

Meanings of Motherhood: Maternal Experiences and Perceptions on Low Country South Carolina Plantations¹

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ABSTRACT: This paper is a comparative study of the meanings of motherhood for black and white women in the antebellum South. Even the prescriptive literature concerning motherhood penned by women during the first half of the nineteenth century largely ignored the health-related aspects of motherhood. Records of the experience of white plantation mistresses and female plantation slaves in antebellum, low country South Carolina, however, reveal that concerns with health, both mortality and morbidity, dominated the maternal experience of these women. Furthermore, in this particular geographic location, motherhood itself was centred more in the extended family than in the nuclear family.

Introduction

The idealization of motherhood, which became clearly articulated in the early nineteenth century, was heavily imbued with social, religious, and political meaning.² It placed primary responsibility for household harmony, in general, and the physical and moral nurture of children, in particular, on mothers. Women were to be dedicated and self-sacrificing in their maternal duties.³ Prescriptive literature in the antebellum period waxed eloquent about women's "sacred occupation," but largely ignored health-related aspects of maternity such as endemic and epidemic illness and high infant and maternal mortality.⁴ Even literature penned by women focused almost exclusively on the rewards of motherhood and neglected to mention its hardships. For instance, in 1848, Lydia Sigourney, herself a mother, wrote that each birth brought married women to a "higher place in the scale of being."⁵ Although Sigourney, a middle-class woman living in urban New England, may have been exempt from some of the worst health conditions caused by poor hygiene, poor nutrition, and overcrowding, it

is unlikely that she was unaware of the health-related aspects of maternity. Her comment demonstrates that individual experiences and perceptions of motherhood differed, based on specific influences in women's lives.

Many early studies of motherhood focus on how prescriptive literature and the ever changing ideals of womanhood affected parental roles and child rearing practices.⁶ Examinations of the physical aspects of motherhood, which are part of the growing field of the history of women's health, largely examine the history of childbirth, emphasizing the medicalization of childbirth and the concomitant transfer of control from midwives to physicians.⁷ These works deal primarily with the history of childbirth in the urban North.⁸ Works on the South focus more on the "unique" southern factors that surrounded pregnancy and childbirth in the "peculiar institution" than on the experience of motherhood.⁹ Only recently have historians begun to explore the intersections of the social and physical aspects of the maternal experience.¹⁰ This work demonstrates that shifting attitudes towards the social and physical aspects of motherhood in the antebellum period combined to shape meanings of motherhood for various groups of women. Nowhere is this more evident than in the plantation South. Deborah Gray White's statement that, "[s]urely biological and social motherhood had different implications for slave women than it did for white women" seems to go without saying.¹¹ Yet little comparative work of this nature has been done.¹² In the antebellum South where the family "served as the bulwark of the southern social order" motherhood was vitally important, but it had different meanings for different groups of women.¹³

This study explores how a variety of factors influenced the experiences and perceptions of maternity for plantation mistresses and slaves in low country South Carolina. It argues that women's experience of maternity differed according to geographic location, socioeconomic position, and the cultural contexts of race and ethnicity. Second, this study concludes that the heightened importance of the mother-child relationship in the antebellum period did not rest on the foundation of the nuclear family. Southern women, in the context of extended

family structures, maintained the same emotional mother-child bonds as northern women in nuclear families.

The women who form the basis of this study shared a geographical community. They lived in the St. John's and St. Stephen's parishes along the Santee river in the Charleston district of South Carolina.¹⁴ Specific settlement patterns and community construction in this particular area gave rise to a distinctive community, which shaped the circumstances in which experiences and perceptions of motherhood developed. No matter how the idealization of motherhood was expressed in prescriptive literature, its manifestation in the daily lives of women was based on an interplay of perception and experience. Weighing the satisfaction and reward—personal as well as social, religious, and political—against the inherent hardships of maternity, women developed personal meanings of motherhood, depending on their situation.

The Huguenots and Slaves of Low Country South Carolina

In response to the revocation of the Edict of Nantes, 180 French Huguenots fled to Carolina in 1689. They settled on the Santee river in St. James Parish and founded the town of Jamestown.¹⁵ They purchased land from the Santee Indians and, with the labour of some slaves, began to cultivate indigo and rice, and later cotton. The parish prospered and the size of plantations and the labour force grew. Some ten families settled in St. John's Parish, contiguous with St. James. In 1740 St. James Parish was divided and the district of St. Stephen's Parish was created. Due to the nature of settlement, upper and lower St. James were known as French and English Santee respectively but intermarriage and resettlement eventually erased those delineations. This district, "became the most densely populated portion of the State out of Charleston ... [with] [t]he entire swamp in a like manner populated by slaves."¹⁶

The number of Huguenot settlers in this area was sufficient to allow the first generation of native-born colonists to marry among themselves. Descendants of these settlers continued to intermarry; frequently marriages were contracted between

first cousins. Although this type of marriage pattern in early years was probably related to settlement patterns and the geographic proximity of available partners, intermarriage continued as a part of the basic structure of planter families in this area. This concurs with Joan Cashin's conclusion that such matches were "permitted or even sought because [parents] could be sure of the social and financial background of a relative. These matches also prevented wealth from leaving the family."¹⁷

Marriage patterns demonstrate that this group constructed a stable white community in low country South Carolina based on the extended family structure.¹⁸ As shown in figure 1, naming patterns reveal the intertwined nature of the planter community. Names of these families represent, almost exclusively, descendants of original settlers. The result of this pattern of intermarriage was a family structure that was, as Cashin noted, extended, not nuclear as previously thought.¹⁹ This extended family structure influenced the meanings of motherhood for these plantation mistresses and their slaves.

The extended planter family affected both childbirth and child rearing for white mistresses. Unlike the findings of Sally McMullen, who concluded that the rural nature of plantation life often led to loneliness for most plantation mistresses,²⁰ white women in this particular planter community had an extensive support system on which they relied upon throughout their lives. Young cousins, who spent a great deal of time in each others' homes, forged close bonds that continued into adulthood and manifested themselves in practical ways. Women shared their anxieties; supported each other in times of illness and childbirth, either through a shared knowledge of domestic medicine or by sharing household chores; consoled each other in the event of a child's death; and assisted each other with child care through reciprocal visitations, which could last anywhere from a few hours to a few months. In the event of maternal death, surviving children were usually absorbed into the homes of extended kin until the planter remarried.

Few people left this district permanently. In those cases where individuals moved away, however, their correspondence

reveals the importance of the extended family community.²¹ This was especially the case for women. One young woman, Kitty Wilson Crocker, married a widow with children from New York. From her new home she wrote to her cousin:

Tho' so far separated from you all and in a Land of Strangers, my affection has not lost any of its fervour for all those dear friends that I have left, and among them my dear cousin none have a stronger hold on my heart than the inmates of yr. home, and indeed it would be strange were it otherwise for are not my earliest recollections associated with you all ..."²²

The extended planter family structure also influenced the slave communities in this area. The Ravenel plantations in low country South Carolina, with average holdings of over 135 slaves, were optimum environments for the formation of stable, cohesive slave communities.²³ First, sheer numbers served to lessen planter-slave interaction when the owners were on the plantation.²⁴ Second, the custom of this group of planters of leaving their plantations for the summer villages of Pineville or Pineopolis affected the slave community. Although owners made daily visits to their plantations, such visits were usually brief and overseers remained primarily responsible for routine affairs.²⁵ This meant that many decisions made within the slave community, especially those involving family formations, were made free of the interference of white owners.

Records indicate that the extended familial relations among these planters encouraged the development of a larger, stable slave community. First, the Ravenels encouraged two-parent family groupings.²⁶ Second, estate dispersal and the lending or hiring of slaves between relatives meant that although slaves may have been relocated they were often not moved very far.²⁷ Third, inter-plantation relationships of slaves whose owners were relatives were common. These relationships led to kin ties across plantation boundaries.²⁸ The movement of slaves between plantations through marriage, work, or inheritance created the opportunity for slaves to forge kinship ties within the larger slave community.

The extended nature of slave families on the Ravenel plantations is indicated by the naming practices slaves employed. These patterns, demonstrated in figure 2, concur with Cheryll Ann Cody's findings on the importance of the extended slave family in low country South Carolina. Cody's hypotheses, applied to her study of the Gaillard family, another family of Huguenot descent and close neighbours of the Ravenels, are applicable to the Ravenel slaves: (1) the use of family and extended kin names for children indicates the high value placed on extended kin ties; (2) the use, by siblings, of each others' names for their own children suggests the strength of sibling, and especially same-sex sibling, ties; and (3) as suggested by Gutman, broken familial ties were symbolically repaired through naming patterns.²⁹

Large cohesive slave communities with fairly localized movement afforded the opportunity for greater stability within the slave community and the development of extended kin structures. Such communities supported the development of female slave networks which played a fundamental role in both childbirth and child rearing.³⁰ The support network provided by extended kin groups in large slave communities functioned in the same way as it did in the planter community, promoting the development of female networks which had a vital role in childbirth and child rearing.

Community and family structure within this district influenced cultural notions of motherhood. These, in turn, shaped women's experience of maternity. As women balanced expectation and experience, motherhood took on individual meaning in their lives.

Motherhood and the Plantation Mistress

An overview of women's health in the antebellum period reveals that the reproductive experience of plantation mistresses in low country South Carolina differed significantly from that of their socioeconomic northern counterparts.³¹ Malarial fevers and rampant worm infestations were endemic in the South due to its more tropical climate.³² Those illnesses, combined with repeated pregnancy, childbirth, and lactation,

worked to weaken women's bodies. Southern medical treatments, even more heroic than those practised in the North, were often excessive and themselves acted to weaken further the already exhausted bodies of women and children.³³ Ironically, the wealth and station of these families could do little to restore women's health or alleviate their anxieties about pregnancy, childbirth, and maternal and infant mortality.

