 40% held such ceremonies within two months of birth, while nearly half waited until the child was older, held two or more ceremonies, and/or showed marked concern with such rites. In many cultures, infant mortality is so high that presentation or naming ceremonies are postponed until it seems likely that the child will survive. Until that time, the child does not have a social identity. If it dies, its death is faced with stoicism and equanimity. Likely, the dead child is not publicly mourned, nor funeral rites held for it (Beals 1980; Richards 1972; Scheper-Hughes 1989).

In contemporary U.S. society, rates of infant mortality are relatively low. Historically, however, this has not always been the case. In colonial America, 10 to 30 percent of children did not survive the first year of life. There was a high probability that a typical family would suffer the loss of at least one infant (Vinovskis 1978:553-554). In

an earlier analysis of genealogical information, McCormick (1998) showed that infant mortality rates reached their currently low levels only well into the twentieth century.¹

When recently cataloging a major addition to his genealogical files (Pershing 1924), the author noticed a fairly large number of instances in which deceased children went unnamed. Instead, they were identified simply as “infant,” or sometimes as “baby” or “child.” Sometimes gender was indicated, sometimes not. Sometimes the additional information “unnamed” was added. As leaving a deceased child unnamed is a rare event these days, the link between this phenomenon and past rates of infant mortality could not be merely coincidental. The present study seeks further insights into the historically not uncommon custom of allowing dead infants to go unnamed. The results shed light on once prevalent attitudes toward both death and notions as to when, socially, life began.

The Data

The genealogical data upon which this study is based were derived from published sources tracing four sets of the author’s lineal ancestors (Jordan 1908:50-58; Mansberger 1977; McCormick 1913; Pershing 1924). Supplemental information was gleaned from notes, records, and correspondence in the author’s possession received from his grandmother, Clara McLaughlin McCormick, and aunt, Janet McCormick McDole.

These sources yielded records on 11,804 individuals representing nine generations of blood relatives and (when married) their spouses. Ideally, information for each person

¹ The author’s genealogical data indicate that it was not at all unusual for a couple to lose at least one child. Often, a couple would lose more, sometimes many more. For example, a fourth great-uncle of the author had twelve children, of whom only four survived to their teen-age years. Four died before the age of one, two more before the age of five, and another by the age of nine. A set of the author’s great-great-great grandparents had fourteen children, of whom eight died in infancy or early childhood.

included dates of birth, marriage, and death; number, gender, and birth dates of children; occupation; and cause of death.

However, for a variety of reasons, the data are often less than ideal. In the eighteenth and nineteenth centuries, written records were often sparse. The family biographers were largely untrained in the requisites of scientific data collection. Further, on many occasions they simply did not have access to pertinent information. There is the additional problem of under-enumeration, a problem biasing socio-historical statistics. Chronicles and reports often reflected *effective* rather than actual fertility because the true number of a woman's births was not necessarily recorded. Not infrequently, as this study will further pursue, infants dying soon after birth were matter-of-factly ignored (See Peterson 1969:496-500 for elaboration on factors affecting historical fertility data).² Finally, there is the possible bias of social class, as the data come from a small number of family lines, culminating with the author.

Because of these shortcomings, the findings presented here must be viewed as inferential rather than definitive. The data do, however, add interesting insights into American nineteenth century thought processes about life and death.

Unnamed Infants: Incidence

The data yielded 69 instances of deceased unnamed infants from the year 1800 to the year 1979. These are shown, by decade, in the third column of Table 1. These are

² The problem of under-enumeration is illustrated anecdotally by one of the data sources for the author's great-great-grandmother McCormick. She died at the age of 35 while giving birth to twins, who also died. The source in question reported only the births of her five living children. Pertinent to the thrust of this study, two other sources authenticated the twins' births, but indicated that the infants were not named.

compared to the total number of infant deaths (defined as children who died before reaching the age of one), by decade, for the same time period.