The women of this study were representative of antebellum southern white women in that they generally married at a young age, produced their first child within eighteen months of marriage, continued to bear children roughly every second year, and unless their fecundity was impaired by childbirth-related illness or they died, they continued to bear children until menopause. For those who survived numerous pregnancies and births, the reproductive cycle was long. Although one woman had an unusually long reproductive cycle of thirty years, it was not uncommon for women to bear children over a fifteen to twenty year period.³⁴ A woman's reproductive cycle was directly affected by the age at which she became sexually active. In the planter community this usually coincided with marriage. Those girls who married very young were more likely to experience a longer reproductive cycle than those who married later. Regardless, once married, unless infertile, women could expect to have a great many years of their lives defined by the experience of motherhood—pregnancy, childbirth, and child rearing.

The southern environment and its endemic diseases affected women's general health and created distinctive conditions for the maternal experience. The region's moist, warm climate combined with the short, mild winter yielded favourable conditions for mosquitoes which spread malaria, for worm eggs and larvae, and a host of other viruses that could not withstand the colder conditions of the North. This was especially the case for plantations in the St. John's and St. Stephen's parishes which were constructed on swamps. "Fever and ague" were predominant in the doctors' account books and personal diaries of Southerners throughout the summer and autumn months. According to Frederick Porcher,

[t]he bane of this parish [St. Stephen's] like that of every portion of America south and west of the Hudson River, was and is the intermittent fever of the autumnal months. This, when of frequent occurrence, becomes habitual, is attended with enlargement of the spleen, a tendency to dropsy and a general prostration of the moral and intellectual, as well as of the physical man.³⁵

The residents of the Santee river basin attributed these annual bouts of fever to "miasma," a vague mysterious substance arising from decomposing vegetation in the marshy swamps of the low country.

Since germ theory was not yet developed, South Carolinians felt that the bad air that rose from these swamps was the cause of the pestilential fevers. The observation that retreat to the higher pinelands for the months of June through November could alleviate bouts of fever led to the establishment of summer retreats for wealthy planters.³⁶ Pineville, settled in 1794, was densely populated throughout the summer and autumn months by residents of St. Stephen's and upper and middle St. John's. Retreat to the pines, however, was not a guaranteed escape from malaria. Children were especially susceptible to the fatal effects of the fever. As Dr. Thomas noted on 8 October 1827,

We heard that Dr. Ravenel in Pineville has lost a child being the second in the course of a week or two days—W. Smith also lost a daughter about ten years old a short time ago in Pineville making the fifth white child that has died there this summer.³⁷

An epidemic of fever in the summer of 1834 drove the planters and their families from Pineville; however, other summer retreats, such as Pineopolis, were subsequently established by wealthy planters who sought to avoid malarial fevers.³⁸

Year after year malaria took its toll on Southerners, lowering their resistance to other infections. For expectant white women it was the single greatest health problem they had to endure.³⁹ The weakening of the immune system experienced by women

in the final trimester of pregnancy made them especially vulnerable to malaria and recurrences of previous malarial infections.⁴⁰ Malaria was an important cause of miscarriage, stillbirth, neonatal death, and maternal health problems in the antebellum South.⁴¹ As Sally McMillen states, present knowledge of malaria makes it easier to understand, in an historical sense, its disastrous effect on pregnant Southerners. The high fevers associated with malaria can lead to spontaneous abortion, premature labour, or fetal death. Because malaria hinders the passage of oxygen and other nutrients across the placenta fetal growth can be impaired. Intrauterine transmission of the disease from mother to child is possible. The destruction of red blood cells increases the chances of anemia. Moreover, quinine, the most frequently prescribed medication for malaria in the 1820s, was a known abortifacient.⁴² Pregnancy and childbirth, coupled with the prevailing illnesses of the South, compounded health problems and made pregnancy a time of anxiety and almost inevitable illness for southern women.

Throughout the antebellum period doctors' involvement in pregnancy was limited to treatments for illness or threatened miscarriage. Doctors' records from this period refer to a woman's pregnant state only when they were consulted on "bleeding" or "miscarriage." Unless a subsequent miscarriage or birth attendance is noted by a doctor, doctors' record keeping makes it impossible to establish whether medical entries, which describe huge amounts of purgatives and sedatives given to women, pertain to pregnant women. Concurrently, it is difficult to establish whether physicians and their heroic cures were themselves responsible for subsequent miscarriages and still births. Because the majority of plantation mistresses were still attended by midwives throughout the antebellum period, doctors' account books cannot tell the entire story. Through cross-referencing doctors' account books with diaries and daybooks, which list births of family and friends, however, it becomes apparent that expectant women tried to combat illness with large amounts of drugs, which included calomel, rhubarb and magnesia, castor oil, camphor, batemacy drops, dalby, and mercury pills.

In addition to physician-prescribed medications, an important aspect of plantation medicine was an extensive domestic pharmacopoeia.⁴³ Home remedies to combat “fever,” cholera, yellow fever, tuberculosis, dysentery, measles, and whooping cough were common. For example, one domestic remedy in this district included: “Scrofula; 1 lb. root--1 ditto inner bark of pine, 1/2 lb. red oak bark—infuse in one gallon water, boil to half a gallon—give three times a day. If stomach rejects so large a dose, give a gill six times a day. Mrs. Dehon’s Receipt.”⁴⁴ Pregnant white women, vulnerable to the endemic illnesses of the South, sought to alleviate their chills and fevers with a plethora of domestic and orthodox medicines.

The anxiety of expectant antebellum white women increased as birth became imminent. Women’s concerns about childbirth included the fear of pain, postpartum complication, and death.⁴⁵ Women in low country South Carolina traditionally surrounded themselves with attendants who supported them through this period of anxiety. Unfortunately, regardless of whether female midwives, relatives, or male doctors attended the birth, parturition often proved painful and distressing and frequently resulted in permanent health complications.

Social childbirth continued to be predominant for low country South Carolinian women in the antebellum period.⁴⁶ All of the recorded births took place in the home of either the parturient or one of her kin and were attended by some close female relative, a midwife, and/or doctor.⁴⁷ The exact proportion of midwife- and physician-attended births is impossible to define conclusively. Although physician-attended births were noted more frequently in later years, the number of obstetrical attendances recorded by the doctors is very small for the population base of this area and leads to the conclusion that midwives remained the chosen birth attendant of plantation mistresses in the antebellum South.

Even the wives of doctors arranged for midwives to attend them during their births. The midwife used by Harriet Thomas for her first five confinements was a slave known as Old Peggy, who had a fairly large and relatively independent

business in St. Stephen's parish. It was necessary to engage her in advance of the expected confinement, as noted by John Thomas on 18 January 1828.

As this was the time that Harriet expected her confinement, Old Peggy (a wench of Mr. Palmer's that we had when Anne was born) had previously been instructed to come—she accordingly came this afternoon; H[arriet] is however, quite well.

As Harriet Thomas did not deliver within the following few days, Old Peggy left to go to Dr. Gaillard's, another neighbour, who had hired her to assist in "party preparations," and was instructed that she would be called for when needed. Old Peggy did return on 12 February to attend Harriet Thomas' birth and remained with the Thomases until 27 February when she "left us this morning of her own accord and against our wishes; she said she required some rest before she went to Mrs. P. Gaillard's to whom she is engaged next month, in her expected accouchement."⁴⁸ Old Peggy was obviously in sufficient demand throughout the district that she was able to have a certain degree of autonomy over her comings and goings. Moreover, she was paid directly, unlike the common practice where the slave's owner was paid for the slave's services.⁴⁹ Although midwife-attended births cost less than physician-attended births, the fact that midwives were attending the births of wealthy women and doctors' wives demonstrates their enduring importance as birth attendants for plantation mistresses in the antebellum South.⁵⁰

A woman's and her attendants' greatest fears were realized when a birth did not go well. Harriet Thomas, who experienced no difficulty with her first birth, was faced with trauma at the birth of her second child. Nearly three weeks after her expected confinement, she finally went into labour. Her husband, Dr. John Thomas, in describing the birth said,

Harriet's pains continued at regular intervals until 5 minutes before 2:00 in the afternoon when she was delivered of a very large and healthy looking Girl, to my great disappointment and sorrow. She suffered a great deal and

after the labour was completed and during its completion, underwent so great a degree of hemorrhage [*sic*] as to put her life in great danger, and it is but now that she says, that she feels better, she is however not yet free of dangerous symptoms, she has declared that she will not have another.⁵¹

It is difficult to ascertain the role of Dr. Thomas in halting the hemorrhage. It is evident, though, that his presence itself did not stop the hemorrhage from beginning in the first place. Women's fears about death in childbirth were grounded in experience, their own or someone else's that they knew well.

Death due to childbirth or childbirth-related illness was not uncommon. The journals and letters of these planter families are filled with accounts of women whose deaths were attributed to childbirth-related illnesses. For instance, John Thomas recorded a childbirth-related death by stating, "[h]ear that Dr. T. Couturier had lost his wife in Columbia, whither they had gone for the benefit of her health. This is the second wife he has lost in the last 18 months and he is not yet 24 years old."⁵² Thomas's own wife, Harriet, who had suffered so dreadfully with the birth of her second child, died in 1835, at the age of twenty-five, after the birth of her sixth child in eight years.⁵³ The first two wives of Dr. Henry Ravenel also died as a result of childbirth-related illness. His first wife, Catherine Stevens, died after the birth of her second child who lived only one hour. Mary Esther Dwight, his second wife, died of "toxic convulsions" in the eighth month of her pregnancy.⁵⁴ Dr. Henry married a third time to twenty-three year old Elizabeth Porcher, who did not die as a result of childbirth-related illness but must have suffered from severe fatigue following a series of closely spaced pregnancies. Her last child, born when she was forty-two years old, lived but one hour. Elizabeth died six years later at the age of forty-eight as a result of "a long and painful sickness."⁵⁵

For women, who served as principal comforters and nurses, the customary practice of extended family gathering around the sick bed would have heightened awareness of the connection between childbirth and either illness or death. For instance, after the death of Henry W. Ravenel's wife, which

occurred at the home of his brother and sister-in-law, Elizabeth Wilson Ravenel, he wrote to his sister-in-law :

I am home now without the light which always made my home so sweet to me I devise much consolation also in the recollection of those devoted attentions which you all showed around her bedside—I can never forget them, I know they need no formal expression of thanks from me, for they were the spontaneous tribute of love from each of you, and all seem to feel the gratification of seeing her at that time and of showing her their affectionate regards⁵⁶

Those women who did survive pregnancy and childbirth often suffered with related health problems for the remainder of their lives. Prolapsed uterus did affect a few women to the extent that they were forced to wear a pessary to hold the uterus in place.⁵⁷ Fatigue and general illness after childbirth were also common. Pregnancy and childbirth, coupled with endemic illnesses, combined to make these women's health generally poor.

It is difficult to know whether poor health led women to desire to limit their pregnancies. If these plantation mistresses did try to limit their conceptions, they do not appear to have been too successful. Although there is evidence of knowledge and practice of birth control in the slave community the records used here do not yield any information about the use of birth control by white women. It appears that breast feeding, which was widespread, however, had some impact on the timing of conception.⁵⁸ The data on the Ravenel family women indicates an average birth spacing of slightly less than two years. In the event of a still birth or death in early infancy, a subsequent birth usually followed within a year to eighteen months. For instance, as a result of infant death, five of Mary de St. Julien's births were spaced between twelve and fifteen months apart.⁵⁹ This trend seems to indicate that had white women not breast fed their own infants they would have experienced even more frequent pregnancies.

The primary reason that plantation mistresses in low country South Carolina breast fed their own infants was their concern

over the baby's health. This concern was primarily related to the high rate of infant mortality and illness in the South. Census statistics for 1850 show that 55 per cent of all deaths among whites occurred among children under five. In the federal census of 1860, cholera infantum, or summer diarrhea, which was particularly common from late spring to early autumn, was reported to be five-and-a-half times more prevalent in the South than in the North.⁶⁰ The endemic nature of the illness and the number of deaths attributed to it made "bowel complaint" a serious concern of southern parents. Although they were often unaware of the specific causes of "bowel complaint,"⁶¹ there seemed to be a consensus among Southerners that providing optimum nourishment for the baby in the form of maternal milk was the best way to protect the baby's health.

Even though breast feeding provided optimum nutrition for the baby, it took its toll on already fatigued female bodies. Breast feeding could be accomplished with some ease after a healthy pregnancy and delivery. Often breast feeding followed a difficult and tiresome pregnancy and was an added exertion on an already exhausted body. If an infant was too ill to breast feed or did not feed properly, sore, painful breasts were the result. Henry Ravenel of Hanover commented, "our child died last evening with thrash and oppression—buried Thursday at Pooshee—my wife very sore breast & breaks in several places, was sore 4 or 5 weeks."⁶² Occasionally women made the decision not to breast feed. This elicited comments from other women as seen in Elizabeth de St. Julien Ravenel's remarks about her daughter Nancy. "Nancy is preparing for her confinement. She means to rear the child by the spoon—she is the [illegible] how many fine children in England are reared that way."⁶³ Although we now know that breast feeding can benefit the mother, the decision of antebellum plantation mistresses to breast feed did not stem from any notion of maternal health benefits but from concern over infant and childhood health.

Family correspondence demonstrates maternal anxiety over children's poor health. Susanna Stevens wrote to her sister Maria Ravenel:

Since writing you on Sunday, Catharine has had the fever everyday—it goes of [*sic*] in the evening, and comes on again the next morning—she is about twelve hours without, it is not a violent continual fever as that she had last summer, but I am afraid it will be hard to cure—she will probably have it untill [*sic*] frost or she changes the air. Her father speaks of carrying her up to you but at present she is too sick to travel. She looks very bad. Henry continues getting better, I would think him much better if it was not for the swelling I observe about his face and eyes in the Morning, and the tops of his feet in the evening; but he is so cross that I have no rest either day or night. I really wish it was possible that we could all go up to you—it would be the best medicine for the two that are sick.⁶⁴

A large part of the maternal experience was nursing sick children.

In treating numerous childhood ailments southern medical practitioners advocated and practiced the heroic treatments for which they were renowned. It was felt that diseases distinct to the southern climate required excessively large doses of medication. This larger dose was required to produce the necessary effect that half the dose might accomplish in the cooler northern climates.⁶⁵ Prescriptions for cholera infantum usually included a dose of rhubarb and magnesia, followed with a purging of calomel.⁶⁶ Small children and infants were subjected to “a great deal of calomel and other medicines” which often “produced dreadful sickness at stomach and vomitting.”⁶⁷ It is no wonder that mothers often turned to herbal remedies in the treatment of childhood illness. Regardless of the obvious effects of heroic treatments on small bodies, substantial mortality rates in this area led parents to do whatever they felt necessary.

The disease environment in the South, which gave rise to high infant and child mortality rates, contributed to the sense of inevitability and desperation that pervades the writings of antebellum low country South Carolinians. In reference to the urban North, Nancy Schrom Dye and Daniel Blake Smith state, “[a]s their infants grew mothers became more

anxious and appear to have regarded serious illness as inevitable. Accounts of children's illnesses and their treatment consume a significant part of nineteenth-century writing."⁶⁸ Dye and Smith conclude that this changed pattern of writing was a response to a shifting "mode of mothering" in the American past. The first important shift in "modes of mothering" was from "extensive" mothering in the colonial period which was "shaped largely by the permeable household structure of colonial America, in which neighbours, friends, and kin played significant caretaking roles ..." to "private" mothering in the late eighteenth century which was shaped by a "strikingly affectionate, self-consciously private family environment in which ... a child's welfare lay primarily in the hands of loving, watchful mothers." They argue that the shift to "private" mothering coincided with the intense emotional bonds that developed between mothers and their children. Yet, low country South Carolinian plantation mistresses who continued to practice the "extensive mode of mothering" throughout the antebellum period experienced the same intense emotional mother-child bonds that northern women in nuclear families did. Even without a "self-consciously private environment," the "belief in the centrality of mothers to infant well-being"⁶⁹ prevailed in the South. Although the move towards a more private, nuclear family certainly influenced women's perceptions of themselves as mothers,⁷⁰ it was not a prerequisite for the formation of the intense mother-child bonds that we read about in nineteenth-century prescriptive literature.⁷¹ The heightened importance of the mother-child relationship did not rest on the foundation of the nuclear family.

Women's writing attests to the "importance of infant death in shaping maternal experience and consciousness"⁷² in low country South Carolina. One woman wrote to her cousin:

my Darling Mary continues ill but I hope and trust through an all wise and merciful God she may yet be spared and restored to her health, but at present I have very little hope as she has commenced Swelling again and her breathing very difficult.⁷³

When Elizabeth and Thomas Porcher Ravenel's nineteen-month old son, Rene, died, Elizabeth was inundated with letters from relatives and friends who shared her grief. Elizabeth's mother, Margaret Wilson Heyward, who had been with her at the time of Rene's death, wrote:

My dear Child, I have been wishing to write you since I got home and yet could not make up my mind to set about it and I felt that all the consolation I could offer would seem but a mockery while your bereavement was scarcely realized and above all I always feel as if when God is speaking it becomes more of the duty to keep silence before Him. I can only tell you how your Mother's heart yearns over you and how gladly I would carry all your burdens....⁷⁴

Elizabeth's sister, Hattie Wilson, also remarked on the sense of inevitability that surrounded childhood illness and death. Writing to their mother she said:

O what a terrible shock your letter was yesterday, for although I knew dear baby was very ill still I hoped against hope ... Dear Brother and Sister, how empty their room, and how desolate their hearts must have felt last night, and how very hard it must be for them to feel, "He doeth all things well." I am afraid we often say, "It is the Lord let him do what seemeth him good; not that we really feel it is for the best, but because we cannot alter circumstances by saying otherwise."⁷⁵

For these plantation mistresses, illness and the imminent possibility of maternal or childhood death were an integral part of motherhood. No family remained untouched by either.

In spite of the hardships, the social, political, and especially religious rewards of motherhood in this community heavily influenced the positive meaning these women gave to motherhood. Women who fulfilled their duties as mothers held tight to the promise of glory in the afterlife. Elizabeth Ravenel, the third wife of Dr. Henry Ravenel, bore eleven children in eighteen years, but only six survived past childhood. Following her death at age forty-six, her cousin consoled her

widower: “[i]n the peaceful departure of yr. dear wife you can indulge the blessed assurance that she has entered the Church triumphant and is now in the presence of our dear Lord and Saviour.”⁷⁶ Perhaps because they had so few choices, plantation mistresses in this community placed a great deal of value on motherhood’s social and religious rewards in determining its meaning in their own lives. The context of this community greatly influenced meanings of motherhood for plantation mistresses. So, too, was motherhood for slave women influenced by factors unique to the slave community.