The table reveals that the *number* of infant deaths and unnamed infants peaked around the turn of the nineteenth century. It is also interesting to note that the proportion

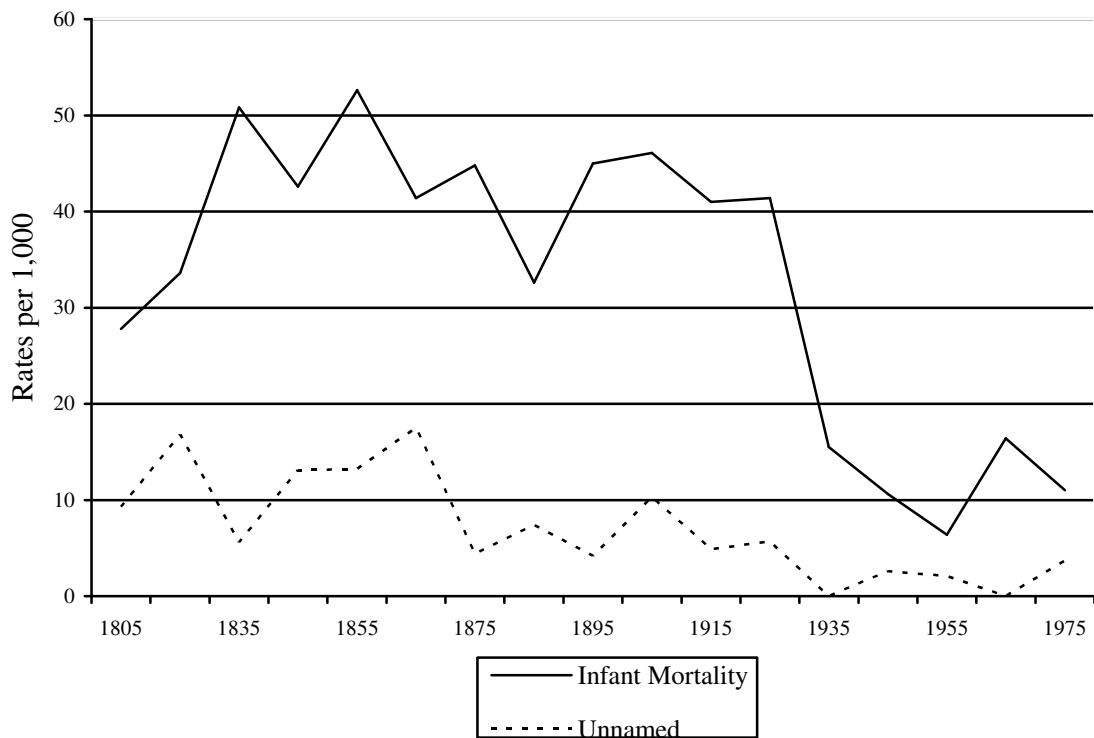
Table 1. Total Number of Infant Deaths versus Number Unnamed, 1800-1979.

Year	Infant Deaths	Infants Unnamed	% Unnamed	No Gender
1800-1819	3	1	33.3%	0 (-----)
1820-1829	4	2	50.0%	2 (100.0%)
1830-1839	9	1	11.1%	0 (-----)
1840-1849	13	4	30.8%	1 (25.0%)
1850-1859	24	6	25.0%	2 (33.3%)
1860-1869	26	11	42.3%	10 (90.0%)
1870-1879	41	4	9.8%	2 (50.0%)
1880-1889	35	8	22.3%	5 (62.5%)
1890-1899	54	5	9.3%	2 (40.0%)
1900-1909	58	13	22.4%	5 (38.5%)
1920-1919	59	7	11.9%	3 (42.9%)
1920-1929	29	4	13.8%	0 (-----)
1930-1939	5	0	0.0%	0 (-----)
1940-1949	4	1	25.0%	0 (-----)
1950-1959	3	1	33.0%	1 (100.0%)
1960-1969	7	0	0.0%	0 (-----)
1970-1979	3	1	33.3%	1 (100.0%)
Total	377	69	18.3%	34 (49.3%)

of unnamed infants to total infant deaths is often high and averages nearly 20% overall. Further, about half of the unnamed infants did not even have their genders indicated in the family records. Their existences were merely noted as “deceased infant.” This was especially prevalent in about an 80-year period beginning in the mid-1800s. Note that 10 out of 11 unnamed infants in the 1860s did not have their genders indicated.