Motherhood and the Plantation Slave

Motherhood affected the daily lives of slave women in ways not experienced by their mistresses. Enslavement affected their experiences and actions as mothers while being mothers affected their experiences and actions as slaves. Slavery also affected slave women’s perceptions of motherhood for at no time did a blood relationship provide legal security against separation. Owners defined the framework of motherhood for slave women; purchase of a slave included the purchase of “her future issue and increase.”⁷⁷ Slave women were expected to reproduce the slave population and their economic value depended on their ability to do so. Deborah Gray White notes that legal policies were established throughout the South to avoid the misrepresentation to potential buyers of infertile women as fertile. Buyers who purchased women certified as fit to bear children and could demonstrate they had been wilfully misled were legally entitled to a refund on their purchase. Since most owners expected five or six per cent of their profit to accrue from natural increase, slave women experienced pressures throughout their reproductive years from which free women were exempt.⁷⁸ Although slave women’s ability to reproduce was largely dependent on the same variables which governed white women’s ability to reproduce—maternal and childhood health and orthodox and domestic

health care—these factors manifested themselves in unique ways in the slave community.

According to plantation records, the women of this study are representative of other slave women in the South. They bore their first child around twenty-one years of age and continued to bear children roughly every thirty months until they reached menopause.⁷⁹ Not all of the family groupings reconstructed for this study give complete information about each slave family for the duration of the woman's reproductive cycle. Although some women had very large families, some of the records indicate small families, with women sometimes having only one recorded child. Several conclusions are suggested by this. First, the female slave could have been sold eliminating her from the records. Second, there is some indication that smaller family groupings were the result of maternal death; death of the mother is shown through a notation in a separate record. The final reason for some of the smaller family groupings was probably the practice of effective birth control by slaves on the plantation. For those women who did continue to bear children, it was not uncommon for reproductive cycles to vary between twenty-two to twenty-seven years in length.

Length of the reproductive cycle and birth spacing were two important determinants in fertility rates. Although cliometricians have provided numerous statistical analyses of fertility rates based on averages and means, these figures are not terribly revealing about the experience and perceptions of motherhood for slave women. Careful and innovative analysis of the length of reproductive cycles and birth spacings, however, can give some insight into maternal experiences. Consider the age of slave women at the birth of their first child. A great deal of discussion has centred on whether or not slave women were able to delay maternity beyond menarche.⁸⁰ Robert Fogel and Stanley Engerman's argument that slave women assumed white Victorian morals and were sexually prudish, delayed marriage, remained monogamous, and created stable families is dependent on their determination of the age at

which women gave birth to their first child. They place this age at 20.66 years.⁸¹ Herbert Gutman has argued for a far younger average age at first birth of 17.7 years.⁸² In her study of the Ball plantation in low country South Carolina, Cheryll Cody found an average age at first birth of just under twenty years.⁸³ Information in the Ravenel records allows for conclusive identification of the age at first birth for only forty-nine women.⁸⁴ For these women the average age at first birth was 20.73 years. This figure seems to support the contention that intercourse was delayed well after menarche. We cannot conclude, however, that this figure was the result of Victorian prudishness.

Even taking into account factors such as the effect of work, age, nutrition, and the health of slave women which all affected fertility rates,⁸⁵ the ways in which slave women did or did not delay maternity can reveal information about the age at which slave women became sexually active. Fogel and Engerman's findings of the age of women at first birth refer to the birth of the first live child. The figures included for the Ravenel family slaves include first births that were stillbirths. Interestingly, many of the stillbirths among first born on the Ravenel plantations were to mothers under the age of twenty. There is insufficient recording of miscarriage or abortion to determine their prevalence. Had all miscarriages and abortions been taken into account, the average age of first pregnancy as opposed to actual birth might have been lower, indicating that slave women may have become sexually active earlier than is shown by their age at first birth.

Another area which provides insight into the maternal experience is birth spacing. According to records of eighty-nine women for whom there were more than four recorded births, the average spacing between births on the Ravenel plantations was 33.95 months.⁸⁶ What is not evident from these figures, however, is that some births were very close together and others were much farther apart. As seen in figure 3, breast feeding appears to have had a similar impact on birth spacing for slave women as

it did for plantation mistresses. In the event of stillbirth or death in early infancy, subsequent recorded births almost always occurred within a year to eighteen months. Another common figure is the significantly longer gap between the first two or the last two births. Elimination of these figures from the calculation would decrease the average space between births. One more proviso in an interpretation of birth spacing is the inability to determine accurately the frequency of miscarriage, whether spontaneous or induced. Because records of miscarriage were not included in these slave birth lists but were prevalent in the doctors' medical account books, it would seem to indicate that slave women were pregnant more frequently than is shown by statistics on birth spacings. Therefore, even if she did not give birth to large numbers of children, repeated pregnancy was an expected part of a slave woman's reproductive years.⁸⁷

Repeated pregnancy, even if aborted before term, would have had a significant impact on slave women's lives and health. Pregnancy was a great trial for slave women. As one former slave from South Carolina commented: "Oh, I buss one time. Buss from here till it get to my groin it stop. Every time I get family, I swell."⁸⁸ John Campbell has argued that a child's chances for surviving to its first birthday were directly related to the mother's workload in the first half of pregnancy.⁸⁹ Since approximately one-third of the mother's iron stores is consumed to form the fetus's blood, extreme fatigue is experienced in early pregnancy. Another condition of early pregnancy, vomiting or upset stomach, is caused by hormonal imbalance. Many slave women had little respite through this period. Although overseers often assigned lighter work loads to pregnant women, they often demanded visible proof of pregnancy to do so. This did not usually occur until approximately half-way through the second trimester. Slave women who complained of being ill but were not visibly pregnant were often accused of fabricating illness and were frequently punished. Sometimes this was unwarranted as in the case of John Thomas's slave Sary. Thomas noted in March of 1830, "I whipped Sary myself for feigning sickness,

as I thought." Five months later he recorded, "Hagar and Sary both confined of boys."⁹⁰

Unless a woman experienced severe illness causing alleviation of her work load, she often went without needed rest throughout the critical period of the first half of her pregnancy. This increased chances of the infant dying in its first year of life. Coupled with the conclusion that a reduced breast feeding period increased chances of early subsequent pregnancy, I suggest this led to a cycle of deterioration of women's health which was carried into subsequent pregnancies. Poor health and nutrition accompanied by a heavy work load led to elevated levels of miscarriage for slave women. Records indicating treatment of miscarriage (which were noted in the following manner, "December 3-12, 1824—several visits to Biss for attendance and medicine for miscarriage—\$12.00"⁹¹) are not sufficiently detailed to allow for conclusions as to whether the majority of miscarriages were spontaneous or induced. Their frequent recurrence in doctors' records, however, especially in comparison to occurrences of similar treatment for white women, allows us to conclude that miscarriage was a more frequent health concern for slave women than for white women. The energy, mineral, and vitamin stores expended to support a pregnancy in its early months and the energy required to recover from infections of hemorrhage associated with miscarriage was an added burden in the reproductive health of slave women.

Pregnancy-related illness was also a concern for slave women. Because slave women, like plantation mistresses, nursed each other through childbirth and illness, childbirth-related illnesses and maternal mortality in the slave community would, no doubt, have roused the same anxiety and fear for slave women that we know white women experienced.⁹² John Thomas recorded, at length, a case of eclampsia, an illness of late pregnancy, suffered by his slave Betsy. Betsy suffered from convulsions before delivering a still-born boy, and she died about two days later, still convulsing. Thomas had two other slaves stay with her during her last days. In the slave community awareness of death related to pregnancy

would have acted in much the same manner as it did in the planter community.

Parturient slave women were attended by a granny midwife and other women from their own community who supported them through labour and performed post-partum rituals to protect the newborn.⁹³ Physician-attended births were limited strictly to difficult or tedious labours. Although physicians recorded longer attendance time for their presence at the births of white women, high fees for obstetrical attendance on slaves reflect the severity of the cases which required a doctor's intervention. Dr. Andrew Hasell noted the following account after obstetrical attendance on Molly: "August 19, 1831 Delivering Molly after a tedious labour, \$50.50; August 20-25, 2 visits/day [\$] 2.14; August 26-September 1, 1 visit/day, [\$] 1.70. Amount due for Molly and child: [\$] 90.80." Another difficult labour was noted: "Delivering of Amy at Brookgreen—48 hours in labour—24 since rupture of membrane—one foot delivered the other over the neck. \$50.00."⁹⁴ Unfortunately physicians did not record the outcome of cases like these so it is impossible to say whether their attendance at tedious labours saved either mother or child.

Following childbirth, slave women faced many related physiological disorders. Inflammation of the breasts or mastitis, inflammation of the veins in the legs or phlebitis, and fallen womb or prolapsed uterus were the most common ailments of childbearing women. Mastitis often followed childbirth as lactation began. Doctors record mastitis as a regular complaint of slave women. Left untreated it could lead to extreme illness and pain and the inability to feed the newborn. Phlebitis, another complication of pregnancy, resulted from combined pressure of the fetus on the veins of the legs and the increased volume of blood being moved through those veins. Heavy lifting and extended periods of standing and walking aggravated the condition. In addition to great discomfort associated with phlebitis, formation of a blood clot in the infected vein could create serious problems if the clot were to dislodge and travel to the lungs.

Prolapsus of the uterus was a more common complaint of slave women than of white women. The primary reason for this was probably the combination of repeated pregnancy, childbirth, and a heavy work load which combined to weaken the muscles that hold the uterus in place. The pain, discomfort, and danger of serious infection made this disorder a significant source of health problems for slave women. Prolapsus of the uterus was usually treated with the insertion of a pessary. This did not cure the prolapsus and its specific value in decreasing discomfort or reducing infection is uncertain. Without use of the pessary, however, the slave woman's productive capacity would have been greatly reduced. Conditions like prolapsed uterus or phlebitis, which impeded a woman's productive or reproductive capacity, affected her security to stay on the plantation since this was contingent on a woman's ability to fulfil both roles and would have increased women's personal anxiety about being sold.

In light of the balance of production and reproduction, birth control within the slave community has been of great interest to historians. Richard Steckel has argued that, "[c]ontraception is usually practiced to avoid the burden of supporting a large family. Since support was provided by the owner, this burden did not exist for the slave."⁹⁵ Moreover, Steckel has concluded that the bearing of children well into a woman's forties was evidence that slaves did not practice contraception. Since knowledge of contraception was limited in this period for all women, it may be acceptable to say that contraception, if practiced, was not too successful. Abortion, as a form of birth control, as opposed to contraception, however, was practiced by slave women, as historians Elizabeth Fox-Genovese and Deborah Gray White have shown.⁹⁶ The lack of information about this behaviour on these plantations makes the frequency of induced abortion difficult to determine. Because slave women managed to delay their first birth for about two years after menarche, however, some form of birth control must have been practiced. Slave mothers, anxious to shelter their daughters from being rushed into motherhood at too early an age, often chose to withhold knowledge about pregnancy and childbirth

completely. Additionally, mothers watched their daughters very carefully and discouraged any relationships with the opposite sex.⁹⁷ Abstinence enforced by watchful mothers can be considered a valid form of birth control. There is also evidence that the slave women from these plantations, who were routinely responsible for obstetric care in the slave community, knew how to produce abortions using various herbs and roots.⁹⁸ Slave women were able to exert some control over their reproduction. Although their reasons for doing so are not clear, the use of birth control demonstrates that motherhood had specific meaning in the slave community and slave women acted accordingly.

Slave mothers had even more cause to fear infant and childhood mortality than plantation mistresses. The federal census of 1850 revealed that twice as many slave newborns died as white babies.⁹⁹ Childhood mortality among slaves was five times that of whites.¹⁰⁰ The frighteningly high mortality rates have been attributed to poor maternal nutrition, excessive maternal work load in early pregnancy, and poor hygiene and living conditions after birth. Mothers whose bodies were already nutritionally exhausted gave birth to babies who suffered from mild malnutrition at birth.¹⁰¹ Neonatal tetanus killed many slave babies in their first two weeks of life. Always fatal, we now know it is caused by infection of the umbilical cord. Poor hygiene, or rituals in which the umbilical cord was dressed with dung, led to the excessively high rates of neonatal tetanus among slave infants.¹⁰² Worms, whooping cough, and cholera infantum were perpetual killers of slave children as well.

Slave mothers often fought a losing battle against the ravages of southern disease, ill health, and malnutrition. Slave records of the Ravenel family indicate that although most women could expect half of their children to survive childhood, some women had dismal records where none or only one of their children survived. Epidemics like measles that swept through slave communities took their toll, especially on children. On 9 December 1846, Dr. Henry Ravenel noted: "have lost 23 [N]egroes from mid-May to this time—4 adults, 19 children under 12 due to measles."¹⁰³

Of the eleven deaths he noted among slaves on his plantation in 1860, seven were infants and two were children under five.¹⁰⁴

High infant and child mortality rates attest to the time that slave women would have spent nursing sick children. Their position within a large extended slave community meant that emotional support and knowledge of domestic medicines was close at hand. Poor sanitation and poor nutrition, coupled with endemic southern illnesses, however, meant that the chances of a new infant surviving childhood were poor. There is no reason to assume that the sense of inevitability and desperation experienced by slave mothers would have been any less than that experienced by their mistresses. The physical burden of nursing sick children exacerbated already fatigued mothers whose health was stressed by the combination of repeated pregnancy, poor nutrition, and a heavy work load. Although slave women were given a lighter work load when they could provide proof of pregnancy, and were given about a month away from field work after the birth of their child, they were expected to return to full productive capacity after that period. There is no indication that they were given a lighter work load when they were nursing sick children. The pressure of maintaining productivity while fatigued and anxious from nursing a sick child must have been great.

A fundamental difference in maternal experience and perception for slave women was the fear of sale. Prolific women were an economic asset for their owner and retained a more secure position on the plantation; non-prolific women were sold. The stable slave community on the Ravenel plantations, with its extended kin networks, would have provided emotional security for its members. The desire to remain a part of that community was no doubt strong. Therefore the "security that often accompanied motherhood served to reinforce its importance,"¹⁰⁵ especially in extended communities like those found in this district.

The personal security a woman gained from motherhood did not necessarily extend to her offspring. Very young children had little sale value and were usually not sold. If they survived childhood their security on the plantation was decided

by the planters' perception of their future productive or reproductive capacity offset by the cost of maintaining them. No period of motherhood then was without anxiety for slave women. They worried about their children's survival through infancy and childhood, and after that they worried about their sale. Throughout this period, their own security on the plantation was based on maintaining their productive and reproductive capacity.

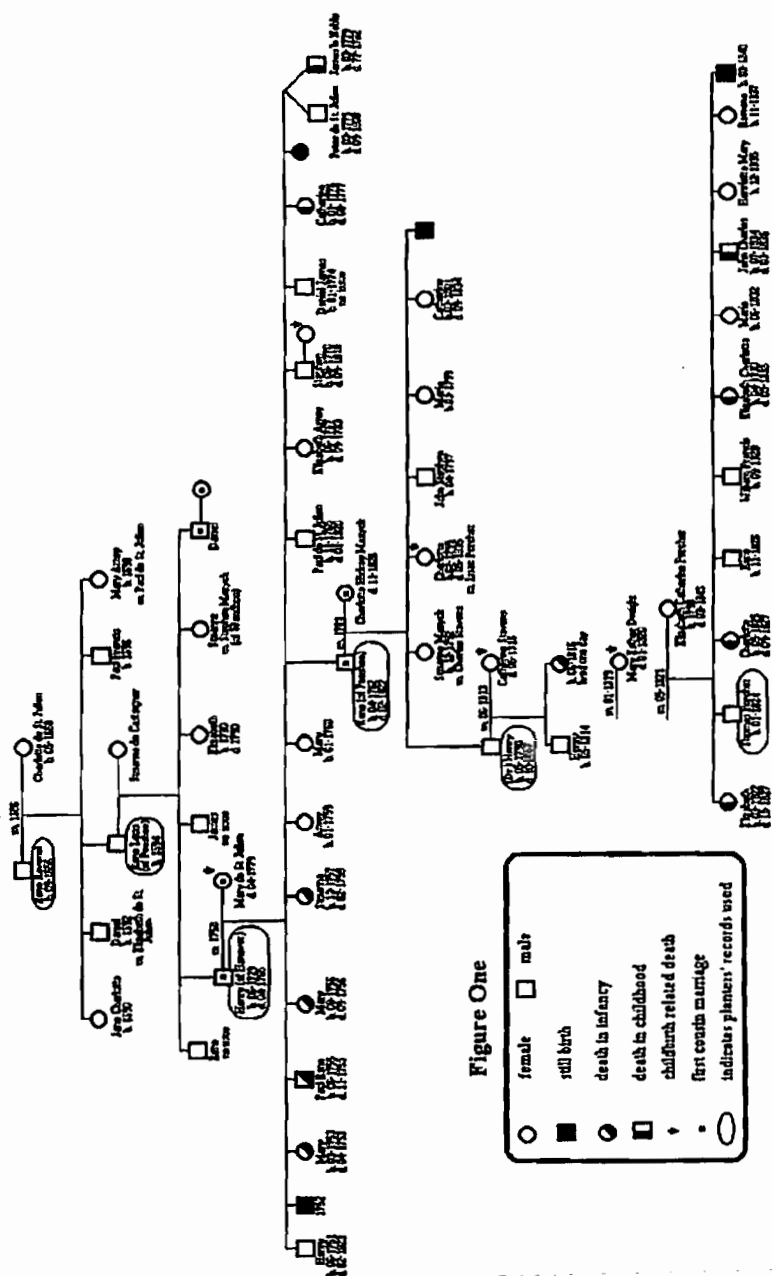
Enslavement created an environment in which motherhood had different meanings from those in the planter community. Because a slave woman's reproduction was an integral part of the formula to maximize profit, her economic value depended, in large part, on her fecundity. As White has argued, however, the almost sacred nature of motherhood in the slave community, which was rooted in the African past, meant that even though additional security could be gained through maternity, motherhood was not to be taken lightly.¹⁰⁶ Young slave women on the verge of adulthood experienced the tensions created by the pressures of the planter community and the values of the slave community. For a large portion of their lives most slave women could expect to bear the double burden of reproduction and production. Therefore, although these two groups of women lived in the same geographic community, motherhood had different meanings for each of them.

Conclusion

In southern society, where family and kin were foundations of the social structure and southern public life, motherhood held special meaning. For southern women, black and white, motherhood was exhausting, demanding, and rewarding. Motherhood was demanding for all women in the antebellum period, but the insalubrious southern climate and its related illnesses made it particularly arduous for mothers in the South. In spite of these conditions, southern women placed a great deal of value on their maternal duties. White women's writings attest to both the intense emotional bonds mothers developed with their

children and the satisfaction they gained from motherhood. The safe birth of a healthy child and its survival to adulthood was a source a pride for many antebellum women. There is no reason we should assume slave women, their mistresses, nor northern women, were any different from each other in this regard. Women, within the framework of their own communities, adapted social prescriptions to fit their circumstances and ultimately defined the meaning of motherhood for themselves.