Pure numbers, however, tell only part of the story. More is revealed when rates of infant mortality and unnamed infants (i.e., infant deaths and unnamed infants per 1,000 born in the same time period) are examined. These are depicted in Figure 1. As seen, rates of infant mortality were generally high in the 1800s and early 1900s, dropping rapidly in the 1930s. Rates of unnamed infants tended to follow this trend, giving

Figure 1. Infant Mortality and Unnamed Infant Rates, per 1,000, 1800-1979



support to the notion that allowing deceased infants to remain unnamed is strongly related to higher levels of infant mortality. It is interesting to observe that the rate of not naming a child peaked in the 1860s, at a time when the overall infant mortality rate declined a bit. Speculatively (and reinforced by the observation above on gender

identification) this could be a side effect of a time when the nation was in the great turmoil of the Civil War, a time when even less attention could be given to an infant who had died prematurely.

More is learned when age at death is examined. Precise birth and death dates were available for 230 out of the 308 deceased named infants and 35 out of the 69 deceased unnamed infants, as shown in Table 2. It is observed that close to three-fourths

Table 2. Infant Longevity: Named versus Unnamed

Died (Non-cumulative):	Named Infants	Unnamed Infants
Day of birth	28 (12.2%)	23 (65.7%)
Within 1 week	22 (9.6%)	5 (14.3%)
Within 1 month	22 (9.6%)	5 (14.3%)
Within 2 months	22 (9.6%)	1 (2.9%)
Within 3 months	11 (4.8%)	1 (2.9%)
Within 4 months	19 (8.3%)	-----
Within 5 months	18 (7.8%)	-----
Within 6 months	18 (7.8%)	-----
Within 7 months	9 (3.9%)	-----
Within 8 months	11 (4.8%)	-----
Within 9 months	11 (4.8%)	-----
Within 10 months	15 (6.5%)	-----
Within 11 months	11 (4.8%)	-----
Within 12 months	13 (5.7%)	-----

Total	230	35
Mean Days of Life	126.2	6.1
Median Days of Life	114	0
Precise Birth and Death Dates	230 out of 308 (74.7%)	35 out of 69 (50.7%)

of the named infants had precise dates of birth and death recorded, while this was true for only half of the unnamed infants. The more striking finding, though, is that unnamed infants usually lived only a very short time after birth. About two-thirds died on the days

of their births. Only two lived more than a month. Named infants, however, lived an average of roughly four months. Only about one in ten died on the days of their births and nearly 40% lived more than six months.

Summary and Conclusions

Literature on rites of passage indicates that newborns do not become “persons” until they exhibit likelihood to survive. It is then that the child undergoes some sort of presentation ceremony and is introduced to the community. Until that time, the child does not have a social identity. For a child, this period of status limbo is directly linked to rates of infant mortality. In the United States, rates of infant mortality were quite high until well after onset of the 1900s. It would then be expected that baptisms and naming ceremonies were more than the perfunctory rituals they are now.

Extensive genealogical information available to the author, for the years 1800 to 1979, supports this contention. In this time period, of 377 infants who died before the age of one year, 69 were unnamed. That is, nearly one out of five infant deaths traced in the study did not go through a baptism or naming ceremony. Further, half of the deceased unnamed infants did not even have their genders recorded. The data also demonstrate a strong link between high rates of infant mortality and allowing deceased infants to remain unnamed. This was notably true for infants who died shortly after birth, especially if death occurred on the day of birth. Conversely, the longer a child lived, the more likely it was to have been given a name.

The findings suggest that the question, “When does life begin?” has a social as well as a biological or religious answer. In the cultural history of American society, it is

clear from these findings that birth itself was not a guarantee of full-fledged admission into social life. Rather, in the face of high rates of infant mortality, a newborn was more of an “it” until it could prove itself capable of some viability. In other words, the cost of investing, especially emotionally investing, in a newborn was too high if the child was likely to die. By considering a newborn as something less than human, grief at the death of a child (which can easily become psychologically and socially debilitating, both in the short term and the long term) is minimized.³ In societies with high rates of infant mortality, the living must arrive at coping mechanisms signifying that life goes on. One way of achieving this is by delaying naming and presentation ceremonies until the survival of a child is more likely.

³ In 1946, a close relative of the author lost a (named) child, who died two days after birth. More than 50 years have passed and this relative still goes into a (fortunately) temporary bout of severe depression on the anniversary days of the child’s very brief life.

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