Ravenel Family - Partial Genealogy



Slave Family Genealogy Showing Naming Patterns of Kin Groups on the Ravenel Family Plantations

owned by Rens of Pooshee

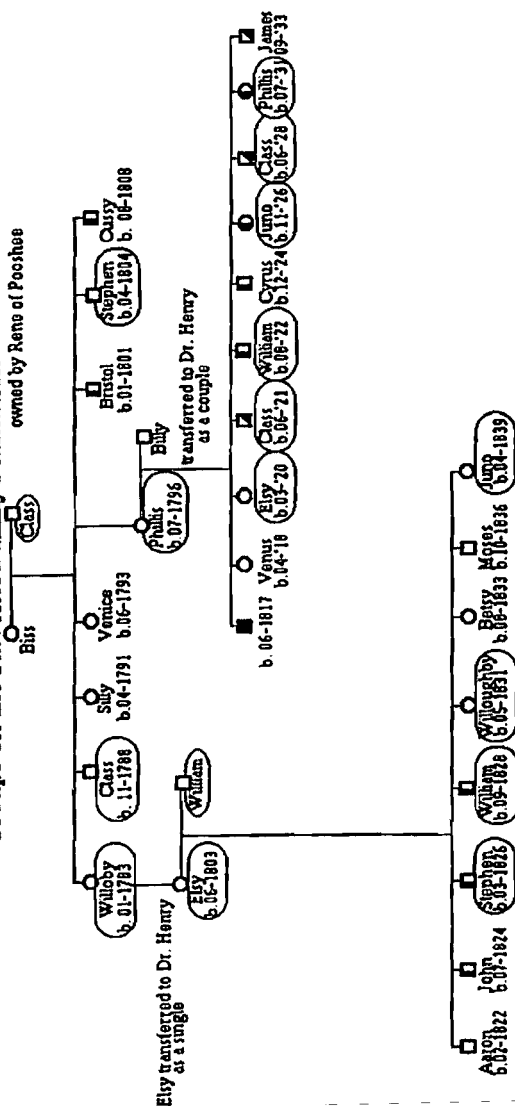


Figure Two

'Much of the present work on the history of motherhood deals primarily with maternal experiences which were integral in the construction of meanings of motherhood. The idea of perceptions of motherhood, however, were an equally important component. Many of the meanings that surrounded motherhood included perceptions of motherhood, perceptions held by men and women, married and unmarried. Perceptions of motherhood were an important aspect of the socialization of young girls and ultimately influenced the lives of all women, whether they experienced motherhood or not. As such, they need to be included in a more complete understanding of the history of motherhood. This paper is an initial attempt to integrate perceptions of motherhood into the larger history. Because perceptions of motherhood vary as do experiences, the conclusions offered here are not meant to be generalizations but demonstrate how perceptions of motherhood differed with circumstances just as maternal experiences did. I would like to thank the following for their comments on earlier versions of this paper: the anonymous referees for *Past Imperfect* and Leslie Schwan and Deborah Gray White, who commented on this paper at the Tenth Berkshire Conference on the History of Women at the University of North Carolina, Chapel Hill, June 1996. Most especially, I thank Susan L. Smith, at the University of Alberta, who carefully and expertly supervised this work as my master's project.

²See, Ruth Bloch, "Ideals in Transition: The Rise of the Moral Mother, 1785-1815," *Feminist Studies* 4 (2) (1978): 101-126; Nancy Cott, *The Bonds of Womanhood "Woman's Sphere" in New England 1780-1835* (New Haven: Yale University Press, 1977); Linda Kerber, "The Republican Mother: Women and the Enlightenment—An American Perspective," *American Quarterly* 28 (Summer 1976): 187-205; Linda Kerber, *Women of the Republic: Intellect and Ideology in Revolutionary America* (New York: W.W. Norton, 1986); Mary Beth Norton, *Liberty's Daughters: The Revolutionary Experience of American Women, 1750-1860* (Boston: Little, Brown, 1980); Mary P. Ryan, *The Empire of the Mother: American Writing about Domesticity, 1830-1860* (New York: Haworth Press, 1982); Barbara Welter, "The Cult of True Womanhood: 1820-1860," *American Quarterly* 18 (Summer 1966): 157-74.

³Sylvia D. Hoffert, *Private Matters: American Attitudes toward Childbearing and Infant Nurture in the Urban North, 1800-1860* (Urbana: University of Illinois Press, 1989), 2.

⁴This is in stark contrast to the prescriptive literature of the colonial period which was laden with grim warnings of death. Cotton Mather's tract, aimed at expectant women, said: "your Death has entered into you, you may have conceived that which determines but about Nine Months more at the most, for you to live in the World." Quoted in Catherine M. Scholten, "'On the Importance of the Obsterick Art':

Changing Customs of Childbirth in America, 1760-1825," *William and Mary Quarterly* [hereafter *WMQ*] 3rd. series, 34 (3) (1977): 428.

¹Lydia Sigourney, *Letters to Mothers* (New York, 1848); quoted in, Sally G. McMillen, *Motherhood in the Old South: Pregnancy, Childbirth, and Infant Rearing* (Baton Rouge: Louisiana State University Press, 1991), 1.

²See, for example, Nancy Cott, "Notes Toward an Interpretation of Antebellum Child Rearing," *Psychohistory Review* 6 (Spring 1978): 4-20; Jacqueline S. Reiner, "Rearing the Republican Child: Attitudes and Practices in Post-Revolutionary Philadelphia," *WMQ* 3rd. series, 39 (1982): 150-63; and, Mary P. Ryan, *The Empire of the Mother*.

³See, for example, Janet Carlisle Bogdan, "Childbirth in America, 1650-1990," in *Women, Health, and Medicine in America: A Historical Handbook*, ed. Rima D. Apple (New York: Garland Publishing, 1990), 101-20; Jane B. Donegan, *Women and Men-Midwives: Medicine, Morality and Misogyny in Early America* (Westport, CT: Greenwood Press, 1978); Jane B. Donegan, "'Safe Delivered', but by Whome?: Midwives and Men-Midwives in Early America," in *Women and Health in America*, ed. Judith Walzer Leavitt (Madison: University of Wisconsin Press, 1984), 302-17; Frances E. Kobrin, "The American Midwife Controversy: A Crisis of Professionalization," in *Women and Health in America*, 318-26; Judy Barrett Litoff, "The Midwife Throughout History," *Journal of Nurse-Midwifery* 27 (6) (November/December 1982): 3-11; Judith Walzer Leavitt and Whitney Walton, "'Down to Death's Door': Women's Perceptions of Childbirth in America," in *Women and Health in America*, 155-65; Judith Walzer Leavitt, *Brought to Bed: Childbearing in America, 1750-1950* (Oxford: Oxford University Press, 1986); Catharine M. Scholten, "'On the Importance of the Obsteterick Art'"; Catharine M. Scholten, *Childbearing in American Society, 1650-1850* (New York: New York University Press, 1985); Richard W. Wertz and Dorothy C. Wertz, *Lying In: A History of Childbirth in America* (New York: The Free Press, 1977).

⁴Work done on the South and the West includes: Sylvia D. Hoffert, "Childbearing on the Trans-Mississippi Frontier, 1830-1911," *Western Historical Quarterly* 22 (1991): 273-88; Charles R. King, "The Woman's Experience of Childbirth on the Western Frontier," *Journal of the West* 29 (1990): 76-84; Charles R. King, "Dr. J.C. Parrish, Frontier Accoucheur," *Missouri Historical Review* 85 (1991): 288-303; Diana S. Perry, "The Early Midwives of Missouri," *Journal of Nurse-Midwifery* 28 (6) (November/December 1983): 15-22; Sharon A. Robinson, "A Historical Development of Midwifery in the Black Community: 1600-1940," *Journal of Nurse-Midwifery* 29 (4) (July/August 1984): 247-50; Steven M. Stowe, "Obstetrics and the Work of Doctoring in the Mid-Nineteenth-Century South," *Bulletin of the History of Medicine* 64 (1990): 540-66.

⁹See, for example, John Campbell, "Work, Pregnancy, and Infant Mortality among Southern Slaves," *Journal of Interdisciplinary Studies* 14 (Spring 1984): 793-812; Cheryl Ann Cody, "A Note on Changing Patterns of Slave Fertility in the South Carolina Rice District, 1735-1865," *Southern Studies* 16 (1977): 457-63; Jack E. Eblen, "Growth of the Black Population in ante bellum America, 1820-1860," *Population Studies* 26 (1972): 273-89; Kenneth F. Kiple and Virginia H. Kiple, "Slave Child Mortality: Some Nutritional Answers to a Perennial Puzzle," *Journal of Social History* 10 (1977): 284-309; Herbert S. Klein and Stanley L. Engerman, "Fertility Differentials between Slaves in the United States and the British West Indies: A Note on Lactation Practices and Their Possible Implications," *WMQ* 35 (1978): 357-74; Herman Lantz and Lewellyn Hendrix, "Black Fertility and the Black Family in the Nineteenth Century: A Re-examination of the Past," *Journal of Family History* 3 (Fall 1978): 251-61; Richard H. Steckel, "The Fertility of American Slaves," *Research in Economic History* 7 (1982): 239-86.

¹⁰See, for example, Sylvia D. Hoffert, *Private Matters*; Sally G. McMillen, *Motherhood in the Old South*; and, Deborah Gray White, *Ar'n't I a Woman?: Female Slaves in the Plantation South*, (New York: W.W. Norton, 1985).

¹¹White, *Ar'n't I a Woman?*, 17.

¹²Comparative work includes: Victoria E. Bynum, *Unruly Women: The Politics of Social and Sexual Control in the Old South*, (Chapel Hill: University of North Carolina Press, 1992); Elizabeth Fox-Genovese, *Within the Plantation Household: Black and White Women in the Old South* (Chapel Hill: University of North Carolina Press, 1988); Sally G. McMillen, *Southern Women: Black and White in the Old South* (Arlington Heights, IL: Harlan Davidson, 1992). A valuable anthology of articles edited by Carol Bleser, *In Joy and in Sorrow: Women, Family, and Marriage in the Victorian South, 1830-1900* (New York: Oxford University Press, 1991), allows for a diverse look at the family lives of blacks and whites in the South.

¹³This study focusses on a group of plantation mistresses and female slaves. An examination of motherhood among poor whites and free blacks in this area probably would have yielded different meanings of motherhood among those groups as well. See, for example, Stephanie McCurry's work on low country yeomanry in *Masters of Small Worlds* (New York: Oxford University Press, 1995). Quote from Drew Faust, "Epilogue," in *In Joy and in Sorrow*, 253.

¹⁴This study is based on the reconstruction of the Ravenel family who were original Huguenot immigrants, the community in which they lived, and the slaves whom they owned. Material used for

this reconstruction includes six generations of family papers, physicians' day books, diaries and medical account books, detailed slave lists of three generations of Ravenel slaves, lists of Huguenot refugees, miscellaneous documents referring to family and plantation life, and portions of *The American Slave* which pertain to South Carolina. Statistical information on slaves is based on those that belonged to the Ravenel family, particularly those slaves who belonged to Henry Ravenel (known as Henry of Hanover), 1729-1785; Rene Ravenel of Pooshee (Henry's son), 1762-1822; and Dr. Henry Ravenel (Rene's son), 1790-1867. Birth and death lists for these slaves are found respectively in Kenneth M. Stampp, ed., *Records of Antebellum Southern Plantations from the Revolution through the Civil War*, (University Publications of America), series B, part 1, Thomas Porcher Ravenel Papers, hereafter TPRP, reel 1, frames 41-56, 199-208, and 214-233. The diaries, day books, account books, wills, and family correspondence of the Ravenel men and women, the diary of John Peyre Thomas, and the medical account books of other doctors in the Charleston district provided additional information. Information regarding white women comes from the same sources. The slave narratives used here can be found in George P. Rawick, *The American Slave: A Composite Biography*, supplement series 1, volume 11 (Westport, CT: Greenwood Press, 1977).

¹⁵Samuel Dubose and Frederick A. Porcher, "A Contribution to the History of the Huguenots of South Carolina," 1887, TPRP, reel 4, frame 69.

¹⁶*Ibid.*, frame 220.

¹⁷Joan E. Cashin, "The Structure of Antebellum Planter Families: 'The Ties that Bound us Was Strong,'" *The Journal of Southern History* 56 (1) (1990): 66. An additional concern in this particular community which Cashin does not address, but which fits with her conclusions, is certainty of the religious background of the prospective mate.

¹⁸Planters' naming practices allow for clear designation of familial relations in the reconstruction of family marriage patterns in this area. Huguenot refugees who first came to Carolina are listed in the "List of French and Swiss Refugees who Wished to be Naturalized" as family groups, series B, part 1, reel 4, frames 62-128. The women who were a part of these family groupings are listed by their maiden names. Although women who married in Carolina took their husband's surname, maiden names remained an important factor in the naming of children. For instance, among the children produced by the marriage of first cousins Henry Ravenel of Hanover and Mary de St. Julien were two sons, Paul de St. Julien and Peter de St. Julien, who carried on the wife's family name. Another son of that marriage, Rene Ravenel, married his first cousin,

Charlotte Jackey Mazyck, the daughter of Susanne (or, Susannah) Ravenel. They had a daughter named Susanna Mazyck Ravenel.

¹⁹See Orville Vernon Burton, *In My Father's House Are Many Mansions: Family and Community in Edgefield, South Carolina* (Chapel Hill: University of North Carolina Press, 1985); Jane Turner Censer, *North Carolina Planters and Their Children, 1800-1860* (Baton Rouge: Louisiana State University Press, 1984); Daniel Blake Smith, *Inside the Great House: Planter Family Life in Eighteenth-Century Chesapeake Society* (Ithaca: Cornell University Press, 1980).

²⁰McMillen, *Southern Motherhood*, 1.

²¹I found evidence of only two individuals who left the district permanently. In the later antebellum period some people moved to Charleston, which was close enough to allow for frequent visitation.

²²Kitty Wilson Crocker to Dr. Henry Ravenel, 24 April 1846, TPRP, reel 2, frame 818.

²³Cheryll Ann Cody, "A Note on Changing Patterns of Slave Fertility," 457.

²⁴This is evident from diary and day-book entries of the Ravenel men. Day-books of the earlier Ravenel men who were more involved in the actual construction of plantations, homes, and roads, note more details about their slaves than those of the final generation of planters, like Thomas Porcher Ravenel, who seemed to be more interested in his horses than in his slaves. In contrast, Dr. John Peyre Thomas, who kept his day-book from 1827-1845, and owned a smaller plantation, was far more involved personally with his slaves. He kept daily journal entries in which he noted slave tasks, slave illnesses, and slave resistance and punishments.

²⁵Dubose and Porcher, "A Contribution," TPRP, reel 4, frame 259.

²⁶The majority of Ravenel slave births were listed with the names of both parents. In those cases where a woman bore more than one child, births were rarely listed solely under the mother's name. In many of the cases where a mother is listed alone, the child's name, in the birth list, is followed by "bastard" in parentheses. Slaves who were sold out of the planter's extended family, were often sold as a "family," defined by the Ravenels as a mother and father and their children; see, for example, TPRP, reel 1, frame 443.

²⁷See, for example, TPRP, reel 1, frame 75.

²⁸For instance, in the seventy-six family groupings recorded by Rene Ravenel of Pooshee, ten "abroad" partners are delineated (TPRP, reel 1, frames 41-56, 199-208, and 214-233). These cross-plantation relationships were stable, as is evident from the number of children born to each couple over an extended period of time.

²⁹Cheryll Ann Cody, "Naming, Kinship, and Estate Dispersal: Notes on Slave Family Life on a South Carolina Plantation, 1796-1833," *WMQ* 39 (January 1982): 194.

³⁰See, for example, Jacqueline Jones, *Labor of Love, Labor of Sorrow: Black Women, Work, and the Family from Slavery to the Present* (New York: Basic Books, 1985), ch. 1; Leslie A. Schwalm, "The Meaning of Freedom: African-American Women and Their Transition from Slavery to Freedom in Lowcountry South Carolina," (Ph D diss., University of Wisconsin-Madison, 1991): 77-123; White, *Ar'n't I a Woman?*, 91-141.

³¹1850 census statistics indicate that southern white women were twice as likely to die in childbirth as women in the North. McMillen, *Southern Women*, 55.

³²K. David Patterson, "Disease Environments in the Antebellum South," in *Science and Medicine in the Old South*, ed. Ronald L. Numbers and Todd L. Savitt (Baton Rouge: Louisiana State University Press, 1989), 152-65; John Harley Warner, "The Idea of Southern Medical Distinctiveness: Medical Knowledge and Practice in the Old South," in *ibid.*, 179-205; Margaret H. Warner, "Public Health in the Old South," in *ibid.*, 226-55.

³³While men also suffered a great deal of illness and also partook of harsh, heroic treatments, the increased fatigue of childbearing on women and the frailty of small children heightened the effects of both southern illnesses and heroic treatments on these latter two groups.

³⁴Mary de St. Julien Ravenel, wife of Henry of Hanover, bore seventeen children over twenty-nine years. Including gestation for the first pregnancy, her reproductive cycle lasted thirty years. Her final pregnancy resulted in the birth of twin boys. She died twenty days later as a result of childbirth-related complications. See figure 1.

³⁵Frederick A. Porcher, "Historical and Social Sketch of Craven County South Carolina," *Southern Quarterly Review* (April 1852), quoted in H. Rawling Pratt-Thomas, "Plantation Medicine," *Journal of the South Carolina Medical Association* 6 (May 1970): 154.

³⁶Frederick Porcher, TPRP, reel 4, frame 258.

³⁷Dr. John Peyre Thomas Diary, series A, part 2, reel 5, frame 67. Although references to malaria in the slave community are not as frequently recorded as those for whites, it must be noted that slaves also suffered from the "fever," which clearly was differentiated from "yellow fever"; see, Henry Ravenel to Dr. Henry Ravenel, 3 September [1840s], series B, part 1, TPRP, reel 2, frame 832.

³⁸Dr. Thomas noted the obstinacy and epidemic proportions of the fever that hit Pineville in the summer of 1834; see, Series A, part 2, reel 5, frames 457-9. In some cases, planters did not retreat to the pinelands but left the district entirely for the summer months for health reasons.

³⁹McMillen, *Southern Women*, 52.

⁴⁰Patterson, "Disease Environment," 161; McMillen, *Motherhood in the Old South*, 49; McMillen, *Southern Women*, 53.

⁴¹ Many of the studies of the effects of malaria on pregnant women deal with contemporary African women. Many blacks are born with the sickle-cell trait, which provides immunity to the vivax strain, the most common form of malaria in the South. We can assume that the physiological reaction of white women in the antebellum South, who lacked such genetic traits, would have been as severe. See McMillen, *Motherhood in the Old South*, footnote, 50.

⁴² McMillen, *Motherhood in the Old South*, 49-50.

⁴³ Elizabeth Barnaby Keeney, "Unless Powerful Sick: Domestic Medicine in the Old South," in *Science and Medicine in the Old South*, 276-94.

⁴⁴ Recipes quoted in H. Rawling Pratt-Thomas, "Plantation Medicine," 158-9.

⁴⁵ Leavitt and Walton, "'Down to Deaths Door,'" 156.

⁴⁶ Instances of physician-attended childbirth remained minimal throughout the antebellum period. Dr. John Thomas noted only two occasions where he had been "previously engaged" in a woman's accouchement. Both cases were to the same woman, Mrs. M. McKelvry (Dr. John Peyre Thomas diary, entries for 12 January 1831 and 13 March 1832, series A, part 2, reel 5, frames 279 and 327). For other examples, see: Dr. Henry Ravenel Medical Day Book, entries for 18 November 1829, 26 October 1830, and 29 January 1833, TPRP, reel 1, frames 375, 377, and 378; Dr. John Peyre Thomas diary, frame 295; Dr. Henry Ravenel Medical Day Book, frames 26 and 286-87; John W. Ogilvie Medical Account Book, series A, part 2, reel 4, frame 304.

⁴⁷ For example, see: Dr. John Peyre Thomas diary, series A, part 2, reel 5, frames 139, 291.

⁴⁸ Ibid., frames 135, 136, 143.

⁴⁹ After the birth of one of his children, Thomas noted: "I discharged Old Peggy today, giving her \$10 and a bottle of whiskey" (Ibid., 19 May 1831, frame 294). On the other hand, Thomas's hiring of other slaves from within the district are recorded differently. "I agreed to give W. Marion \$20 a month for the Wampee carpenter Bonaparte and his apprentice ..." (19 March 1832, frame 327).

⁵⁰ For examples of doctors' fees, see: Dr. Henry Ravenel Medical Day Book, TPRP, reel 1, frames 26, 286, 321, and 378; John W. Ogilvie Medical Account Book, series A, part 2, reel 4, frames 35, 192, 290, and 304.

⁵¹ Dr. John Peyre Thomas diary, 12 February 1828, frame 139.

⁵² Ibid., 13 October 1832, frame 313.

⁵³ Ibid., frame 507.

⁵⁴ Diary of Henry and Rene Ravenel, TPRP, reel 1, frame 275.

⁵⁵ Thomas Porcher Ravenel Diary, 19 March 1846, TPRP, reel 1, frame 741.

⁵⁶Henry W. Ravenel to Mrs. Thomas Porcher Ravenel, 17 March 1855, TPRP, reel 2, frames 858-60.

⁵⁷John Ogilvie noted two cases of prolapsus of the uterus in white women that necessitated the introduction of a pessary (John W. Ogilvie Medical Account Book, series A, part 2, reel 4, frames 35 and 304).

⁵⁸McMillen notes that in her study she found eighty-five percent of southern mothers breast fed their babies whenever possible. McMillen, *Motherhood in the Old South*, 118.

⁵⁹See Figure 1, generation four.

⁶⁰McMillen, *Motherhood in the Old South*, 115.

⁶¹The 1850 census listed "bowel complaint" under "teething" as a cause of death.

⁶²Henry Ravenel of Hanover Day Book, series B, part 1, TPRP, reel 1, frame 20.

⁶³Elizabeth de St. Julien Ravenel to Hannah Ravenel Cordes, 19 December 1789, TPRP, reel 2, frame 613.

⁶⁴Susanna Mazyck Ravenel Stevens to Maria Ravenel, 20 August 1826, TPRP, reel 2, frame 692.

⁶⁵John Harley Warner, "The Idea of Southern Medical Distinctiveness: Medical Knowledge and Practice in the Old South," in *Science and Medicine in the Old South*, 181-82.

⁶⁶McMillen, *Motherhood in the Old South*, 117.

⁶⁷Dr. John Peyre Thomas diary, 4 September 1830, frame 257.

⁶⁸Nancy Schrom Dye and Daniel Blake Smith, "Mother Love and Infant Death, 1750-1920," *Journal of American History* 73, (1986): 340.

⁶⁹Ibid., 330.

⁷⁰Ibid., 353.

⁷¹Hoffert finds a close analysis of this shift to privacy in the family and its impact on motherhood. See *Private Matters*, 1-14, 142-99.

⁷²Dye and Smith, "Mother Love and Infant Death," 352.

⁷³Caroline C. Mazyck to Thomas P. Ravenel, 12 June 1854, TPRP, reel 2, frame 852.

⁷⁴Margaret Deas Wilson Heyward to Elizabeth M. Wilson Ravenel, 8 July 1857, *ibid.*, frame 880-81.

⁷⁵Hattie Wilson to Margaret Deas Wilson Heyward, 1 July 1857, *ibid.*, frames 869-70.

⁷⁶Kitty Wilson Crocker to Dr. Henry Ravenel, 24 April 1846, *ibid.*, frame 818.

⁷⁷See contracts of sale in TPRP, reel 3, frames 352-358.

⁷⁸White, *Ar'n't I a Woman?*, 101, 98.

⁷⁹Robert Fogel and Stanley Engerman, *Time on the Cross: The Economics of American Negro Slavery* (New York: W.W. Norton, 1989), 137. There were 207 total genealogical family groupings

reconstructed for this study from the records of slaves on the Ravenel plantations. These families span three generations of Ravenel family planters. Of those 207 family groupings, 149 were sufficiently complete to give information on birth spacing.

⁸⁰James Trussell and Richard Steckel have argued that the age of slave women at menarche was at the latest fifteen. Early intercourse in such cases would have produced an average age at first birth of close to seventeen years. See James Trussell and Richard Steckel, "The Estimation of the Mean Age of Female Slaves at the Time of Menarche and their First Birth," *Journal of Interdisciplinary History* 8 (1977): 477-505.

⁸¹Fogel and Engerman, *Time on the Cross*, 137-38.

⁸²Herbert Gutman, *The Black Family in Slavery and Freedom, 1750-1925* (New York: Pantheon Books, 1976), 50, 171.

⁸³Cody, "A Note on Changing Patterns of Fertility," 460.

⁸⁴Dr. Henry Ravenel estimated the ages of some of his slaves in 1860; see TPRP, reel 3, frame 446. All ages were listed with a two to three year range. The ages of these thirty one women were not included in this figure because they were not sufficiently precise and would have included a two to three year deviation in the final figures. Therefore, the group of women for whom conclusive evidence is available on their age at first birth includes those women who were born on the plantation and whose birth date is listed in previous records.

⁸⁵See John Campbell, "Work, Pregnancy, and Infant Mortality"; Jack E. Eblen, "Growth of the Black Population"; Herbert S. Klein and Stanley L. Engerman, "Fertility Differentials"; Kenneth F. Kiple and Virginia H. Kiple, "Slave Child Mortality"; Richard H. Steckel, "The Fertility of American Slaves"; Richard H. Steckel, "A Dreadful Childhood: The Excess Mortality of American Slaves," *Social Science History* 10 (4) (Winter 1986): 427-66; Richard H. Steckel, "A Peculiar Population: The Nutrition, Health, and Mortality of American Slaves from Childhood to Maturity," *Journal of Economic History* 46 (3) (September 1986): 721-41.

⁸⁶Klein and Engerman, "Fertility Differentials," suggest a spacing of 34.8 months between surviving children on American plantations.

⁸⁷Records indicate that most slave women did give birth to large numbers of children. Slave women on the Ravenel plantations usually bore between seven and thirteen children in a seventeen to twenty-five year period.

⁸⁸Mom Ellen Godfrey, age 100 years, October 1937, in George P. Rawick, *The American Slave*, supplement, series 1, volume 11, 148.

⁸⁹Campbell, "Work, Pregnancy, and Infant Mortality," 808, 811.

⁹⁰Dr. John Peyre Thomas Diary, 10 March 1830, frame 227; 16 August 1830, frame 254.

⁹¹ Medical Daybook of Dr. Henry Ravenel, TPRP, reel 1, frame 363.

⁹² Dr. John Peyre Thomas Diary, 29 August 1831-1 September 1831, frame 307.

⁹³ Linda Janet Holmes, "African American Midwives in the South," in, *The American Way of Birth*, ed. Pamela S. Eakins (Philadelphia: Temple University Press, 1986), 273-91; Judy Barrett Litoff, "The Midwife Throughout History"; Diana S. Perry, "The Early Midwives of Missouri"; Sharon A. Robinson, "A Historical Development of Midwifery."

⁹⁴ Dr. Andrew Hasell, Account Book, series B, part 1, Francis Weston Papers, reel 9, frame 505; and, 10 September 1840, frame 548.

⁹⁵ Steckel, "The Fertility of American Slaves," 257-58. For a contrary view, in *Ar'n't I a Woman?*, White discusses the role of the midwife in the slave community through whom slaves could access abortions. With reference to the healing knowledge of slaves within the St. Stephen's and St. John's parishes particularly, Dr. Francis Peyre Porcher, who graduated from Charleston's medical school, wrote a prize-winning thesis entitled, "A Medico-Botanical Catalog of Plants and Ferns of St. John's Berkeley, South Carolina." Porcher, who grew up on Ophir plantation, made frequent reference to botanical information obtained from slaves in the parish. In reference to the writings and work of Francis Peyre Porcher, Martha Graham Goodson points out that there is indication that the slave women, who were routinely responsible for obstetric care in the slave community, knew how to produce abortions using various herbs and roots. See Martha Graham Goodson, "Medical-Botanical Contributions of African Slave Women to American Medicine," in *Black Women in United States History*, vol. 2, ed. Darlene Clark Hine (New York: Carlson Publishing, 1990), 477.

⁹⁶ Elizabeth Fox-Genovese, "Strategies and Forms of Resistance: Focus on Slave Women in the United States," *Black Women in United States History*, vol. 2, 423-424; White, *Ar'n't I a Woman?*, 84-85.

⁹⁷ White, *Ar'n't I a Woman?*, 96, 98.

⁹⁸ See Goodson, "Medical-Botanical Contributions," 477. See note 62.

⁹⁹ McMillen, *Southern Women*, 68.

¹⁰⁰ *Ibid.*

¹⁰¹ Kenneth Kiple and Virginia Himmelsteib King, *Another Dimension of the Black Diaspora: Diet, Disease, and Racism* (Cambridge: Cambridge University Press, 1981).

¹⁰² Sally McMillen, "'No Uncommon Disease': Neonatal Tetanus, Slave Infants, and the Southern Medical Profession," *Journal of the History of Medicine and Allied Sciences* 46 (1991), 300-303.

¹⁰³ Dr. Henry Ravenel Day Book, TPRP, reel 1, frame 210.

¹⁰⁴TPRP, reel 3, frame 387.

¹⁰⁵White, *Ar'n't I a Woman?*, 108.

¹⁰⁶*Ibid.*, 106.